CHILDHOOD OBESITY AND CHILD PROTECTION: CHALLENGES AND SUGGESTIONS FOR IMPROVED ACTION

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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 DMBC 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

Source: Public Health England

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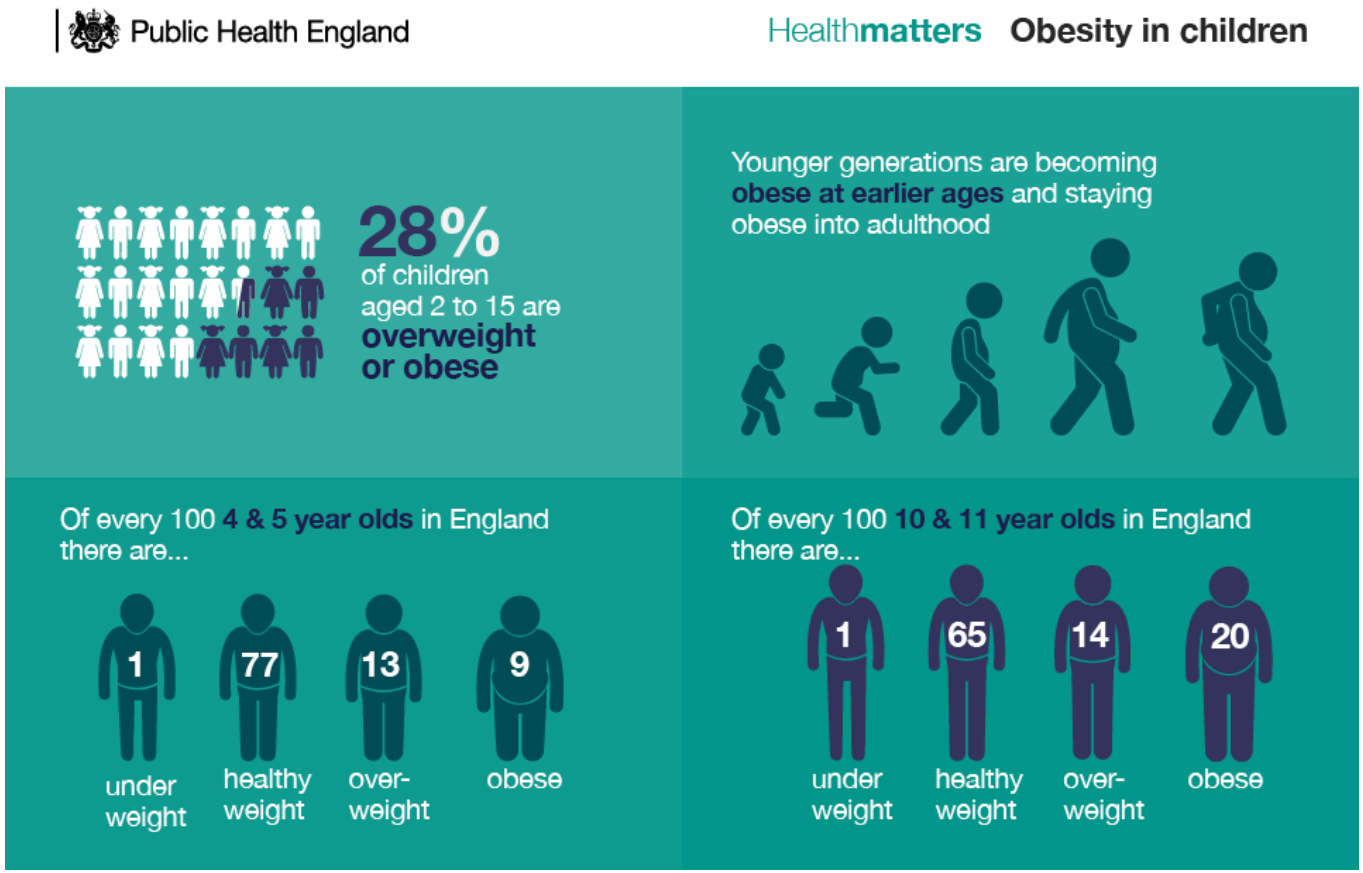


Source: Public Health England

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. Safeguarding is often seen as preventative, involving promoting the welfare of children by protecting them from harm and recognising and mitigating risks to their safety.

- **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.

- 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 - s***ignificant harm*** is **the threshold** that justifies compulsory intervention in family life in the best interests of children.

Background: Deciding what is significant harm

- There are no absolute criteria on which to rely when judging what constitutes significant harm. The key factor is that significant harm should be **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*.

