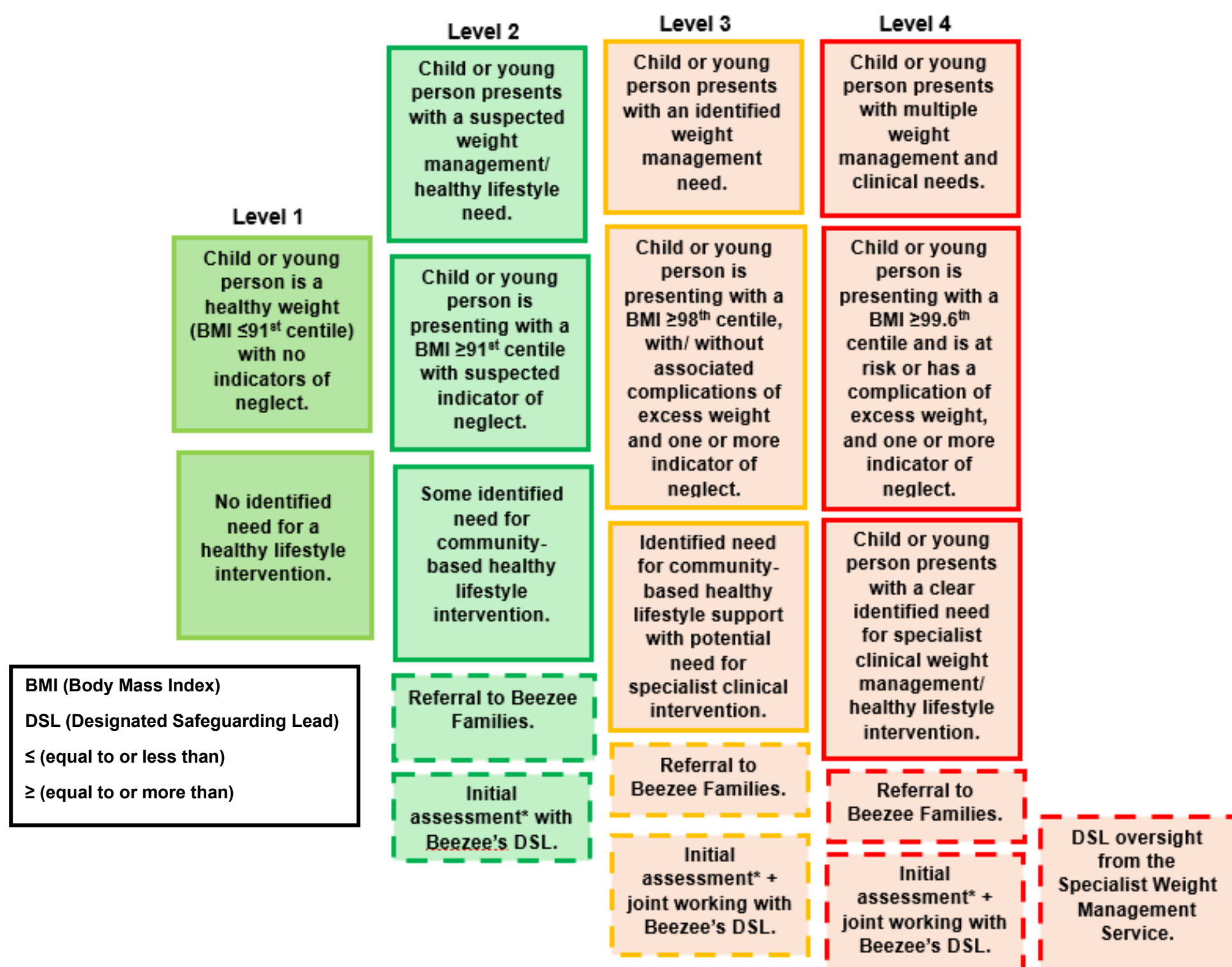


Safeguarding Framework for Childhood Obesity based on the Levels of Intervention

Foreword

- This framework is designed to help professionals make informed decisions when working with children and young people. The framework seeks to promote an individualised approach to care, considering the unique needs of the child, young person and family.
- A child's level of need is not solely defined by their weight. Therefore, **if there are no suspected or identified indicators of neglect, this framework should not be considered.**
- Obesity is defined as a chronic relapsing disease, which in turn acts as a gateway to a range of other chronic conditions in children and young people (e.g., asthma, diabetes, osteoarthritis). Whilst the likelihood of childhood obesity becoming a child protection issue is very low, it should be treated in the same way as any other chronic condition. For example, childhood obesity may become a child protection concern when parents/carers behave in a way that actively promotes treatment failure in a child who is at serious risk from obesity, despite understanding what is required and having been engaged with treatment interventions.
- Multi-agency input is essential. Bringing professionals together to build a clearer picture of the child or young person's complete environment will help determine the level of intervention required. It is important to ensure shared input from health (e.g., paediatrics) and non-health (e.g., early help, social care, voluntary and community) professionals so each part of the child or young person's life is seen in equal part.
- Using the range of neglect indicators outlined in Levels 2, 3 and 4, professional judgement should be used at all times, considering the combination of factors which could increase a child or young person's exposure to serious risk or harm.
- This framework is to be used alongside, not in place of the Gloucestershire Safeguarding Children Partnership (GSCP) Levels of Intervention or Escalation Policy.



*NB: where appropriate, professionals already working with the child or young person should carry out the initial assessment alongside Beezee's Designated Safeguarding Lead.

Body Mass Index (BMI) Centiles

The below BMI centiles are used for individual (clinical) monitoring purposes. **Please note:** BMI is only one indicator of a child's overall health and wellbeing and should be considered in the context of the child or young person's life, including their overall social, emotional and physical health.

