

Cheshire West and Chester Children and Young People's Community Healthy Weight Pathway

1. Summary

- 1.1 The purpose of this pathway is to ensure that children and young people with a BMI outside of a healthy range are supported using a consistent approach.
- 1.2 This pathway is for use by all professionals working with children and young people between the ages of 2 and 19 (extending to 25 years for young people with special educational needs or disabilities). For children from birth to 23 months there is a separate pathway for healthy weight.
- 1.3 The pathway has been developed by a multi-disciplinary team of partners across the NHS, local authority and CVS sector.
- 1.4 The document outlines the pathways for children who are weight and measured as below a healthy weight, including how to identify a child's weight, safeguarding procedures and support services via the appropriate pathway.
- 1.5 **PLEASE NOTE: The tier 2 pathway (page 9) is a model pathway there are currently no community weight management programmes for children and young people in Cheshire West and Chester.**

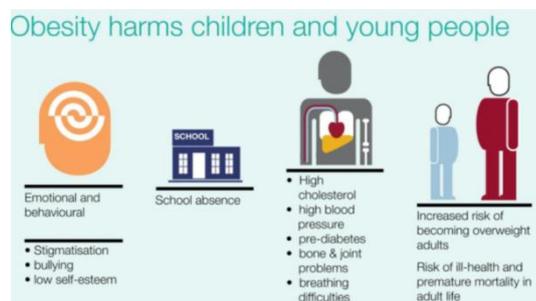
2. Purpose

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- 2.2 This pathway is for use by all professionals working with children and young people between the ages of 2 and 19 (extending to 25 years for young people with special educational needs or disabilities). For children from birth to 23 months there is a separate pathway for healthy weight.
- 2.3 Young people who are 18 and over including those with special educational needs and disabilities (SEND) between the ages of 18 and 25 are eligible to access Adult Community Weight Management Services.
- 2.4 **PLEASE NOTE: The tier 2 pathway (page 9) is a model pathway there are currently no community weight management programmes for children and young people in Cheshire West and Chester.**

3. Introduction

3.1 All families should be supported to achieve a healthy weight. The benefits of being a healthy weight include:

- A reduction in the risk of developing a chronic disease such as type 2 diabetes, hypertension, cardiovascular disease including stroke, and cancer
- A better quality of life
- Improved wellbeing
- An increased ability to earn money



3.2 It is important for health and social care professionals to recognise that there are many factors that impact on a child's weight including social, psychological, environmental, and biological factors. It is important that when supporting families all these factors are considered and the focus of the support is about improving health and wellbeing by providing support across these areas.

3.3 There is a strong relationship between health inequalities and weight. Obesity rates in Cheshire West and Chester (CW&C) are significantly higher in our most deprived areas compared to our least deprived areas. Nationally prevalence of obesity is also higher in children from Black and Bangladeshi backgrounds.

4. Identifying children and young people who are underweight, overweight or living with obesity

4.1 In England the National Child Measurement Programme (NCMP) is a mandated public health programme, measuring the height and weight of all children (except for children whose parents opt-out) in Reception and Year 6 of primary school. The programme is a national surveillance programme for excess weight in 4–5-year-olds and 10-11 year olds, and also informs the development and monitoring of our local childhood obesity strategy. The process is also used to support the development of locally led interventions. The parents/carers of every child who participates in the NCMP in CW&C receive a letter detailing their child's height, weight and BMI (Body Mass Index) centile classification (underweight, healthy weight, overweight, very overweight). Parents are signposted to additional support in this letter from the Starting Well Service should they require it.

4.2 All professionals who work with children and young people have a role in identifying those who are underweight, overweight or obese with the priority being prevention and early intervention. For some children they or their parents may be aware of their weight status either through the NCMP or other assessment processes. It is important that this is considered when discussing a child's weight with a parent/carer or child (it may be appropriate to discuss weight directly with a child if the child has approached you with their concerns and they are competent to consent to their own treatment).

- 4.3 For most education, health and social care professionals the assessment of weight should be part of a holistic assessment process you would undertake for assessing need and providing early help. If you are a professional working with children and young people and your organisation does not have these assessment processes in place, the organisation you refer the child to for an assessment of their weight will be able to undertake this assessment of wider need following the assessment of the child's weight.
- 4.4 Deciding whether a child needs their weight assessed will require professionals to make a judgement based on visual observations of the child or young person unless a child specifically approaches you about their weight.

5. Assessing a child or young person's weight

- 5.1 As a professional once you have identified you are concerned about a child or young person's weight you should record this within your organisations record management system. If you are an education, health or social care professional this concern should be identified as part of the appropriate assessment process within your organisation (including through the TAF assessment process where relevant for children with additional unmet needs alongside weight). This should be followed by an outlined plan of actions to address the concerns.
- 5.2 The initial stage would be to discuss your concerns about the child or young person's weight with a parent/carers (or the child if the child has approached you with their concerns or they are competent to consent to their own treatment), and seek consent for a formal assessment of their weight. For more information about how to discuss a child or young person's weight with their parent/carers please see appendix a. If the assessment is declined this should be documented. If the assessment is accepted a discussion should be held about the most appropriate person to conduct this assessment and a referral made.
- 5.3 Guidance for those assessing weight status on how to complete measurements, calculating, plotting and interpreting BMI can be found in appendix c.

6. Prevalence

6.1 Underweight

Being underweight can be caused by several factors including an underlying health condition (including eating disorders) as well as a lack of calories and nutrients in a child's diet. In 2023/23, in Cheshire West and Chester 0.8% of children in reception were assessed as underweight and 1.4% of children in year 6 were identified as underweight (NCMP, 2022/23).

6.2 Overweight and living with obesity

Latest NCMP measurements for Cheshire West and Chester show that 21.1% of reception age pupils and 34.7% of year 6 pupils have been assessed to be overweight or obese (NCMP, 2022/23). A significant predictor of childhood obesity is parental obesity. In Cheshire West and Chester 60.2% of adults are overweight or obese (2021/22).

7. Prevention

7.1 It is widely agreed that prevention is the preferred approach to ensuring our residents achieve a healthy weight. There are a range of programmes and services that partner organisations offer across Cheshire that support residents of all-ages to maintain a healthy weight these include but are not limited to:

Sport and leisure: supporting residents to stay physically active, whether its walking in the countryside, running, cycling and swimming or participating in team sports there are a range of services that enable us to stay physically active.

Healthy diet: there are a range of universal services supporting families to eat a healthy diet from our starting well service who offer advice, support and resources to families, through to schools who provide education on healthy diets alongside an environment that promotes and supports healthy diets.

Planning our environment: from cycle paths to pavements and green open spaces approval of housing developments or planning consent for food outlets the environment around us has a significant impact on being able to stay physically active and eat a healthy balanced diet.

Health services: for some people there will be a medical reason that they are either underweight or overweight in these situations it is important that people are able to secure specialist treatment.

The Eat Well Be Active (EWBA) Partnership delivers on an action plan which supports residents to reach and maintain a healthy weight. This work is underpinned by the Local Authority Declaration on Healthy Weight which Cheshire West and Chester Council adopted in 2019. The EWBA annual action plan summary can be found in Appendix H.

8. Treatment

8.1 Supporting children and young people who are overweight or living with obesity

Whilst obesity is rarely the result of neglect and abuse, professionals need to keep an open mind in the absence of other explanations and take appropriate action to assess any concerns.

Nationally it is recognised that the services available to support people to achieve a healthy weight cover four tiers (or levels).

