

## INQUIRY INTO CHILDHOOD OVERWEIGHT AND OBESITY

**Name:** Name suppressed

**Date received:** 5 September 2016

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Partially  
Confidential

# **STAND UP ANYONE PREPARED TO WALK IN MY SHOES**

*Those that care please read to the end*

## **Submission to the Inquiry into Childhood overweight and obesity**

### **STANDING COMMITTEE ON SOCIAL ISSUES**

The terms of reference are<sup>1</sup>:

1. That the Standing Committee on Social Issues inquire into and report on strategies to reduce childhood overweight and obesity, in particular:

- (a) current approaches to reduce childhood overweight and obesity in NSW
- (b) strategies to assist parents and carers in enabling their children to make healthier food and beverage choices and be active, including by participating in sport
- (c) measures to support 13 to 18 year olds to make healthier food and beverage choices and be active, including by participating in sport
- (d) strategies to support health professionals to identify and address childhood overweight and obesity
- (e) coordination between NSW Government agencies to reduce childhood overweight and obesity
- (f) the potential for collaboration on strategies to reduce childhood overweight and obesity with the non-government and private sectors
- (g) any other related matter.;

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<sup>1</sup> <https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2396>

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## **Recommendations**

1. It is recommended that laws be changed so that when the government makes decisions regarding the welfare of children under child protection legislation and they turn out to be incorrect that the children can seek compensation to regain their welfare, safety and development.
2. With the children explained in this submission the government take responsibility in returning the children to a healthy weight and physical activity level and diet to ensure they survive to a normal life expectancy.

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Dear Inquiry Members,

I would like to make a submission to the Inquiry about childhood obesity.

While the terms of reference ask for the current approaches to reducing childhood obesity I do not see any of these occurring and in fact those people who are mandated to consider the welfare and development of the children as “paramount”<sup>2</sup> do not have to do so because they are not accountable to either the public or the children themselves when they do the wrong thing. Indeed, instead of acting in the interests of the children they are allowed to fabricate evidence about it with no consequences at all. They initially deny the false evidence exists for months, even at the CEO and Ministerial level it is not investigated but instead we are simply told they do the right thing.

The oversight agencies also deem it to be OK that the children’s welfare is ignored with the NSW ICAC saying it is OK for DoCS to falsify evidence to cover up their previous mistakes during a JIRT inquiry and the NSW Ombudsman saying the welfare of the children is not relevant to child protection inquiries as shown in my Federal Senate submission to the abuse of people with a disability<sup>3</sup>. It is significant that after showing in court that they fabricated the evidence the Department then changed their mind and admitted to it but then claimed it was investigated and accidental. Both the ICAC and the Ombudsman actually refused to investigate it with the Ombudsman believing the false claim by the CEO of DoCS that disability services were not fabricated. In fact, while the DoCS barrister successfully argued that the NSW Information laws did not allow the investigation into the motive by the courts/ADT the Judicial Member judging the case did acknowledge that the inevitable conclusion was that it was deliberate and the Police in the NSW Child Protection Squad knew (or should have reasonably known) that their colleagues that their buddies in DoCS/FaCS had deliberately falsified

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<sup>2</sup> <http://www.legislation.nsw.gov.au/#/view/act/1998/157/chap2/part1/sec9>

“This Act is to be administered under the principle that, in any action or decision concerning a particular child or young person, the safety, welfare and well-being of the child or young person are paramount.”

<sup>3</sup>

[http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Violence\\_abuse\\_neglect](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Violence_abuse_neglect) (Submission 79)

evidence during a joint investigation they ran but ignored it. I pointed this out in the recent State Parliament Inquiry into Child Protection. Naturally the State Government refused to make it public<sup>4</sup> since then they can allow their lies to permeate the country and the truth to be hidden.

Once again the Police in the Child Protection Squad claimed the welfare of the children was not important to them.

## **ABOUT ME**

As with the current Feminist ideology, the women in the child protection system made me out to be a stupid male parent who didn't care about his children. With such widespread views of males in the current political climate it was easy for the women to claim that I was refusing to assist my severely disabled children in their paperwork despite the fact I was doing hours of the most advanced therapies each week. Unless fathers have some political power they are effectively ignored. For this reason I will first describe some of my qualifications.

I have electronics engineering qualifications at trades and technical officer level. I initially worked on electronic warfare equipment and also computers. I then gained a degree in medical science and masters by research working on angiograms<sup>5</sup>. I have co-authored a number of research articles in medical journals<sup>6</sup> to do with cardiovascular disease/hypertension. I have also done studies in childcare and specialist training in Applied Behaviour Analysis at University<sup>7</sup>. I am not as stupid as the NSW Department of Community Services told the police in order to bias their investigation to absolve DoCS of any responsibility.

