NEWHAM SAFEGUARDING CHILDREN PARTNERSHIP

FIRST FRIDAY SAFEGUARDING PARTNERSHIP FORUM

For all in Education, Health, Children's Social Care, Police, Adult and other public services who are members of the Newham Safeguarding Children Partnership

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Time	Item	Presenter
10.00	Welcome and Introduction Recap from November: • 7 minute briefing and discussion on Child H • Safe Sleeping Awareness for Babies • CGL (Change Grow Live) services for drug and alcohol support	Elena Nicolaou Safeguarding Children Workforce Development Lead, CYPS and NSCP
10:05	• Produced 7 min briefings; overview of views and partnership interest • Live sign up to confidential area	Elena Nicolaou
10:10	Child Obesity GOSH Childhood Obesity through a Social Care Lense CEW (Complications from Excess Weight) Great Ormond Street Hospital for Children NHS Trust	Nicola Sabaroche Social Worker Emma Baty Specialist Paediatric Dietitian (GOSH CEW) Rochelle George Family Support Worker (Barts CEW)
10:40	Thematic Review Extra-familial Harm & Intra-familial Abuse: Thematic Safeguarding Review Key Findings Author: Laverne Walcott-Dhainy Practice Consultant & Independent Reviewer	Elena Nicolaou
11:10	Training Available NSCP Training, what is coming up and what's new and London Safeguarding Board Training	Elena Nicolao

Recap from last Forum

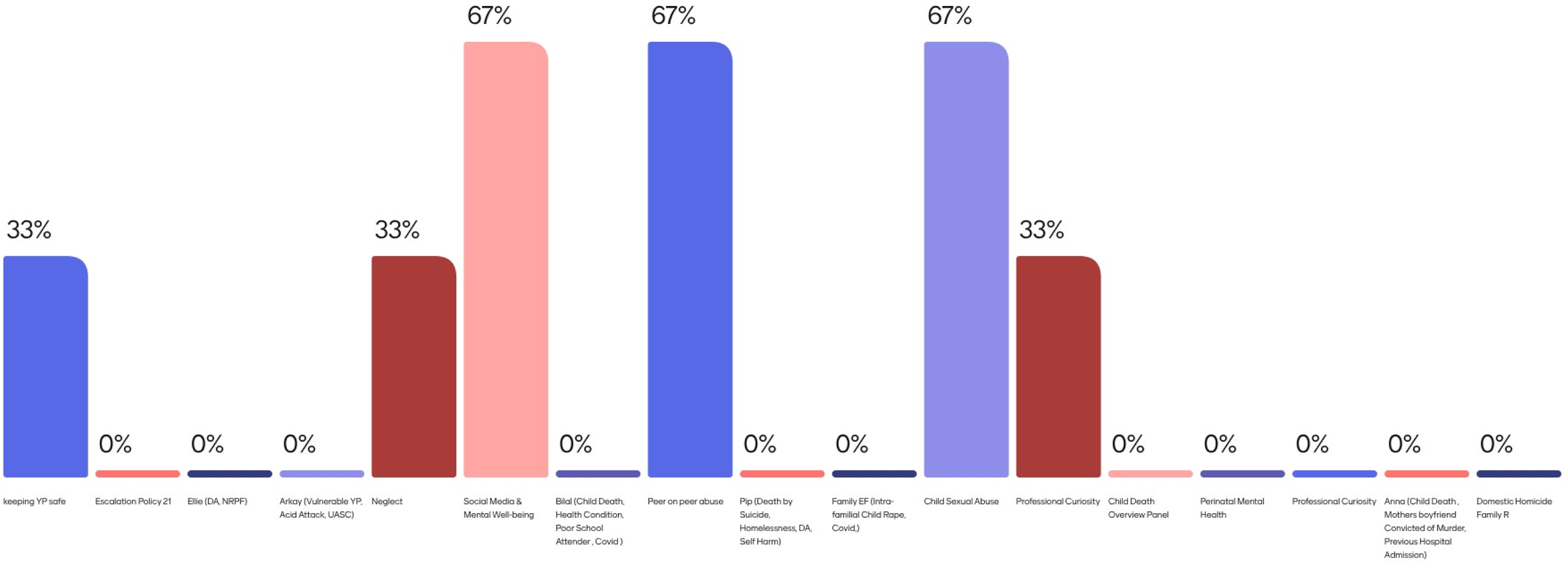
7 Minute Briefing Child H - Reflections

Safer Sleeping for Babies; Raising Awareness

Change Grow Live (CGL); Drug & Alcohol Services Newham

Training Available - What's New

What 7 minute briefings have you used ?



