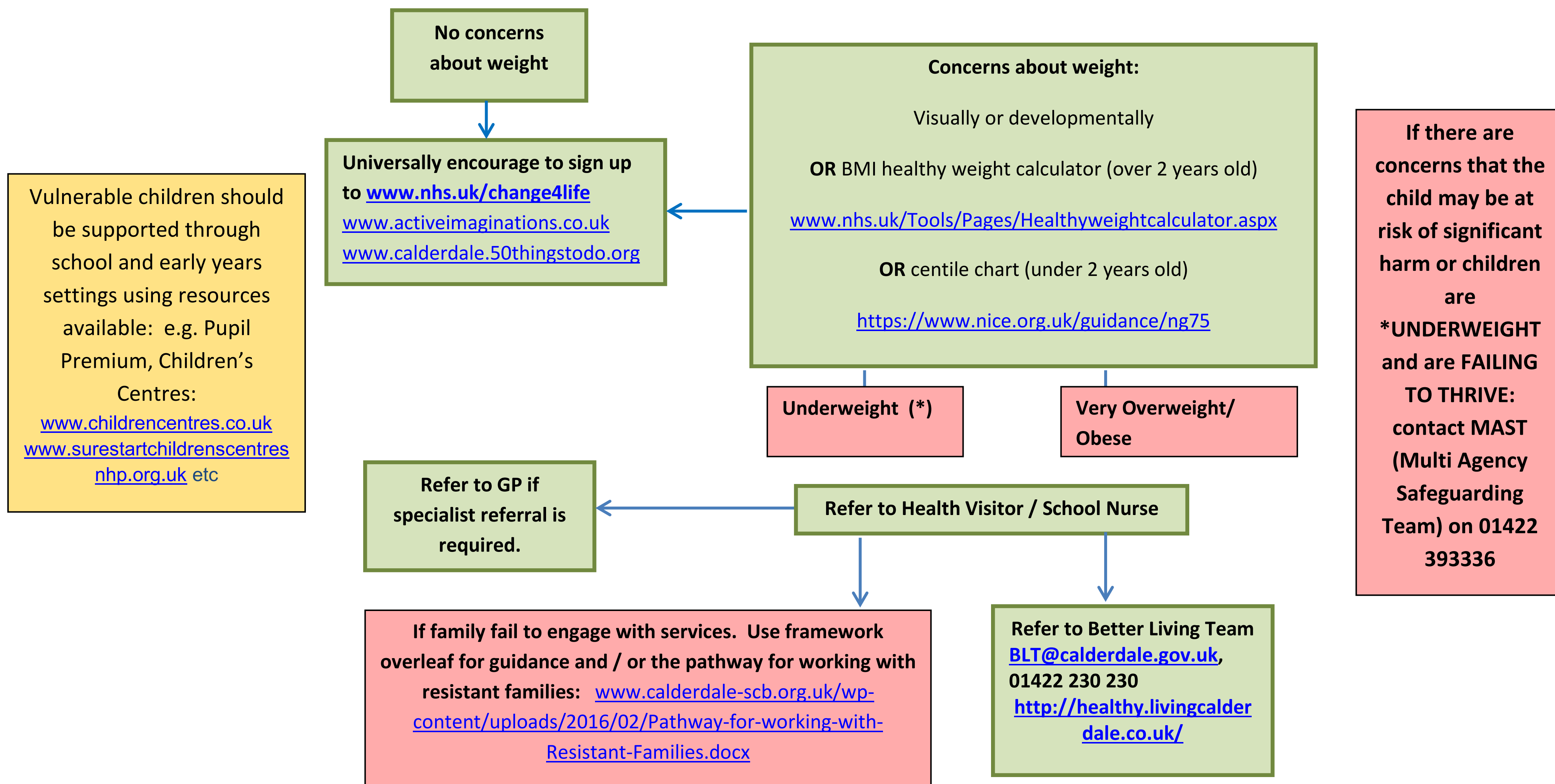
Calderdale Safeguarding Children Partnership

Underweight and Very Overweight / Obese Children: Safeguarding Pathway



Useful tools to support assessment include: Risk Indicator Tool; Assessment of Neglect Toolkit; A Day in the Life – all can be found on the CSCP Website.

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Childhood obesity and child protection: a framework for action

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

Consistent failure to change lifestyle and engage with outside support indicates neglect, particularly in younger children—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. We suggest that childhood obesity 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 with weight management initiatives, 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. [**Early Intervention Single Assessments may be used here**]

Obesity may be part of wider concerns about neglect or emotional abuse—Obesity is likely to be one part of wider concerns about the child's welfare—for example, poor school attendance, exposure to or involvement in violence, neglect, poor hygiene, parental mental health problems, emotional and behavioural difficulties, or other medical concerns. It is essential to evaluate other aspects of the child's health and wellbeing and determine if concerns are shared by others 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. 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.

[**Early Intervention Single Assessments may be used here**]

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, 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 obesogenic environment as well as from parents so weight loss in a controlled environment is not evidence of neglect or abuse.

Source: Viner et al (2010). When does childhood obesity become a child protection issue? *BMJ 21 August 2010 Volume 341*