The Association for Physical Education’s response to:
Childhood obesity: A plan for action


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INTRODUCTION

Nearly a third of children aged 2-15 are overweight or obese and younger generations are becoming obese at earlier ages and staying obese for longer. Reducing obesity levels will save lives as obesity doubles the risk of dying prematurely. Obese adults are seven times more likely to become a type 2 diabetic than adults of a healthy weight. Obese people are also more likely to be living with conditions like depression as well as to get physical health conditions like heart disease.

The burden is falling hardest on those children from low-income backgrounds. Obesity rates are highest for children from the most deprived areas and this is getting worse. Children aged 5 from the poorest income groups are twice as likely to be obese compared to their most well-off counterparts and, by age 11, are three times as likely to be obese.

Obesity is a complex problem with many drivers, including our behaviour, environment, genetics and culture. However, at its root, obesity is caused by an energy imbalance: taking in more energy through food than we use through activity. Physical activity is associated with numerous health benefits for children, such as muscle and bone strength, health and fitness, improved quality of sleep and maintenance of a healthy weight. There is also evidence that physical activity and participating in organised sports and after-school clubs is linked to improved academic performance.

Long-term, sustainable change will only be achieved through the active engagement of schools, communities, families and individuals.

The Government aims to significantly reduce England's rate of childhood obesity within the next ten years. We are confident that our approach will reduce childhood obesity while respecting consumer choice, economic realities and, ultimately, our need to eat. Although we are clear in our goals and firm in the action we will take, the launch of this plan represents the start of a conversation, rather than the final word.

The strategy describes 14 approaches:

- introducing a soft drinks levy
- reducing sugar in products
- supporting innovation
- updating the nutrient profile model
- making healthy options available in the public sector
- providing support with the cost of healthy food to those who need it most
- helping all children to enjoy an hour of physical activity a day
- improving the co-ordination of schools’ sport and physical activity programmes
- creating a new healthy rating scheme for primary schools
- making school food healthier
- making food labelling clearer
- supporting early years settings
- harnessing new technology
- enabling health professionals to support families.

CHILDDHOOD OBESITY: A PLAN FOR ACTION

The Department of Health released the long-awaited strategy to tackle childhood obesity in August 2016. This article extracts and summarises key elements from the strategy. The sections relating to physical activity have been reproduced in detail. To read and reference the full strategy, download it from: https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action

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SOFT DRINKS LEVY

As announced in the 2016 Budget (and described in the summer 2016 edition of Physical Education Matters), the Government will be introducing a soft drinks industry levy across the UK. In England, the revenue from the levy will be invested in programmes to reduce obesity and encourage physical activity and balanced diets for school age children. This includes doubling the Primary PE and Sport Premium and putting a further £50 million a year into school healthy breakfast clubs to give more children a healthier start to their day. The Barnett formula will be applied to spending on these new initiatives in the normal way.

This is a levy on producers and importers, and is designed to encourage producers to reduce the amount of sugar in their products. Producers and importers have two years to lower the sugar in their drinks and won’t face the levy if they take action.

REDUCING SUGAR IN PRODUCTS

All sectors of the food and drinks industry will be challenged to reduce overall sugar across a range of products that contribute to children’s sugar intakes by at least 20 per cent by 2020, including a 5 per cent reduction in year one. This can be achieved through reduction of sugar levels in products, reducing portion size or shifting purchasing towards lower sugar alternatives. The programme will initially focus on the nine categories that make the largest contributions to children’s sugar intakes: breakfast cereals, yoghurts, biscuits, cakes, confectionery, morning goods (e.g. pastries), puddings, ice cream and sweet spreads. The four-year, category-specific targets for these categories will be published in March 2017.

SUPPORTING INNOVATION

Government wants to encourage the next generation of innovation in science and technology to allow industry to create healthier, more sustainable products.
UPDATING THE NUTRIENT PROFILE MODEL
To help families to recognise healthier choices, we need a new way to determine which food and drink products are healthier and which are less healthy. Within the current ‘nutrient profile’ each food and drink is assigned a score based on how much sugar, fat, salt, fruit, vegetables and nuts, fibre and protein it contains. Public Health England (PHE) is working with others to review the nutrient profile model to ensure it reflects the latest dietary guidelines.

MAKING HEALTHY OPTIONS AVAILABLE IN THE PUBLIC SECTOR
Every public sector setting, from leisure centres to hospitals, should have a food environment designed so the easy choices are also the healthy ones. Government will continue to work with local authorities and the Local Government Association to support them to tackle childhood obesity. This will include encouraging local authorities to adopt the Government Buying Standards for Food and Catering Services (GBSF), particularly in leisure centre vending machines. ukactive, whose members manage many of the fitness and leisure centres in England, are committed to making the environment in those places healthier by considering ways to provide healthy options and restrict the sale of unhealthy food and drink.

