



31 January 2018

A Healthier Future: Actions and Ambitions on Diet, Activity and Healthy Weight

Giving all children in Scotland an equal chance to flourish is at the heart of everything we do. By bringing together a network of people working with and for children, alongside children and young people themselves, we offer a broad, balanced and independent voice. We create solutions, provide support and develop positive change across all areas affecting children in Scotland.

We do this by listening, gathering evidence, and applying and sharing our learning, while always working to uphold children's rights. Our range of knowledge and expertise means we can provide trusted support on issues as diverse as the people we work with and the varied lives of children and families in Scotland.

Children in Scotland is firmly committed to challenging inequalities through food and have taken this forward as a key thematic priority. A pillar of this has been our multi award-winning project **Food, Families, Futures** (FFF). The project is aimed at addressing a major social issue: food poverty and its links with wellbeing, learning and attainment. We want to help break the cycle of increasing poverty and disadvantage and improve the quality of life and opportunities for people.

We are pleased to see the Scottish Government proposing action in this area. We know there is already global action to tackle diet and obesity and we welcome the chance to contribute to this consultation and Scotland's progress in this area.

Background

There is a clear link between food poverty and obesity. Children and young people themselves are well aware of the link.

Food poverty has been described as ‘the inability to consume an adequate quality or sufficient quantity of food that is useful for health in socially acceptable ways, or the uncertainty that one will be able to do so’¹.

The problem in Scotland is stark. In early 2017 we presented a paper to Westminster’s All-Party Parliamentary Group (APPG) on hunger based on our own research and direct experience with children and families. In 2014 31% of children (aged 2-15) were at risk of being overweight or obese (of which 17% were at risk of being obese)². According to modelling used in the Foresight Report, by the year 2050 25% of all children under 16 in the UK could be obese.³ Children and young people who experience obesity are also likely to continue to experience this into adulthood and are at risk of a variety of side effects such as coronary heart disease or strokes⁴.

There are competing and interlinked causes of obesity, however there is a clear link to social inequality⁵. Obesity does not affect everyone equally and is clearly linked to poverty and experience of deprivation.^{6,7} Research also suggests that the experience of poverty and deprivation are particularly important factors in childhood obesity.⁸

The Scottish Government estimates that **220,000** (more than **one in five**) of Scotland’s children are living in poverty – a level that is significantly higher than many other European countries. In Denmark and Norway, for example, 10 per cent of children or fewer live in poverty. Both countries also have significantly more positive health profiles.

To tackle these socially determined causes of obesity the Scottish Government should take an explicit health inequalities approach. This calls for upstream interventions that sit outside the realm of health. The Scottish Government is beginning to make some key steps with the Strategy proposing to tackle advertising and marketing. However, there must be a far clearer link to other policy goals such as the Child Poverty (Scotland) Bill and the use of other policy levels. One simple measure is the £5 Child Benefit Top Up, the proposal would lift 30,000 children out of poverty and as such could have a positive impact on obesity⁹.

¹ Riches, G (1997) Hunger, food security and welfare policies: issues and debates in First World societies. Proceedings of the Nutrition Society, 56(1a): 63-74.

² Brown L, Christie S, Gill V et al The Scottish Health Survey 2014 Volume 1 Main Report 2015

³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf Foresight Report

⁴ http://www.fph.org.uk/uploads/HealthyWeight_SectA.pdf

⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf Foresight Report

⁶ http://dera.ioe.ac.uk/1230/7/0097968_Redacted.pdf

⁷ <http://www.gov.scot/Publications/2011/03/17104457/2> Preventing Overweight And Obesity In Scotland – A Route Map Towards A Healthy Weight

⁸ Information Services Division Scotland. Primary 1 body mass index (BMI) statistics Scotland – school year 2014/15. 2016

⁹ <http://www.cpag.org.uk/sites/default/files/CB%20top%20up%20briefing.pdf>

The particular impact of social factors on the health of children and young people also suggests that children and young people should be put at the heart of solutions.