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Confidential Area

Home | Children & Young People | Parents & Carers | Professionals | Community | Early Help | Learning Zone | About

7 Minute Briefings – Confidential Area

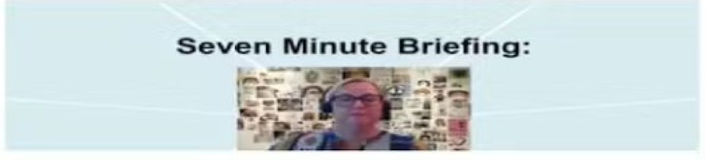
This password protected area contains learning related to Newham specific cases. To document your learning you can access this tool, which can evidence and track the learning with in your agency. This area should be used to share good practice and learning within Newham.

Please add in the same the provided log-in password to watch all videos.

Anna

Ellie

Keeping Young People Safe



Live Sign up

NEWHAM SAFEGUARDING CHILDREN PARTNERSHIP

- Take this opportunity to request access to the confidential site.
- This comes with responsibilities –
  - That you disseminate the information within your establishment
  - Complete action plan to document and evidence change and outcomes
  - Share your action plan with the NSCP

Child Obesity GOSH Childhood Obesity through a Social Care Lense

CEW (Complications from Excess Weight)
Great Ormond Street Hospital for Children NHS Trust

Nicola Sabaroche
Social Worker

Emma Baty
Specialist Paediatric Dietitian (GOSH CEW)

Rochelle George Family Support Worker (Barts CEW)

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Childhood Obesity through a Social Care Lense:

Nicola Sabaroche – Social Worker (GOSH CEW)

Emma Baty – Specialist Paediatric Dietitian (GOSH CEW)

Rochelle George – Family Support Worker (Barts CEW)

10th January 2025

AGENDA

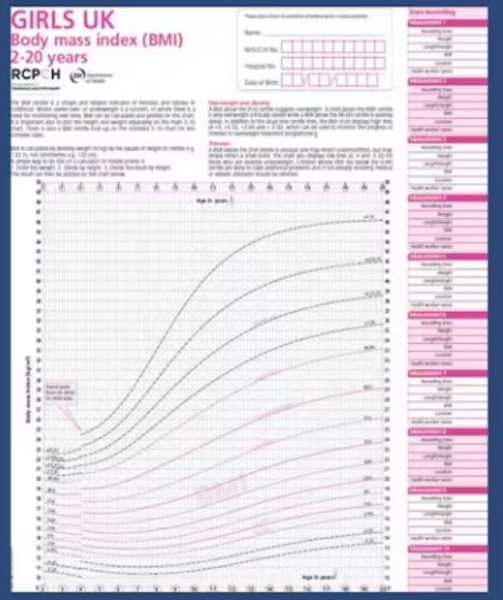
- Introduction
- Understanding Excess Weight
- Barts CEW Service
- Close

OBESITY = EXCESS WEIGHT

- Obesity is the most common nutritional disorder in childhood in the UK.
- Obesity is defined as >= 95% BMI (+2SD)
- Cost: £9.7 Billion by 2050
- Rapid weight gain between 0-5 years old

  = increased risk of childhood and adolescent obesity.

  = 5 times more likely = Obese Adults
- Just under 25% of children are overweight and obese in England
- Prevalence is increasing faster in marginalised populations



BMJ, 2021; National Child Measurement Programme: 2022/2023

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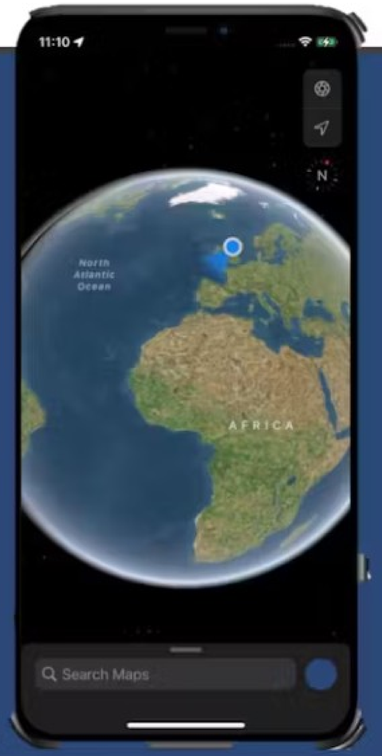
WHAT HAS CHANGED?



