Medway

Childhood Obesity Safeguarding where concerns for Neglect are present.

Policy and Practice Framework

Title of Document	**Childhood Obesity Safeguarding response when concerns for Neglect are present.**
Date:	**01/05/2024**
Version:	**ABM Version 4**
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Updates			
Version	**Review Date**	**Professionals**	**Further comment**
ABM 4	**01.09.2024**	**Tessa Attwood**	

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1. Introduction

This Policy and Practice framework has been developed with Multi- Agency partners to review a safeguarding response in relation to Childhood Obesity concerns. It identifies the key principles under which work around neglect in relation to Obesity should be undertaken. It recognises key priority areas of work and the responsibility of professionals to ensure continual collective improvement within Medway's response to neglect. Professionals should be mindful of the possible role of abuse or neglect in contributing to obesity, which may be linked to safeguarding concerns in relation to the health of that child.

Childhood obesity is a serious and urgent global public health challenge which has the potential to reverse many of the health improvements that have contributed to increases in life expectancy *(World Health Organisation, WHO, Commission on Ending Childhood Obesity, ECHO, 2016).*

Childhood obesity and excess weight are significant health issues for children and their families. There can be serious implications for a child's physical and mental health, which can continue into adulthood. The number of children with an unhealthy and potentially dangerous weight is a national public health concern. *(Public Health England, PHE, 2020).*

There are many causes of childhood obesity, it is a complicated disease. It is not simply a result of a poor diet and lack of exercise. More importantly, children are never to blame for their weight status.

It is well documented that, at an individual level, childhood obesity can affect a child's physical, social, and psychological wellbeing. Children who are overweight or obese have a higher chance of being obese adults, increasing the risk of developing chronic diseases such as some cancers, type 2 diabetes, and heart disease.

However, not everyone understands childhood obesity and this lack of understanding can lead to negative attitudes and beliefs, also known as stigma and bias. Overweight or obese children are more likely to experience bullying, stigmatisation, and low self-esteem than other children. They may be inactive, have poor eating habits possibly leading to binge eating disorder, or trying unhealthy weight-loss options. They will often miss school regularly, and thus struggle to reach their full potential.

It could be argued that similarly to other eating disorders, obesity is health threatening and can be related to a negatively reinforcing cycle of significant emotional distress, e.g.

poor body image > physical compromise > body dysmorphia > low self-esteem > overeating > poor body image > physical compromise > body dysmorphia > low self-esteem > overeating.

Family members and carers have an important role and responsibility in influencing the environment in which their children and young people live, to enable a child to flourish and grow healthily.

However, consistent failure to engage with services and support children to change lifestyle and improve their health and wellbeing, indicates neglect. This may be true particularly in younger children. Obesity is a metabolic disorder and as such, as with any medical condition, if the parents actively fail to engage with the process despite significant support and whereby the child's health is being placed at risk, or are actively subverting the process, then there should be consideration of whether the child is being protected from abuse or neglect.

As Obesity may also be part of wider concerns about neglect or emotional abuse, it is important in these situations that the concerns are looked at holistically.

2. Overweight and Obesity in Medway

Overweight and Obesity in Medway in children is currently measured through the annual National Child Measurement programme, where measurements of height and weight are taken for all Reception age and Year 6 children. Parents can opt out of these measurements.

The latest data set for Reception and Year 6 Children *(Fig.1)* shows a slight reduction in overweight and obesity levels following the concerning and marked increase in levels for the academic year 2021-2022. However, levels of overweight and obesity with Medway have been and continue to be above the National average for some years.