PROVIDING SUPPORT WITH THE COST OF HEALTHY FOOD TO THOSE WHO NEED IT MOST
Government is re-committing to the Healthy Start scheme, which provided an estimated £60 million worth of vouchers to families on low income across England in 2015/16. These can be exchanged for fresh or frozen fruit or vegetables and milk.

HELPING ALL CHILDREN TO ENJOY AN HOUR OF PHYSICAL ACTIVITY A DAY
There is strong evidence that regular physical activity is associated with numerous health benefits for children. The UK Chief Medical Officers recommend that all children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes every day. Many schools already offer an average of two hours of physical education (PE) or other physical activities per week. However, we need to do more to encourage children to be active every day. Every primary school child should get at least 60 minutes of moderate to vigorous physical activity a day. At least 30 minutes should be delivered in school every day through active break times, PE, extra-curricular clubs, active lessons or other sport and physical activity events, with the remaining 30 minutes supported by parents and carers outside of school time.

Given the new funding that the soft drinks levy will make available for school sport, the Government is keen that schools are supported as much as possible in how they spend the available funds for maximum impact. During inspections, Ofsted assess how effectively leaders use the Primary PE and Sport Premium and measure its impact on outcomes for pupils, and how effectively governors hold them to account for this. Physical activity will be a key part of the new healthy schools rating scheme, and so schools will have an opportunity to demonstrate what they are doing to make their pupils more physically active.

Schools will continue to have the freedom to spend the Primary PE and Sport Premium on specific interventions but, to help schools understand what help is available, PHE will be developing advice to schools for the academic year 2017/18. This will set out how schools can work with school nurses, health centres, healthy weight teams in local authorities and other resources to help children develop a healthier lifestyle.

Furthermore, Government will make available a new interactive online tool which will help schools to plan at least 30 minutes of physical activity every day. This will help schools to identify gaps in the existing opportunities for children to be active and will recommend a number of solutions they can choose, for example after-school clubs, initiatives such as the daily mile, creating an active playground or having an active lesson.
**IMPROVING THE CO-ORDINATION OF SCHOOLS’ SPORT AND PHYSICAL ACTIVITY PROGRAMMES**

Government has asked the county sports partnerships (CSPs) to work with national governing bodies of sport (NGBs) and other national and local providers to ensure that, from September 2017, every primary school in England has access to a co-ordinated offer of high quality sport and physical activity. As part of this, NGBs will offer high quality sport programme to every primary school.

Whilst children spend a significant amount of time in school, keeping children active is a shared responsibility and parents and carers need to play their part. The Sport England strategy *Towards an Active Nation* has already set out a major new investment of £40m into projects which offer new opportunities for families and children to get active and play sport together. This investment will focus on helping children to acquire a basic level of competence in sport and physical activity as well as supporting them to have fun, regardless of their level of ability.

Government will continue to invest in walking and cycling to school as these provide a healthy way to start the day. This includes producing a Cycling and Walking Investment Strategy that will set out plans for investing £300m. It will set a clear target to increase the number of children walking to school as well as continued support for Bikeability training for children.

**CREATING A NEW HEALTHY RATING SCHEME FOR PRIMARY SCHOOLS**

From September 2017, Government will introduce a new voluntary healthy rating scheme for primary schools to recognise and encourage their contribution to preventing obesity by helping children to eat better and move more.

This scheme will be taken into account during Ofsted inspections and will be referred to in the school inspection handbook. In addition, in 2017, Ofsted will undertake a thematic review of obesity, healthy eating and physical activity in schools. The review will provide examples of good practice and recommendations on what more schools can do in this area.

Government is also keen to celebrate schools that can demonstrate healthy approaches towards tackling obesity amongst their pupils so will run an annual competition to recognise schools with the most innovative and impactful projects.

**MAKING SCHOOL FOOD HEALTHIER**

The Department for Education (DfE), supported by PHE, will update the School Food Standards in light of refreshed Government dietary recommendations. The Secretary of State for Education will also lead a campaign to encourage all schools – including academies and free schools – to commit to the standards.

Breakfast clubs can contribute to improved attainment, attendance and overall health. Therefore, £10 million a year of revenue from the soft drinks levy will fund the expansion of healthy breakfast clubs. This programme will ensure more children benefit from a healthy start to their school day.

**MAKING FOOD LABELLING CLEARER**

The UK’s decision to leave the European Union gives greater flexibility to determine what information should be presented on packaged food and how it should be displayed. Government wants to build on the current labelling scheme and review additional opportunities to ensure information is being communicated to families in the most effective way.