1990: **2%**
31 million young people

In 2022: **8%**
60 million young people

OBESITY IN CHILDREN = MULTIFACTORIAL

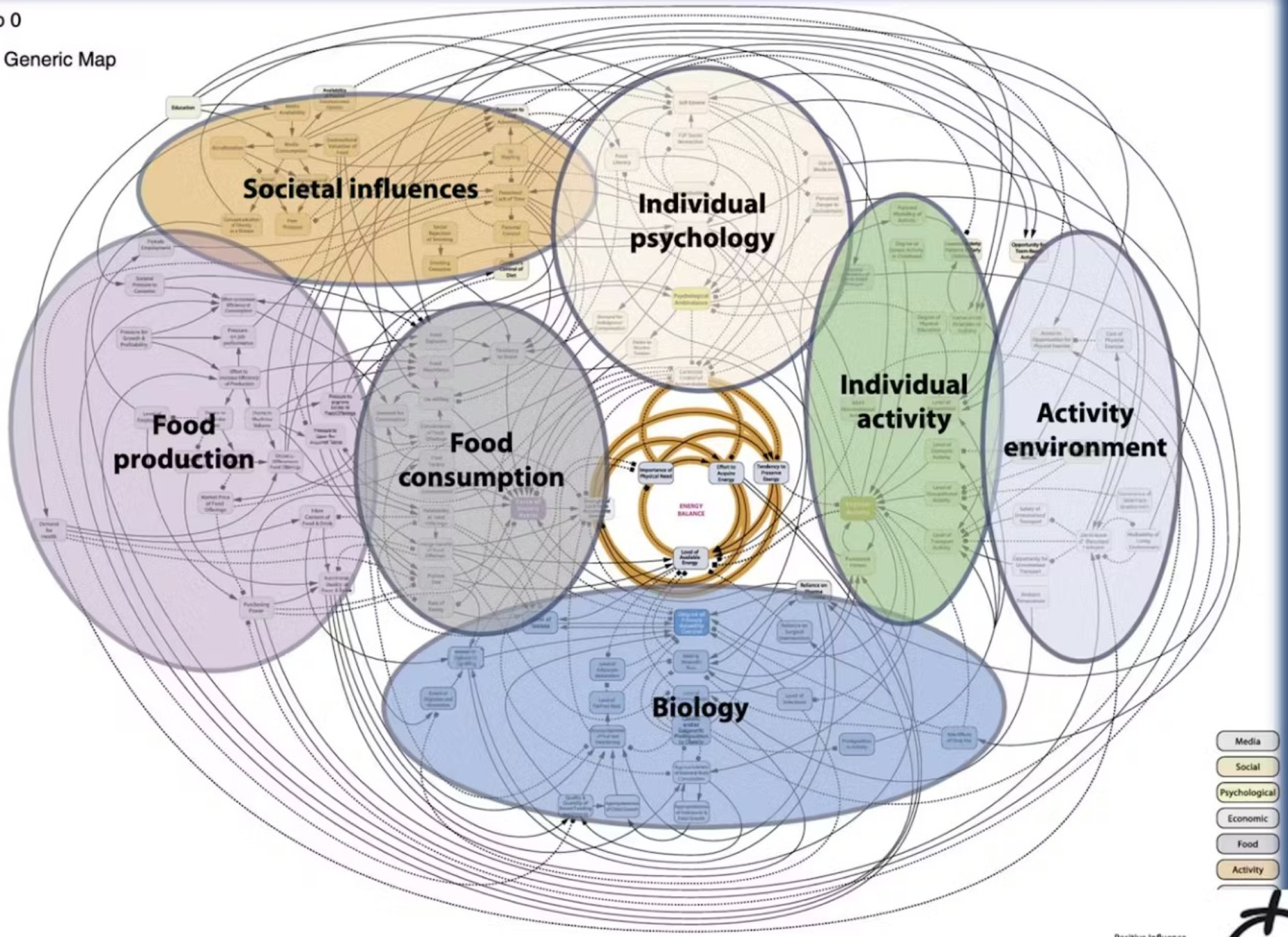
"For children living in the most deprived areas, obesity prevalence was twice as high compared with those living in the least deprived areas.."

