Safeguarding and Obesity

Emily* is 10 years old and has two younger siblings. Her family have been known to services, with previous referrals to the Multi-Agency Safeguarding Hub (MASH) for significant domestic abuse between parents, parental discord, episodes of poor parental mental health and inadequate housing/homelessness. Due to these, Emily and her younger siblings have previously been placed on a Child in Need (CIN) plan and on a child protection plan.

- At aged five, Emily weighed 28.5kg (4st 7lbs).
- At age 10, Emily weighed 77.9kg (12st 3lbs) and had 38% excess weight for her height.
- Between the ages of five years old and 10 years old, Emily's Body Mass Index (BMI) increased from 17.8 (92nd Percentile *see appendix) to 31.6 (99th percentile *see appendix).

When Emily had just turned eight, she and her siblings were made subject to a CIN plan due to their father's arrest for domestic abuse within the household. Small improvements were seen initially but then her parents withdraw their consent to engage.

When later being placed on a further CIN plan, when Emily was nine, concerns were raised relating to complications arising from Emily's weight gain. Emily was referred to a dietician and commenced a healthy lifestyle programme.

Due to the ongoing domestic abuse, parental discord and housing complications, Emily and her siblings spent time living between four separate family households – both parents, grandparents and an auntie and uncle's house.

Emily attended a specialist service and advice was given around a food diary and meals; calorie/carbohydrate intake; activity and exercise. Emily attended the monthly appointments. For each appointment however, Emily was brought by a different member of the family. These family members were not necessarily who she was living with at the time and the family dysfunction meant that there was no communication between the family members who brought her and the family members that she was living with. This resulted in Emily making little progress in her weight loss journey and Emily was made subject to a child protection plan. The Initial Child Protection Conference was not attended by the dietician from the specialist service Emily was working with and no information from the service was requested.

When Emily was seen at the specialist service for weight loss, she was reported to have severe obesity, insulin resistance, likely obstructive sleep apnoea, social difficulties, an over-crowded housing situation and low school attendance. It was also noted that her personal

hygiene was poor. A urine dip sample was completed to check for diabetes and a genetic test was completed as Emily's father had diabetes. The results from these came back normal, with no signs of glucose or diabetes.

The main residence Emily stayed in was a small two-bedroom flat. She shared this with her mum, mum's partner (who had a child that occasionally stayed overnight) and her two siblings. Emily didn't have access to a bed so slept on the sofa. Most nights the family had a take-away for dinner.

Although Emily's siblings were not currently under any specialist service for their weight, there were considerable concerns over their weight and BMI levels.

**Please note names included in the report are pseudonyms*

Questions to consider:

1. What was the impact on Emily of not living with the family members taking her to the appointments and the lack of communication between the family members at the appointment and the family household Emily was living in?
2. How might having representation or information requested from the specialist service for weight loss have helped inform the Initial Child Protection Conference?
3. What might the impact of low school attendance have been on Emily?
4. What was the likely impact of the severe overcrowding within the household and how did this contribute to the difficulties that Emily and her family were facing?
5. Was obesity seen as a safeguarding concern in a timely way? Why might it not have been and what might have helped?
6. How do we make sure, where there may be multiple carers, they are all aware of the plan for the child and understand expectations of them?
7. Who might we consider to be unidentified adults in the scenario and what is the impact of this? (Note, mum's partner is not the only unidentified adult.)

Appendix

<u>What are child centiles?</u>

A child's Body Mass Index (BMI) tells us if their weight is right for their height. Instead of using the BMI categories used for adults, a child's BMI is given as a centile (or percentile). Children are constantly growing until around the age of 18, so their age and whether they are a boy or girl is also used to work out their BMI centile. A small change in weight or a few months difference in age can change the centile score.

The BMI calculator works out if a child or young person is:

- underweight: on the 2nd centile or below
- healthy weight: between the 2nd and 91st centiles
- overweight: 91st centile or above
- very overweight: 98th centile or above

The BMI calculator is in line with the measurements found within the NCMP (National Child Measurement programme). You can see the RCPCH (Royal College of Paediatrics and Child Health) national growth charts for more information at NHS health assessment tool.