I have also done some research on the health fathers going through divorce at a Doctoral level at University until the child protection agencies falsified evidence similar to the stories I had heard during my research. I am currently doing research into the treatment of Chronic Diseases.

## **CARDIOVASCULAR RISK**

The relevance of my previous work in cardiovascular research is relevant because obesity can lead to cardiovascular issues. Under risk factors for disease and death the Australian Institute of Health and Welfare (AIHW) says that obesity is a major risk for cardiovascular disease<sup>8</sup>, as well as diabetes and many other chronic diseases.

## **OBESITY RISK**

Often the obesity risk is blamed on parents with diet and exercise being quoted often<sup>9</sup>. However there are some cases where parents cannot provide a healthy balance on their own.

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<sup>4</sup> <https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2396#tab-submissions>

<sup>8</sup> <http://www.aihw.gov.au/overweight-and-obesity/>

<sup>9</sup> <http://www.aihw.gov.au/overweight-and-obesity/causes/>

One example is children with intellectual disabilities. How is a parent expected to provide a child a good exercise routine when they need constant supervision while outside? Parents cannot work and provide supervision for intellectually disabled children. It is therefore known that children with disabilities have higher obesity rates (although the data is not published in Australia)<sup>10</sup>.

Along the same lines is children, especially boys, in divorced families. There has been some controversy about this for some time but recently a study of the outcomes of several thousand children indicated that overall children with divorced parents were 50% more likely to be obese and boys were 60% more likely to be obese<sup>11</sup>.

As well as these social risks are the increase use of behavioural drugs. One such drug is Risperdal. This is an antipsychotic drug is administered off label to boys when their parents cannot control them. Instead of providing appropriate behaviour supports and behaviour therapies our society has taken to drugging children. The side effects of this particular drug include obesity<sup>12</sup> and breast growth in boys<sup>13</sup>

## Relevance to the current inquiry

I have listed THREE of the risks of childhood obesity yet the state government does absolutely nothing to avoid any of these risks. Under the United Nations Convention on the Rights of Children<sup>14</sup> Article 3(1) states that in all administrative and legal decisions regarding children the best interests of the child be the primary consideration and it also states under section (3) that the services and their supervision should be competent. Despite this even the NSW Ombudsman says that the protective services and those designed for their welfare and development is not relevant during NSW Child Protection inquiries and so they are allowed to fabricate evidence about these. Clearly that is NOT in the “best interests of the child” yet the NSW Government has known about this for a number of years.

As well the United Nations Convention on the Rights of Persons with Disabilities<sup>15</sup> is ignored in NSW as my Federal Senate Submission details<sup>16</sup>. You can see that my submission says one of the results is that the eldest child is now overweight (see page 67). *“As a result of the Systems Abuse the family has separated and the children are far worse off. The eldest child is **overweight** and has not developed*

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<sup>10</sup> <http://www.cdc.gov/ncbddd/disabilityandhealth/obesity.html>

<sup>11</sup> <http://www.healthcentral.com/obesity/c/276918/169900/divorce-childhood-obesity/>

<sup>12</sup> <http://mentalhealthdaily.com/2015/02/02/how-risperdal-risperidone-causes-weight-gain/>

<sup>13</sup> <https://www.drugwatch.com/risperdal/gynecomastia/>

<sup>14</sup> <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

<sup>15</sup> <http://www.un.org/disabilities/convention/conventionfull.shtml>

<sup>16</sup> [http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Violence\\_abuse\\_neglect](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Violence_abuse_neglect) (Submission 79)

*many more social skills than before, such as bike riding, music etc. He no longer does these activities so cannot learn them."*

You can see by the NSW Community Services response that they now claim all the fabricated evidence, and labelling me as irresponsible in court for raising the issue was "accidental". Yet when I wrote to the State Parliamentary Inquiry into Child Protection proving that the Department lied to the Federal Senate Inquiry about the court outcomes the stat kept it out of public view<sup>17</sup> (But then again who would really expect honesty, openness and accountability from governmental institutions?)

This is to do with the lack of services to disabled children and it causes them to be overweight. Furthermore after separation (which resulted from the fabricated evidence) the mother put the children on Risperdal to try to control them (one again the state failed to provide appropriate disability behaviour supports).

I sent the essay I wrote about this to the Public Health Association of Australia essay competition on the 17<sup>th</sup> June this year (yes – it was the WEEK BEFORE this inquiry started) because I am concerned for their mistreatment causing this health risk. I have attached the Essay as Attachment 1.