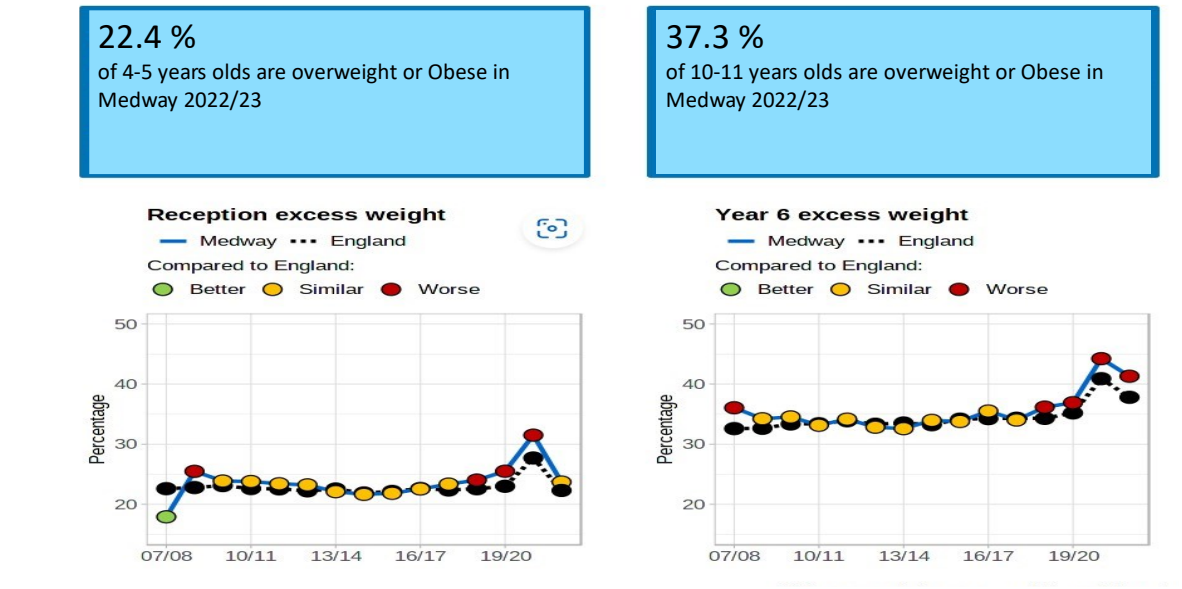


Fig.1

Medway Public Health and Local Authority is implementing the Whole systems approach to Obesity and works with a host of Stakeholders to raise awareness of the issue. The Public Health Department provide a range of free services to support and enable families, children, and young people to change behaviours and improve their health and wellbeing.

3. The Child and Family

Childhood obesity is one of the most serious global public health challenges of the 21st century, affecting every country in the world. The number of girls and boys with obesity in 2022 was 65.1 million and 94.2 million, respectively, an increase of 51.2 million and 76.7 million, respectively, from 1990. As a result of increasing obesity prevalence and declining underweight prevalence, obesity is now the most common form of malnutrition in most countries. *(World Obesity)*

In England 1 in 3 children leaving primary school are overweight or living with obesity with 1 in 5 living with obesity. Obesity prevalence is highest among the most deprived groups in society. Children resident in the most deprived parts of the country are more than twice as likely to be living with obesity than those in the least deprived areas. https://fingertips.phe.org.uk/profile/national-child-measurement-programme

Family members and carers have an important role and responsibility in influencing the environment and lifestyle in which children and young people live. Involving the family and carers is vital to ensure any treatment or support programme is successful, allowing changes in behaviour and lifestyle choices and to improve health outcomes over time.

Overweight and obesity impacts all areas of a child's life. Aside from the physical complications and consequences of obesity, children and young people can experience significant emotional and psychological distress.

Children living with overweight and or obesity are often unwell and can experience day to day health issues, for example, mobility difficulties, breathlessness, heat discomfort, fatigue and exacerbation of medical conditions such as Asthma. School absence is greater, as are hospital admissions and healthcare needs.

Being overweight or obese in childhood has both short-term and longer-term consequences for health, with greatly increased risks of disability, chronic ill-health and premature death. In addition, once established, effective treatment of severe obesity can be challenging. Overweight or obese children are likely to experience more bullying, stigmatisation and low self-esteem than other children. They are often less physically active, have poor eating habits, and live with increased feelings of isolation and loneliness. This can then develop into feelings of anxiety and depression to the extent where Child and adolescent Mental health service intervention is required.