Tier 1 – Universal obesity prevention services – Starting Well service (breast feeding and weaning), education, healthy eating (including cookery classes), physical activity

Tier 2 – Lifestyle services – multidisciplinary team delivering integrated diet, physical activity and behavioural programmes to children and families who are overweight or obese using group and/or one-to-one support

Tier 3 – Specialist weight management services – clinical treatments provided by specialist multidisciplinary services for children with severe or complex obesity (including co-morbidities)

Tier 4 – Pharmacological or surgical treatments for obesity – Bariatric surgery is available in exceptional circumstances through specialist commissioning via NHS England for children with severe and complex obesity who are 12 years and over

The risk of being overweight or living with obesity increases by 10% if you have parents who are overweight or living with obesity, so it's crucial that services support the whole family to achieve a healthy weight. Most family weight management programmes aimed at children and young people who are overweight or living with obesity take a multi-component approach, incorporating healthy eating, physical activity, and behavioural change interventions.

8.2 Supporting children and young people who are underweight

The cause of being underweight in the absence of a specific underlying health condition is likely to be complex and multifactorial. Among older children the existence of an eating disorder also needs to be considered. If a child does not appear to have an underlying physical and psychological cause for being underweight the focus should be on encouraging optimising energy and nutrient density of the child's diet. The cause of a child being underweight is rarely due to neglect; however, professionals need to keep an open mind in the absence of other explanations and take appropriate action to assess any concerns.

9. When a child's weight becomes a safeguarding concern

Unhealthy Weight (*either obesity or underweight*) is likely to be one part of wider concerns about the child's overall welfare; for example, school attendance, emotional wellbeing and mental health, physical health. The root causes are often complex, however, professionals working with children who are underweight or living with obesity should be mindful of the possible role that abuse or neglect can play. It is essential to evaluate all possibilities in order to determine if safeguarding concerns are shared by other professionals such as the family general practitioner or education services. This will require a multidisciplinary assessment, including psychology or other mental health assessment.

Parental behaviours that should give rise to concerns include:

- consistently failing to bring the child or young person to appointments.
- refusing to engage with various professionals or with weight management initiatives.
- actively subverting weight management initiatives.

Referrals and Risk Assessment

It can be difficult to discuss obesity/underweight with parents who may be hostile, unreceptive or who lack capacity to recognise the safeguarding implications. Regardless, the protection and welfare of the child is the priority, and it is everyone's responsibility to act on their concerns. Front line practitioners should discuss any concerns with their relevant child safeguarding leads.

Cheshire West and Chester Council has developed training in partnership with Food Active to support frontline practitioners to feel empowered and encouraged to have

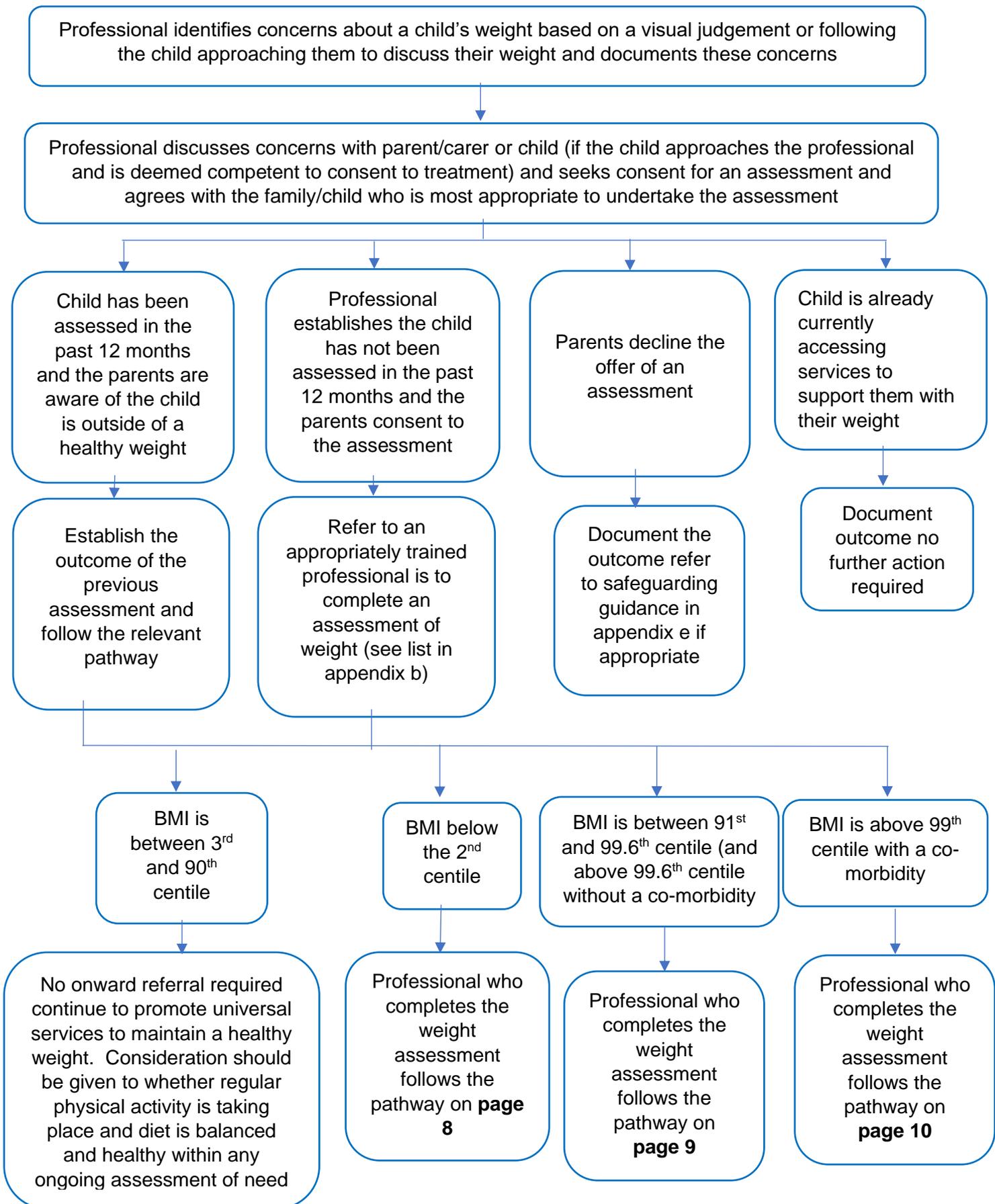
positive conversations about weight with families. Further details can be found in appendix G.

If a referral to Children's Social care is indicated, all referrals should be sent to the Integrated Access and Referral Team (i-ART). A proper balanced assessment will depend on both the medical and social assessments of the child. Most referrals will likely come from a single agency viewpoint. To this end each child that meets the threshold should be referred to help identify the missing elements and ensure that a holistic picture is properly formed.

To aid professionals in making this decision a child safeguarding analysis tool in cases of childhood obesity and underweight children has been developed and is attached as **Appendix F** and **Appendix G** respectively. **This information should be submitted with the referral to iART.**

Assessment should include systemic (family and environmental) factors — As with any childhood behaviour, understanding what maintains a problem involves understanding factors within the child and their context. Assessment of parental capacity to respond to that particular child's needs is central to this, such as parent(s) struggling to control their own weight and eating, but they are not the only factors. For example, a child who lives in an area where it is unsafe to play outdoors is inevitably at greater risk.

