



Information sheet 8

Child Obesity and Child Protection

Definition

An accurate determination of overweight and obesity in children can be difficult due to differences in maturation and growth rates. Measures such as Body Mass Index (BMI), growth charts and other measures of fat are used to determine if children are overweight or obese. There has been recent international agreement on the need to use BMI, adjusted for age and sex, to define obesity in children. BMI appears to track steadily from early life through to adolescence ¹. A child is considered obese if his/her BMI exceeds the cut-off point for his/her age ².

Some facts about childhood obesity

The number of overweight children in Australia has doubled in recent years, with a quarter of children now considered overweight or obese. Causes of obesity in children include unhealthy food choices, lack of physical activity and family eating habits. Genetic factors can have a great effect on individual predisposition, however rising prevalence rates of childhood obesity among genetically stable populations indicate that environmental and, perhaps, perinatal factors underlie the obesity ³. Environmental causes would indicate that when treating a child for obesity, there are greater chances treatment will succeed if it includes the child's prevailing environment ⁴.

Overweight and obesity in children are among the most important risks to children's long and short-term health. Childhood obesity is associated with many short and long term health problems including a range of cardiovascular disease risk factors, diabetes, and pulmonary complications including asthma ⁵. Obesity in children can also lead to social problems; overweight and obese children of school age can be teased, bullied and/or ostracised by their peers which can lead to developing low self-esteem and/or body image problems and difficulties in making and maintaining friendships. All of these factors can impact significantly on the child's social and emotional wellbeing.

Overweight children are very likely to become overweight adults and once children are overweight it requires a lot of effort and commitment for them to return to a healthy weight.

Obesity as possible medical neglect

Section 28 of the *Children and Community Services Act 2004* identifies neglect as including failure by a child's parents to provide, arrange, or allow the provision of adequate care for the child; or effective medical, therapeutic or remedial treatment for the child. Under this section a child is deemed in need of protection where:

- they have suffered, or are likely to suffer, harm as a result of the parents being unable to provide, or arrange the provision of, adequate care for the child; or
- the child's parents are unable to provide, or arrange the provision of, effective medical, therapeutic or other remedial treatment for the child.

¹ Curtin's Activity, Food and Attitudes Program (CAFAP). Curtin News January 2011.

² Australian and New Zealand Obesity Society Fact Sheet. <http://www.asso.org.au>

³ Ibid

⁴ T. Lobstein, L. Baur and R. Uauy. Obesity in children and young people: a crisis in public health. The International Association for the Study of Obesity. Obesity reviews 5 (suppl. 1) 2004.

⁵ C. Ebbeling, D. Pawlak and D. Ludwig. Childhood obesity: public health crisis, common sense cure. The Lancet, Vol 360, August 10 2002.

The Department for Child Protection and Family Support Neglect Policy states that neglect must be considered within the context of the social and economic environment in which the child lives and the availability of resources. As parental or community neglect can be symptomatic of systemic neglect on a societal level, an understanding of social and economic factors relating to child neglect is helpful. However such understanding should not impair the need to take action to ensure the wellbeing and protection for individual children affected ⁶.

Child obesity and child protection

Management of obesity in childhood is complex, requiring a multidisciplinary team of health professionals. To be successful, parental involvement is essential ⁷. In extreme cases of severe obesity, where parents seem unable or unwilling to adhere to management programs aimed at weight loss for their affected child, the question arises as to whether this is a form of medical neglect.

Clinicians will need to decide at what point the immediate and longer-term risks are sufficiently important that notifying child protection services is in the child's best interests. Factors to take into account when considering whether child protection concerns need to be raised include when:

- the child is extremely obese and continuing to gain weight despite intensive contact with health services
- the child has or may develop complications related to obesity
- professionals have concerns about whether the parents have consistently acted in the child's best interests
- parents behave in a way that actively promotes treatment failure
- parents are unable or unwilling to support the treatment program
- there are identified wider concerns about neglect or emotional abuse eg, poor school attendance, family and domestic violence, poor hygiene ⁸.

Consultation with others including colleagues, CLASP, PMH CPU and CPFS should be considered in determining if there are child protection concerns.

Further Information

[CLASP Weight Management Program](#) (Changes in Lifestyle and Weight Management Program), 9340 8090.

Whenever a health professional has clear concerns of physical, psychological/ emotional, sexual abuse and/or neglect happening to the child they are seeing, or any other child in the family, they have a responsibility to take action to ensure that protective measures are put in place.

⁶ Department for Child Protection and Family Support. Policy on Neglect, 2012

⁷ S. Alexander, L. Baur, R. Magnusson and B. Tobin. When does severe childhood obesity become a child protection issue? MJA Vol 190 No 3, February 2009.

⁸ R. Viner, E. Roche, S. Maguire and D. Nicholls. Childhood protection and obesity: a framework for practice. BMJ 2010;341: c3074