Children who are overweight or obese have a higher chance of being obese adults, 79% of adolescents who are obese are likely to remain obese into adulthood. This increases the risk of developing chronic diseases such as some cancers, type 2 diabetes and heart disease. Severe obesity can have serious health implications for the child. Complications of obesity (see Appendix 1) shows health risks increase with duration and severity of obesity and in rare instances may have a fatal outcome.

Consideration should be given to the child or family's cultural belief systems or values that may exist in relation to weight, and these influences must be taken into account when considering obesity as a potential harm in safeguarding children. In the cultural context of the family, understanding should be paramount in approaches to what constitutes healthy foods, food preparation, portion sizes, exercise and a healthy weight. Further training and education may be required on the part of the professional when working with culturally diverse groups or individuals to ensure uniformity, positive engagement and effective risk assessment.

It is also important to consider that Obesity may be present due to a more complex health issue, which may also affect a child's health and wellbeing. Diagnosis of a Health problem in addition to obesity may place extra stress on the family and Child and their ability to cope with the risks to the individual. This may lead to the family using the health issue as an excuse to justify the obesity, and thus an issue that does not need addressing. It is important to consider these children from a management of complex health needs perspective, as they are most commonly the group that may become a safeguarding concern.

There are several health conditions, some of which are listed below, for which obesity may be a factor and or component of the condition:

- Conditions which may impair mobility.
- Any conditions requiring weight inducing drugs such as Steroids, anti-depressants or anti-convulsant therapy.
- Genetic conditions or syndromes e.g., Prader-Willi Syndrome.
- Neurodiversity or SEND
- Severe asthma, obstructive sleep apnoea, Type 2 Diabetes or other obesity-related illness.

4. 1989 Children Act, Legal Framework.

Statutory guidance defines neglect as: 'The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health and development.'

Neglect may occur during pregnancy as a result of maternal substance misuse. However, once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care givers)
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

(Working Together to Safeguard Children (HM Government, 2018)

Both Section 17 and section 47 need to be considered in the context of obesity related safeguarding.

<u>Section 17</u>
This would be indicated where there is:

- Clinical evidence the child is unlikely to achieve an acceptable level of health and wellbeing.
- No immediate risk of significant harm.
- Evidence that parents or caregivers are actively engaged.

<u>Section 47</u>
This would be indicated where there is:

- Clear clinical concern that a child's level of obesity, or associated health issues, are likely to cause them significant harm.
- Evidence that the care givers are unable or unwilling to engage in support services that could improve the child's health.

5. Medway Safeguarding Children Partnership (MSCP) – Neglect Strategy

"This strategy has been developed with multi-agency partners to set out Medway's approach to child neglect. It identifies the key principles under which work around neglect should be undertaken and recognises key priority areas of work in order to ensure continual collective improvement within Medway's response to neglect.

A key part of the strategy is to ensure that the workforce continues to understand the significance of neglect for children and are equipped to work effectively with families. The MSCP promote the use of the NSPCC Graded Care Profile (GCP2), as it is a standardised and evidenced based assessment tool for evaluating the quality of parental care. The use of this tool is a vital component to the successful implementation of this strategy. GCP2 will continue to be embedded across the Medway as part of the MSCP priority to improve the quality of professional assessment

Due to the nature of Neglect and the possibility that parents, or carers may not wish to work with various agencies, staff should be particularly aware of the escalation policy within their own agency and this Strategy should therefore be considered alongside related individual agency and MSCP strategies, policies and procedures".

6. When might Obesity become a safeguarding issue?

Medical neglect: not providing appropriate health care (including dental care), refusing care or ignoring medical recommendations, misrepresenting children's health need.

Obesity is widely acknowledged to be a Chronic inflammatory disease, and on its own would not necessarily constitute a Child protection concern. However, as with any other chronic illness, Obesity should be considered a concern if parents, following clinical information and advice about the risks to the health of their child, fail to engage with treatment, support, or intervention, or behave in such a way as to promote treatment failure. Under the category of neglect, failure to provide treatment for a chronic illness is an accepted reason for instigating child protection measures.