Healthy Weight Pathway



BMI below the 2nd centile

if the BMI is below the 2nd centile, be aware this may reflect either undernutrition or a small build
if the BMI is below the 0.4th centile, this suggests probable undernutrition that needs assessment and intervention

Discuss with the parent, carer or child (if they are competent to make an informed decision and do not want their parent/carer involved in the discussion) the potential underlying cause of being underweight including:

Diet in children aged 2-11

- mealtime arrangements and practices
- types of foods offered
- parent/carer-child interactions, for example responding to the child's mealtime cues

Diet in children aged 12-18

- Type of food being eaten
- Inconsistent mealtimes

Underlying cause

- food aversion and avoidance
- appetite, for example a lack of interest in eating
- physical disorders that affect feeding

Neglect

Parent is suspected of acting in a neglectful way by denying the child access to an appropriate diet which has resulted in the child being underweight

Eating disorder in children age 13-18

Unhealthy relationship with food and how they feel about their body

Advise on food choices for that:
optimise energy and nutrient density
Continue to monitor

Child is assessed as a healthy weight

Child continues to be underweight

Make a referral to **primary care** if:

- symptoms or signs that may indicate an underlying disorder
- slow linear growth or unexplained short stature
- rapid weight loss or severe undernutrition

Make a **safeguarding** referral if:
the potential cause is linked to safeguarding

Discuss with the child and their family and if in agreement make a referral to **West Cheshire CAMHS Eating Disorder Service**

Primary care to perform a clinical, developmental and social assessment

- take a detailed feeding or eating history

consider investigating for:

- urinary tract infection
- coeliac disease, if the diet has included gluten-containing foods
- perform further investigations only if they are indicated based on the clinical assessment.

Family fails to engage discuss this with the parent/carer and the professional who made the referral depending on the outcome of the conversation refer back to the referring professional or refer to the safeguarding tool in appendix e

Make a referral to a paediatric specialist if after a clinical assessment an underlying cause cannot be identified

BMI is between the 91st and the 99.6th centile and above 99.6th centile without a co-morbidity
Please note this pathway is a model pathway there are currently no community weight management programmes for children and young people in CW&C

Discussion with parent/carer and seek consent to refer to tier 2 specialist community weight management services following agreement on areas of priority

Tier 2 service makes three attempts to contact the family

Family fail to engage

Refer the family to the Early Help service if there are two or more unmet needs

Family continues to fail to engage refer to safeguarding tool (appendix e)

Family engages with Tier 2 service. Assessment for:

- Co-morbidities,
- Emotional Health and Wellbeing,
- Diet
- Physical activity

12-week family programme focusing on

- Diet,
- Physical activity
- Behaviour change

Child identified as being at increased risk of comorbidities is referred to primary care if referral did not originate from here

Primary care undertakes an assessment including physical examination and blood pressure

Family engages but fails to achieve any positive changes to their weight

Continue to offer the family a service

Family continues to fail to achieve changes refer to safeguarding tool (appendix e)

Family engage and weight loss is achieved intervention complete after 12-month follow-up

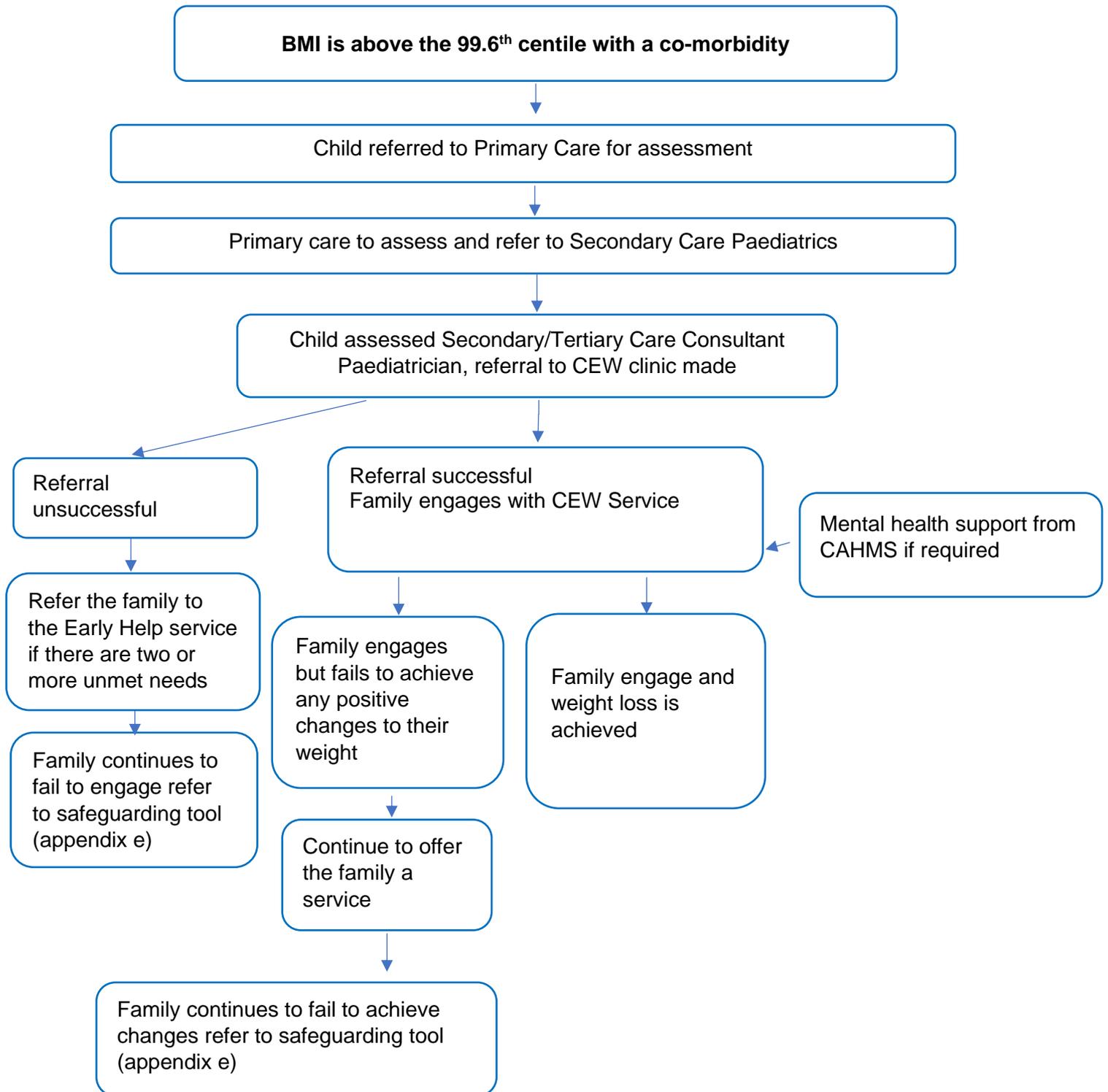
Results are normal refer back to Tier 2 service

