IS CHILDHOOD OBESITY A CHILD PROTECTION CONCERN?

Peter Nelson, Social Work, SHU
Lee Pollard, Social Work, SHU
Vanessa Powell-Hoyland, Public Health, DMBC & SHU
Catherine Homer, Public Health, RMBC & SHU
The research was funded by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Yorkshire and Humber. www.clahrc-yh.nihr.ac.uk.

- The views expressed are those of the author(s), and not necessarily those of the NHS, the NIHR or the Department of Health
- The research was hosted by Doncaster MBC and Children's Trust and we are grateful for their support in undertaking the research. The research was never intended to be and is by no means an evaluation of the services delivered by those organisations.
- The study was born out of the discussions with the regional healthy eating group
Aims of the Research

The research aimed to understand whether childhood obesity is a child protection concern and had four objectives:

• Explore the current and past practice of staff working within child protection and obesity services regarding child protection and obesity

• Explore staff perceptions of childhood obesity as a child protection issue using interview and focus group methods

• Explore the use of a framework for action to understand child protection concerns for children who are obese - Viner et al (2010)

• To develop a protocol for future primary research.
Methods

• **Interviews (n=23)**
  - Heads of Service (n=2 Safeguarding and Learner Engagement); Social Work (n=7 service manager, frontline staff, case conference chair and training); Nursing staff (n=4 school and hospital); Family Support Workers (n=5); Public Health Specialist (n=1); GPs (n=2); Paediatrician (n=1)

• **Focus Groups (n=3)**
  - Children centre staff (n=6); Social workers (n=5); Outreach service (n=13)

• **Analysis**
  - Interviews recorded and transcribed
  - Group analysis
  - Framework analysis - A pragmatic and systematic approach to qualitative data analysis. It involves a systematic process of sifting, charting and sorting the material into key issues and themes.
Background: Childhood Obesity

Obesity harms children and young people

- Emotional and behavioural
  - Stigmatisation
  - Bullying
  - Low self-esteem

- School absence

- High cholesterol
- High blood pressure
- Pre-diabetes
- Bone & joint problems
- Breathing difficulties

- Increased risk of becoming overweight adults
- Risk of ill-health and premature mortality in adult life

Source: Public Health England
Background: Childhood Obesity

Younger generations are becoming obese at earlier ages and staying obese into adulthood.

In 4 & 5 year olds in England:
- 77% healthy weight
- 13% overweight
- 9% obese

Of every 100 10 & 11 year olds in England:
- 1% underweight
- 65% healthy weight
- 14% overweight

Source: Public Health England
Background: Safeguarding and Child Protection

- **Safeguarding**, and promoting the welfare of children, is a broader term than child protection. It encompasses protecting children from maltreatment, preventing impairment of children's health or development, and ensures children grow up in safe circumstances.

- **Child protection** is part of safeguarding and refers to activities undertaken to protect children suffering, or likely to suffer, *significant harm as a result of the care given to a child not being what it would be reasonable to expect a parent to give to a child* or that the child is beyond parental control.

- Where the question of whether harm suffered by a child is significant turns on the child’s health and development, his health or development shall be compared with that which could *reasonably be expected of a similar child*.

- The concept *significant harm* in relation to children was introduced under sections 31(9) and (10) of the Children Act 1989 as amended by the Adoption and Children Act 2002 - *significant harm* is the **threshold** that justifies compulsory intervention in family life in the best interests of children.
So, does childhood obesity constitute significant harm?

• A disputed question - in the UK, in USA in Australia - by social care
  
  • “Overseeing a child’s diet, nutrition, fitness and health are key fundamental requirements for parents and carers. Failures in these areas could and should be grounds for investigating neglect and abuse.”
  
  • 'If any policy is to be implemented, it needs to be universal, not one that singles out vulnerable people because they just happen to be known to us. I would agree for support with weight management should be offered as part of a supportive service or part of a CP plan, but it should not turn us into a “fat police”, which is what appears to be happening.’
  
  • In the UK there is a great variation in whether obesity is included in child protection procedures from fully worked up policies in Norfolk to no mention in Y&H.

• A disputed question - by medical professionals
  
  • The BMA reject motion in 2007 that obesity in under 12s should result in legal protection - whilst in same year a survey of paediatricians indicates obesity a factor in 20 Child Protection cases
“And by the time this little girl came into school, she had acute asthma in the respect that she couldn't walk down the corridor without being extremely breathless. She was so overweight she couldn't get on and off the lavatory in the school and therefore was wetting herself all the time because she couldn't use the toilet appropriately and really suffering educationally because of the emotional aspect of her being so grossly obese.”
Key findings

- Good Practice
- Viner Framework
- Challenges for Practice
- Suggestions for Future
- Obesity
- Thresholds
- Child Protection
Is obesity a stand alone child protection issue?

- The recognition that obesity is potentially a child protection issue view spanned professions and was not specific to health, early help or social workers.
- The question of whether child obesity alone was a child protection concern divided respondents.
- For some people, the impact of obesity on long and short term outcomes for children made obesity unequivocally a child protection issue.
- For some the degree of obesity and the severity of the impact on health was important.
- For others only if obesity was accompanied by wider concerns of neglect or abuse it could potentially be a CP issue.
- For others still it would never be a child protection issue.
Child protection? What participants thought

- I think that you have to look at the bigger picture. It certainly needs tackling, but I wouldn't say immediately child protection.
  
  Named safeguarding nurse

- If they do recognise it as an issue, but won't do anything about it, is that child protection, or if they don't recognise anything about it? I think it's not as easy as saying it should, it shouldn't. I think there's a lot of nuances surrounding it that might make that quite difficult.