'Neglect is characterised by the absence of a relationship of care between the parent/carer and the child and the failure of the parent/carer to prioritise the needs of their child. It can occur at any stage of childhood including the teenage years' *(Working Together 2018).*

In the absence of evidence, Russell Viner, paediatrician and adolescent physician and Professor of Adolescent Health at the UCL Institute of Child Health in London, suggests the following as a framework to understand child protection concerns with children who are obese. This framework can be a useful tool, with the caveat that over reliance on a framework can lead to over simplistic assessment of the child. It should also be noted that only a very small number of children will reach the safeguarding threshold in relation to obesity linked to neglect.

Fig.2.

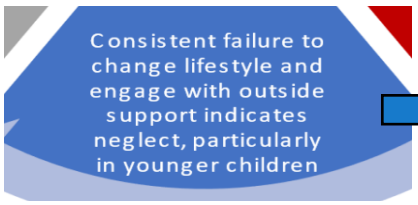
Adapted from Viner et al. (2010)

Childhood obesity alone is not a child protection concern

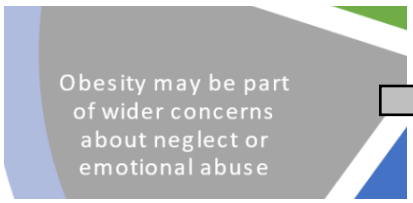
A consultation with a family with an obese child should not raise child protection concerns if obesity is the only cause for concern. The root causes of obesity are so complex that it is untenable to institute child protection actions relating parental neglect to the cause of their child's obesity. However, professionals working with obese children should be mindful of the possible role of abuse or neglect in contributing to obesity. Older children and adolescents should be offered the chance to talk apart from their parents to explore their understanding of their weight issues.

Failure to reduce overweight alone is not a child protection concern

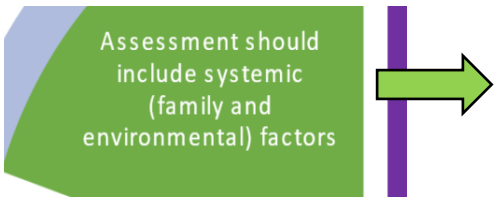
The outcomes of weight management programmes for childhood obesity are mixed at best, with the body mass index of some children falling substantially and that of others increasing despite high family commitment. As obesity remains extremely difficult for professionals to treat, it is untenable to criticise parents for failing to address it successfully if they engage adequately with treatment.



Parental failure to provide their children with adequate treatment for a chronic illness (asthma, diabetes, epilepsy, etc.) is a well-accepted reason for a child protection registration for neglect. Childhood obesity only becomes a child protection concern when parents behave in a way that actively promotes treatment failure in a child who is at serious risk from obesity and when the parents or carers understand what is required and are helped to engage with the treatment programme. 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 and the treatment offered must have been adequate and evidence based



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.



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, such as parent(s) struggling to control their own weight and eating, but they 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 other controlled environment may be useful because it allows 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 so weight loss in a controlled environment is not evidence of neglect or abuse.

Adapted from Childhood protection and obesity: framework for practice.
(Pub British Medical Journal (21.8.10, Volume 341) (Ref:2)

Professional judgement is required to determine what constitutes consistent failure to meet the child's needs. It is vitally important that professionals work with families to enable an understanding of the health risks associated with severe Obesity. It is acknowledged that Weight management is an emotive subject and professionals are likely to feel uncomfortable or lacking in confidence at having conversations about weight. Further training may be required to enable more confident and better-informed conversations, so that parents have full understanding of the risks to the health of their child.

Severe obesity can affect a child's outcomes in several ways, including academic achievement and emotional wellbeing and in some cases, obesity can be life threatening. Professionals have a duty of care for the health and wellbeing of the child and need to be open to the possibility of neglect or abuse. When assessing such children, an holistic and comprehensive assessment of the child's functioning from a health, psychological, and educational perspective is necessary.