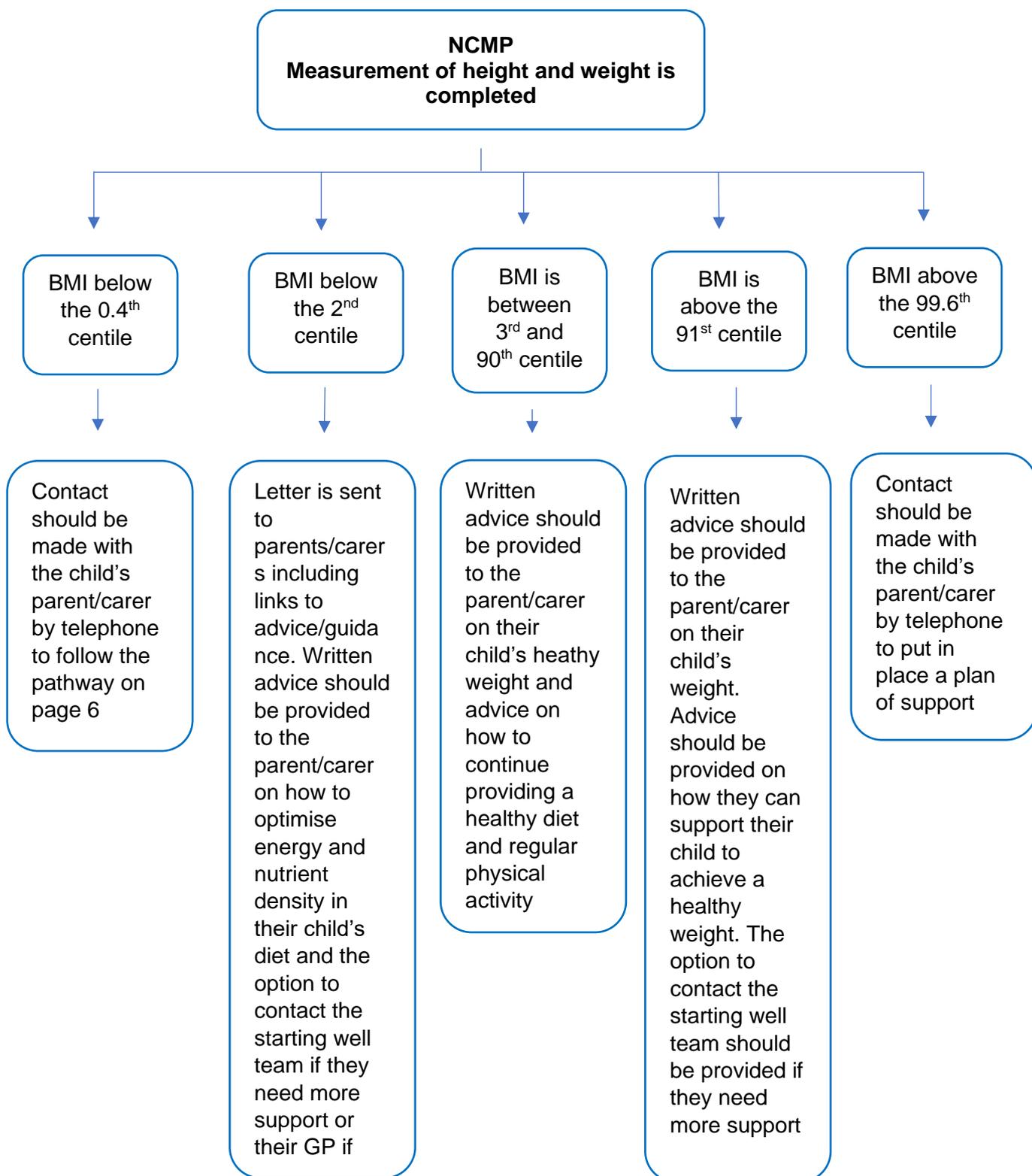
Results are abnormal refer to Paediatrics

Paediatrics to complete fasting bloods

Results are normal child's care continues to be led by tier 2

Results are abnormal care continues to be led by Paediatrics in partnership with a tier 3 service





Appendix A

Talking to a parent or carer about their child's weight

Ask

Can I speak to you about your child's weight?

Key issues to consider:

Many parents are shocked when asked this question

Many parents can become defensive

Many adults struggle to identify their child is an unhealthy weight

Advise

Advise the parent/carer that you are concerned about their child's weight so would like someone to undertake an assessment to establish whether these concerns are valid.

Explain to the parent/carer

The assessment will enable them to decide whether they need to make any changes to their child's lifestyle or diet

If the child is a healthy weight the assessment will identify this

Assist

Parent/carer responds positively

If you have the required equipment and training with the parents consent you can weight and measure the child.

If you do not have the equipment or training explain that you will refer them to a professional who does (see appendix b). Offer them a choice about who they would prefer to weigh and measure their child.

Parent/carer does not perceive that their child's weight is an issue

Explain to the parent that it can be very difficult to establish if a child is a healthy weight without an assessment explain that their child will be weighed and measured by someone who has had specialist training

Parent/carer is visibly upset or angry and does not want to engage in conversation about their child's weight

Show acceptance of the parent or carer's wishes, reassure them that you are there to help and re-offer your support should they change their mind
Don't force the issue but leave the door open

Appendix B

List of community health professionals in Cheshire who can assess a child's weight

Starting Well Service

Primary Care

Community Lifestyle Services

Appendix C

Assessing a child's weight status

NICE and RCPCH recommend that BMI (adjusted for age and sex) be used as a practical estimate of adiposity in children and young people. There is currently no other practical and non-invasive method for determining a more accurate measure of body fat in children. Comparison of a child's height and weight centile to assess whether they are overweight or very overweight is not reliable, and this method should not be used. Children should be assessed using age-specific and sex-specific BMI centiles charts available from https://www.rcpch.ac.uk/sites/default/files/2018-03/boys_and_girls_bmi_chart.pdf

Measuring weight

Class III scales must be used for measuring weight and should be properly calibrated. Scales must be CE marked with the last 2 digits of the year of manufacture (for example, CE09 for a product manufactured in 2009), and be marked with a letter "M" to show it is legal for this use. This will be followed by a 4-digit number identifying the body which approved the scale.

The following actions should be taken when measuring a child's weight:

- ask the child to remove their shoes and coat. They should be weighed in normal light, indoor clothing
- ask the child to stand still with both feet in the centre of the scales record the weight in kilograms to the first decimal place, that is the nearest 0.1kg (for example 20.6kg), measurements should not be rounded to the nearest whole or half kilogram

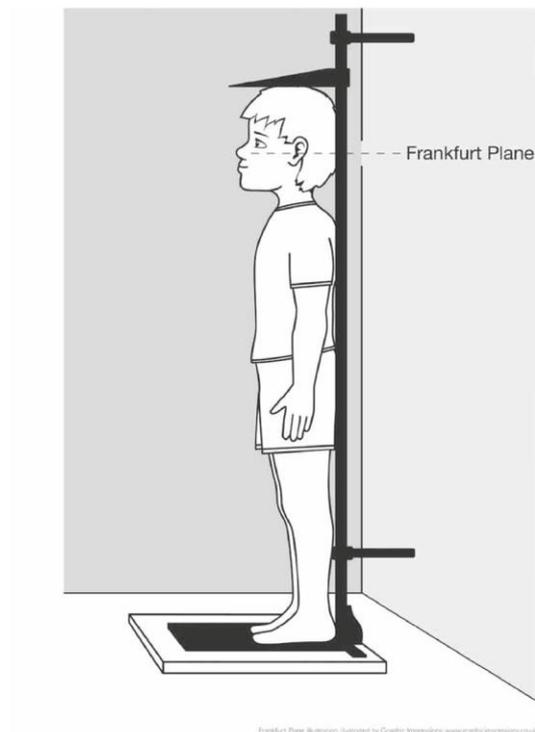
Measuring height

The following actions should be taken when measuring a child's height:

- ask the child to remove their shoes and any heavy outdoor clothing that might interfere with taking an accurate height measurement
- ask the child to stand on the height measure with their feet flat on the floor, heels together and touching the base of the vertical measuring column. The child's arms should be relaxed, and their bottom and shoulders should touch the vertical measuring column
- to obtain the most reproducible measurement, the child's head should be positioned so that the Frankfurt Plane is horizontal and the measuring arm of the height measure should be lowered gently but firmly onto the head, flattening the hair before the measurer positions the child's head in the Frankfurt Plane (see figure one)
- where a hairstyle does not allow for an accurate measurement, a respectful request to change the hairstyle is recommended; if this is not possible, an attempt to record the most accurate measurement within the circumstances, and to make a note of this is advised

- record the height in centimetres to the first decimal place, that is the nearest 0.1cm (for example 120.4cm), measurements should not be rounded to the nearest whole or half centimetre

Figure 1. The Frankfurt Plane



A child's height centile can be useful in addition to the BMI centile, as it can provide an indication of the cause of a child's obesity. If an obese child is tall, the obesity is likely to be "nutritional" in origin, whereas if the child is short, an endocrine or genetic cause should be considered.