Question 1

Are there any other types of price promotion that should be considered in addition to those listed above?

Please explain your answer.

As stated in the Foresight Report, the distinction between prevention and treatment of obesity is important. Weight is difficult to lose once it is gained and many people find it difficult to maintain weight loss. An emphasis on prevention is essential. This will require changes in the environment and behaviour across society.¹⁰

Tackling price promotions is a key preventative measure that should positively impact on the diet and health of children and young people. According to Obesity Action Scotland price promotions (together with advertising) are the most salient forms of marketing to young people and most promotions involve food high in sugar, salt and fat (including sugary drinks).¹¹ Promotions change shopping patterns and encourage buying more of a particular type of product.¹²

It will be important to consider where the retail environments in which these price promotions take place. To ensure this also tackle the inequality in obesity rates this must apply to large retail outlets and also take into account fast food outlets and retail convenience stores. There is evidence to suggest these smaller food outlets are more common in deprived communities¹³¹⁴¹⁵. If these outlets are not included such stores can continue to promote unhealthy produce to those already more likely to be obese.

This is of particular concern to the health of children and young people as they are likely to be exposed to food outlets close to schools. Anecdotally we know these outlets often have cheap lunch time deals for unhealthy produce. Limiting price promotions on unhealthy produce (together with more assertive licensing legislation to ensure banning price promotion is enforced, hand in hand with measures that could support these outlets to provide healthy options) will likely decrease demand for such outlets. This is

¹⁰ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf Foresight Report

¹¹ <http://www.obesityactionsotland.org/briefings/> Obesity And Price Promotions

¹² Tedstone A, Targett V, Allen R Sugar reduction. The evidence for action. 2015.

¹³ <https://ijbnpa.biomedcentral.com/articles/10.1186/1479-5868-6-52>

¹⁴ <https://www.ncbi.nlm.nih.gov/pubmed/16242594>

¹⁵ <https://www.ncbi.nlm.nih.gov/pubmed/17189662>

likely to have the added benefit of encouraging uptake of school meals where children and young people can consume healthier meals.

The Scottish Government should explore the co-production of school dinner menus with children and young people. Putting children and young people at the heart of these decisions and ensuring meals reflect their views is also likely to increase take up.

The Scottish Government should also look into how it can promote price promotions for healthier foods and bring prices down in these areas. Logic would suggest that making healthy food more affordable will increase demand.

In terms of access to good quality affordable food, we are also aware that contracting and letting of food stores and cafes in services used by families, such as hospitals, may be an issue. Hospital food retail units (such as Marks & Spencer) are increasingly 'high end', which may result in children, young people and families being priced out or reliant on unhealthy produce from vending machines.

Question 2

How do we most efficiently and effectively define the types of food and drink that we will target with these measures?

Please explain your answer.

The ultimate aim of limiting price promotions is to ensure behavioural change. To support this the Scottish Government must conduct youth-led research into the types of high sugar, fat and salt products that children and young people are likely to consume. This will start to provide a picture of the best products to restrict and which are less high priority. By engaging directly with children and young people on these issues we can maximise behavioural change.

It would also be worthwhile for the Scottish Government to have a clear, statutory definition of unhealthy food for foods high in fat, salt and sugar. In particular more needs to be done to raise awareness of the negative effects of excess sugar.

In terms of the targeting of specific products, Children in Scotland would point to several key areas to target measures effectively to improve child health.

Evidence shows that to improve obesity rates among children and young people it would be effective to target sugar sweetened beverages as a whole. In Scotland we consume almost three times the recommended maximum amount of sugar and sugar-sweetened beverages are the biggest source of free sugar in the diet of Scottish children.¹⁶

¹⁶ <http://www.obesityactionsotland.org/briefings/> Soft Drinks Levy

We would like to take this opportunity to highlight that we would support further measures to change the sugar content in fizzy drinks. Scottish firms such as Barr's, as well as global brands such as Coke, have already changed their recipes to reduce sugar, in anticipation of the sugar tax. While this is welcome, wider discussion and public awareness is required to identify that fizzy drinks with 'reduced sugar' are still *high-sugar* products.