- genetic predisposition
- behavioural practices
- cultural practices
- environmental influences

→ **disconcordant energy balance.**

Map 0

Full Generic Map



Biology
Gut Microbiome
Insulin
Diabetes

Genetics
Familial obesity
BBS
Prader Willi
Hyperphagia

Life events
Trauma, Abuse
Bereavement
Parental separation
Education and life goals

Mental Health
Depression
Loneliness
Eating Disorders
Medication use

Neurodevelopment
Autism
ADHD

Sleep
Night eating
Gaming

Food
Knowledge
Access to healthy foods
UPFs
Preferences
Psychological Comfort

Healthcare Access
Parental caring responsibilities
Postcode lottery
Greenspaces
Safety (environment)

WHO IS AT INCREASED RISK

- **Neurodevelopmental**
- **Comorbidities** (cancer & neuro-rehab steroids, early feeding experiences)
- **Immigrant status** - Connectedness to support, ESL
- **Trauma** - Refugee, domestic violence
- **Increased Genetic Risk** Hispanic/African/Caribbean/Asian

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OBESITY LINK WITH TRAUMA

- "Obesity as a defence mechanism"
- Childhood abuse (physical, sexual and/or verbal) leads to a marked increase in the risk of developing obesity as an adult
- Neurobiology - trauma related altered brain development
  - Less reward sensitivity,
  - Increased risk of depression, addiction and ability to deal with stress.
- Symptoms of
  - Food obsession
  - Psychological comfort in food
  - Intentional/wilful weight gain to desexualize

(USC DworakPeck, 2017) ACE Study & Karolinska Institute -Sweden).

CHILDHOOD OBESITY

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"Eat Less Move More"

It's a will power problem

They are choosing the wrong foods

Not engaging: weight continuing to increase

Isn't it just the parent's fault?

Laziness

That's just sad…

Not adhering to guidance

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CHILDHOOD OBESITY

"Eat Less Move More"

Obesity keeps you safe

We need a systemic approach

Small steady changes

Obesity is a symptom

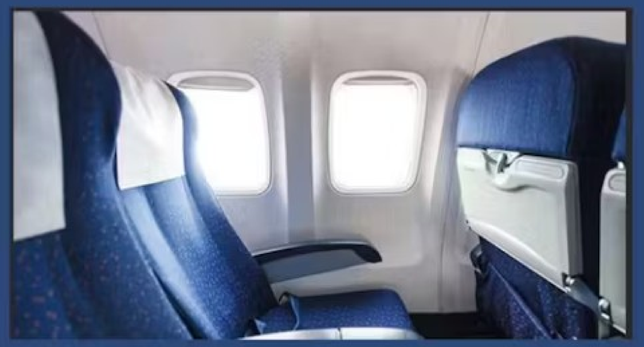
Obesity does discriminate

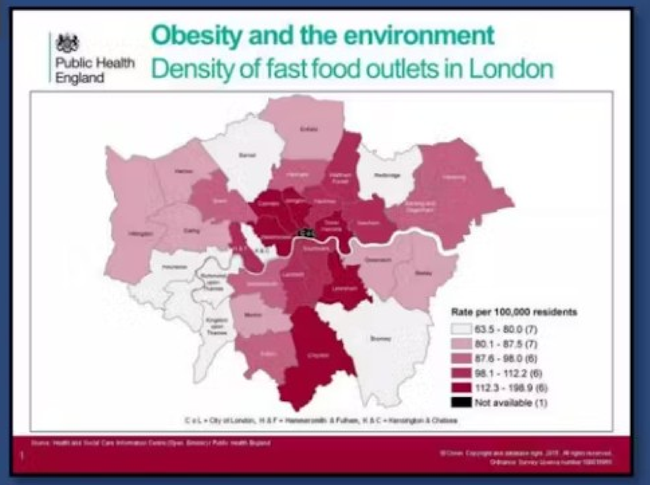
Obesity is unfair

Obesity is a marathon

WHAT IS IT LIKE LIVING IN A LARGER BODY?

- Chairs (Airplanes)
- Clothes
- Smell, sweat, hygiene
- Stairs & walking
- Finance to attend appointments, buy shoes, attend gym, purchase food.





It is all my fault
I am lazy
I am stuck

CONTEXT

- Meet the patient where **they** are at
- Non judgemental – non verbal cues matter
- Being caring& honest
- Others teams may not be able to look at it like this.

What's going on for the young person and family? What have they tried?

This must inform all clinician practise.

