

## **What do we know?**

Nearly a third (31%) of children aged 2–15 are overweight or obese.<sup>1</sup> The direct cost of obesity to the NHS is estimated to be £4.2bn a year.<sup>2</sup> The causes of obesity are complex, but the problem is closely linked with obesogenic environments, which encourage children to consume too much food that is rich in salt, fat and sugar and encourage a sedentary lifestyle. Parents need more support to help their children to maintain a healthy weight. Overweight parents often have overweight children, and perinatal programming and their lifestyle choices have a significant influence.<sup>3</sup> Parenting style has an impact on children's lifestyle and emotional wellbeing, with a subsequent impact on weight. The consequences of obesity later in life include problems with joints and bones, hypertension, heart failure, high blood pressure and high levels of blood fats. Increasingly, teenagers are developing early onset type 2 diabetes as a result of their weight. Obesity can also have psychological effects on children's self-esteem. Although recent years have seen a levelling-off of the rapid rise in childhood obesity, there is little cause for complacency on the issue.

## **What can we do?**

Prevention and treatment of obesity depends on all levels of society and government taking action – from health professionals, in educating teachers, parents and children themselves, regulating and working with the food manufacturing industry, and using fiscal measures where appropriate. This has the objective of achieving the cultural shift in improved nutrition and increased exercise to achieve a sustained decrease in the numbers of children that are overweight or obese.

## **Health professionals**

The management of children with weight problems needs to be sensitively addressed, and therefore all health professionals should receive training on the issues.<sup>4</sup> NICE (clinical guidance 43) reminds those working with children that treatment 'may stigmatise them and put them at risk of bullying... Confidentiality and building self-esteem are particularly important if help is offered at school'<sup>5</sup>. These principles of discretion and sensitivity are particularly applicable to the National Child Measurement Programme, which offers an opportunity for health professionals to engage with parents and their children where the latter's weight is cause for concern.

## **Parents, carers and schools**

Parents need to be supported and encouraged to be role models for their children; health professionals should emphasise the importance of parental lifestyles and parenting style when their children's weight is considered. The role of those who engage with children on a day to day basis has a key influence on whether the child maintains a healthy lifestyle. A number of studies demonstrate a link between parents' diets, physical activity and their children's own relationship with food and exercise habits.<sup>6</sup>

Breastfeeding<sup>7</sup> also appears to have a small but consistent reductive impact on childhood obesity.<sup>8</sup>

When children are in education, high-quality school dinners can ensure that children eat at least one nutritious meal a day. Nutritional standards have been introduced in English primary (since 2007) and secondary (since 2008) schools,<sup>9</sup> with similar initiatives in the *Hungry for Success* programme leading to legislation in Scotland<sup>10</sup>, *Appetite for Life* in Wales<sup>11</sup> and *Catering for Healthier Lifestyles* in Northern Ireland<sup>12</sup>. However, the introduction of free schools and academies in England which need not comply with central requirements, means these standards may be breached by new organisations. A systematic study of pupils' behaviour and concentration in six Sheffield schools of 146 children aged 8-10 over a 12-week period by the Schools Food Trust found a positive correlation with school meals provision.<sup>13</sup> Universal provision of school meals would also ensure that all children receive a healthy meal at least once every day, and is a successful feature of the Swedish education system.<sup>14</sup> The estimated costs of such provision in England would be £1,068m in primaries and £816m in secondary schools.<sup>15</sup>

Levels of physical exercise also have a significant influence on obesity development. A 2011 joint report by the four nations' Chief Medical Officers made recommendations about increasing the population's activity levels and for the first time included recommendations for the early years, stating that children and young people over five years old should exercise for at least 60 minutes at moderate intensity, while those under five should maintain at least 180 minutes physical activity, spread throughout the day.<sup>16</sup> Encouraging active travel and play should be a priority for local authorities, using Health and Wellbeing Boards as a conduit for planning appropriate action. This action might include looking at traffic-calming measures to make areas safer to play, ensuring public spaces can be reached by foot and by bicycle, and identifying and addressing existing barriers that mitigate against children walking and cycling.<sup>17</sup>

