

Child obesity: their lives in our hands



Foreword:

There are so many things to be proud of about living in the UK. Our child obesity rate isn't one of them. Our country ranks among the world's leaders¹ for limiting children's health and life chances before they've even finished school because, together, we've created an environment which causes some children to grow up with an unhealthy weight – with too little of the knowledge and skills they need to eat well as adults.

Being overweight is not a choice a child makes. The way children eat is the product of what they learn at home, in childcare, at school and in what they see in the wider world around them. They watch how adults eat, talk about and behave around food; how we cook and shop; they are bombarded with food marketing through multifaceted channels and media, which grow increasingly more complex and frequent as they get older; and they have greater awareness of and exposure to brands and products at a very young age than any of us have before experienced. They observe that adults link food with emotion in both positive and negative ways.

Excess weight in childhood and adolescence isn't children's fault, but it is very much their problem. A problem we've created for them; a problem it's our duty of care to address. We're falling far short of our responsibilities. Under the UN Convention on the Rights of the Child, of which the UK is a signatory, all children have the right to adequate and appropriate nutrition. Yet here in the UK, national nutritional surveys² and child weight statistics^{3 4} make it clear that we're letting children down: obesity rates double in the time it takes a child to get from Reception to Year 6. And financially, our nation's struggle with food has reached a tipping point; we simply can't afford the consequences of our poor diet any longer.⁵

In this paper, we challenge government to turn our child obesity record from a source of international shame to one of pride. The childhood obesity strategy being developed by the Department of Health, for publication early in 2016, can be a world-first. To date, no country has brought together policy effectively across government at the scale needed here, with the single focus of supporting children to eat well and grow up with a healthy weight⁶.

Government already has huge support for the need for action. There is a broad consensus among parents, doctors, nurses, teachers, scientists and those who lead industry that collective action is needed. All that remains is for government to bring this together, becoming a world leader on children's health in the process. What follows is an outline of the issues we see as priority areas for action in the government's strategy.

Some of these are actions for us as parents and carers; some for specific sectors of government, health, education, industry and communities. But overarching every recommendation, there is a moral imperative on us all to hold to account those with power and influence over our children's diets; to make sure we all make the changes needed. Together, all of us – either as food consumers or providers – have created

this society in which it is often easiest and cheapest to make less healthy choices. We can't let our children's health suffer any more, or any longer as a result. We cannot remain complicit in this.

We must start by being honest with ourselves, but we must also have the highest expectations of those with influence over food in our society: that they will use every opportunity and mechanism at their disposal to make healthier choices the easiest choices for children and those who care for them.

The government's childhood obesity strategy has a unique opportunity to set the bar high and show the world what we can do when our children's health is at stake.

Adam Starkey (Chairman)

A handwritten signature in blue ink, appearing to read "A Starkey", with a large, sweeping underline.

Linda Cregan (CEO)

A handwritten signature in blue ink, appearing to read "Linda Cregan", with a small flourish at the end.

The mission:

The Children's Food Trust is the national charity on a mission to get every child eating well: at home, in childcare, at school and beyond. That means spreading the skills, knowledge and confidence to cook from scratch, helping anyone who provides food for children to do a great job and encouraging industry to help families make better food choices.

Our focus is on children's nutrition. Given that the obesity epidemic amongst children and teenagers is the greatest public health nutrition challenge of the 21st century^{7 8}, our work always comes back to the core aim of helping children eat better and, in so doing, helping them grow up with a healthy weight. A reminder of the facts: in England more than one in five children are overweight or obese as they start school. That rises to one in three by the time they leave primary school. In fact, the prevalence of obesity more than doubles between reception and Year 6.^{9 10} The most recent national dietary survey suggests children of all ages are eating too much saturated fat, added sugars and salt and not enough fruit, vegetables, fibre and oily fish.² Obesity has a striking and unacceptable impact on children. Obese children suffer longer years of exposure to the metabolic syndrome and show health effects such as diabetes earlier in life.¹¹

Our recommendations:

Our recommendations below take from our recent submission to the government's child obesity strategy development process via the Royal College of Paediatrics and Child Health (full document available on request). They focus on four key areas:

- 1. Children's food at home**
- 2. Children's food in childcare**
- 3. Children's food at school**
- 4. Children's food in the wider world beyond.**

1. Children's food at home

The context:

Helping children to eat well starts with how they eat at home, and what they learn about food from the people who care for them. But even at home, children are subject to external influences: our ever-growing media and technology habits are providing sophisticated and innovative routes for brands and retailers to reach us with marketing about food for children which, in turn, impacts the food we bring into our homes. Add in the pressures of the budgets many families are working to, and our skills, knowledge and confidence to shop, cook and eat well, and we've a recipe for confusion. Parents tell us this makes it harder to get children off to a good start with food. Indeed, has it ever been more difficult?

M.F.K Fisher said: "First we eat, then we do everything else." But for many families in the UK, this doesn't hold true. The limitations of low incomes, unsociable shift patterns, busy school schedules and the pervasion of technology and the internet mean our meal patterns of today are often unrecognisable from those which our grandparents enjoyed.

This is crucial context to the way children and families eat today, and why parents make particular choices about the foods they buy and the way they cook. Whilst the childhood obesity strategy cannot address these very personal family circumstances, it can provide the environment to help families make better choices.

The problem:

Parents say they want help. In 2012, we commissioned ComRes to ask 1,000 parents about the challenges of feeding children well. Almost three quarters of parents said they'd bought foods like chocolate, sweets, crisps and sugary drinks or cereals in the last month when they didn't intend to, after being pestered by their child.¹²

Two thirds agreed that they could do more to make their child's diet healthier. The same proportion said they supported the idea of a 9pm watershed for TV advertising of food and drinks high in fat, sugar and salt. The way food is marketed and sold to us continues to be a major driver of the way we make decisions about what to eat – which in turn, affects our children's diet. Evidence^{13 14 15 16} suggests that advertising of foods that are high in fat, sugar and salt (HFSS) and our overconsumption of them makes a significant contribution to children having an unhealthy weight from an early age, in part because we, as parents, are confused about what constitutes healthy eating. The availability and promotion of HFSS foods in supermarkets and other food stores, on TV, and online means that making healthier choices requires a level of commitment and knowledge of nutrition that is beyond all of us except the expert nutritionist.

That power of food pricing is particularly striking for children's food in homes where budgets are being squeezed. Parents living on low incomes talk of skipping meals to make sure their children can eat¹⁷, and of prioritising calories rather than health to get food on the table.¹⁸ Cheaper foods are often those higher in fat, saturated fat, sugar and salt (HFSS), and recent analysis commissioned by Public Health England found that, for example, food and drinks with higher levels of sugar are more likely to be promoted and have greater relative price reductions than those applied to table sugar and products where sugar is naturally present (i.e. milk, intact fruit and vegetables).¹⁹

It's not just pricing and marketing which makes shopping for food for children more of a challenge. Parents also report feeling bamboozled by the labels on products for children, and about the health claims made by manufacturers.^{20 21}

In 2006, Lang et al suggested that: "*The state of cooking skills in contemporary British food culture is a challenge for health promotion policy.*" There is no concrete evidence as to the state of our nation's cooking abilities, though recent consumer surveys suggest that the average adult can cook just six recipes from scratch.²² While the inclusion of practical cooking on the curriculum for children at Key Stages 1-3 and the new GCSE in food preparation and nutrition are extremely welcome developments, we have been disappointed by plans to remove all routes for further study of food and cooking at Key Stage 5: given the state of our nation's nutritional health, removing any option to educate young people about food and cooking is a backward step. And teaching children how to cook cannot and should not be a task solely for school: what they see and understand about cooking from their home environment has the potential to influence how they eat for life.²³

Parents don't always feel they're getting useful information about their children's weight.²⁴ We need better evidence on how children's weight changes through childhood and adolescence, but we must also use that to give parents advice which really helps them to help their children eat well. And by collecting that evidence, we will have opportunities to monitor children's health more closely. Teachers feed back to parents regularly about children's attainment at school, yet our primary care system checks in on children's health far less frequently. Can this be sensible, given our nation's health challenges?