**SUPPORTING EARLY YEARS SETTINGS**

The early years are a crucial time for children’s development. One in five children is already overweight or obese before they start school and only one in ten children aged two to four years meets the UK Chief Medical Officers’ physical activity guidelines for this age group. PHE has commissioned the Children’s Food Trust to develop revised menus for early years settings by December 2016. These will be incorporated into voluntary guidelines to help early years settings to meet current Government dietary recommendations. This will include practical ideas and suggestions, alongside the sample menus. In early 2017, Government will launch a campaign to raise awareness of these guidelines amongst both early years practitioners and parents and will update the Early Years Foundation Stage Framework to make specific reference to the UK Chief Medical Officers’ guidelines for physical activity in the early years (including active play).

**HARNESSING NEW TECHNOLOGY**

Government will work with PHE, Innovate UK, the third sector and commercial players to investigate opportunities to develop applications that enable consumers to make the best use of technology and data to inform eating decisions. Government will also ask PHE to build on work around digital-based weight management support for adults and explore similar approaches for children and families.

**ENABLING HEALTH PROFESSIONALS TO SUPPORT FAMILIES**

Government is asking health care professionals to build on the good work they already do by always talking to parents about their family’s diet, working towards making it the default to weigh everyone, and referring people to local weight management services, clubs and websites if they ask for more advice.

**CONCLUSION**

Government, industry, schools and the public sector all have a part to play in making food and drink healthier and supporting healthier choices for our children. The Government believes actions in this plan will significantly reduce England’s rate of childhood obesity within the next ten years. It is confident that its approach will reduce childhood obesity while respecting consumer choice, economic realities and our need to eat. It states that, while firm in its intent, the launch of the plan represents the start of a conversation, rather than the final word. Over the coming year, it intends to monitor action and assess progress and take further action where it is needed.
The Association for Physical Education (afPE) welcomes action to address childhood obesity, particularly the attention paid to the contribution of physical activity to healthy weight management. The following features of the Government’s plan for action to address childhood obesity are considered to be positive:

• The long-term (ten year) approach to addressing childhood obesity and acceptance that sustainable change will only be achieved through active, collaborative engagement of families, schools and communities.

• The recognition that obesity is a complex issue and the understanding that reliance on individual behaviour change alone is ineffective and unfair; this supports the incorporation of training on behaviour change into professional development for health professionals (‘Make Every Contact Count’).

• The introduction of a soft drinks industry levy and the investment of this revenue in programmes to reduce obesity, resulting in the doubling of the Primary PE and Sport Premium and greater investment into healthy breakfast clubs.

• The development of advice to schools to help them spend the Primary PE and Sport Premium wisely, including linking to existing health agencies, and the intention to improve co-ordination of quality physical activity programmes for schools.

• Updating the Early Years Foundation Stage Framework to make specific reference to the UK guidelines for physical activity in the early years.

• The encouragement for schools to offer all children at least 30 minutes of physical activity per day and the development of a new interactive online tool to help schools achieve this.

• The revival of a ‘healthy schools’ movement and the inclusion of physical activity as a key part of this, providing schools with opportunities to demonstrate and be rewarded for what they do to help all pupils become more physically active.

• The continued investment in walking and cycling to school which recognises that routine physical activity can make an important contribution to overall activity levels.

• The understanding that helping children to be more active is a responsibility to be shared with parents and carers, supported by new investment as part of the Sport England ‘Towards an Active Nation’ (2016) strategy to offer new opportunities for families and children to be active together.

• Ofsted’s thematic review on obesity, healthy eating and physical activity in schools, incorporating examples of good practice and recommendations on what more schools can do in this area.

• Encouraging all schools to commit to the School Food Standards (including academies and free schools) and clearer visual labelling of foods and drinks to help families make informed decisions about what they are buying.

• Reviewing and updating the nutrient profile model to ensure it focuses on the most unhealthy products, rather than adversely affecting products that are consumed as part of a healthy diet; plus, the re-commitment to the Healthy Start scheme which permits low-income families to exchange vouchers for fruit or vegetables and milk.

• Working with relevant agencies to design a range of apps to enable consumers to make the best use of technology to inform eating and drinking decisions and to encourage increased physical activity.

However, the Association for Physical Education has some concerns about the following aspects of the Government’s plan for action to address childhood obesity:

• Overweight and obesity data are conflated, which sensationalises the issue and causes confusion. Overweightness and obesity do not carry the same health risks and not all overweight children become obese.