## The food industry

Only a ban on advertising before the 9pm 'watershed' would prevent children from viewing unhealthy content during family orientated programming. In 2007 restrictions on 'junk food' advertising during programmes specifically targeted at children were introduced. However, OfCom, the broadcast regulator, found that this only reduced exposure to advertising of unhealthy food for children by 37%, and for older children (10-15 year olds) only 22%.<sup>18</sup> Children of all ages are still exposed to a large amount of unhealthy food and drink advertising via popular all-ages programmes, such as soaps or reality shows. Research suggests that younger children are unable to distinguish between advertisements and other content,<sup>19</sup> consequently normalising these products into the mainstream diet of children.<sup>20</sup>

While parents and those that care for children have a role to play in the food that their children consume, the food manufacturing industry have a major influence in terms of marketing and pricing. Although the government's public health responsibility deal has made some progress, with manufacturers' reducing salt and sugar, RCPCH believes that more stringent controls of food manufacturing and marketing would be beneficial for children's health.

## Fiscal measures

Research suggests that increasing tax on unhealthy food and drink results in reduced calorific intake.<sup>21</sup> This is an effective and cost-saving policy: an Australian study calculated an impressive saving of 559,000 disability-adjusted life-years (DALYs) on a 10% tax, with only AU\$18m investment.<sup>22</sup> Hungary and Denmark have recently introduced so-called 'fat taxes'. When the policy has been mooted previously, it has been suggested that the policy might be regressive (ie affecting the poor disproportionately), although similar arguments have been made around alcohol minimum pricing, with the rejoinder that

'[t]here may also be concerns that the impact of minimum pricing would be regressive but the harms from alcohol also appear to affect lower social groups'<sup>23</sup>. The same could be said of obesity, particularly with the socioeconomic gradient of childhood obesity (at Reception year, 12.6% of children in the poorest decile are obese, compared to 6.8% in the most affluent decile).<sup>24</sup>

## Recommendations

The RCPCH recommends action in four areas, with the intention of achieving a cultural shift to reduce the numbers of our children and young people that are obese or overweight:

- All health professionals should be trained in weight management issues, following NICE and SIGN<sup>25</sup> guidance, alongside emphasising the importance of parenting style and parents' lifestyles when their children's weight is considered.
- The extension of free school meals so that it is universal should be looked at and costed, while academies and free schools should be mandated to follow nutritional standards.
- Local authorities need to implement strategies to encourage active travel and play, by making the built environment more accessible for young pedestrians and cyclists. These plans can be implemented through joint partnership with Health and Wellbeing Boards.
- Food manufacturers' influence on younger children should be curtailed by implementing a ban on 'junk' food advertising before the 9pm watershed.
- Increases in taxation on foods high in salt, sugar and fat in other countries should be independently evaluated, scoped and costed with a view to implementation across the UK.