## **To address some of the Terms of Reference**

### **(a) Current approaches to reduce childhood overweight and obesity in NSW**

You can see from this experience that the NSW Government does little / nothing to reduce childhood obesity. After this happened to my children I asked the NSW Department of Disability and NSW Ombudsman to use the powers they have to make an Ex Gratia payment to the children for them to be able to engage in sports. These were surfing, as I have NEVER seen an overweight surfer, and dancing, as dancing is good for both social skills and obesity<sup>18</sup>. I demonstrated how was starting to learn dancing during the therapy I was providing.

Despite showing the positive effects of the therapy it received no Ex Gratia support so the children remain overweight/obese.

But then again all people say it is not their responsibility to care about the children (even DoCS) so we have to expect this.

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<sup>17</sup> <https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2396#tab-submissions>

<sup>18</sup> <http://www.cbsnews.com/news/dancing-away-obesity/>

**(b) Strategies to assist parents and carers in enabling their children to make healthier food and beverage choices and be active, including by participating in sport**

See point (a) to show that the government does not care about disabled children.

**(c) Measures to support 13 to 18 year olds to make healthier food and beverage choices and be active, including by participating in sport**

Um – how do intellectually disabled children tell people they want to eat healthy foods? They are not even taught what healthy foods are in the normal disability services. You would at least need a stable environment for this and support services that do not fabricate evidence about the welfare of the children for their own benefit.

**(d) Strategies to support health professionals to identify and address childhood overweight and obesity**

See the essay referred to in Attachment 1. It appears that the “health professionals” actually CAUSED obesity as a side effect of the drugs they were giving. It should be noted, however, that the Family Court Consultant attempted to claim that the doctors notes indicated the children were obese before this occurred (i.e. when I was still allowed to care for them) despite this being a known side effect of the drug the children were given as described in the essay. If the health “professionals” and / or Family Law “consultants” want to cover up their actions and don’t have the children as the highest priority then we will continue to have unhealthy children with behaviour problems.

In the USA it was reported three weeks after I wrote the PHAA essay that a child won a law suit of \$70 MILLION against the drug company for the supply of Risperdal where he ended up with size 46 DD Breasts<sup>19</sup>.

**(e) Coordination between NSW Government agencies to reduce childhood overweight and obesity**

The principal efforts in co-ordination between the “services” appears to be co-ordinating the cover up of falsified services during the child protection investigation. Even the NSW Premier refuses to ensure an independent investigation is carried out.

If there was some efforts into assisting with the obesity issues that resulted from the falsified evidence, as I outlined in part (a) it would be appreciated. However I do not think any government personnel is truly interested in disabled children or their health and more interested in only avoiding making waves for their own benefits.

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<sup>19</sup> <https://www.statnews.com/pharmalot/2016/07/05/johnson-johnson-70-million-risperdal-boys/>



**(f) The potential for collaboration on strategies to reduce childhood overweight and obesity with the non-government and private sectors**

I have asked a number of local organizations if they would be willing to ensure the children have the physical activities I was suggesting. A local surf trainer said he would but needed one-on-one time so the costs would be higher than other students who train in groups. The local surf clubs would not assist despite having their junior clubs. People have said to me they have "Surfing for the Disabled" but that is only 4 half day events every year. That is not even enough to teach a person with normal intelligence how to surf, that alone an intellectually disabled person.

A local dance club is working with Disability to organize dancing for people with disabilities. But again they need funding/support for it and the government has so far refused to assist.

**(g) Any other related matter**

The government needs to take responsibility for the damage it causes to children and families when they fabricate evidence just to make themselves look good and use their authority to abuse people. As you can see by my submission to the NSW Parliamentary Inquiry into Child Protection (Attachment 2) the government agencies are even willing to lie to the federal government to make it look like they do the right thing when they deliberately lie about the welfare of children.

If this inquiry really thinks that childhood overweight and obesity is an important issue and the health of our children is worth investing in then I would suggest that you actually invest in this. Provide the support to the children to undo the damages done through the falsification of evidence. While I realize that the oversight agencies think that it is OK not to act in the interests of the children (As the United Nations agreements say we should) and so does not care about the welfare of the children.

The question is:

- (a) Does this inquiry really care about the children? If so then sufficient Ex Gratia support to enable the children to get back to their original health would be the only reasonable outcome to this inquiry.
- (b) Does the government really care about these disabled children or do they really want them to die early so they don't have to pay disability supports and these inquiries are just for more show?

Sincerely

*PS: I bet you guys hide this submission as the State Government submissions that show how badly disabled children are treated in NSW.*