In this regard, we are pleased to see that the Scottish Government will advocate for the soft drink levy to be extended and that they will explore how this is distributed. It may be worthwhile for the Scottish Government to explore if there are any Barnett consequential of this funding and also to explore whether the funding could be ring fenced for public health measures.

Many fizzy drinks companies have also recently opted to reduce sugars in their drinks, replacing them with artificial (e.g. Aspartame) or natural (e.g. Stevia-based) sweeteners. In this context would also be helpful to see further studies on the impact of these replacement substances as they pose many health issues of their own. This would identify whether these should also be controlled by price promotions.

Question 3

To what extent do you agree with the actions we propose on non-broadcast advertising of products high in fat, salt and sugar?

Agree

Please explain your answer.

Children in Scotland agrees with the proposals suggested. However, we believe the Scottish Government could go further.

It is vital that children, young people and families are involved in the development of measures to restrict non-broadcast advertising and their voices and experiences can shape policy development. Children, young people and families are well placed to identify what types of advertising most affect them and in what spaces this has most impact.

This will support evidence-led decisions that are effectively targeted towards improving diet and health.

We support moves to ban advertising of unhealthy foods on television pre-watershed and this has recently also gathered support in the State of Child Health Report¹⁷. Advertising can have a particularly damaging impact on children and young people and the Scottish Government should explore all options to restrict this with the UK Government.

¹⁷ <https://www.rcpch.ac.uk/improving-child-health/state-child-health/report-glance/state-child-health-report-glance>

However, we are aware that an increasing share of advertising children and young people are now exposed to is through social media – indeed Ofcom suggests that 12-15 year olds now spend more time online than watching TV¹⁸. Scottish Government should engage with the UK Government and the EU to work with companies such as YouTube on this issue to explore advertising restrictions in online spaces. We know the Committee on Advertising Practice (CAP) has already explored this for platforms with a high proportion of younger users and we support this move. However, it would also be of worth to explore other models to see what would be most effective. It would also be of value to explore funding projects aimed at empowering young people who use social media to challenge advertising policies and content.

We would also support the exploration of extending CAP regulations around advertising on transport and children's visitor attractions. Services such as transport are well used by young people and families and so are a key area of exposure to advertising. We would be in favour of statutory limits in this area that are part of the contracting process.

Furthermore, we would strongly support measures to tackle advertising of unhealthy products in areas with a high proportion of children and young people such as on school routes. It would also be of value to explore how healthier products can be advertised on these routes to encourage positive behaviour as well as dissuade negative behaviour.

Consumers, particularly children and young people, should be also be encouraged, educated and empowered to be sceptical of advertising and promotion of 'low fat, high sugar' products as healthy, and to interrogate the health claims made. We recommend that this is built into the school curriculum through Modern Studies and PSE going forward.

We also support an extension of the Scottish Government's proposals around marketing (as outlined in Preventing Overweight And Obesity In Scotland – A Route Map Towards A Healthy Weight) including removing incentives for consumers to purchase high energy and energy-dense food and drink and introducing incentives to buy lower energy and less energy-dense food and drink options.¹⁹

Question 4

Do you think any further or different action is required for the out of home sector?

Yes

¹⁸https://www.ofcom.org.uk/data/assets/pdf_file/0027/76266/childrens_2014_report.pdf?lang=default

¹⁹ <http://www.gov.scot/Publications/2011/03/17104457/2> Preventing Overweight And Obesity In Scotland – A Route Map Towards A Healthy Weight

Please explain your answer.

Our experience of working with Brakes, ASDA and other food providers, as part of our FFF project highlights that the food industry can play a valuable role in contributing to projects that support children and young people and in ensuring better diets. However, this is atypical of the general interactions between the food lobby and policy makers / civil society.