HOW DO I TALK ABOUT FOOD WHEN PATIENTS DON'T WANT TO?

- Be curious
- Draw on relatable stories
- Be patient
- Care about other things
- TikTok/Pet/Colour/Hobbies

Language Matters Obesity (2020)

I'm curious about that...

Another young person has described a small portion for them would be...

I'm wondering if it's the same for you?

What are some of the reasons that make that change really difficult for you?

Tell me more about...

Help me to understand what you mean by...

...Living in a larger body..

Obesity UK

OBESITY 4THOUGHT

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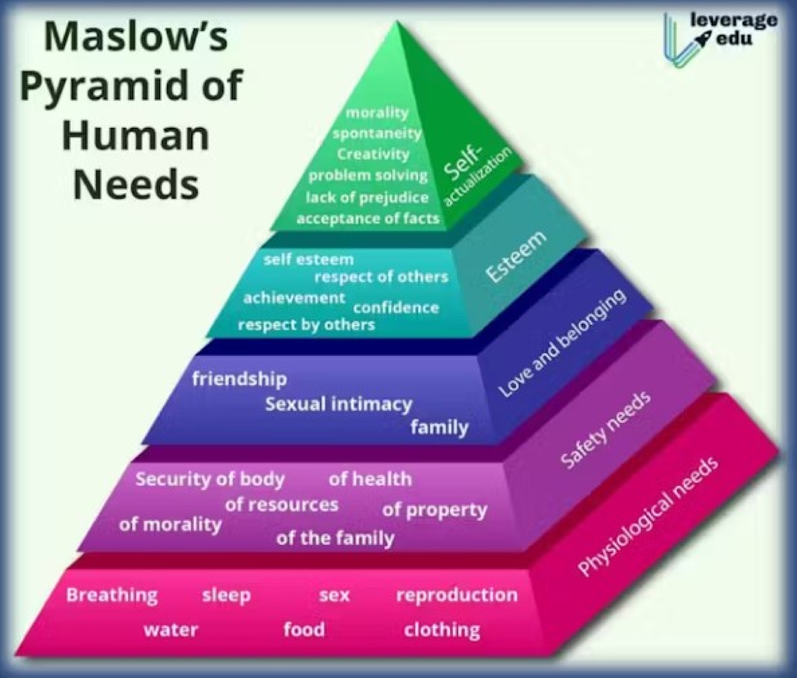
APPROACHING OBESITY

"It is critical that...
when we discuss obesity
we communicate, in line with the now substantial evidence,
that it is not an issue of personal failing or choice.

