

PRACTITIONER GUIDE

Child Neglect - Obesity

What is obesity and how is it measured?

Childhood obesity and excess weight represent a significant public health challenge (World Health Organisation (WHO) 2012). Many children are growing up in an obesogenic environment that encourages weight gain and obesity due to an imbalance of energy, consuming too many calories and expending too little (Department of Health (DH) 2008). Children who live in a family where at least one parent/carer is obese are more at risk of becoming obese themselves.

According to the WHO growth reference, the prevalence of excess weight and obesity in adolescents is defined as:

From birth to less than five years of age

- Overweight = more than two standard deviation weight-for-height
- Obese = more than three standard deviation weight-for-height

School aged children and adolescents

- Overweight = one standard deviation body mass index for age and sex
- Obese = two standard deviation body mass index for age and sex

Obesity prevalence in reception class has increased to 9.7% in 2018/19. Year 6 remains static at 20.2% with a higher rate of boys, than girls, classed as obese (National Child Measurement Programme (NCMP) 2018/19). Rates are highest in areas of deprivation and amongst some ethnic groups (National Child Measurement Programme (NCMP) and Child Obesity Profile 2020). Sports England Active 2018/19 study showed that only 47% of young people are meeting the daily activity guidance of 60 minutes per day.

Overweight and obese children are more likely to become obese as adults and will have a higher risk of morbidity, disability and premature mortality in adulthood (NCMP Operational guidance 2019). Obesity will have short/long-term impact on a young person's physical and psychological health, putting them at greater risk of Type 2 diabetes, hypertension, some cancers, heart disease, stroke, liver disease, osteoarthritis, reproductive complications, depression/anxiety, sleep apnoea and asthma.

There is a complex web of factors that influence our food and activity choices; biological and physiological, psychosocial and behavioural. These choices are often shaped by the environment that we live in. Parental attitude and perception play a key role in recognising and responding to childhood obesity because future lifestyles are determined by early life experiences, food preparation, activity levels, and leisure activities. Action needs to be taken across the life course.



When does it become a safeguarding issue?

Childhood obesity alone is a concern due to the impact on long/short term outcomes, yet for some, excess weight itself is not sufficient to become a child protection issue. Individual practitioner thresholds regarding personal views and values and agency thresholds all differ. However, we need to be mindful that obesity may be part of wider concerns around neglect or emotional abuse. Families that fail to recognise that childhood obesity is harmful provide links to welfare concerns.

Significant harm, as defined by the Children Act 1989, is the threshold that justifies a compulsory intervention in family life taken in the best interest of the child. Does the childhood obesity constitute significant harm? Is there a consistent failure to change lifestyle, non-engagement with support, plans and services offered. A failure to ensure attendance at school and medical appointments, parental mental health issues and exposure to/or involvement with violence, and behaviour and emotional difficulties are all indicators of neglect.

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Responding to obesity when neglect is an issue

Due to the significant impact of childhood obesity, there is a strong case for early intervention and support, to enable sustained healthy lifestyle choices. Weight management is an emotive issue and many families struggle to maintain a healthy diet and take the recommended amount of daily physical activity. Working with the family to understand potential risks begins with a holistic understanding of obesity and its impact.

- A multi-agency approach. Do other's share concerns?
- Communicate risk. A multi- agency response is needed to tackle this form of neglect.
- Any assessment should include systemic (family and environmental) factors.
- What has already been done? Information given and strategies tried.
- What resources are commissioned / available in the local area? Signposting.
- Healthy lifestyle management i.e. Eatwell, guidance on activity.
- Measuring impact.
- Good practice. Whole family approach.
- Explore challenges / barriers faced by child, family and professionals.

Direct working with the child, and family involvement in developing and implementing plans empowers them, not stigmatises. Active listening strategies to elicit parental concern allows parents/carers time to reflect and make change (Solihull approach). Parent education is an important part of a preventative approach in identifying goals and sustaining change

Further information

[Department of Health \(2008\). Healthy Weight, Healthy Lives: A Cross Government Strategy for England](#)

[National Child Measurement Programme and Child Obesity Profile \(2020\)](#)

[National Child Measurement Programme England 2018/19 School Year](#)

[National Child Measurement Programme Operational Guidance 2019](#)

[Sports England Survey 2018/19](#)

[Henry](#)

[World Health Organisation \(WHO\) Growth Standards](#)

[World Health Organisation \(WHO\) Population-based approaches to Childhood Obesity Prevention \(2012\)](#)