7. Levels of need and support

In relation to Obesity, the following levels of need should also be understood in terms of managing lifestyle, including healthy eating, physical activity and behaviour change which can be linked to the child's overall health, safety and wellbeing. The following points should be considered in conjunction with the Signs of Safety framework's seven domains stated within the MSCP Threshold Guidance.

- Is there a lack of child or parental capacity to engage.
- Are parents or carers unable to effectively provide for the child's health needs due to additional factors, such as learning difficulties, mental health, socio-economic issues, or other unmet needs?
- Is there an inability or unwillingness to attend appointments.
- Is there an inability or unwillingness to engage with changes to lifestyle behaviours even with appropriate support and intervention by agencies.
- Does the weight continue, or appear to continue, to increase/or not to decrease.
- Is the Parent/carer refusing, rejecting, or ignoring professional advice regarding ongoing significant health risks to their child if the weight continues to increase.
- Is there transient or intermittent engagement.
- Are there active efforts to frustrate professional's interventions, or the child to reduce weight gain.
- Are parents/carers unable/unwilling to set and maintain boundaries with child to manage lifestyle changes and allow further weight gain

8. Disguised Compliance

Disguised compliance involves parents and carers appearing to co-operate with professionals in order to allay concerns and stop professional engagement (Reder et al, 1993)[1]. This can mean that social workers and other practitioners may be unaware of what is happening in a child's life and the risks they face may be unknown to local authorities.

Some Indicators of disguised compliance include:

- Agreeing to take up services offered but not attending or are avoidant, and failure to report non-attendance, or falsely claiming attendance.
- Attending programmes and support with no acceptance of their need to change and no intention of changing behaviour.
- Parents agreeing to make changes themselves but showing no effort to do so.
- Parents/carers appearing to be engaged but are not supporting any behaviour change that would enable a significant difference to the child's wellbeing.
- Criticising or making complaints about other professionals to divert attention away from their own behaviour.
- Parents manipulating situations and make it difficult for professionals to be able to see and speak to the child/ren alone.

The Medway Safeguarding Children's Partnership has published a fact sheet with further indicators which can aid in the understanding of Disguised compliance, which can be found here.

https://www.medwayscp.org.uk/mscb/downloads/file/395/disguised-compliance

9. Identifying children where there are safeguarding concerns

There are several indicators which could support practitioners to identify children and young people who are living with obesity who may be at risk of safeguarding concerns. The following list, which is not exhaustive, should be considered in the context of the child's overall presentation and in line with safeguarding levels of need.

- Are Parents/carers not engaging in weight management support programmes.
- Do the parents have unmet needs.
- Has the child an inability/unwillingness to participate in P.E. or other activity.
- Was there avoidance of school weight/height measurements (National Child Measurement Programme)
- Does the child have 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 comorbidities)
- Has there been continued weight gain after obesity was diagnosed.
- Is the Child sleep deprived. Is there sleep apnoea. Are daily functions affected by this.
- Is the Child having issues with incontinence. Is there night-time wetting.
- Has a medical assessment been required to manage weight.
- Has the Child's appearance raised concerns.
- Are there signs of Depression, low self-esteem, or self-harm.
- Are there issues with school attendance.
- Is the child socially isolated.
- Any other evidence of neglect

10. The role of partner organisations when safeguarding concerns have been identified.

Medway Council has a statutory responsibility to undertake the National Child measurement programme (NCMP) which is completed annually by the School Nursing service, commissioned by Public Health. Children who are underweight are referred to their GP to be seen by Paediatrics if the GP feels it is necessary. Those who are overweight are contacted individually and offered brief intervention advice or referral into the specialist obesity services.

Within Medway, specialist obesity services have been run by the Public Health department for several years and the professionals are experienced in supporting children and families from both a physical and emotional health perspective. Practitioners and the public should be aware that obesity becomes a safeguarding issue when there are wider concerns about neglect and/or emotional abuse. Practitioners must be alert to these children, who may be isolated and/or not accessing universal services, to ensure that the health risks from Obesity are recognised and assessed appropriately.