Body Mass Index (BMI) Classification	BMI centile
Underweight	\leq 2 nd centile
Healthy Weight	$>$ 2 nd and $<$ 91 st centile
Overweight	\geq 91 st and $<$ 98 th centile
Obese/very overweight	\geq 98 th centile
Severely Obese	$>$ 99.6 th centile

Key: \geq = equal to or greater than, \leq = equal to or less than, $>$ = more than, $<$ = less than.

Level 1 – Universal: Children and young people are making good overall progress in all areas of their development. They are very likely to be living in a protective environment where their needs are well recognised and met accordingly. These children will require no additional support beyond that which is universally available.

Indication of Weight Management Needs	Child’s Developmental Needs (including, where relevant, unborn children)	Parents and Carers
<p>Child or young person is a healthy weight (BMI ≤91st centile) with no indicators of neglect.</p> <p>↓</p> <p>No identified need for a healthy lifestyle intervention.</p>	<p>Health and Wellbeing</p> <ul style="list-style-type: none">Physically wellNutritious and well-balanced dietHealthy relationship with food, physical activity and behaviours that promote general health and wellbeingDevelopment and health checks/immunisations up to dateDevelopment milestones and motor skills appropriateSafe and healthy relationshipsGood mental wellbeing <p>Emotional Development</p> <ul style="list-style-type: none">Able to adapt to change.Able to understand their own and other’s feelings, this may include understanding emotional responses to food, e.g., stress or comfort eating. <p>Behavioural Development</p> <ul style="list-style-type: none">Age-appropriate responsibility for behaviour, i.e., young person can make informed decisions around their health and wellbeing, including behaviours that involve food and being physically active.Responds appropriately to boundaries and constructive guidance, this may include conversations around how to live a healthier lifestyle. <p>Identity and Self-Esteem</p> <ul style="list-style-type: none">Feels confident and comfortable with own body image, e.g., doesn’t describe themselves negatively.Able to participate confidently in physical activity with peers. <p>Family and Social Relationships</p> <ul style="list-style-type: none">Stable and affectionate relationships with family, with an identified family member for advice