Finally, as corporate parents, local authorities should have the highest aspirations for the nutritional health of the children they look after: currently, some 69,540 children in England²⁵. Although government routinely publishes a range of education and health outcomes for children in care²⁶, there is limited information on their weight status. This is a concern, given that some regional studies report that children in care are more likely to be overweight and obese compared to their peers²⁷, and children's body mass index increasing once in care²⁸.

Local authorities have a duty under the Children Act 1989 to safeguard and promote the welfare of the children they look after²⁹, but the current guidance on food and nutrition for children in care in England is out of date. All children look to the example of their parents as they learn about eating well; the example we set for children in care should be exemplary.

Recommendations:

- Give children and parents more opportunities to learn to cook. Widen access to community cooking skills programmes for families and encourage the investment of local public health funding in this area
- Create a 9pm watershed on television advertising of foods high in fat, saturated fat, sugar and salt
- Prevent foods high in fat, saturated fat, sugar and salt from being advertised to children online
- Make labels on food and drink products aimed at children clearer and more consistent, with colour-coded nutrition labelling and clear information about what makes a portion size for a child and how that product contributes to their child's daily dietary requirements.
- Pilot a tax on sugary drinks – as the biggest contributor of sugar to teenagers' diet – to explore its impact on consumption
- Ensure that industry takes more intensive action to reformulate products to better support children's health – following the lead of those who supply schools and now have to work within the framework of national school food standards
- Explore ways to reduce the volume and proliferation of price promotions on foods high in fat, saturated fat, sugar and salt
- Improve support to foster carers and residential care home staff to further develop their skills, confidence and knowledge for providing healthy food and teaching children in care how to cook. Update government guidance to make sure all children in care get the same, excellent experience of food
- Measure children more regularly, to highlight, understand and tackle issues earlier. During the government's recent consultation on its Public Health Outcomes Framework, we proposed two new indicators should be used to help our health system monitor children's weight more effectively: the first, to universally measure and report on the weight status of all two year-olds as part of their standard 'health and development review' check, to help us understand why and how many children are gaining too much weight in their early years. The second is to universally measure and report on the weight status of teenagers, to help us better understand how and why young people are gaining too much weight as they approach adulthood. This must be backed up with more useful and meaningful communication with parents about children's weight, and better access to the support that helps families eat well.

2. Children's food in childcare

The context:

Children's early years are important both in their own right and as a foundation for their future.^{30 31 32} The Marmot review³³ identified the early years as a critical time to reduce health inequalities across children's entire lives, and research suggests that the window of opportunity for improving children's nutrition is the 1,000 days between conception and their second birthday.³⁴ This is the period when children are in greatest need of good food. There is a consensus view that the effects of poor nutrition during this time are largely irreversible, so the most cost-effective nutrition interventions focus on this window of opportunity.^{35 36}

A national Advisory Panel on Early Years Food and Nutrition led by the Children's Food Trust concluded that there was strong demand from childcare providers and parents for clearer national guidance on what foods they should give young children, portion sizes, sample menus and recipes, advice on tackling fussy eating and involving children in food and cooking activities.³⁷

Our voluntary guidelines launched in 2012 have since gone on to make a significant difference to the food many children eat in nurseries, pre-schools, children's centres and with childminders all over the country.^{38 39} We have trained more than 1,000 health and early years staff in 38 local authorities across England, who have gone on to deliver more than 1,400 healthy cooking sessions with 11,400 parents and carers.⁴⁰ The guidelines are supported by the departments for education and health as best practice and cascaded and backed by national early years organisations.⁴¹

With more than 1.3 million registered early years childcare places in England⁴², an increasing number of full day care places,⁴³ and the planned extension of free childcare for three and four year olds in working families to 30 hrs per week,⁴⁴ this country's pre-schools, nurseries, children's centres and childminders are a vital route to help young children and their families to get children off to the best start with food.