The specialist team within Public Health are experienced in understanding the risks of Obesity to the health and wellbeing of the child, when dealing with complex issues such as obesity there are specific contributions that can be and should be made by different agencies and professionals should feel encouraged to discuss areas of concern. It is important to ensure that any intervention or assessments need to be child focused, co-ordinated, and shared appropriately.

In addition, a multidisciplinary holistic approach is required in working with and assessing child obesity, within universal health and social care services, early intervention, and child protection services if the threshold for safeguarding is reached.

1. Health professionals.

Any health professional, which includes School Nurses and Health Visitors, who are involved in caring for a child and their family, should consider when obesity as a health issue, potentially becomes a safeguarding concern using the indicators above. Most cases of childhood obesity can and will be managed very effectively and constructively by health professionals, engaging with both parents/carers and the child.

In addition to the improvements in the physical health of the child, it is important to consider any mental health needs. Living with Obesity and overweight can have an impact on a child's self esteem and self confidence and lead to anxiety and depression. Signposting or referral for mental health support is important when considering the overall health and well being of the child.

However, there may be occasion when a health professional becomes concerned that their measures alone are not having any impact on the child's weight, health risks are increasing, and there are signs of lack of engagement from parents or caregivers. The health professional has a duty of care to share these concerns with the child's wider workforce, including Education, G.P. or and Paediatricians. In addition, if family or individual behaviour change challenges are affecting the ability of the child to thrive, a safeguarding referral should be considered.

2. Education

Schools who have concerns about a child's weight should in the first instance, discuss this with the parents or caregivers. Following this and with parental consent, these concerns should then be raised with the school Nurse in the first instance. The school should not then assume that intervention from a health professional negates any further assessment or input from themselves. The school is best placed to assess the parents' ability to support the child in increasing physical activity and improving diet, and regular communication with the health professional and recording of any actions in relation to how and whether the parents are supporting the child to exercise and eat healthily should be undertaken.

However, if consent is not given, the school should clearly and securely record its concerns and discussions and continue to keep a log of any changes to the situation. The school remains in the best position in assessing any impact and or physical effects the increased weight has on the child on a regular basis.

Challenging barriers that parents may present in addressing any lifestyle change is an important role in the improvement of the health of the child. Records of any actions, interventions, or concerns should be regularly updated and shared with professionals to assess risks.

If the child's weight continues to increase and cause concern, and the indicators noted above (9) are identified, then In line with the MSCP neglect strategy, the NSPCC Graded Care Profile (GCP2) should be completed, as it is a standardised and evidenced based assessment tool for evaluating the quality of parental care. Completion of this documents will enable a full and comprehensive picture of the physical, emotional, and environmental health of the Child and enable further discussion into considerations for more formal intervention.

If a child is subject to a Child Protection plan, Child in need review or Core group, the school should ensure the monitoring log is kept up to date and record any relevant information the child may give them, to enable assessment of whether the parents are complying to the CP plan.

As discussed, Obesity impacts both the physical and emotional wellbeing of the child. The school record should include information on the following:

- Observations on any signs of emotional harm, such as anxiety, depression or isolation.
- Any impact from bullying.
- Any impact of social isolation.
- Any activities that the child cannot engage with due to their weight.
- Any impact in relation to school attendance
- Any impact on educational attendance or attainment.
- Any impact in relation to school attendance

3. Paediatricians/Emergency Physician/G.P

The child's health needs must be properly and fully assessed, and should also include an environmental assessment to understand, where possible, any factors that may negatively impact on weight. Regular assessment of the parents/carers understanding and abilities in supporting the child to maintain a healthy weight and be physically active, should also be undertaken. Good communication and engagement with other professionals is important and should be encouraged to ensure effective support for the child and family.

Where a Child protection (CP) plan is in place where obesity is the presenting safeguarding concern, the following points should be adhered to.