and guidance.Is able to make and maintain age-appropriate friendships. <p>Learning</p> <ul style="list-style-type: none">Enjoys and participates in activities that encourage healthy behaviours, e.g., cooking, sports clubs, afterschool clubs, recreational activity with peers.Home environment supports age-appropriate self-sufficiency, e.g., experience of food access, preparation and cooking skills development.	<p>Basic Care, ensuring Safety and Protection</p> <p><i>Provide for the child or young person’s physical needs:</i></p> <ul style="list-style-type: none">Access to appropriate food and drink to ensure healthy growth and development according to age.Access to appropriate clothing, e.g., the child or young person feels confident and comfortable in clothing when being physically active in and outside of school settings.Timely identification of need and access to medical and dental care. <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none">Shows warm regard, praise and encouragement that actively enables healthy behaviours, e.g., when eating meals, managing screen time, being physically active.Ensures stable relationship (with self, peers and family). <p>Guidance, Boundaries and Stimulation</p> <ul style="list-style-type: none">Ensures the child can develop an understanding of behaviours that do and don’t align with positive health and wellbeing.Child or young person accesses activities that promote health and wellbeing as appropriate to age, interests and lifestyle needs.
		<p>Physical and Environmental Factors</p> <p>Family Functioning and Well-Being</p> <ul style="list-style-type: none">Positive relationships within family, including when parents are separated, e.g., home environments provide consistent healthy lifestyle opportunities, including access to nutritious foods, enriching play activities, etc. <p>Housing, Work and Income</p> <ul style="list-style-type: none">Accommodation has basic amenities and appropriate facilities that meets the family’s needs, e.g., allows food storage, preparation and cooking.Able to manage budget to meet individual needs, e.g., ensures sufficient income is available to support the healthy development of the child. <p>Social and Community, including Education</p> <ul style="list-style-type: none">The child has meaningful social connections that bring fulfilment and happiness.Family identifies when there is a need to access local services and amenities and is able to access, when required.