We appreciate the need for stakeholder buy-in to the development of food policy, and we are in favour of the proposed strategy for out of home food providers with input from partners such as Food Standards Scotland and NHS Health Scotland along with stakeholders from civil society.

However, as with all public health and similar regulatory proposals, we think there needs to be a clear separation between the production of a regulatory process and the legitimate role of the food and drinks industry (as with other corporate interests) to comment on draft proposals. There is a legitimate role for all stakeholders to comment and offer advice but ultimately, we need trust and confidence in a process that will prioritise the achievement of improved health and wellbeing and a reduction in obesity across society, over and above other concerns, such as profitability. It would be useful for the Scottish Government to clarify the inputs available to corporate interests in these processes and also the limits upon them.

Evidence provided in the consultation document rightly highlights that self-regulation has faced issues of non-compliance. Regulation should be non-voluntary and should be coupled with the appropriate accountability measures to tackle non-compliance.

We also support tighter regulations on the fat and sugar content of food to ensure the market is supporting a healthier nation. We would also advocate for particular regulation around the type of food distributed to schools and services used by children, young people and families. All future regulations should ensure that schools and other such services receive only produce low in fat, sugar and salt to support children, young people and families to consume a healthy diet.

We would also like to see further focus on the quality of food served in school vending machines within the diet and obesity strategy. Marketing school vending machine produce that consists of yoghurts, crisps and high-sugar but low-fat bars 'as healthy' is unhelpful for school pupils, families and wider public understanding of health and nutrition. It would be good to explore how this can be further regulated to ensure the products available to children and young people are good for their health.

Question 5

Do you think current labelling arrangements could be strengthened?

Yes

Please explain your answer.

Children in Scotland supports the Scottish Government's proposals on labelling (as outlined in Preventing Overweight And Obesity In Scotland – A Route Map Towards A Healthy Weight) around consistent clear and easily understood labels around salt, fat and sugar content, related to what is needed to burn off the energy/calories.²⁰

According to UNICEF, front of pack (FoP) nutrition labelling systems that have proven effective in improving consumers' choices are those that are simple, consistent, coloured, do not require mathematical skills, and take little time to interpret.²¹ For example, the 'traffic light' approach for sugar, fat and salt.

There should be clearer and more consistent food label guidelines to inform consumers about the sugar, salt and fat content of food and drinks. At present there are two systems of labelling, which may cause confusion. A new standardised presentation could be developed in consultation with consumers, with an emphasis on accessibility and the participation of children and young people.

Food packaging labelling should also be mandatory to ensure consistency and to support children, young people and families to make healthy choices whenever they are purchasing food. It would be useful to explore with children and young people whether they understand FoP and how learning around this could be further embedded.

The Scottish Government should also explore the possibilities to further our standards in food labelling to include the level of processing the food has gone through. This approach is used in Brazil where their aim is to encourage fresh, minimally processed foods and actively discourage consumption of ultra-processed foods and drink products.²² Given evidence now clearly shows the negative impact of processed food, this measure should have a clear and positive impact on children and young people's health²³.

Question 7

Do you think any further or different action is required to support a healthy weight from birth to adulthood?

²⁰ <http://www.gov.scot/Publications/2011/03/17104457/2> Preventing Overweight And Obesity In Scotland – A Route Map Towards A Healthy Weight

²¹ 'Review of the current labelling regulations and practices for food and beverage targeting children and adolescents' UNICEF, November 2016

²² <http://www.obesityactionsotland.org/international-learning/brazil/>

²³ <http://nphf.nl/footage/fm/File/Non%20communicable%20diseases%204.pdf>

Yes

Please explain your answer.

In developing a policy approach that works we need to be drawing on evidence 'in the round': from projects such as FFF, available research evidence, and most importantly from the testimony of children and families about what works best for them.

To support healthy weight from birth to adulthood it is vital that the Scottish Government pursue policies aimed at tackling issues of socio-economic inequality. We have previously called for a Health in all Policies approach and would reiterate that here. Health cannot be considered an individual problem.