- A paediatric assessment must be undertaken to understand any physiological cause of the obesity.
- The paediatrician or a representative should attend all child protection conference reviews and, where appropriate, core group meetings, to continually assess the parental capacity and the effectiveness of any weight management intervention.
- In identified safeguarding cases, where obesity is the presenting issue, consideration should be given to appointing the paediatrician or emergency physician as medical lead for all the child's presenting conditions.
- Regular communication with the child's GP to assess whether any other arising health concerns are considered over his/her health.
- Regular communication with other health professionals involved in the child's care, such as school nurses or health visitors, weight management/family lifestyle intervention services, to ensure that the paediatrician maintains an overview of any new or developing health risks.

4. Social Care

All those working in social care, which includes Social Workers, frontline staff, their managers, and Conference Chairs need to have an awareness and understanding of the health risks associated with obesity. Further training may be required to fully appreciate this. If children are referred with obesity related safeguarding concerns, there needs to be recognition of the safeguarding warning signs and indicators noted above (9), and indicators of non-compliance as follows:

- missing medical or weight management support appointments
- school absences
- parents/carers consistently providing unhealthy food.
- avoidance of physical activity *(unless there is clear medical evidence which is signed off by the Paediatrician overseeing the child's health plan)*
- parents/carers being seen to support physical activity avoidance

Safeguarding leads should ensure that all aspects of non-compliance with the Child Protection Plan are communicated to all Core Group members as and when they occur, rather than waiting for the next core group meeting. This allows quick identification of patterns that can be immediately challenged in a situation where there is non-compliance. Parents/carers and young people must be informed that this will happen and the reasons why.

5. Police

Childhood Obesity should ideally be managed primarily by parents and carers with additional support from Health professionals and Children's Social Care.

The police may be invited to attend multi-agency strategy discussions in cases where a child is considered likely to suffer significant harm (Section 47 of the Children Act 1989) where the primary factor for referral is Obesity.

However, as the role of the police within the Child Safeguarding Partnership is to investigate and prosecute criminal offences, any neglect or ill-treatment of a child would ordinarily be considered under Section 1(1) of the Children and Young Persons Act 1933 which states:

'*If a person who has attained the age of sixteen years and has responsibility for a child or young person under that age, wilfully assaults, ill-treats, neglects, abandons, or exposes him, or causes or procures him to be assaulted, ill-treated, neglected, abandoned, or exposed, in a manner likely to cause him unnecessary suffering or injury to health (including injury to or loss of sight, hearing, limb, or organ of the body, and any mental derangement), that person is guilty of a misdemeanour*'.

Police involvement should be based on the facts presented. There must be strong evidence to suggest that potential harm can be directly attributable to wilful acts or omissions by the parent or carer. In all cases, any police involvement will be on the basis of information gathered by the agencies involved with the child. Information sharing by all professionals will be crucial to any action taken by police.

The following information *could* be considered as a threshold to police involvement:

The child is obese, and their weight is continuing overall to increase disproportionately to age **OR** is not reducing in line with a realistic and achievable health plan **AND**

- Paediatric examination shows that this is causing Obesity related medical issues **AND**
- The parents or carers have been informed and advised, are aware of the risks to their child's health and have the understanding and capability to engage in their child's treatment **AND**
- They are frustrating, or unnecessarily failing to engage with professionals and a health plan that could improve the child's health **AND**
- The child is likely be at risk of significant harm or injury to health.

It is important to understand situations where parents or carers require greater support and understanding in the management of their child's obesity. These may include genetic conditions (e.g. Prader-Willi Syndrome) or where the parents or carers do not have the capability to support their child's complex needs. Except in exceptional circumstances these situations should be managed by Health and Social care professionals.

11. Training for Health and Social Care professionals.

Managers should ensure that staff feel competent in approaching conversations about weight, that they understand the complexities of overweight and obesity and are able to support the Children in their care with confidence.

Making Every Contact Count (MECC)

MECC is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations. Drawing on behaviour change evidence, MECC maximises the opportunity within routine health and care interactions for a brief or very brief discussion on health or wellbeing factors to take place.