Reflective Space: would you like to highlight any specific strengths of the child or young person’s environment and opportunities for development?

Level 2 – Children and young people whose needs require some additional support, often from the practitioners who are already involved.			
Indication of Weight Management Needs	Child’s Developmental Needs (including, where relevant, unborn children)	Parents and Carers	
<p>Child or young person presents with a suspected weight management/ healthy lifestyle need.</p> <p>↓</p> <p>Child is presenting with a BMI ≥91st centile with suspected indicator of neglect.</p> <p>↓</p> <p>Some identified need for community-based healthy lifestyle intervention.</p>	<p>Health and Wellbeing</p> <ul style="list-style-type: none">Weight not stabilising or decreasing as expected.Special educational need or disability requiring tailored healthy lifestyle support, e.g., learning disability, autism spectrum disorder.Minor concerns presented around relationships with food and food behaviour, e.g., early signs of binge eating, hiding food, etc.Minor concerns presented around food access, e.g., early indications of limited access to a range of foods essential for healthy growth and development. <p>Emotional Development</p> <ul style="list-style-type: none">Early identification of low-level mental health or emotional challenges which are thought to be impacting on weight and ability to live healthily. <p>Behavioural Development</p> <ul style="list-style-type: none">Child or young person sometimes finds it difficult to take responsibility for own behaviour, i.e., unable to make informed decisions around their food and activity levels, as expected for age.Child or young person reacts to constructive guidance occasionally leading to conflict in the home, e.g., conversations around how to live a healthier lifestyle. <p>Identity and Self-Esteem</p> <ul style="list-style-type: none">Child or young person sometimes lacks confidence and self-esteem, e.g., negatively describes their body image.Child or young person sometimes finds it difficult to participate in physical activity with peers due to low self-confidence. <p>Family and Social Relationships</p> <ul style="list-style-type: none">Some support from friends and familyNo identified family member to provide consistent advice and support around health and wellbeing. <p>Self-Care Skills</p> <ul style="list-style-type: none">Child continues to show delays in developing age-appropriate self-care skills, including understanding of basic nutritional needs.Inconsistent self-care, e.g., young person shows some signs of eating behaviours that could be damaging to health. <p>Learning</p> <ul style="list-style-type: none">Occasional truanting or non-attendance at school due to personal concerns about weight, including self-esteem and bullying.Few opportunities for enriching play, physical activity with peers and/ or socialisation.	<p>Basic Care, ensuring Safety and Protection</p> <ul style="list-style-type: none">Professionals are beginning to have some concerns around child’s physical needs not being met, e.g., consistent weight gain over a prolonged period.Haphazard supervision, unaware of the child’s whereabouts, this may include inconsistent understanding of the child’s lifestyle behaviours, i.e., food intake.Signs that basic care is not consistently provided, e.g., inconsistent provision of food and drink.Parental engagement with services is poor.Unnecessary or frequent visits to GP or unplanned care settings for concerns about weight. <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none">Perceived to be a problem by parent.Parents struggling to have their own emotional needs metParent(s) have a negative relationship with food and present disordered eating. <p>Guidance, Boundaries and Stimulation</p> <ul style="list-style-type: none">Inconsistent parenting but development not significantly impaired.Inconsistent boundaries offered, e.g., periods where child is able to eat whenever and whatever.Child or young person spends considerable time alone and left to make independent choices around food and life behaviours (e.g., screen time).Lack of routine in the home, e.g., mealtimes not established.Child not exposed to new experiences, e.g., minimal exposure to new foods and consistent exposure to foods low in nutritional value.	
		<p>Family and Environmental Factors</p>	
		<p>Family Functioning and Well-Being</p> <ul style="list-style-type: none">Parent has health difficulties, this may include excess weight and associated physical and mental health conditions.Parents have relationship difficulties which impact on their ability to meet the child’s growth and developmental needs. <p>Housing, Work and Income</p> <ul style="list-style-type: none">Families affected by low income or unemployment and have inconsistent access to nutritious food.Parents have limited formal education and are unable to make informed decisions around the child’s health and wellbeing.Adequate/poor housing, with limited access to appropriate cooking or food storage facilities. <p>Social and Community including Education</p> <ul style="list-style-type: none">Some social exclusion problems, which may be as a result of living with excess weight or socioeconomic positionAdequate universal resources but family may have access issues which limits the family’s ability to live a healthy lifestyle what (e.g., limited access to a consistent food supply).Experience of weight stigma by others, e.g., negative verbal commentaries or teasing.	
<p><i>Reflective Space: what indicators of neglect are of concern? Are you able to provide examples of what you have seen which may indicate neglect at this level?</i></p>			

