



# Doncaster Council

## Report

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28<sup>th</sup> January, 2021

### To the Chair and Members of the Health and Adult Social Care Overview and Scrutiny Panel

#### Childhood Obesity – Moving to a Compassionate Approach

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nigel Ball, Cabinet Member for Public Health, Leisure and Culture  Councillor Nuala Fennelly, Cabinet Member for Children, Young People and Schools	All	No

#### EXECUTIVE SUMMARY

1. Obesity in particular is a complex problem with multiple causes. We know that there is no one single solution and tackling such an ingrained problem requires a long-term, system-wide approach that makes obesity everybody's business, is tailored to local needs, and works across the life course.
2. It is well evidenced that obesity disproportionately affects disadvantaged communities and is strongly associated with inequality and yet most interventions focus on individual responsibility to change behaviour without addressing underlying determinants that impact on health, wellbeing, and people's ability to take care of themselves.
3. We have not seen the impact we might have hoped for with our current approach to preventing and reversing the trend of overweight and obesity in children. We want to explore how we might think differently about obesity prevention and how we can better support families to improve health and wellbeing in a way that is meaningful to them.

## **EXEMPT REPORT**

4. There is no exempt information contained in the report.

## **RECOMMENDATIONS**

5. That the Panel considers the information presented.

## **WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

6. Obesity in children both poses a significant public health challenge. Overweight and obese children are more likely to stay obese into adulthood and are at increased risk of non-communicable diseases like diabetes and heart disease.
7. Obesity in particular is a complex problem with multiple causes. We know that there is no one single solution and tackling such an ingrained problem requires a long-term, system-wide approach that makes obesity everybody's business, is tailored to local needs, and works across the life course.
8. We have not seen the impact we might have hoped for with our current approach to preventing and reversing the trend of overweight and obesity in children. We want to explore how we might think differently about obesity prevention and how we can better support families to improve health and wellbeing in a way that is meaningful to them.

## **BACKGROUND**

### **National Evidence**

9. National reports evidence that whilst obesity prevalence overall is plateauing, the obesity burden is increasing for children from the most deprived areas and this is worsening over time. Obesity inequality becomes most pronounced between the ages of 5 and 11. A five year old from a low income background is twice as likely to be obese than a child from the most affluent background and this becomes three times more likely at age 11 years.

### **Local data - Obesity**

10. The latest National Child Measurement Programme (NCMP) data highlights that approximately 1 in 4 Reception Year children in Doncaster has excess weight (either overweight or obese\*), increasing to 1 in 3 by the time of leaving primary school. In relation to obesity (including severe obesity\*); approximately 1 in 10 children are obese at the start of primary school and this doubles to 1 in 5 by the time of leaving.
11. Analysis of NCMP data shows that in Doncaster, excess weight prevalence increases as children age in primary school. There is inequality in relation to excess weight in primary school children in Doncaster with those in schools in the most deprived areas carrying the greatest burden.

## Local response

12. The public health children and young people's (CYP) team are working to tackle some of the factors that can contribute to childhood obesity through a combination of commissioned services; provision of training and resources for people who work with children and young people; and the promotion of environments that support healthy behaviours.
13. Healthy Learning, Healthy Lives (HLHL) is Doncaster's own health and wellbeing award scheme designed for schools, colleges and early years providers. The comprehensive Healthy Learning Healthy Lives website supports settings with free resources and information that will enable them to promote health throughout their organisation and identify their own strengths and weaknesses and improve their own practice. A dedicated worker can offer support, advice and information to ensure all settings are able to successfully attain accreditation.
14. As well as educational settings, public health CYP team support the wider children and young people's workforce through the distribution of oral health and healthy eating promotional materials and best practice guidance. We also offer a comprehensive training programme for anyone working with children and young people around healthy eating and oral health promotion.
15. The public health commissioned services, Health Visiting and Schools Nursing, lead on the delivery of the Healthy Child Programme. Healthy eating, oral health, and physical activity are key themes running throughout the programme starting in the early years with promotion of breastfeeding, weaning advice and first foods, to school aged children and continuing advice around health eating, nutrition and promoting physical activity as a means to support healthy development as well as to maintain a healthy weight.
16. 'Get Doncaster Moving' aims to help Doncaster's communities become healthier and more vibrant, by increasing participation in physical activity and sport. Please refer to the "Get Doncaster Moving" report circulated with the agenda for this meeting, for more details of this programme.
17. There is no doubt that services and programmes described above play a role in a system-wide approach to tackling obesity, however, many of these programmes have been in place now for several years and we are not seeing the impact we would have hoped.
18. It is well evidenced that obesity disproportionately affects disadvantaged communities and is strongly associated with inequality and yet most interventions focus on individual responsibility to change behaviour without addressing underlying determinants that impact on health, wellbeing, and people's ability to take care of themselves.
19. We do not fully acknowledge the mental and financial burden poverty and inequality places on people and the way it constricts their lives. Why is it that most people generally know what is 'healthy' but struggle to change their behaviour and translate into practice?