The problem:

The most recent national dietary survey suggests one to five-year-olds have low intakes of fruit and vegetables, and micronutrients such as vitamin A, iron and zinc, and high intakes of salt, saturated fat and sugar.² Our pre-school food survey found four out of ten children aged under five bring lunchboxes to childcare settings with crisps and one four children bought confectionary.⁴⁵

And as government develops its 30 hours free childcare policy, we are concerned that not enough thought is being given to its potential to improve children's diet.⁴⁶ With the right funding, the extension of free childcare offers an unprecedented opportunity to give more children and their families the chance to develop better eating habits. The 2015 National Day Nurseries Association's Free Childcare Survey⁴⁷ highlighted that four out of five families intend to make full use of the

provision for three and four-year-olds. This means more young children will be eating most of their meals during the week in childcare settings. If childcare providers are supported, both financially and with evidence-based guidance and training to deliver healthy food and drink in a pleasant dining environment, then this investment to help parents return to work and children to benefit from early years education also becomes an investment in their long-term health. Good nutrition in the early years can reduce the prevalence of later obesity and associated chronic diseases such as cardiovascular disease, diabetes, and some cancers.⁴⁸

Given the government's pledge to make reducing child obesity a key priority for this parliament and the forthcoming childhood obesity strategy, it would be a missed opportunity, therefore, if funding for a 30 hours offer did not include the cost of healthy meals and snacks, particularly for children from families on the lowest incomes and those who would otherwise qualify for free school meals. Our report 'Laying the Table'³⁷ highlighted the challenges of the costs of food and drink for children taking up the existing 15 hours of free childcare offer. Given that settings were not allowed to charge top-up fees to cover food costs, interviews with a sample of providers found them either having to absorb the costs themselves or asking parents to provide a packed lunch – which can be less healthy compared to the food provided by settings themselves.⁴⁵ Settings often made arrangements for low-income families who struggled to pay for meals, though this was not a consideration where low income families were rare within the setting. We are currently gathering further information on this issue from childcare providers in a project with Nursery World magazine, which will report in early 2016.

'Free' childcare which enables children to spend five days a week in care but does not include the cost of their meals and snacks, is not providing for their basic needs, and will potentially limit the impact of this investment. If children do not have access to a healthy, balanced and nutritious diet whilst in childcare, they are less likely to reap the full benefit of this powerful early education intervention.

Recommendations:

- Make sure childcare providers are using evidence-based, age appropriate nutrition guidance and support to provide children with healthy, balanced and nutritious food, and that they are getting the knowledge, skills and confidence to make healthy eating part of their policies and practices
- Encourage local authorities to increase access to accredited training on providing healthy food in childcare and running cooking sessions with families through their local investment in children's public health
- Use free childcare schemes to their full potential as a way to get children eating well: ensure funding to nurseries, pre-schools, children's centres and childminders delivering the 15 and 30-hour schemes includes the cost of good food.

3. Children's food at school

The context:

Children need good nutrition to meet their full potential at school, and the school environment can have a powerful influence on their eating habits. No other public institution has such uninterrupted and intensive contact with children during their first two decades in life.⁴⁹ Children eat at least one, and sometimes two or more meals per day there. For some pupils, a school lunch is the main meal of the day, providing a critical nutritional safety net.⁵⁰

School food must provide enough energy and micronutrients to promote good nutritional health and to protect children who are nutritionally vulnerable (including those who are underweight, overweight and nutritionally deficient). If the food choices and nutritional composition of the food they're offered are appropriate for their needs, food in school can help establish healthy eating habits and improve children's nutritional health.

Compulsory national standards for school food were phased in from 2006,⁵¹ to ensure that schools provide the right balance of foods and the appropriate levels of vitamins, minerals and calories that children need to grow and learn. They promote healthy food and drinks like fruit and vegetables, wholegrains, and water, and restrict less healthy foods high in fat, saturated fat, sugar, or salt.⁵²

These compulsory standards for school food made an impact in both primary⁵³ and secondary schools⁵⁴ where voluntary guidelines had failed^{55 56}. The five years following the introduction of compulsory national school food standards saw salt levels in infant meals drop by one third; three quarters of primary school children actually taking vegetables or salad with their meal and the proportion of teenagers having chips for lunch plummeting from 43% to 7%. School lunches were shown to be significantly lower in fat, saturated fat, sugar and salt than packed lunches.^{57 58} The recent introduction of free meals for all children in Reception, Year 1 and Year 2 has the potential to become an important children's public health intervention, providing its impact is measured properly and the support needed to deliver quality is maintained. 1.6 million children are using the scheme⁵⁹ and schools rose to the challenge of introducing the scheme with less than a year to prepare.