A MECC interaction takes a matter of minutes and is not intended to add to the busy workloads of health, care and the wider workforce staff, rather it is structured to fit into and complement existing professional clinical, care and social engagement approaches. Evidence suggests that the broad adoption of the MECC approach by people and organisations across health and care could potentially have a significant impact on the health of our population.

https://www.england.nhs.uk/wp-content/uploads/2016/04/making-every-contact-count.pdf

The NHS is committed to taking ownership of addressing Obesity with patients and carers and there are many opportunities to use the MECC approach. Professionals may have concerns about raising the topic of weight with their patients, for a variety of reasons. However, as Obesity is widely acknowledged to be a Chronic inflammatory disease which impacts on many other systems of the body, talking about weight needs to be normalised in line with any other health issue.

Many other agencies utilise MECC, but this should be encouraged where that is not the case, so that all support services can be delivering the same consistent messages.

Training listed below, delivered by the Public Health Team would further support and enable professionals to gain confidence when supporting Parents/carers Children and Young people with overweight and Obesity.

- A Better Medway Champions (ABM).
- Understanding Obesity.
- Talking about weight with Confidence.

Further information about these and other free Public Health courses, can be found here:

https://healthtraining.medway.gov.uk/auth/register

Referrals and Risk Assessment

Obesity is known to be a Chronic inflammatory disease that is often not given the attention it requires by professionals undertaking holistic assessment of children in their care. Uncertainty about how and when to raise the topic of weight, and the threat of alienating and/or upsetting parents and children, are contributing to an unease and a lack of motivation by healthcare and other professionals to identify weight as an issue. There may be concerns about negative consequences, or physically having the time or resource to discuss such a sensitive topic. In addition, professionals may have limited understanding and awareness about obesity, the risks it poses to the health of the Child, and how they can support obesity care.

It is also recognised that it can be difficult to discuss obesity with parents who may be hostile, unreceptive, or who lack capacity to recognise the health or safeguarding implications. Regardless of this, the safety of children in Medway is the priority and it is everybody's responsibility to act on any concerns regarding the protection, welfare, and health of the child.

Medway Threshold Guidance

Most children and young people have several basic needs that can be supported through a range of universal services. These services include education, early years, health, housing, youth services, leisure facilities and services provided by voluntary organisations. The Medway Safeguarding Children's Partnership (MSCP) SCP has now launched its Threshold Guidance.

https://www.medwayscp.org.uk/mscb/info/4/advice-resources-professionals/24/medway-threshold-criteria-children-need

This guidance sets out three levels of need and provides guidance to help assess a child's level of need and identify which, if any additional services are required.

This document provides guidance for professionals and service users, to clarify the circumstances in which to refer a child to a specific agency to address an individual need, to carry out an Early Help Assessment (EHA) or refer to Children's Services in Medway and should be used in conjunction with the assessment forms mentioned in this document to provide an holistic assessment of the Childs needs.

Any professional considering referring a child where the safeguarding concerns are linked to obesity should consider the contents of this policy and refer to the Threshold Guide before making the referral, specifically safeguarding indicators and levels of need**.**

To aid professionals in making this decision the following tools have been developed.

A2 Medway Intervention Scale.doc

Childhood Obesity Assessment Pathway.

A1 Medway Obesity Assessment tool.doc

<u>References</u>

Childhood protection and obesity: framework for practice https://www.bmj.com/content/341/bmj.c3074

Norfolk Safeguarding Board 5.24 Safeguarding Response to Obesity when Neglect is an Issue https://norfolklscp.org.uk/about/policies-procedures/children-in-specific-circumstances/523-safeguarding-response-to-obesity-when-neglect-is-an-issue

Safeguarding Response to Childhood Obesity in the Context of Neglect: https://www.darlington-safeguarding-partnership.co.uk/media/2075/childhood-obesity-policy-final-version-v131-october-2021.pdf

Appendix 1:

Health risks associated with childhood overweight and obesity Ebbeling CB, Pawlak DB, Ludwig DS. Childhood obesity: public-health crisis, common sense cure. Lancet 2002;360:473-82