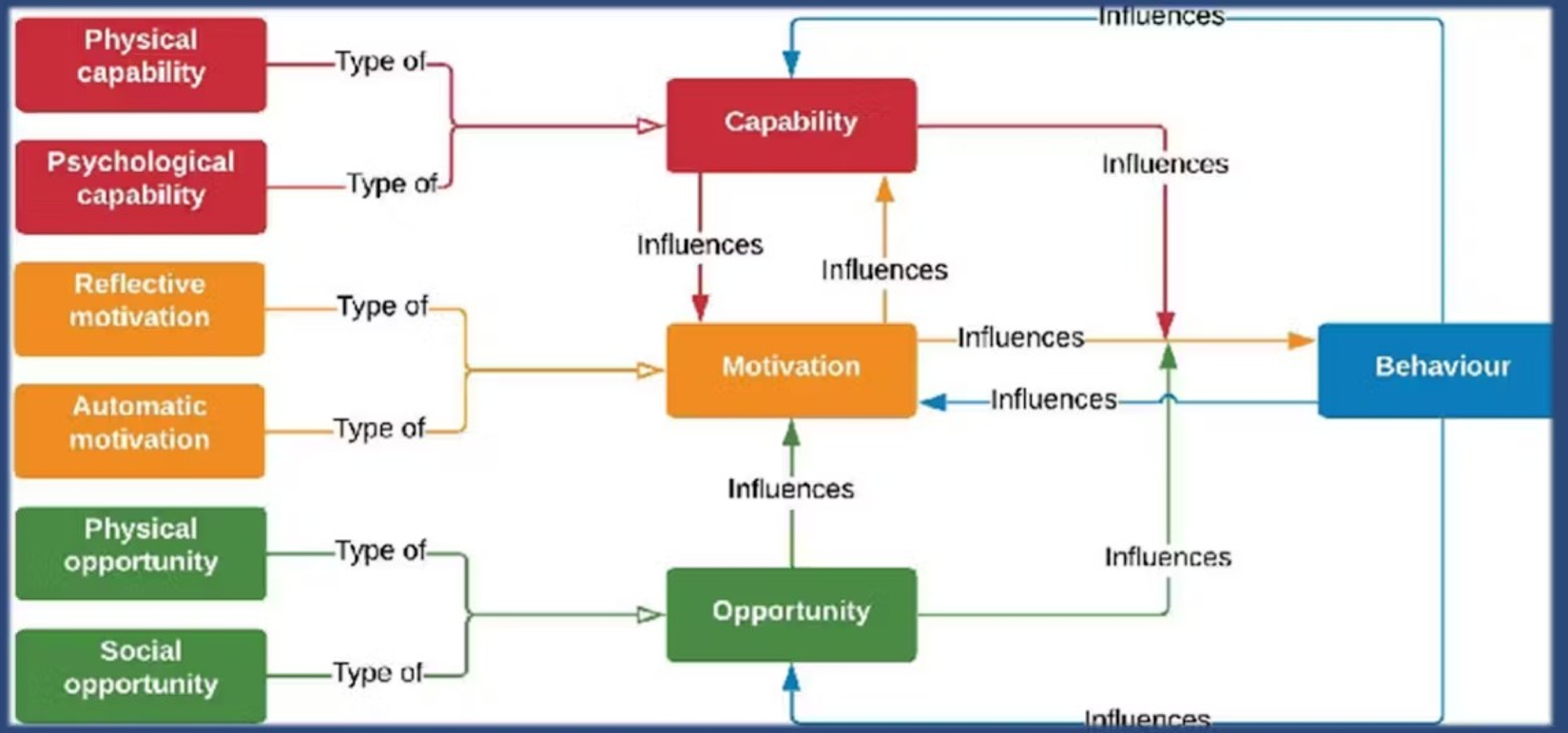
.... to support the population
to reach and maintain a healthier weight
there is a need for structural change across all levels,
and...a whole systems approach to engender policy change" (BDA)

HOW CAN WE HELP?
SOCIAL CARE ROLE



- Identifying what support is required:
  - Child & Family Assessment
  - CP/CIN Plan
  - Early Help Intervention
  - Disabilities services
- Working with the professional network
  - LAC Reviews
  - ICPC/CGM
  - TAF/Professionals Meeting

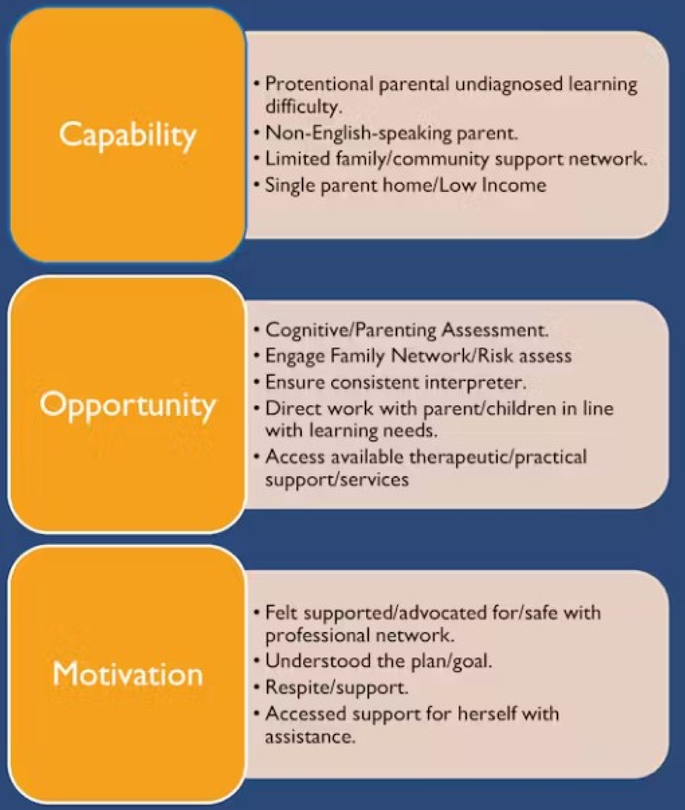
COM-B MODEL



Robert West, Susan Mitchell 2022
Susan Mitchell 2011, Implementatio

CASE STUDY – A FAMILY

- 2 Children out of 3 Obese.
- Child Protection Plan due to physical chastisement – discussions around LPM.
- Limited parental boundaries with children.
- Behavioural issues with children.
- History of domestic abuse (witnessed by the children).