• There should be increased prominence to physical activity data, which informs us that the vast majority of children do not meet the physical activity guidelines and most are not even aware of them.
It is important that curriculum physical education (PE) time is not replaced by physical activity sessions. PE lessons should be more frequent than the usual twice a week and delivered by qualified primary teachers who have a specialism in PE. This will increase the time that all children are active and also develop their physical competence and confidence.

The doubling of the Primary PE and Sport Premium is welcomed but closer monitoring of how this is spent in schools is needed to ensure that it reaches all children and is sustainable, beyond the life of the Premium. It would be helpful to know the duration of the extended Premium to help schools plan how best to maximise their use of the additional revenue.

It is debatable as to how well Ofsted is able to assess the effectiveness of the use of the Primary PE and Sport Premium and measure its impact on outcomes for pupils. Appropriate, manageable indicators of effectiveness and appropriate pupil outcomes could be developed, in consultation with Ofsted, the subject association and primary schools.

Whilst it is pleasing to hear that county sports partnerships will work with national governing bodies of sport, the Youth Sport Trust and other national and local providers to ensure every primary school has a co-ordinated offer of high quality sport and physical activity programmes, it is disappointing that the subject association for PE in England is not explicitly named in the paper.

The investment to increase walking and cycling to school is very much welcomed (and should perhaps also mention scooting?) but may not be sufficient given the low proportions of children currently doing this, and parental concerns about traffic and children’s safety. Much still needs to be done to allay parents’ concerns and to make routes to schools safer.

The whole school approach to recognising and encouraging schools’ contribution to helping children to eat (and drink) better and move more (in the form of a rating scheme) could be effective but much depends on its manageability and the quality of the support provided. Schools will certainly require high quality support, if they are to be able to ‘demonstrate to parents that they are taking evidence-based approaches’.

Making involvement in the rating scheme voluntary and, at the same time, stating that it will be taken into account during Ofsted inspections is somewhat contradictory, given the high stakes nature of these inspections. It would be useful to know from what date Ofsted will take this into account, and in what ways, over and above what they already do in relation to evaluating a school’s success in promoting and supporting pupils’ knowledge with respect to keeping themselves healthy.

Celebrating schools that demonstrate healthy approaches towards addressing childhood obesity is sound but we are not convinced this has to be in the form of an annual competition. An annual celebration would be preferable, as surely all schools implementing innovative and impactful approaches deserve to be rewarded.

Much of the focus of the action plan seems to be on primary schools; secondary schools should also be involved in the promotion of active lifestyles as many children’s activity levels reduce as they get older.

As there is a strong correlation between obesity and intellectual, sensory and physical impairments, there needs to be a focus on supporting the PE, sport and physical activity workforce to include all children and young people.

Could the Healthy Start scheme not also permit vouchers to be exchanged for physical activity sessions for young children? This would represent a more balanced approach to healthy weight management.

Although obesity is acknowledged to be a complex issue, it is implied that ‘energy imbalance’ is a straightforward physical issue yet relationships with food and drink are equally complex, affected by behaviour, environment, genetics and culture. Also, the action plan falls well short of measures such as restricting junk-food marketing and advertising, which would help families by reducing ‘pester power’.

The emphasis on food/eating as the main source of obesity, when it should state ‘food and drink’, ‘eating and drinking’. Many calories are routinely consumed through drinks. There is also a danger of demonising specific foods and drinks, rather than focusing on them as part of a healthy diet. An over-reliance on voluntary action by all sectors of the food and drinks industry is considered overly optimistic.

The emphasis on sugar in soft drinks as opposed to in foods. Why is there not also a levy on sugar in foods? Increased revenue from such a levy could cover the costs of ensuring that every primary school in the country has access to a fully qualified, specialist primary PE teacher.

All schools (including academies and free schools) should be subject to the School Food Standards. This should go well beyond encouragement to commit to the standards.

Supporting health professionals to talk to parents about their family’s diet is sensible but the reference to ‘the default to weigh everyone’ seems unnecessary and draconian.

The Association for Physical Education is well placed in terms of its expertise and reach to be centrally involved in the following developments:

- Advice to schools about how best to spend the Primary PE and Sport Premium.
- Ensuring every primary school has access to a co-ordinated offer of high quality sport and physical activity programmes.
- A new interactive online tool to help schools plan at least half an hour of physical activity per day.
- Helping young children acquire a basic level of competence in physical activity through the Sport England ‘Towards an Active Nation’ (2016) strategy.
- Revising a whole school approach for primary schools to helping children eat and drink healthily and move more.

The Association for Physical Education would also like to be involved in discussions about elevating the status of curriculum PE to a ‘core’ subject in the National Curriculum and Government investment in a specialist PE teaching workforce, accessible to all primary schools.