We mustn't forget that school-based interventions to improve children's diet can be implemented at little or no cost to families. And what children learn about food and eating at school, they transmit home: children can influence their parents' behaviour and environment, reinforcing those healthier messages in their life away from school.⁴⁹

The problem:

Children of all ages are eating too much fat, saturated fat, sugar and salt, and not enough fruit and vegetables. Girls aged 11-18 years remain at increased risk of iron deficiency and all children remain at risk of Vitamin D deficiency. 11-18 year olds have a particular issue with intake of minerals from food, such as calcium and zinc, potassium, magnesium and selenium.² 11-18 year old boys eat an average of 3 portions of fruit and vegetables a day; girls have slightly less at 2.7. Just ten per cent of boys and 7% of girls in this age group get their 5-a-day. Children aren't eating enough oily fish – average consumption is well below the recommended one portion per week.²

Children are eating far too much sugar, especially 4-18 year olds. The main sources of sugar in children's diet are soft drinks and fruit juice – soft drinks alone account for around a third of sugar intake in 11-18 year olds. Cereal and cereal products are the other major contributor, mainly from cakes, biscuits and breakfast cereal.⁶⁰

And despite school food's obvious role as a huge access point to influence children's diet, there is still much room for improvement. Research in 2012 showed that average food provision in secondary academy schools, where national school food standards are no longer compulsory, was worse than that of other state maintained schools - where national standards remain compulsory.⁶¹ This two-tier approach is at odds with that of other countries seeking to use school food to improve children's diet: at a time when more than 3,800 schools in England are now exempt from following national school food standards, the United States of America are making guidelines for healthy provision compulsory, under their Healthy, Hunger-Free Kids Act of 2010.⁶²

Recent months saw feverish speculation about the future of free meals for all infants. In the absence of any commitment from government to evaluate the impact of this investment for children's health, education and in reducing inequalities, we fear that benefits being reported by children, parents and teachers will be lost - never scrutinised; never measured; and never used to help government make effective decisions on the scheme's current value and future potential.

Finally, school food is not just about what's on the plate: schools continue to need support, access to finance and time to improve the wider experience of food for children in school. That means giving children the time they need to eat; a dining space which appeals to and inspires them; and the input they should have to design their school meals service, as its customers.⁶³

Recommendations:

- Require that all schools, without exception, meet national standards for school food. Evidence shows that it is regulation which has greatly improved the food children eat at school, where voluntary guidelines saw it deteriorate

- Use the free meals for all infants scheme to measure the impact of universal school food for children's public health
- Evaluate how well schools are doing at providing good food for children,⁶⁴ and use school meal take up as a proxy measure for children's health as part of the revised Public Health Outcomes Framework
- Give schools the time, incentive, finance and support to continue improving school meals, including ongoing investment in better kitchens and dining rooms
- Ensure that our free school meals system supports children living in poverty all year round: given that our poorest children are statistically most likely to be obese⁴ we need to use every possible route to help them eat well, even when school's out.

4. Children's food in the wider world

The context:

Our national child obesity problem is perhaps the clearest example of the power of the food environment we've created – and of how traditional health promotion strategies are no longer up to the task of changing our behaviour and that of our children on the scale now required⁶. Young people are far more receptive to commercial messages than they are to recommendations from their parents, teachers or doctors.

The problem:

We live in an obesogenic environment. Simply encouraging people to make healthier choices is not enough to improve children's diet if foods high in fat, sugar and salt continue to be competitively priced, widely available and heavily promoted. Information about healthy eating is important but, as national nutrition statistics show, not enough to make the difference required. Profound changes in our food environment and in industry's contribution to reformulation are needed to make the changes in our food and drink buying patterns to support better nutrition and growth in children⁶⁵.