KEY POINTS

01

Consider the wider drivers and barriers to weight control.

02

Behaviour - capability, opportunity and motivation

03

Advocate for patient to other services using “weight lens”

LANGUAGE MATTERS
(OBESITY, OBESITY UK)

1. Seek Permission
2. Use language including tone and non-verbal gestures that is: Free From Judgement, Patient Centred & Collaborative and Engaging
3. Language has power
4. Some words are unacceptable and can be stigmatising: *don't stereotype e.g lazy/non-complaint*
5. Avoid combative language and humour
6. Stick to the evidence
7. Don’t blame
8. Don’t generalise
9. Be empathic

Obesity UK OBESITY 4THOUGHT

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HAVING CHALLENGING CONVERSATIONS ABOUT WEIGHT

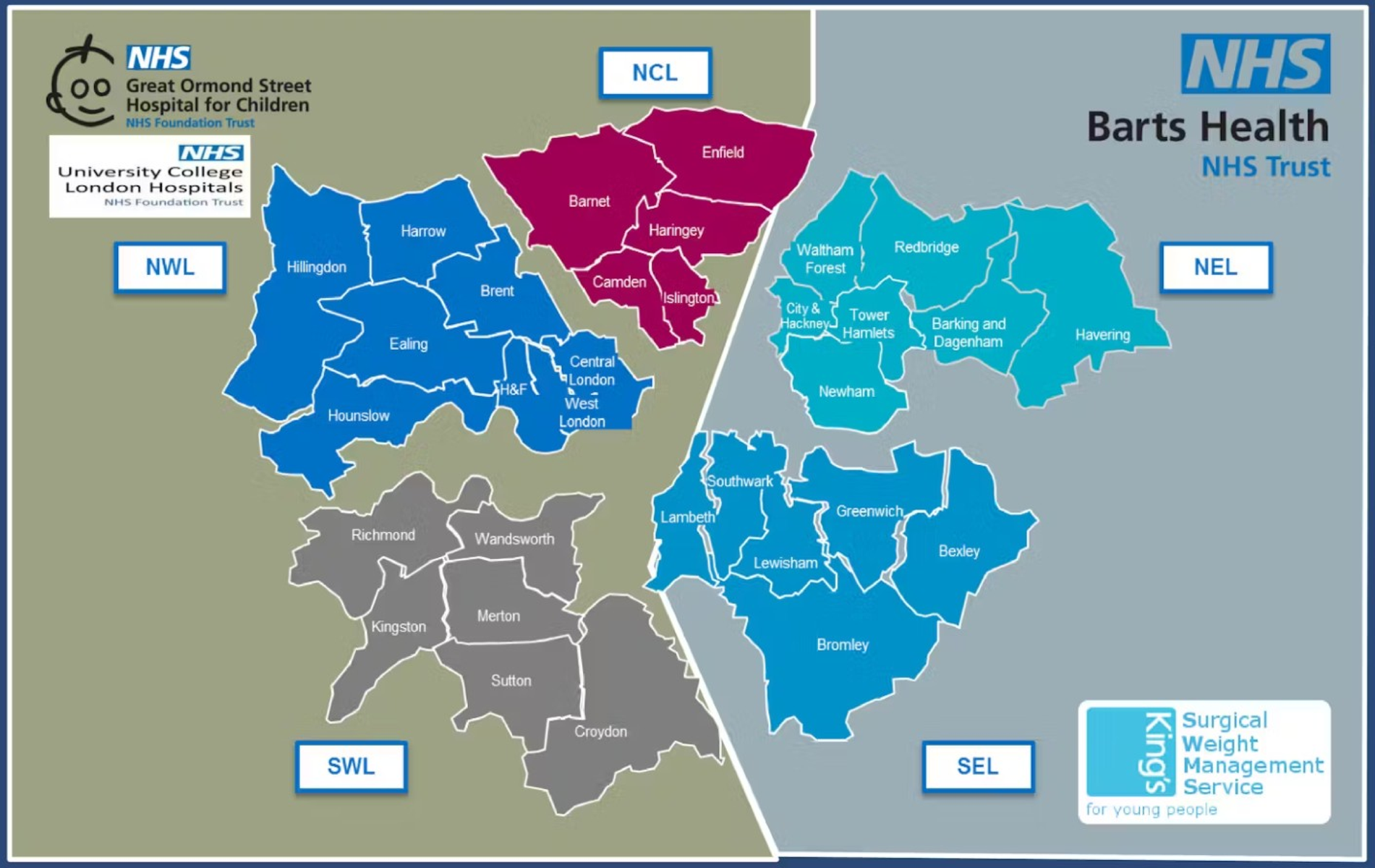
- Be sensitive.
- Be kind.
- Be firm.
- Hold people accountable.
- Ensure the child's safety is first.