If there are concerns about a child's height, if possible, obtain the biological parents' heights and work out the mid-parental height centile. If the child's height centile is below the range predicted from parental heights (more than 2 centile spaces below the mid-parental centile) be aware this could suggest undernutrition or a primary growth disorder.

Calculating BMI

The NHS Choices BMI calculator can be used to establish BMI category <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/> or using the RCPCH age-specific and sex-specific BMI centiles charts https://www.rcpch.ac.uk/sites/default/files/2018-03/boys_and_girls_bmi_chart.pdf

Table 1. Child BMI centile classifications (clinical cut-offs)

| Weight status category generated automatically in parent result letter template | Clinical BMI centile category* | BMI Standard Deviation (z score) | Rounded BMI centile (p-score) | Approximated BMI centile line on growth chart |
|---|------------------------------------|----------------------------------|-------------------------------|---|
| Very Overweight | Severely obese | $\geq 2.6666\dots$ | ≥ 0.996 | $\geq 99.6^{\text{th}}$ |
| | Very overweight (clinical obesity) | ≥ 2 | ≥ 0.98 | $\geq 98^{\text{th}}$ |
| Overweight | Overweight | $\geq 1.3333\dots$ | ≥ 0.91 | $\geq 91^{\text{st}}$ |
| Healthy Weight | Healthy Weight | > -2 to $< 1.3333\dots$ | > 0.02 to < 0.91 | $> 2^{\text{nd}}$ to $< 91^{\text{st}}$ |
| Underweight | Underweight (Low BMI) | ≤ -2 | ≤ 0.02 | $\leq 2^{\text{nd}}$ |
| | Very Thin | $\leq -2.6666\dots$ | ≤ 0.004 | $\leq 0.4^{\text{th}}$ |

*As defined in UK90 BMI Chart, RCPCH³⁴ and Cole and Preece (1990).³¹

Appendix D

Resources for parents and carers

How to have conversations about weight with your child

Talking to your child about weight: a guide for parents and caregivers of children aged 4-11 years

[Talking to your child about weight: a guide for parents and caregivers of children aged 4-11 years \(bath.ac.uk\)](#)

Advice on a balanced diet

Eat Well Guide

<https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/>

Better Health: Healthier Families website

[Healthier Families - Home - NHS \(www.nhs.uk\)](#)

Change4life Food Scanner app

Encourage all parents to download the app to help individuals choose a more balanced diet by keeping a check on the amount of foods they are eating that are high in fat, salt, sugars and calories

Underweight children with no underlying medical condition or neglect concerns

Underweight children aged 2 to 5

<https://www.nhs.uk/live-well/healthy-weight/underweight-children-2-5-advice-for-parents/>

Underweight children age 6 to 12

<https://www.nhs.uk/live-well/healthy-weight/underweight-children-6-12-advice-for-parents/>

Advice on physical activity

Encourage all children (5-18 years) to engage in moderate to vigorous intensity physical activity for at least 60 minutes per day across the week.

Appendix E – Safeguarding Analysis Tool in cases of childhood Obesity

Safeguarding Analysis Tool for Childhood Obesity

| | |
|---------|---------|
| Name: | Date: |
| DOB: | School: |
| NHS No: | Age: |

| Questions | Yes | No | Comments |
|---|-----|----|----------|
| Is the child currently engaged with Children’s Services or any other Services (e.g. CAMHS, Early Help)? | | | |
| Does the child have severe obesity (BMI on or above 99.6 th centile) or been diagnosed clinically obese by a | | | |
| Does the child have any other complex needs such as Learning | | | |
| If tool has been completed previously, is the BMI increasing? Specify timeframe. | | | |
| Has the child had some weight management advice including a weight management plan? Any input from | | | |
| Has the child made any progress with weight management advice? | | | |
| Are there any concerns regarding physical abuse? | | | |
| Are there any concerns regarding neglect? | | | |
| Are there any concerns regarding emotional abuse? | | | |
| Are there any other Child Safeguarding concerns? Is the child known to your organisation’s Children’s Safeguarding | | | |

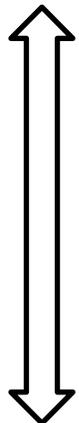
BMI = $\frac{\text{Weight (in kg)}}{\text{Height (m)}^2}$

BMI =

Centile =

What is the impact of obesity on the child’s health and wellbeing?
 10 is no impact and 1 is severely impacted

10
9
8
7
6
5
4
3
2
1



| Questions | Yes | No | Comments |
|--|-----|----|----------|
| Has a medical professional informed the family of the significance of their child's weight and the health risks | | | |
| Do parents/carers understand the concerns around their child's weight? | | | |
| Are parents/carers demonstrating commitment and acting on advice? | | | |
| Do parents/carers have capacity to | | | |
| Does the child understand the concerns around weight, feel safe and comfortable enough so willing to | | | |
| What is the impact of the weight gain on the child i.e. social interaction, effect on education etc.? | | | |
| Is the child willing to engage? | | | |
| Are there concerns of 'Disguised Compliance'? i.e. Are there concerns around engagement of parents/carers? Are professionals working with the parents/carers to understand the root | | | |
| Are the concerns escalating over time? Specify timeframe. | | | |

| Child Health Factors | Child Health Factors | Parent and Family Factors |
|---|--|---|
| <p>Physical Problems</p> <ul style="list-style-type: none"> Joint pain/problems Fatigue or exhaustion Difficulties with self-care/ dressing Hygiene Appearance/ill-fitting clothes Unable to walk to and from school Enuresis/ incontinence Constipation/ diarrhoea Shortness of breath Sleep apnoea/ snoring Type 2 diabetes mellitus Asthma Hypertension Raised cholesterol Diagnosis of any other health conditions? (write in comments box) Is the child on any medication? (if so, write details in comments box) | <p>Emotional Problems</p> <ul style="list-style-type: none"> Low self-esteem Loneliness or isolation Low mood or depression Worry, fear or anxiety Feelings of insecurity Anger or frustration Teasing, bullying, or social discrimination Reclusive or uncomfortable to go out Trigger (bereavement, accident, separation) Self Harm / Suicidal thoughts Underlying neurodevelopmental disorders Eg. Autistic Spectrum Disorder | <ul style="list-style-type: none"> Absence of meal routines/ meals unplanned Are parents/carers unsure of what child is eating Does child go to bed after parent/carer Does the parent see any of the 'child health factors' as a problem? Does the parent agree child is overweight? Does the parent enable child to attend health appointments and comply with treatment? Are parents or siblings overweight? Has a whole family approach been considered? Are they receiving DLA for this child? Is the child LAC/ CPP/ CIN or known to social worker? (if so, write in comments box) Is there any evidence of emotion abuse from parent to child? Is there any evidence the child is being scapegoated for difficulties |
| <p>Comments</p> <p>If there are any concerns or comments from the factors listed above, please document here. Eg. Education/ School factors Attendance, Concerns from staff, Academic / Social functioning / Participation in Sports/PE activities , Lack of parental engagement with staff;</p> | | |

| What are the main worries? | What is working well? | What needs to happen? | Timescales |
|-----------------------------------|------------------------------|------------------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Evidence child's wishes and feelings (include the child's view of their weight):

| | | | |
|--------------------|-------------------|------------------|--------------|
| Staff Name: | Signature: | Position: | Date: |
|--------------------|-------------------|------------------|--------------|

Guidance to complete Safeguarding Analysis Tool for Obesity

The aim of this tool is to support practitioners to develop a holistic assessment of a child where obesity is identified as a significant harm.