## Poverty and food insecurity

20. Low-income communities disproportionately face the greatest risk of obesity and associated health conditions. Children in families from more deprived areas are less likely to have the recommended 5 portions of fruit and vegetables per day and more likely to have low physical activity levels.
21. An obesity paradox exists within families who struggle with food insecurity. Compared with studies 50 years ago, where families experiencing food insecurity were less likely to be obese, this relationship has now been inverted, with families who experience financial hardship being more likely to be overweight or obese.
22. Some factors influencing this are psychological stress, which could be a result of worries such as paying the bills, having free time to plan/support mealtimes, food affordability and accessibility, neighbourhood safety and access to safe places to exercise. It is a reality that energy dense, nutrient poor foods are more affordable for those with a low household income, while also being more appetising and preferable to children.

## Family lifestyle and caregiver dynamics

23. Family dynamics and home environment have a large impact on weight<sup>1</sup>. Children learn to eat by what is around them. Children are likely to follow the behaviour of the parent/s and then this behaviour continues into adolescence and adulthood. If a child sees healthy eating practices by their parent, this is likely to have a positive influence in preventing lifestyle related disease.<sup>2</sup>
24. Nutrition during pregnancy and a child's early years is of great consequence in the child's growth and development and has a significant impact on health and disease during the life course. Research has shown that children are less likely to be overweight when caregivers are responsible for:
  - selecting foods for a balanced meal (including protein, carbohydrates, fruits and vegetables, calcium and fat):
  - deciding where the family eats and being present and supportive at mealtimes:
  - allowing the child to take responsibility of what to eat and how much to eat of the food provided.
25. A chaotic food environment can be created with both under and over control of a child's food intake. Poor nutrition or inconsistent food supply, or under support by not providing regular feeding opportunities or appropriate modelling for eating, are associated with weight gain and growth problems in children.<sup>3</sup>

## Thinking differently about our approach to childhood obesity

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<sup>1</sup> Gray, L., Hernandez Alava, M., Kelly, M. and Campbell, M., 2018. Family lifestyle dynamics and childhood obesity: evidence from the millennium cohort study. *BMC Public Health*, 18(1).

<sup>2</sup> Guy's & St Thomas' Charity and The Behavioural Insights Team, 2018. *Bite Size: Breaking down the challenge of inner-city childhood obesity*.

<sup>3</sup> Eneli, I., Crum, P. and Tylka, T., 2008. The Trust Model: A Different Feeding Paradigm for Managing Childhood Obesity. *Obesity*, 16(10), pp.2197-2204.

26. Given what we know about the effects of disadvantage and inequality, and knowing that the interventions we currently have in place are not sufficient on their own to have any meaningful impact, we want to explore how we can adjust our approach to incorporate more supportive measures that help families navigate the unfair environments they live in.
27. **Focusing on interventions at a Family level rather than focusing on the individual child** - for example, family meal times. Encouraging parents to eat meals together as a family at a table, has been found to reduce obesity rates in children, by focusing on group enjoyment and communication.
28. **Family-led changes** – Well-meaning health professions setting unachievable, unrealistic goals for a family might only lead to feelings of failure and shame for the family. Finding out what changes the family want to make and what they think is achievable will be far more sustainable in the long term and far more meaningful to the family. We should celebrate small achievements; accepting our agendas may not match.
29. **Supporting parent/caregiver to implement changes to routine and/or feeding practices** - Any intervention should fully explore barriers the family might have, acknowledging for example, that a child's time may be split between many households, including two sets of parents, grandparents, informal childcare arrangements and formal childcare arrangements – this will all impact on how a family operate in terms of their shopping, feeding and eating habits.
30. **Small, gradual changes to improve nutrition and eating patterns** - Thinking about small changes families can make to improve the diet that are realistic within their circumstances and sustainable, for example looking at where the family could gradually incorporate more fruit and veg into their diet, rather than insisting upon the immediate implementation of '5 a day'.
31. **Rethinking how we measure success** – A traditional intervention for an overweight child (restrictive diet; increased physical activity) will most likely measure the success of the intervention on the extent to which the child lost weight. But does this intervention address any of the underlying factors that led to the child becoming overweight in the first place? What will happen if we revisit the child in 6 months, a year, 2 years? Supporting simple, family-led changes, may have more impact on the overall wellbeing of the family than any short term, targeted intervention.
32. **Kindness, compassion, and anti-stigma** - Being judgmental of families or shaming them about how they live their lives will not encourage or support the long-term adoption of healthier behaviours. We should be engaging and empowering families and communities, building self-efficacy and self-worth. We should be celebrating everyone in Doncaster, regardless if their body size or shape, recognising everyone's value and contributions.
33. In order to test this proposed new approach, we plan to carry out a full and comprehensive consultation with families and co-produce any new interventions to ensure they are tailored to the need of families and will lead to sustainable changes in health behaviours.

## OPTIONS CONSIDERED

34. There are no alternative options within this report as the intention is to provide the Panel with an opportunity to note and consider the information presented.