Child obesity both results from and causes social division. Vulnerable families are more affected by obesity because they often have more limited access to transport, leisure, information about health and the skills, knowledge and confidence to eat well on a very low income⁶⁶.

At the moment, planning laws generally allow fast-food takeaways to be created in a way that doesn't promote healthy food choices. The balance in planning between local commerce and better health almost always favours commercial interests, partly because local officials and elected members are themselves unconvinced that health

matters should be a factor in their decision-making, and partly because local authorities do not invest adequately in monitoring and evaluation of the health outcomes from planning decisions.

Local commitment to healthier planning varies significantly. Our most recent annual survey of school meal take up in England⁶⁷ asked local authorities about their food policies. Just under half of councils reported that they had a food strategy plan, 21% said that they intended to implement a food strategy, with a further 20% saying they had no strategy. Just 9% of councils who responded told us they had a policy restricting unhealthy food outlets near schools, although a further 12% said that such actions were planned or in discussion. Over half said there were no plans (and one-quarter said they did not know).

Although the National Planning Policy Framework⁶⁸ makes it clear that local planning authorities have a responsibility to promote healthy communities, to date it's not clear how many local authorities have implemented this sort of framework.⁶⁹

And the challenge of eating well when eating out with children isn't just restricted to takeaway outlets⁷⁰. 87% of parents polled for us by ComRes in 2012 wanted to see healthier children's menus in high street restaurants, with almost as many wanting to see smaller portions of the adult menus on offer, too. More recent research has revealed "continuing widespread poor practice" in food for children in high street restaurants.⁷¹ While eating out should be a treat, there's a sensible balance to be struck and restaurants must acknowledge that they can be huge role models to children of a good food experience. With parents continuing to report that they want more variety than children's menus packed with breaded shapes, chips and beans, there's clearly a market for those restaurants offering children a more interesting food experience.

Pester power on the high street reaches far further than traditional food outlets; whilst there has been welcome progress in work to remove junk food from children's eye level at checkouts in recent years, much more remains to be done – particularly in non-food retail outlets, where confectionary and snacks are often to be found snaking around the queue to pay, and by stores offering discounted confectionary as standard with every purchase.

The Committee on Advertising Practice has announced a review of the rules on advertising of foods high in fat, sugar and salt to children at the cinema and through sponsorship of events; it follows calls by the London Assembly and medical professionals to end support of the Olympics by fast food giants before the London games in 2012.⁷² Research into the scale of viewing of sports on television by children⁷³ and research into the potential impact of sport sponsorship by fast food companies on children's understanding of food and healthy lifestyles.⁷⁴

Consistency is key, as parents are so often advised on all aspects of bringing up their children. Yet the food environment in which we are raising the next generation is strikingly *inconsistent* when it comes to teaching them about making good food

choices. We encourage children to be active, yet our publicly-funded leisure centres stock vending machines full of confectionary and salty snacks outside the changing rooms. Our hospitals are full of patients suffering the effects of poor diet whilst fast-food chains feed visitors in the lobby. If we want children to make better choices, we have to give them clear signals.

Recommendations:

- Ensure that policy is consistent: food provided in places funded by the public purse in our communities should be modelling the change we want to see and making a healthy, balanced offer to children
- A ban on the advertising of foods high in fat, saturated fat, sugar and salt before films with a rating of U, PG, 12A or 12 in cinemas
- Exclude food brands and products which are high in fat, saturated fat, sugar, and salt from sponsorship of sporting events and sports teams
- Improve health education for local planners and councillors, and launch a programme of research to examine evidence of the impact of planning decisions on public health
- Incentivise retailers to promote and provide healthier options, particularly in areas where access to larger supermarkets and stores is limited.

Conclusions:

Critics of any work to influence the way we eat and make choices about food will always suggest that we are increasingly becoming a 'nanny state'. But we have flagged for many years now that nanny must have a firm place in our children's diets; the very nature of childhood is learning from others, and being empowered with the skills we need to explore. The key to success for the government's childhood obesity strategy lies in recognising that children's lives are, quite literally, in our hands: the decisions we make and the actions we take on this must be transformative.

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