Safeguarding and Obesity

It is important to remember that obesity may be one of many concerns that the child may be at potential harm, or it may be a response to abuse, or it may be the presenting factor, which needs to be recognised by professionals, so that it can be escalated accordingly.

This tool focuses on:

- How the obesity affects the child's health and wellbeing
- Identifying any physical or emotional problems caused by obesity
- Identifying any parent or family factors that might be preventing the child from controlling their weight
- Identifying any safeguarding concerns related to the child's obesity

This tool is to be used by the Healthy Weight Nurse or relevant practitioner for patients with a BMI \geq 98th centile and/or the following:

- **Engaging with weight management service, but no positive outcomes**
- **Not engaging with weight management service**
- **If parents/carers do not consent for the child to be referred to the weight management service**
- **Any safeguarding concerns during review/examination**

The tool should ideally be completed with the consent and involvement of parents/carers and the young person where appropriate. However, if attempts to engage the family are unsuccessful, and there is risk of actual or potential significant harm, the tool can then be used to identify safeguarding concerns to inform management of the child and formulate a child safeguarding plan without family involvement.

The tool must be completed fully each time. If the box is not ticked, this will imply that there is not an issue.

The tool should be completed from conversation with the young person, parent/carer, multi-agency professionals (school, GP, weight management service,

paediatrician) and a review of the child's health records.

On completion of the tool, the health professional will need to make an assessment and formulate a suitable weight management plan, including measures to address child safeguarding concerns, moving forward.

| Questions | Prompts to promote enquiry and services to refer to for support |
|--|---|
| Is the child currently engaged with Children's Services or any other Services (e.g. CAMHS, Early Help)? | <ul style="list-style-type: none"> • Any other health needs, i.e. hearing, vision, physio, occupational health etc • Any professionals or community services involved i.e. youth workers, religious groups • Children's services – early help or allocated social worker • Does the child have any additional needs i.e. learning difficulty/disability |
| Does the child have severe obesity (BMI on or above 99.6 th centile)? | <ul style="list-style-type: none"> • Complete RCPCH centile growth chart specific for gender |
| If tool has been completed previously, is the BMI increasing? | <ul style="list-style-type: none"> • Use RCPCH centile growth chart and available measurements |
| Has the child had some weight management advice including a weight management plan? | <ul style="list-style-type: none"> • Which service and duration • Advice given |
| Has the child made any progress with weight management advice? | <ul style="list-style-type: none"> • Use past measurements and identify both weight lost or regained; What if anything helped with achieving progress; |
| Are there any concerns regarding physical abuse? | <ul style="list-style-type: none"> • Any concerns on examination |
| Are there any concerns regarding neglect? | <ul style="list-style-type: none"> • Any concerns on examination or review • Lack of school attendance • Non-attendance to health appointments • Non-compliance with health advice |
| Are there any concerns regarding emotional abuse? | <ul style="list-style-type: none"> • How the parent/carer speaks about child and their weight • How the child responds to parent/carer discussion • Any evidence of the child being scapegoated for difficulties within the family |
| Are there any other Child Safeguarding concerns? Is the child known to your organisation's Safeguarding Children Team? | <ul style="list-style-type: none"> • Domestic violence • History of input with Children's services |

| Questions | Prompts to promote enquiry and services to refer to for support |
|---|---|
| Has a medical professional informed the family of the significance of their child's weight and the health risks involved? | <ul style="list-style-type: none"> • If yes, who by • If no, please inform family of health risks • Document reaction of family |
| Do parents/carers understand the concerns around their child's weight? | <ul style="list-style-type: none"> • Ask what their concerns are • Ask them to tell you what their child is at risk of |
| Are parents/carers willing to engage? | <ul style="list-style-type: none"> • Discuss how they can engage – attend appointments, sessions or meetings • Completion of food and activity diaries • Evidence of any advice followed |
| Does the child understand the concerns around their weight? | <ul style="list-style-type: none"> • Ask them what their concerns are • Ask them to tell you what they are at risk of |
| Is the child willing to engage? | <ul style="list-style-type: none"> • Discuss how they can engage – attend appointments, sessions or meetings • Completion of food and activity diaries • Evidence of any advice followed |
| Are there concerns of 'Disguised Compliance'? | <ul style="list-style-type: none"> • Have appointments been attended but no positive outcomes noted • Reports that parents/carers are following advice, but no observed evidence |
| Are the concerns escalating over time? | <ul style="list-style-type: none"> • Include information from records, services, other professional i.e. education, social care, medical staff; Specify time frame; |

| | |
|--|--|
| Child Health Factors: Physical Problems | <ul style="list-style-type: none"> • Note observation of child e.g. difficulty standing up from floor, rubbing of joints, mobility issues, appears tired, fatigue. May need referral to other services such as GP or physio, if problem identified. • Observations about body language • Ask about medications as they may have side effects of weight gain. Document name and dose of medication in comments box • Check with school for concerns e.g. participation in PE and school attendance • Consider consultation with relevant medical specialists to identify short and long term health implication of diagnosis and current engagement with treatment • Consider severity of physical problem and the impact of risk of harm on the child's health and wellbeing |
| Child Health Factors: Emotional Problems | <ul style="list-style-type: none"> • Observations about body language • Check with school regarding concerns e.g. participation in PE, bullying, attendance • Always ask 'how do you feel about yourself, school, weight and friendships'? |

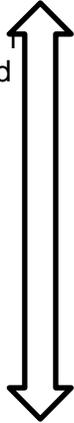
| | |
|-----------------------------------|--|
| | <ul style="list-style-type: none"> • Can always use Strengths and Difficulties Questionnaire to assess emotional health • May need referral to GP, CAMHS referral or school counsellor |
| Parent and Family Factors: | <ul style="list-style-type: none"> • Consider using a Culturagram to initiate a discussion of health beliefs, attitudes to professionals and attitude to family relationships • Observe how parent/carer speaks about the child and their weight and how the child responds to these comments • Consider referral to Early Help Parenting Courses, School-led Parenting Courses or Family Support Worker at School • Consider wider indicators of neglect – if present consider use of Graded Care Profile 2 • Consider any language barriers |

Adapted from Manchester Safeguarding Partnership's 'Safeguarding Analysis tool in the context of childhood obesity'

Appendix F – Safeguarding Analysis Tool in cases of severely underweight children