The consultation rightly notes that there has been a lack of change in diet. This is in part due to the worsening social circumstance of children, young people and families across Scotland.

We support the Scottish Governments Child Poverty Strategy, however recent figures show continued shockingly high rates of child poverty in Scotland. As we have identified simple policies such as the £5 child benefit top up would raise 30,000 children out of poverty, this could have a hugely beneficial impact on their health²⁴.

However, the problem does not stop at income. There must be a far greater degree of joined up thinking at a strategic policy making level that ensures all policy areas are included. This should involve housing, inclusive growth and the development of green space to name a few. There also needs to be a much clearer link with the Mental Health Strategy given the two-way correlation between mental health, diet and obesity.

The evidence identified throughout this response suggest that unless this mutually reinforcing environment for good health is developed then the health-based interventions identified throughout the consultation are unlikely to succeed and current health problems will become further entrenched.

Only with joined up policy making will we create a supportive environment for good health that puts people in a position to make positive decisions about their health.

The Scottish Government should also take on learning from our **Food, Families, Futures** project. It is essential that all stakeholders are involved in the co-design, co-production and evaluation of any food and obesity policy, procedures, interventions. A sense of ownership will help ensure engagement and success.

²⁴ <http://www.cpag.org.uk/sites/default/files/CB%20top%20up%20briefing.pdf>

We know from projects we have worked on that children and young people want to be active participants in any change around food and diet.

'I think it is important to do this because it inspires children to change school meals and eat healthy.' (BEBL participant)

Children and young people should be actively listened to, treated fairly and have their opinions respected and taken seriously. We champion their participation and inclusion in this process – their views must be listened to and acted on with regards to decisions that impact on their lives. Children and young people should be empowered, enjoy their responsibilities and play a full role in the 'process' from planning, through delivery to evaluation.

It is positive that Young Scot and Scottish Youth Parliament will be working with the government to support the Diet and Obesity Strategy. However, the Scottish Government should go further and include primary school children and specific action for those from different ethnic backgrounds and with additional support needs. The welcome extension of free school meals to all children aged 3 and 4 and eligible 2-year olds taking up registered childcare from 2020, also needs to be planned for, with particular attention paid to the important role of the workforce in establishing healthy eating patterns from this early stage.

A further relevant lesson from our FFF programme in relation to this concerns consistency of diet and access to good quality food. Families in poorer communities may be dependent on free school meals during term-time. When this provision ends at Christmas, Easter, October and in particular over the summer holidays, the result can be stress for families, and a change to a cheaper less healthy diet.

Our experience of the project also identifies that a method for improving healthy weight from birth to adulthood is to support parents to learn how to cook. Many of the summer clubs we ran supported parents to learn cooking skills that they could transfer to home and potentially to their children, this is an opportunity that has been lost in recent years. This ranged from preparation to portion control and is a key vehicle to support healthier food at home. The summer club model and also services like open kindergarten are potential route for this. 21 parents who attended the clubs we were involved in also received a qualification that could be taken on to college²⁵. The Scottish Government should explore how to further this going forward.

In January, Frank Field MP's Westminster Bill proposing that local authorities provide free school meals and associated activities during the summer, was defeated at stage 2. However, the UK Government committed to local pilots. Our evidence from FFF suggests that locally-appropriate, family-led

²⁵ https://childreninscotland.org.uk/wp-content/uploads/2018/01/CiS_FFF_GlasgowReport_FINAL.pdf

community approaches to challenging food poverty is the most successful model²⁶.

There is also evidence from recent academic research that community capacity building approaches are vital for improving health, particularly if they can embed behaviours and principles²⁷. The Scottish Government should take this on board in developing its Diet and Obesity Strategy and explore how it can build on such approaches with partners in local government and in the third sector to develop sustainable models that can work long term²⁸.