1. Health and Social Care Information Centre (2009), *Children's overweight and obesity prevalence, by survey year, age-group and sex* [http://www.ic.nhs.uk/webfiles/publications/HSE/Health\\_Survey\\_for\\_England\\_1995\\_to\\_1997\\_Revised\\_Childrens%20Table%204.xls](http://www.ic.nhs.uk/webfiles/publications/HSE/Health_Survey_for_England_1995_to_1997_Revised_Childrens%20Table%204.xls)
2. Department of Health, *Obesity: General Information* [http://www.dh.gov.uk/en/Publichealth/Obesity/DH\\_078098](http://www.dh.gov.uk/en/Publichealth/Obesity/DH_078098) accessed 29 September 2011
3. Whitaker RC, Wright JA, Pepe MS, Seidel KD, Dietz WH (1997), 'Predicting obesity in young adulthood from childhood and parental obesity', *N Engl J Med.* 337:869-873
4. Royal College of Physicians (2010), *The training of health professionals for the prevention and treatment of overweight and obesity*
5. National Institute for Health and Clinical Excellence (2006), CG043: *Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children*
6. Rudolf, M (2009), *Tackling obesity through the Healthy Child Programme*
7. RCPCH 'Breastfeeding position statement' (2011)
8. S Arenz, R Rücker, B Koletzko and R von Kries (2004), 'Breast-feeding and childhood obesity - a systematic review', *International Journal of Obesity* 28:1247-1256
9. Parliamentary Office of Science and Technology (2009), *Nutritional standards in UK schools*
10. Schools (Health Promotion and Nutrition) (Scotland) Act 2007 (<http://scotland.gov.uk/Topics/Education/Schools/HLivi/foodnutrition>) and the Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations 2008 (<http://scotland.gov.uk/Publications/2008/09/12090355/O>) <http://scotland.gov.uk/Topics/Education/Schools/HLivi/schoolmeals>
11. Appetite for Life <http://wales.gov.uk/topics/educationandskills/schoolhome/foodanddrink/appetiteforlife/?skip=1&lang=en>
12. Department for Education (2001), *Catering for Healthier Lifestyles: Compulsory Nutritional Standards for School Meals*, [http://www.deni.gov.uk/catering\\_for\\_healthier\\_lifestyles-2.pdf](http://www.deni.gov.uk/catering_for_healthier_lifestyles-2.pdf)
13. School Food Trust (2009), *School lunch and behaviour: systematic observation of classroom behaviour following a school dining room intervention* <http://www.schoolfoodtrust.org.uk/UploadDocs/Library/Documents/sl&b3findings.pdf>
14. Hodgson, S (2010), *Free school meals lift children out of poverty*, accessed 9 November 2011 <http://www.epolitix.com/latestnews/article-detail/newsarticle/free-school-meals-lift-children-out-of-poverty/>
15. Parliamentary Office of Science and Technology (2009), *Nutritional standards in UK schools*
16. Department of Health (2011), *At least five a week: Evidence on the impact of physical activity and its relationship to health - A report from the Chief Medical Officer*
17. Sustrans (2009), *Information sheet FH13: Active play and travel*
18. Ofcom (2010), *HFSS advertising restrictions - Final review*, accessed 9 November 2011 <http://stakeholders.ofcom.org.uk/market-data-research/tv-research/hfss-final-review/>
19. Young B (2003), 'Does food advertising influence children's food choices?', *International Journal of Advertising* 22: 441-459
20. British Heart Foundation (2011), *Unhealthy food and drink marketing to children*, accessed 9 November 2011 <http://www.bhf.org.uk/publications/view-publication.aspx?ps=1001659>
21. L Epstein, K Dearing, L Roba1, E Finkelstein (2010), 'The Influence of Taxes and Subsidies on Energy Purchased in an Experimental Purchasing Study', *Psychological Science* 21(3):406-414
22. G Sacks, J L Veerman, M Moodie and B Swinburn (2011), "'Traffic-light" nutrition labelling and "junk-food" tax: a modelled comparison of cost-effectiveness for obesity prevention', *International Journal of Obesity* 35: 1001-1009
23. Ludbrook, A (2009), 'Minimum pricing of alcohol', *Health Economics* 18(12): 1357-60
24. National Obesity Observatory (2011), *Prevalence of obesity by deprivation decile: Children in Reception and Year 6 (National Child Measurement Programme 2009/10)* [http://www.noo.org.uk/uploads/doc/vid\\_11475\\_Slides\\_child.ppt](http://www.noo.org.uk/uploads/doc/vid_11475_Slides_child.ppt)
25. Scottish Intercollegiate Guidelines Network (2010), *Management of Obesity, A national clinical guideline*