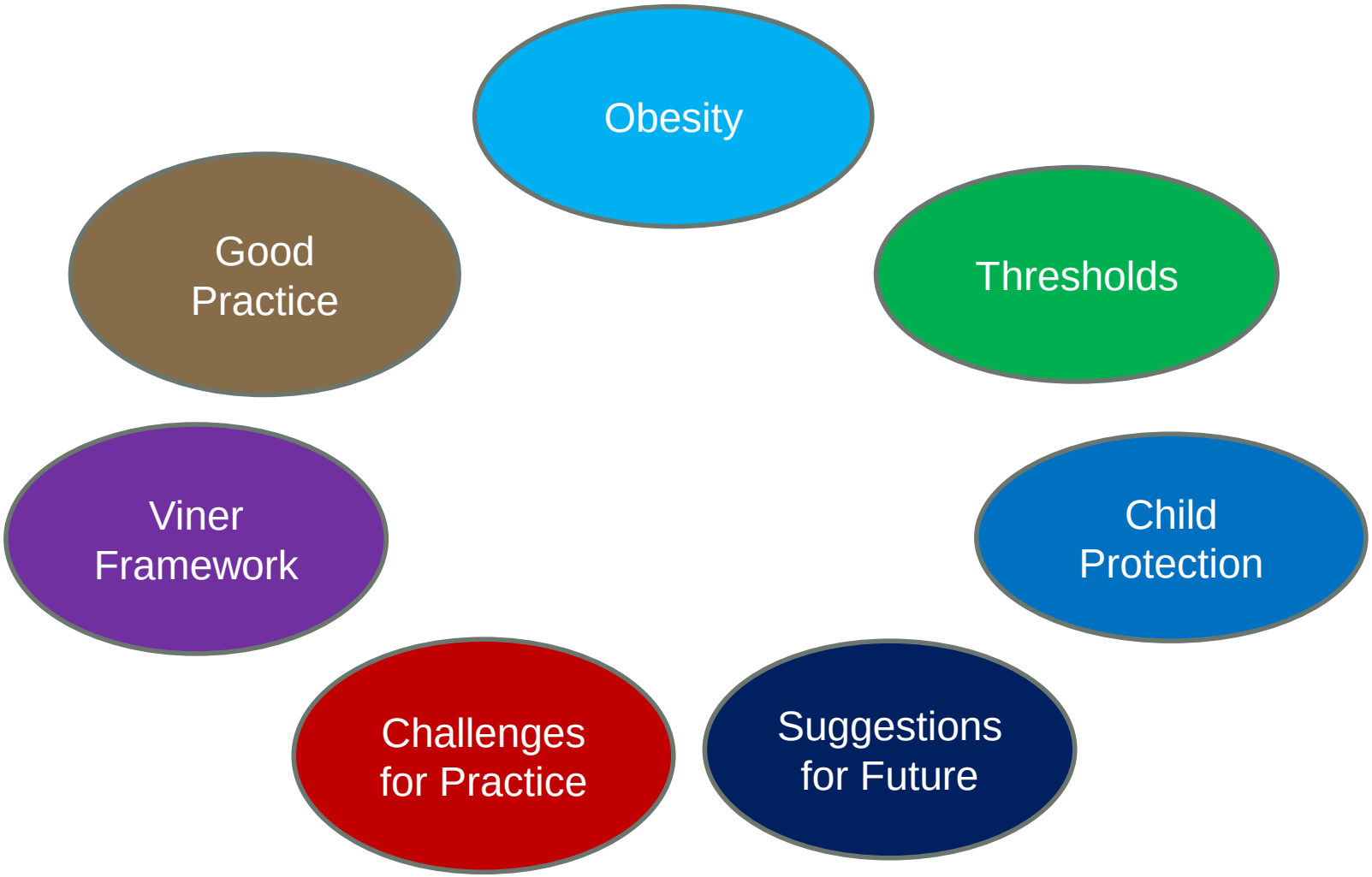
- Harm is defined as ill treatment (including sexual and non-physical abuse) or impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural)

- 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*****.** 'Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt, damage or change the child's development.'

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

Key findings



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

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.

Obesity

- Professionals understand the **short and long term impacts obesity** could have on a young person's **physical** and **psychosocial health**.
- **Cause of obesity -** wider social factors such as culture and poverty; parent's lack of insight skills and knowledge about the impacts of a poor diet; parents own dietary behaviours
- **Own beliefs** of obesity **shape professional responses** with families
- Limited understanding of how to **assess obesity** in children
- Need for **training** on how to **identify** and **raise the issue** of obesity with families
- **NCMP** viewed **negatively** from both personal and professional perspectives
- **Opportunities** with safeguarding boards to **raise awareness** of obesity issues

"An added thing on this I suppose it's a bit like I wouldn't trust an overweight dietician. There's a social worker who's overweight going out to families discussing them being overweight. It's very difficult isn't it?" (P14)

So if I got, and speaking as a mum now, if I got a letter home to tell me that my son was obese, I'd be furious about that. And I think we don't cater to actually understanding the impact, because what basically you're doing is you're saying in some respect if society doesn't accept this overweight position, therefore somehow as a family or as a parent or as a child you are failing. (P1)

It's not something we ever really had any training in, as an undergraduate, and we never really had any training in as a postgraduate really when I was a GP trainee. (P19)

Thresholds for action

- For **child protection services** to undertake work, requests needed to **meet a severity threshold** for interventions to occur.
- Thresholds are **nuanced** and **complex** and could act as an **inhibitor** to providing services.
- **Thresholds operate**:
  - as a line to be crossed for a referral to be accepted by social services
  - as individual practitioner thresholds and personal beliefs
  - agency thresholds
  - different 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)

V's

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)

Challenges for Practice

- Structural issues i.e. lack of funding for interventions and knowledge of what interventions exist
- 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

"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". (P22)

"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". (FG1)

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)

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.

THANK YOU FOR LISTENING, QUESTIONS?

Full report available from:

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