Safeguarding Analysis Tool for severely underweight children including those with Eating Disorders i.e. Anorexia Nervosa / Bulimia

| | |
|---------|---------|
| Name: | Date: |
| DOB: | School: |
| NHS No: | Age: |

| Questions | Yes | No | Comments | <p>BMI = $\frac{\text{Weight (in kg)}}{\text{Height (m)}^2}$</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> BMI = Centile = </div> <p>What is the impact of being underweight on the child's health and wellbeing?</p> <p>10 is no impact and 1 is severely impacted</p> <div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> 10 9 8 7 6 5 4 3 2 1 </div>  </div> |
|---|-----|----|----------|--|
| Is the child/family currently engaged with Children's Services or any other Services (e.g. CAMHS, Early Help)? | | | | |
| Is the weight loss progressive? Specify timeframe. | | | | |
| Is the child severely underweight i.e. BMI below 85 percent of median BMI for age in cases of Eating Disorder (or) BMI below 2 nd centile in the absence of any other innocuous explanation or organic | | | | |
| If tool has been completed previously, is the BMI decreasing? Specify timeframe. | | | | |
| Has the child had some weight management advice including a feeding plan? Any input from Dietitian/School | | | | |
| Has the child made any progress with weight management advice? | | | | |
| Are there any concerns regarding physical abuse? | | | | |
| Are there any concerns regarding neglect? | | | | |
| Are there any concerns regarding emotional abuse? | | | | |

| | | | | |
|--|--|--|--|--|
| Are there any other Child Safeguarding concerns? | | | | |
| Has a Clinician informed the family of the significance of their child's weight and the health risks involved? | | | | |
| Do parents/carers understand the concerns around their child's weight? | | | | |
| Are parents/carers willing to engage i.e. attend appointments? Are parents/carers demonstrating commitment and acting on advice? | | | | |
| Do parents/carers have the capacity to engage? | | | | |
| Does the child understand the concerns around his/her weight? | | | | |
| Is the child willing to engage? Does the child feel safe and comfortable enough to engage? | | | | |
| What is the impact of the weight loss on the child i.e. social interaction, effect on education etc. | | | | |
| Are there concerns of 'Disguised Compliance'? i.e. Are there concerns around engagement of parents/carers? Are professionals working with the parents/carers to understand the root | | | | |
| Are the concerns escalating over time? If yes, please state time period. | | | | |
| Are the child's outcomes likely to be compromised by weight loss Eg. | | | | |

| | | | | |
|--|--|--|--|--|
| achievement/Relationship with Peers/Social isolation etc. | | | | |
| Do Parents/Carers play one professional off against another? | | | | |

| Child Health Factors | Child Health Factors | Parent and Family Factors |
|--|---|--|
| <p>Physical Problems</p> <p>Low heart rate/Low blood pressure Amenorrhoea Recurrent infections / Excessive bruising Swelling of feet Constipation Headaches Dizziness Dehydration Hair loss Skin changes Low blood sugar causing pallor, drowsiness, loss of consciousness, confusion, tremors, irritability; Difficulties with self-care/ dressing Hygiene Appearance/ill-fitting clothes Blood abnormalities – Anaemia, Leukopenia, Thrombocytopenia, raised urea & creatinine, electrolyte imbalance Diagnosis of any other health conditions? (write in comments box)</p> | <p>Emotional Problems</p> <p>Low self-esteem Loneliness or isolation Low mood or depression Worry, fear or anxiety Feelings of insecurity Anger or frustration Teasing, bullying, or social discrimination Reclusive or uncomfortable to go out Trigger (bereavement, accident, separation) Obsessive Compulsive Disorder Underlying Neurodevelopmental disorders – Autistic Spectrum Disorder Self harm / Suicidal thoughts</p> | <p>Absence of meal routines/ meals unplanned Are parents/carers unsure of what child is eating Does child go to bed after parent/carer Does the parent see any of the 'child health factors' as a problem? Does the parent agree child is underweight? Does the parent enable child to attend health appointments and comply with treatment? Are parents or siblings underweight? Has a whole family approach been considered? Are they receiving DLA for this child? Is the child LAC/ CPP/CIN or known to social worker? (if so, write in comments box) Is there any evidence of emotional abuse from parent to child? Is there any evidence the child is being scapegoated for difficulties within the family? Is the child excluded from being involved in</p> |

| | | Does the parent/carer monitor child's online activities / mealtimes? Are the parents highly critical of the child or show little emotional warmth towards | |
|---|-----------------------|--|------------|
| <p>Comments If there are any concerns or comments outside the factors listed above, please document here. Eg. Education/ School factors Attendance, Concerns from staff, Academic & Social functioning / Participation in Sports & PE, Lack of parental engagement with staff;</p> | | | |
| What are the main worries? | What is working well? | What needs to happen? | Timescales |
| | | | |
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Evidence child's wishes and feelings (include the child's view of their weight):

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|--------------------|-------------------|------------------|--------------|
| Staff Name: | Signature: | Position: | Date: |
|--------------------|-------------------|------------------|--------------|

Guidance to complete Safeguarding Analysis Tool for severely underweight children/young person

The aim of this tool is to support practitioners to develop a holistic assessment of a child where underweight is identified as a significant harm.

Malnutrition with severe weight loss due to Child Neglect / Eating Disorders and child safeguarding

It is important to remember that an malnourishment due to neglect or eating disorder leading to significant weight loss may be one of the many concerns that may put the child at risk of harm, that needs to be recognised by professionals, so it can be escalated accordingly.

This tool focuses on:

- How the weight loss affects the child's health and wellbeing
- Identifying any physical or emotional issues associated with weight loss
- Identifying any parent or family factors that might be preventing the child from controlling their weight
- Identifying any safeguarding concerns related to the child's weight loss

This tool is to be used by practitioners for children with a BMI \leq 85% of median BMI or BMI below the 2nd centile and/or the following:

- **Engaging with Eating Disorder/Weight management service, but ongoing deterioration**
- **Not engaging with Eating Disorder/Weight management service**
- **If parents/carers do not consent for the child to be referred to the Eating Disorder/Weight management service**
- **Any safeguarding concerns during review/examination**

The tool should ideally be completed with the consent and involvement of parents/carers and the young person where appropriate. However, if attempts to engage the family and are unsuccessful, and there is risk of actual or potential significant harm, the tool can then be used without family involvement, to identify safeguarding concerns and help inform management of the child and formulate a child safeguarding plan.

The tool must be completed fully each time. If the box is not ticked, this will imply that there is not an issue.

The tool should be completed from conversation with the young person, parent/carer, multi-agency professionals (school, GP, weight management service, paediatrician) and a review of the child's health records.