Level 3 – Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who are living in circumstances where the worries and concerns are frequent, multiple and over an extended period of time.

Indication of Weight Management Needs	Child's Developmental Needs (including, where relevant, unborn children)	Parents and Carers
<p>Child or young person presents with an identified weight management need.</p> <p>↓</p> <p>Child is presenting with a BMI ≥98th centile, with/ without associated complications of excess weight and one or more indicator of neglect.</p> <p>↓</p> <p>Identified need for community-based healthy lifestyle support with potential need for specialist clinical intervention.</p>	<p>Health and Wellbeing</p> <ul style="list-style-type: none"> Emerging mental health issues which impact on the child or young person's ability to protect their own health and wellbeing, e.g., maintain a nutritious diet, stay physically active, etc. Missed routine and non-routine health appointments, including weight management clinics/healthy lifestyle sessions. Child has some chronic/recurring health conditions suspected to be associated with excess weight, e.g., sleep apnoea, type 2 diabetes, asthma, hypertension. Children with complex health needs not associated with excess weight but require specialist support and tailored intervention. <p>Emotional Development</p> <ul style="list-style-type: none"> Physical and emotional development raising concerns, e.g., child is presenting with emotional dysregulation which is thought to be exacerbated by their relationship with weight, body image and self-esteem. <p>Identity and Self-Esteem</p> <ul style="list-style-type: none"> Presents with low self-esteem, especially around body-image and weight. Presentation significantly impacts on relationships, e.g., child or young person considers themselves to be excluded by peers due to excess weight. Is socially isolated, does not have positive or good role models that can encourage behaviours that promote health and wellbeing. <p>Family and Social Relationships</p> <ul style="list-style-type: none"> Regular need to care for a family member which impacts on the child or young person's ability to look after themselves or be looked after, including basic needs such as food, hydration, hygiene, etc. Previous experience of care in a local authority due to significant weight and health concerns. Consistent school absenteeism primarily caused by excess weight and/ or associated health complications. <p>Self-Care Skills</p> <ul style="list-style-type: none"> Child is unable to care for themselves as expected for age, including the ability to make responsible food choices and lifestyle behaviours. Disability limits the amount of self-care in a significant range of tasks, including those that are essential to health and wellbeing, e.g., eating, drinking and being physically active. Child has to care for self in a way that is not age-appropriate, e.g., making own food and drink choices from a young age. <p>Learning</p> <ul style="list-style-type: none"> Where it is considered that the child or young person's weight is a key contributing factor for: <ul style="list-style-type: none"> Permanent exclusion or previous permanent exclusion. Not achieving key stage benchmarks. Regularly not in employment, education or appropriate training. 	<p>Basic Care, ensuring Safety and Protection</p> <ul style="list-style-type: none"> Poor recognition of ability to mitigate risk, e.g., does not agree to professional advice or support despite severe levels of weight gain. Parent is struggling to provide adequate care, e.g., consistent food supply appropriate to age. Parental learning disability, parental substance misuse or mental health impacting on parent's ability to meet the needs of the child. Parents have found it difficult to meet the care needs of the previous/ child or young person, e.g., there were signs of nutritional neglect. Indications of disguised compliance, e.g., child or young person experiences short-term weight loss/ maintenance followed by excessive non-medical weight gain. <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> Child is rarely comforted when upset, e.g., such as when presenting emotions of body dissatisfaction and discomfort. Receives inconsistent care and emotional warmth, resulting in the child not feeling valued or loved which may impact on self-esteem and behaviour, e.g., social isolation, seeking comfort through food. Child is treated differently to their siblings, e.g., victimised due to excess weight. <p>Guidance, Boundaries and Stimulation</p> <ul style="list-style-type: none"> Parents struggle to set effective boundaries, e.g., little influence over child's dietary intake, screentime, activity levels. <p>Family and Environmental Factors</p> <p>Family Functioning and Well-Being</p> <ul style="list-style-type: none"> Challenging divorce/separation which has impacted the child's relationship with self and others, including emotional responses to situations such as comfort/ binge eating and inactivity. Family members have physical and mental health difficulties, including excess weight and/ or disordered eating (e.g., binge eating). Child or young person displays anger/aggression towards parents which is considered to be influenced by body dissatisfaction, low self-esteem and excess weight. <p>Housing, Work and Income</p> <ul style="list-style-type: none"> Overcrowding, temporary accommodation, homelessness, unemployment which means the child's basic developmental needs are not routinely be met, e.g., no access to appropriate food and drink supply, cooking or storage facilities*. Serious debts/poverty impacting on ability to care for the child (*see example above). <p>Social and Community, including Education</p> <ul style="list-style-type: none"> Family socially excluded with ongoing access challenges to local facilities and targeted services, e.g., healthy lifestyle/ weight management support. Family does not have sufficient capacity or education to provide advice and guidance to the child or young person that protects and promotes their overall health and wellbeing.

Reflective Space: what indicators of neglect are of concern? Are you able to provide examples of what you have seen which may indicate neglect at this level?