It would also be worthwhile for the Scottish Government to explore whether frameworks and services that support good health from before pregnancy are being engaged with equally across socio-economic gradients. We know there is a social pattern to engagement with services, similar to the inverse care law in primary health care provision²⁹. The Scottish Government needs to look at how it can support better engagement with services like health visitors across the social gradient and also how it can encourage positive behaviour such as breast-feeding.

Children in Scotland have a particular concern that without effective work in this area to identify whether engagement with services is happening and how to improve it, any gains in health will not be seen among children and young people from lower socio-economic backgrounds and health inequalities will widen.

The Scottish Government should also explore the Open Kindergarten model as a way of supporting engagement with services. Children in Scotland is working with Parenting Across Scotland to pilot the roll-out of the model which has had great success in Scandinavia. The model allows parents to attend the childcare setting with their child and to access various services about early child development. There is a key link here with many of the maternal and infant services that may support the reduction of obesity long term.

Question 8

How do you think a supported weight management service should be implemented for people with, or at risk of developing, type 2 diabetes - in particular the referral route to treatment?

Any weight management service involving children and young people, as a result of referral or otherwise, could have a stigmatising effect. Consideration should be given to two key factors:

²⁶ <https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-14-834>

²⁷ <https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-14-834>

²⁸ <https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-14-834>

²⁹ <https://growingupinscotland.org.uk/about-gus/key-findings/#4>

- a) designing this type of service with the needs and views of young people in mind. Children and young people should be involved throughout the process and should be able to tailor support to their individual needs.
- b) the wisdom of investing in such a service when compared with investing in early intervention approaches in community to support healthy weight and lifestyles.

Support for the preventative approach was found in a recent review of interventions that identified that pre-school interventions based on physical activity and nutrition can have a positive impact on obesity rates³⁰. These preventative approaches were also found to have more equal rates of success than school-based interventions, which disproportionately benefited better off children and young people³¹.

The Scottish Government should explore how this successful approach can be built into the delivery of high quality early learning and childcare through the extension of hours.

Further to this the Scottish Government should commission research into successful preventative interventions with a high take up rate. This should involve direct engagement with children, young people and families to ensure this reflects their experiences and meets their needs. There is also evidence to suggest that whole family interventions are a successful model for supported weight management.

Question 9

Do you think any further or different action on healthy living interventions is required?

Yes

Please explain your answer

The Scottish Government should explore how it can fund projects to support those on free school meals over the holidays. For many families on a low

³⁰ <https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-14-834>

³¹ <https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-14-834>

income the holidays can represent a time of worry and stress. There are approximately 175 non-school days a year where children are unable to access free school meals – not only can this cause real strain on family finances, it can deprive some children of the only hot, nutritious meal they might receive each day.

School holiday projects help to ensure families can access food and wellbeing activities at a time that would have been associated with insecurity and stress.³²

When considering healthy living interventions there also must be a focus on process and delivery. Projects should bring together partners with shared values and aims and all stakeholders, including children and families, should be part of the design and development process to respond to local need.

Question 10

How can our work to encourage physical activity contribute most effectively to tackling obesity?

Children in Scotland are concerned at the lack of prominence given to encouraging physical activity. At present this feels like an add on, this does not reflect the Scottish Government's commitment to encouraging physical activity. This should be given far more prominence in the final strategy.

To achieve sustained weight loss requires both a change in eating habits to reduce calorie intake and an increase in physical activity.

Children and families must have equal access to services and opportunities and not be disadvantaged by where they live or their personal circumstances. We support simple but effective concepts such as The Daily Mile, which aims improve the physical, social, emotional and mental health and wellbeing of our children – regardless of age, ability or personal circumstances.³³

We know that some schools are also not meeting the minimum requirements in relation to physical education. PE is a vital cog in ensuring all children and young people are physically active and the Scottish Government needs to ensure that all schools are able to meet this requirement going forward.

It is also vital that all schools have access to a safe and secure playground to promote active play. Play is another key area through which physical activity is embedded from a young age however, we know that some council playgrounds are sold off for property development. This must change going forward.