BARTS CEW SERVICE

- This clinic is for children and young people aged 2 to 18th birthday with significant health problems related to obesity as part of a 2-year NHS-England pilot study.
- High priority health complications include (but are not restricted to): Type 2 diabetes (and impaired glucose tolerance/'pre-diabetes'), Obstructive Sleep Apnoea, Benign Intracranial Hypertension and Physical Immobility.
- We will consider referrals for CYP with less immediate adverse health implications with very severe overweight (BMI more than 3.5 standard deviations above the mean) such as raised liver enzymes and 'fatty liver', features of polycystic ovary syndrome, high blood pressure, high cholesterol and triglycerides.

Key referral criteria (must meet all 3):

- Obesity
- Significant obesity-related medical comorbidity that would benefit from weight loss (eg type 2 diabetes, sleep apnoea, NAFLD with fibrosis) that has not responded to treatment with specialist team
- Family wants help to change- Readiness for change is important as we are a voluntary service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NCL
NWL
NEL
SWL
SEL
NHS
Barts Health
NHS Trust
Enfield
Barnet
Haringey
Camden
Islington
Harrow
Hillingdon
Brent
Ealing
H&F
Central London
West London
Hounslow
Waltham Forest
Redbridge
City & Hackney
Tower Hamlets
Barking and Dagenham
Havering
Newham
Southwark
Lambeth
Greenwich
Lewisham
Bexley
Bromley
Richmond
Wandsworth
Kingston
Merton
Sutton
Croydon
King's
Surgical Weight Management Service
for young people

BARTS CEW SERVICE

Barts CEW cover's 7 borough's across Northeast London

Newham referrals have been around 11-12% of these referrals over the last 3 years

Barts team consist of:

- Paediatric consultants.
- Specialist nurse.
- Psychological team members (limited service & NOT a risk managing service).
- Dietitian.
- Family support worker.
- Youth worker from spotlight youth services.

WHAT CEW DO!

What we can support with:

- Managing medical complications of obesity
- Offer therapeutic support to manage issues around obesity (e.g. motivation, self-esteem, food relationships, bullying).
- Regular dietetic reviews/plans/support, in-house or signposting to exercise sessions, youth mentoring, goal setting
- Family guidance and support around diet, exercise, reward systems, family agreements.
- Signposting/referrals to other services to support the family and reduce barriers to better health.
- Liaison with social care, schools and other health services.

What we cannot do:

- Force young people and families to engage with us (we will however make a good effort to engage them).
- Prescribe weight loss medication (this is under review subject to NICE guidelines and hospital policy),
- Manage mental health crisis/self-harm or risk (these cases will be escalated to appropriate services ie. Social care, CAMHS, A&E for local management).

RESOURCES

- The ROOTS of Obesity The ROOTS of Obesity | World Obesity Federation
- Bite Back Our Activists - Bite Back (biteback2030.com)
- Beat UK The UK's Eating Disorder Charity - Beat (beateatingdisorders.org.uk)
- CEW Complications from excess weight clinic (CEW) | Great Ormond Street Hospital (gosh.nhs.uk)
- National Child Measurement Programme 2022/2023
- MAC01741_NN_UK_HCP_Obesity_Guidelines_FA1a (easo.org)
- Guidelines for treating child and adolescent obesity: A systematic review - PMC (nih.gov)
- The Link Between Childhood Trauma and Obesity | Blog | USC Suzanne Dworak-Peck School of Social Work
- Wellbeing (SHANARRI) - Getting it right for every child (GIRFEC) - gov.scot (www.gov.scot)

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THANK YOU - QUESTIONS?

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Extra familial Harm & Intra familial Abuse: Thematic Safeguarding Review Key Findings ; Author: Laverne Walcott-Dhainy Practice Consultant

Elena Nicolaou

Safeguarding Children Workforce Development Lead, CYPS and NSCP

What are your 2 takeaways from this session?