On completion of the tool, the health professional will need to make an assessment and formulate a suitable weight management plan, including measures to address child safeguarding concerns, moving forward.

| Questions | Prompts to promote enquiry and services to refer to for support |
|---|---|
| Is the child currently engaged with Children's Services or any other Services (e.g. CAMHS, Early Help)? | <ul style="list-style-type: none"> • Any other health needs, i.e. hearing, vision, physio, occupational health etc. • Any professionals or community services involved i.e. youth workers, religious groups |
| Does the child have severe weight loss i.e. BMI below 2 nd centile? In cases of Eating disorder, is weight below 85 percent of median BMI? | <ul style="list-style-type: none"> • Complete RCPCH centile growth chart specific for gender |
| If tool has been completed previously, is the BMI continuing to worsen? | <ul style="list-style-type: none"> • Use RCPCH centile growth chart and available measurements |
| Has the child had some weight management advice including a weight management plan/input from dietitian? | <ul style="list-style-type: none"> • Which service and duration • Advice given |
| Has the child made any progress with weight management advice? | <ul style="list-style-type: none"> • Use past measurements and identify both weight lost or regained |
| Are there any concerns regarding physical abuse? | <ul style="list-style-type: none"> • Any concerns on examination |
| Are there any concerns regarding neglect? | <ul style="list-style-type: none"> • Any concerns on examination or review • Lack of school attendance • Non-attendance to health appointments • Non-compliance with health advice |
| Are there any concerns regarding emotional abuse? | <ul style="list-style-type: none"> • How the parent/carer speaks about child and their weight • How the child responds to parent/carer discussion • Any evidence of the child being scapegoated for difficulties within the family |
| Are there any other Child Safeguarding concerns? | <ul style="list-style-type: none"> • Domestic violence • History of input from Children's services |
| Has a medical professional informed the family of the significance of their child's weight and the health risks involved? | <ul style="list-style-type: none"> • If yes, who by • If no, please inform family of health risks • Document reaction of family |
| Do parents/carers understand the concerns around their child's weight? | <ul style="list-style-type: none"> • Ask what their concerns are • Ask them to tell you what their child is at risk of |

| Questions | Prompts to promote enquiry and services to refer to for support |
|---|--|
| Are parents/carers willing to engage? | <ul style="list-style-type: none"> • Discuss how they can engage – attend appointments, sessions or meetings • Completion of food and behaviour diaries • Evidence of any advice followed |
| Does the child understand the concerns around their weight? | <ul style="list-style-type: none"> • Ask them what their concerns are • Ask them to tell you what they are at risk of |
| Is the child willing to engage? | <ul style="list-style-type: none"> • Discuss how they can engage – attend appointments, sessions or meetings • Completion of food and activity diaries • Evidence of any advice followed |
| Are there concerns of 'Disguised Compliance'? | <ul style="list-style-type: none"> • Have appointments been attended but no positive outcomes noted • Reports that parents/carers are following advice, but no observed evidence |
| Are the concerns escalating over time? | <ul style="list-style-type: none"> • Include information from records, services, other professional i.e. education, social care, medical staff |

| | |
|--|---|
| Child Health Factors: Physical Problems | <ul style="list-style-type: none"> • Note observation of child e.g. difficulty standing up from floor, mobility issues, appears tired, fatigue. May need referral to other services such as GP or physio, if problem identified. • Observations about body language • Ask about medications as they may have side effects of weight loss. Document name and dose of medication in comments box • Check with school for concerns e.g. participation in PE and school attendance • Consider consultation with relevant medical specialists to identify short and long term health implication of diagnosis and current engagement with treatment • Consider severity of physical problem and the impact of risk of harm on the child's health and wellbeing |
| Child Health Factors: Emotional Problems | <ul style="list-style-type: none"> • Observations about body language • Check with school regarding concerns e.g. participation in PE, bullying, attendance • Always ask 'how do you feel about yourself, school, weight and friendships'? • Can always use Strengths and Difficulties Questionnaire to assess emotional health • May need referral to GP, CAMHS referral or school counsellor |
| Parent and Family Factors: | <ul style="list-style-type: none"> • Consider using a Culturagram to initiate a discussion of health beliefs, attitudes to professionals and attitude to family relationships • Observe how parent/carer speaks about the child and their weight and how the child responds to these |

| | |
|--|--|
| | <p>comments</p> <ul style="list-style-type: none">• Consider referral to Early Help Parenting Courses, School-led Parenting Courses or Family Support Worker at School• Consider wider indicators of neglect – if present consider use of Graded Care Profile 2 |
|--|--|

Adapted from “Safeguarding Analysis tool in the context of childhood obesity - Manchester Safeguarding Children’s Partnership

Appendix G

Training for professionals

Universal professional training Public Health England Child Obesity

Demonstrates health and care professional's vital role in supporting children, young people and families in maintaining a healthy lifestyle to prevent and reduce childhood obesity, from pregnancy through to the transition to adulthood.

<https://www.youtube.com/watch?v=gQK4vj1Lzlg>

Making Every Contact Count

Enabling the delivery of consistent and concise health and wellbeing information. Encouraging individuals to engage in conversations about their health at scale.

<https://www.e-lfh.org.uk/programmes/making-every-contact-count/>

All Our Health

Providing support and practical guidance for all health and care professionals on how to embed prevention within their work.

<https://www.e-lfh.org.uk/programmes/all-our-health/>

Health Professionals Training Obesity

For practitioners in the NHS and local authorities working in weight management. The training is also suitable for anyone who encounters overweight or obese individuals.

<https://www.e-lfh.org.uk/programmes/obesity/>

Healthy Child Programme

Covers a range of topics related to child health and health promotion. It is suitable for health visitors, nurses, trainee paediatricians and the child health team

<https://www.e-lfh.org.uk/programmes/healthy-child-programme/>

Healthy School Child Programme

Covers awareness, assessment and support of the mental and other health needs of primary school-age children, and the key issues around the identification and support of children with extra needs: social, physical or environmental. Suitable for school nurses, GPs, trainee paediatricians and the child health team

<https://www.e-lfh.org.uk/programmes/healthy-school-child/>

Adolescent Health Programme

Aims to ensure that all health professionals have essential youth communication skills and understand young people's rights to consent and confidentiality. Suitable for GPs, school nurses, community paediatricians and the child health team,

<https://www.e-lfh.org.uk/programmes/adolescent-health/>

National Child measurement Programme

This programme consists of five audio recordings that have been produced to support school nurses, their teams and other professionals delivering the National

Published April 2024

Review date: 1 April 2025

Child Measurement Programme (NCMP) to have supportive and constructive conversations with parents about their child's weight status.

<https://www.e-lfh.org.uk/programmes/national-child-measurement-programme/>

Cheshire West and Chester Safeguarding Children Partnership Neglect Level 3 Multi-Agency Training

This course is designed to enable participants to recognise and respond to children and young people at risk of or who are experiencing Neglect. It will enable professionals to contribute to the assessment, planning, intervention and review of the needs of children and young people and includes a focus on assessment tools specific to neglect.

<https://www.cheshirewestscp.co.uk/training/level-3/neglect-nature-prevalence-and-long-term-impact/>

Cheshire West and Chester Safeguarding Children Partnership Working Together to Safeguard Children Level 3 Multi-Agency Training

This is a one-day course is designed to enable participants to understand their roles and responsibilities as the designated safeguarding person and the importance of working co-operatively and collaboratively with professionals from other agencies in safeguarding children.

<https://www.cheshirewestscp.co.uk/training/level-3/working-together-to-safeguard-children-one-day/>

Why Weight to Talk – how to have positive conversations about weight

Developed with colleagues from Cheshire West and Chester, this training is designed to encourage and empower colleagues to have positive conversations with families about weight. The 90 minute online course considers the wider determinants to excess weight, trauma and Adverse Childhood Experiences, along with support in giving brief advice.

Contact: publichealth@cheshirewestandchester.gov.uk for more information.

Appendix H

Tier 1 provision in Cheshire West and Chester (Correct as of August 2022)

Prevention and population level interventions through the Eat Well Be Active (EWBA) Reference Group and sub-groups, including:

- Local walking opportunities through the West Cheshire Wellbeing Walks Network
- The Natural Health Service through The Mersey Forest
- The adopted Local Authority Declaration on Healthy Weight and EWBA Partner Pledge commitments
- Healthy developments through the Health Impact Statement and wider work with the Council planning team
- Active travel through the Active Travel forum and resulting projects