Level 4 – Children in Need of Specialist Support from Children’s Social Care, including Children in Need of Protection and Children in Need of Care.		
Indication of Weight Management Needs	Child’s Developmental Needs (including, where relevant, unborn children)	Parents and Carers
<p>Child or young person strongly presents with multiple weight management and medical needs.</p> <p>↓</p> <p>Child is presenting with a BMI >99.6th centile and is at risk or has a complication of excess weight (e.g., Type 2 diabetes, sleep apnoea, hypertension), and one or more indicator of neglect.</p> <p>↓</p> <p>Child or young person presents with a clear identified need for specialist clinical weight management/ healthy lifestyle intervention.</p>	<p>Health and Wellbeing</p> <ul style="list-style-type: none"> Nutritional neglect via lack of appropriate food supply, this may also include significant levels of overfeeding despite healthcare professional warning around severe implications to health. Significant failure to thrive due to excess weight. Parent/ carer refusing medical care endangering life/development where the primary health concern is excess weight. Clear evidence of dental decay with no access to treatment. <p>Emotional Development</p> <ul style="list-style-type: none"> Severe emotional/behavioural difficulties where the primary driver is body dissatisfaction and/or challenges with excess weight. <p>Behavioural Development</p> <ul style="list-style-type: none"> Mental health needs leading to or increasing high-risk of self-harming, including where excess weight is the primary cause of mental health difficulties. <p>Identity and Self-Esteem</p> <ul style="list-style-type: none"> Experiences persistent discrimination/stigma due to excess weight. Child has no self-confidence as a result of excess weight and persistent issues with body image. Low levels of self-esteem and confidence are negatively impacting on daily functioning. <p>Family and Social Relationships</p> <ul style="list-style-type: none"> Subject to physical, emotional, or sexual abuse or neglect from parent/ carers as a form of ‘punishment’ for living with excess weight. <p>Self-Care Skills</p> <ul style="list-style-type: none"> Unable to care for self due to severe levels of excess weight causing significant mobility limitations. <p>Learning</p> <ul style="list-style-type: none"> Where severe levels of excess weight are the primary cause of: <ul style="list-style-type: none"> No education provision, e.g., due to child being housebound without home education. No school placement. Permanent exclusion from school due to school absenteeism and/or challenging behaviour. Significant developmental delay due to neglect/poor parenting. 	<p>Basic Care, ensuring Safety and Protection</p> <p>Primary cause of excess weight is due to parental neglect, including when:</p> <ul style="list-style-type: none"> Parent/ carer is unable to recognise and mitigate risk, e.g., child or young person is living with severe levels of excess weight which are causing additional health complications. Parents are unable to provide adequate and safe parenting and specialist needs of young person are not being met, e.g., untreated asthma, sleep apnoea, diabetes. <u>Care neglect</u>: consistent parental denial that the child is living with severe levels of excess weight. Medical neglect: where regular medical care is essential for the child’s health and well-being but parents refuse to follow guidance from healthcare professionals; do not take the child to hospital in emergency scenarios; and do not give appropriate medication. Supervisory neglect: parent does not have awareness of child’s activity or engagement in at risk behaviours and the level of supervision is inadequate for the child’s age. Basic needs neglect: parent is unable to afford appropriate food, required clothing or shelter for child or young person. There is clear evidence of disguised compliance, e.g., child or young person experiences short-term weight loss/ maintenance followed by excessive non-medical weight gain. <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> Parent is inconsistent, highly critical or apathetic towards child, this includes harmful verbal commentaries about the child’s weight. Child is often targeted and blamed, e.g., child is held fully responsible for their severe levels of excess weight with complete lack of parental responsibility. Child is not comforted when distressed meaning the child seeks comfort elsewhere, e.g., via food, segregation. <p>Guidance, Boundaries and Stimulation</p> <ul style="list-style-type: none"> No effective boundaries set by parents, with no influence over child’s dietary intake, screentime or activity levels. Child is beyond parental control with the severity of excess weight putting the child at risk of significant harm. <p>Family and Environmental Factors</p> <p>Family Functioning and Well-Being</p> <ul style="list-style-type: none"> Significant parent disagreement in regard to child/young person in need where there are child protection concerns, e.g., parents have conflicting interpretations of the level of significant harm/risk surrounding the child or young person’s weight. <p>Housing, Work and Income</p> <ul style="list-style-type: none"> Living situation is unable to meet the basic care needs of the child, including access to an appropriate food and drink supply. This may include when the child or young person: <ul style="list-style-type: none"> Has no fixed abode or homeless Lives with extreme poverty/debt Lives in a house that is dangerous or seriously threatening to health. Is seeking asylum or are refugees. <p>Social and Community, including Education</p> <ul style="list-style-type: none"> Family lives in extreme rural isolation with no local health or education access. The family restricts and refuses access to interventions from specialist services which are required to protect the child from significant harm, this includes clinical weight management services.

Reflective Space: what indicators of neglect are of concern? Are you able to provide examples of what you have seen which may indicate neglect at this level?