  Stronger families manager

- Absolutely. Because it’s going to have an ongoing effect into adulthood

  Family Support Worker

- Yes because if it’s taken to its extreme it can kill you

  Child protection conference chair

- So I wouldn’t say a definite yes all obese children should be considered as being at risk under significant harm, but I would suggest that they are if it’s a symptom of a wider pattern of neglect.

  Training manager safeguarding board
Why the difference? Is it thresholds?

- For child protection services to undertake work, requests needed to meet a severity threshold for interventions to occur.
- Thresholds did not operate as a line to be crossed based on an application of the definition of significant harm.
- Thresholds were nuanced and complex and could act as an inhibitor to providing services.
- Thresholds operated:
  - as an actual and a perceived line to be crossed for a referral to be accepted by social services
  - as individual practitioner thresholds and personal beliefs in making or accepting referrals
  - different agency thresholds
  - different thresholds for services within an agency
We would expect that health would be the main people to alert us to that, you know, they see every child hopefully and would be able to flag up if it is a concern. But I suppose it’s where their thresholds lie as well. Would they routinely report every obese, every child that crosses over into the obese category or would they wait until it’s sort of classed as morbidly obese? But you know, what’s their threshold? (FG2)

I made attempts at that time to get a referral into social services and really at that time it wasn’t viewed as a safeguarding issue, although to me it was definitely one in that case… So it was quite a muddled, complicated picture, but even despite all these other concerns related to this child we could not get this referral accepted. (P3)
Independent Reviewing Officer - Case Study Child A - 6 year old girl -12 stone

- Referred to social care by school nurses.
- Health visiting services had been monitoring her before she was five at which point she was passed over to the school nursing team.
- Case conference around the child
- Interventions put in place but parent would not comply
- Child protection plan put in place
- Intention to remove child through a court order
- Insufficient evidence as health retracted original strong views

"Because she was doing things, she was joining in at school. And she was getting out of breath and she couldn’t manage things that the other children could manage, but they were saying that she wasn’t at a sort of immediate risk in regards to her health and that she could have some longer term issues if she didn’t lose weight over time. But they also said, you know, she’s going to grow in height and things like that. So it was a bit like we didn’t have the evidence to back up the harm really."
The Viner Framework

- Framework that could be used to identify when obesity becomes a child protection issue:
  - Childhood obesity alone is not a child protection issue
  - Failure to reduce overweight alone is not a child protection concern
  - Consistent failure to change lifestyle and engage with outside support indicates neglect, particularly in younger children
  - Obesity may be part of wider concerns about neglect or emotional abuse
  - Assessment should include systemic (family and environmental) factors

Good Practice

- Multiagency approach across child protection and health professionals
- Direct work with families and children on obesity can bring about change whether undertaken within a family support or child protection framework
- Interventions to include prevention, parental education and delivered through using a whole family approach
- Empowering service users to work towards a successful outcome.

"I’m a big believer if you approach things in the right way you can tell the most difficult news to anybody as long as you say it in the right way, and you tell them there’s a problem, tell them there’s a solution that they can, that’s the bit. If you’re going to identify a problem, give them something to work with so they can sort it out. Don’t just throw it out there otherwise you’re not going to achieve change are you?" (P4)
Challenges for Practice

Challenges

• Significant issues faced around gaining parents trust to offer and comply with health and life changing interventions.
• The limitations of signposting families to appropriate support.
• Difficulties of multi-agency work

"we're not statutory, we can only work with families on what they identify that they feel they want the support with. We can probe, we can lead, but we can't force anything that they don’t want to do. You’ve got to keep that relationship because of everything else that you’re working. So you can gently prompt and you can say it, but if they clamp down then there’s absolutely nothing we can do about that".

"But at the moment the budgets are so constrained that they’ve actually pulled all their weight management programmes. Despite the fact that we’re the second fattest place in the country with 76% of adults and children being overweight or obese there is no budget allocated to it at the moment". (GP)
What can public health do?

- Organise and promote training to raise awareness and knowledge of how to identify obesity for both health care and non-health care professionals

- Improve communication of NCMP results to parents to include explanation and resources for locally based information and support

- Better promote the services and referral pathways that are provided to support overweight children with health care and non-health care professionals

- Include preventative interventions and whole family approaches in local obesity plans

- Work with safeguarding colleagues to ensure that childhood obesity is recognised within local safeguarding policies. Policies to include referral pathways which provide clear details on how to assess and identify obesity and how to access follow on support

- The Viner framework could provide the basis for a child protection framework in relation to child obesity and used to support local agencies to develop policies and procedures in order to guide multi-disciplinary practice.

- Joint multi agency development of an obesity child protection framework and policy accompanied by multi-agency training on obesity may assist in clarifying threshold decisions and referral processes.
Implications for practice - questions and answers

• Obesity is an incredibly difficult problem to solve, and the medical profession alongside public health has failed to solve the problem.

• Health and social care are often asking for significant, lasting and drastic lifestyle changes for parents and children. Are we passing the problem to families and then blaming them individually for also failing, thereby ignoring the clear links between obesity and poverty?

• Or could a child protection approach act as a catalyst for families who fail to engage to take up support as well as a gateway to more financially expensive and intensive support offers?

• Failure to address the issues now will lead to potentially significant harm and lasting damage to each child's health and wellbeing.
A Solution or a form of oppression?

Regarding Childhood obesity as a child protection issue will give a clear mandate for all professionals to act decisively where other interventions have failed.
THANK YOU FOR LISTENING,

Full report available from:

p.nelson@shu.ac.uk
V.Powell-hoyland@shu.ac.uk