³² www.cpag.org.uk/sites/default/files/CPAG-Scot-Cost-School-Holidays

³³ <https://thedailymile.co.uk>

There also must be a particular emphasis on encouraging physical activity among girls. We know by the age of 15, girls tend to do far less than their male counterparts³⁴. The Scottish Government needs to explore with girls why this is and also how it can be rectified.

It is also particularly important that the services that children, young people and families access are all providing the same information in this regard to support informed decision making around diet and exercise.

However, there is also evidence to suggest that physical activity and diet are socially patterned. The Scottish Government must also pursue policies aimed at tackling socio-economic disadvantaged and area – based deprivation to ensure that interventions aimed at increasing physical activity are effective across the social gradient.

Question 11

What do you think about the action we propose for making obesity a priority for everyone?

The Scottish Government must start by making the issue less problem focused. By focusing on obesity, we are potentially stigmatising those who struggle with weight and potentially less likely to engage with the process. The Scottish Government should instead take a more positive focus on a healthy diet and lifestyle.

As noted above, children and young people must be involved from the outset in relevant communication, campaigns, and the development of policy and legislation, for this to happen. They know the routes and avenues that are most effective to ensure that messaging reaches them and also to ensure that messaging is affected,

A national plan may be more effective than itemised local-based approaches which, no matter their quality or success rate, may struggle to be widely shared or replicated.

Question 12

How can we build a whole nation movement?

The Foresight report states 5 core principles for tackling obesity:

1. A system-wide approach, redefining the nation's health as a societal and economic issue
2. Higher priority for the prevention of health problems, with clearer leadership, accountability, strategy and management structures

³⁴ <https://www.hindawi.com/journals/bmri/2013/738705/>

3. Engagement of stakeholders within and outside Government
4. Long-term, sustained interventions
5. Ongoing evaluation and a focus on continuous improvement³⁵

We agree with the Foresight report's principles. Health is a societal and economic issue. The increase in obesity and cases of type-2 diabetes will result on additional spend and pressure on services – pressure that could have been offset by early intervention, better health education, improved information about diet and more equitable social policies.

The Scottish Government needs to ensure it includes the whole population. And that must include children, young people and families. We have identified throughout this response how children and young people can and should be involved in the development of the strategy and of interventions. The Scottish Government should work with organisations who work with children and young people to ensure a representative group are meaningfully engaged with to develop a strategy that is fully reflective of their needs.

Our learning from FFF also supports the need for a whole nation movement to start from the ground up. By finding local community solutions we can embed the key principles for a healthy diet and better health outcomes.

Question 13

What further steps, if any, should be taken to monitor change?

We would echo the recommendations of the Scottish Food Commission in relation to monitor change³⁶. We also would reiterate our support for linking the strategy in more closely with other flagship policies such as the Child Poverty (Scotland) Bill. Given the link between poverty and health it would seem logical that progress in reducing child poverty will improve Scotland's obesity outcomes long term.

Question 14

Do you have any other comments about any of the issues raised in this consultation?

³⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf Foresight Report

³⁶ <http://www.gov.scot/Resource/0049/00494779.pdf>

The Scottish Government also should refer back to the recommendations made by the Scottish Food Commission, of which Children in Scotland is a member, in response to the Good Food Nation consultation. We are pleased to see many of the recommendations from the response reflected in sections of the Diet and Obesity Strategy. The Scottish Government could however go further to reflect how the Diet and Obesity Strategy will align with the Good Food Nation Bill going forward. While reference is made to the Good Food Nation the two issues still appear to be treated separately.

We also echo the Food Commission's call for a Children's Food Policy to help counter Scotland's poor diet, obesity rates and food insecurity. It should include a focus on partnerships in communities to establish community driven approaches to alleviate hunger and make healthy, affordable food an easier option for families. We will be working with partners and the Food Commission throughout the year to develop a more specific policy.

For further information please contact

Amy Woodhouse, Head of Policy, awoodhouse@childreninscotland.org.uk