## REASONS FOR RECOMMENDED OPTION

35. Not applicable.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 36.

	<b>Outcomes</b>	<b>Implications</b>
	<p><b>Doncaster Working:</b> Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> <li>• Better access to good fulfilling work</li> <li>• Doncaster businesses are supported to flourish</li> <li>• Inward Investment</li> </ul>	<p>Prevention of long-term illness into adulthood which may affect an individual's ability to find and maintain employment.</p>
	<p><b>Doncaster Living:</b> Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> <li>• The town centres are the beating heart of Doncaster</li> <li>• More people can live in a good quality, affordable home</li> <li>• Healthy and Vibrant Communities through Physical Activity and Sport</li> <li>• Everyone takes responsibility for keeping Doncaster Clean</li> <li>• Building on our cultural, artistic and sporting heritage</li> </ul>	<p>Prevention of long-term illness into adulthood that may impact on an individual's ability to flourish and lead lives they value</p> <p>Support early formation of good habits in relation to consumption of healthy foods and incorporating movement and physical activity in to everyday lives</p>
	<p><b>Doncaster Learning:</b> Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in Doncaster Schools that are good or better</li> <li>• Learning in Doncaster prepares</li> </ul>	<p>Ensuring all children can participate fully in educational opportunities and are not held back by poor physical or mental health</p>

	young people for the world of work	
	<p><b>Doncaster Caring:</b> Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> <li>• Children have the best start in life</li> <li>• Vulnerable families and individuals have support from someone they trust</li> <li>• Older people can live well and independently in their own homes</li> </ul>	Support early formation of good habits in relation to consumption of healthy foods, movement and physical activity
	<p><b>Connected Council:</b></p> <ul style="list-style-type: none"> <li>• A modern, efficient and flexible workforce</li> <li>• Modern, accessible customer interactions</li> <li>• Operating within our resources and delivering value for money</li> <li>• A co-ordinated, whole person, whole life focus on the needs and aspirations of residents</li> <li>• Building community resilience and self-reliance by connecting community assets and strengths</li> <li>• Working with our partners and residents to provide effective leadership and governance</li> </ul>	

## RISKS AND ASSUMPTIONS

37. There are no specific risks associated with this report.

## LEGAL IMPLICATIONS [Officer Initials SRF Date 14/01/20]

38. There are no specific legal implications arising from this report. Specific advice can be provided if required.

## FINANCIAL IMPLICATIONS [HR 14/01/21]

39. There are no financial implications arising directly from this report

## HUMAN RESOURCES IMPLICATIONS [Officer Initials EL Date 15/01/2021]

40. There are no direct HR implications in relation to this report.

## **TECHNOLOGY IMPLICATIONS [Officer Initials...PW Date...13/01/21]**

41. There are no technology implications in relation to this report.

## **HEALTH IMPLICATIONS [Officer Initials...LB.....Date ...13.01.21]**

42. Childhood obesity poses a significant public health challenge and disproportionately affect children from disadvantaged backgrounds.
43. It is well established that the factors contributing to child obesity are complex and multi-factorial with weight gain taking place over a period of time, which has a life-long impact on health. Therefore, tackling the issue requires a range of interventions. It has been identified that a collaborative whole systems approach is likely to be more effective to promote healthy weight and good oral health in children, young people and families rather than single interventions on their own.
44. A more compassionate approach, focusing on self-kindness, removing judgement and supporting parental implementation of small manageable changes and goals, can reduce the risk of disordered eating, weight cycling and associated health conditions, poor mental health due to feelings of shame and/or failure, which has been linked with some traditional approaches.
45. Public Health England (PHE) published 'Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight'. The guide takes local authorities through a 6-phase 'how to' process from engaging senior leaders and wider stakeholders to conducting system mapping and action planning workshops, to reviewing and adapting the approach.

## **EQUALITY IMPLICATIONS [Officer Initials LB Date 13.01.21.]**

46. This report outlines how work is being undertaken locally to reduce inequalities in health and improve health outcomes for those who experience disadvantage and poorer health outcomes. Delivery of these programmes and services aims to reduce inequalities for groups with protected characteristics and to promote equitable access.
47. Childhood obesity affects children from disadvantaged backgrounds disproportionately. Some other protected characteristics are more risk of poor oral health or obesity including looked after children, different ethnic groups and children with disabilities. By utilising a whole systems approach that utilises multiple programmes to provide universal prevention, whilst targeting those most at risk of poor health, it is anticipated that inequalities could be reduced.
48. During the development of Public Health programmes and services, local data is utilised to identify those protected characteristics most at risk and understand the barriers they face, this includes local population health data and, where appropriate consultation with the target populations is undertaken. Interventions are designed and targeted to ensure that those most likely to experience poorer health outcomes, or those less likely to participate are engage and that barriers are identified and mitigated.

49. Recent consultations in the Doncaster Talks 'COVID-19 Spring 2020' survey showed the following:
- One third of those under 65 reported a negative financial impact resulting from the pandemic.
  - 39% of people said the availability of groceries and essentials were affected.
  - Stress and anxiety featured prominently in the responses.
50. The 'Doncaster Council Pupil Lifestyle Survey Primary School Report 2020' reported the following:
- 12% of pupils don't have breakfast or only have a drink. This figure increases to 16% for those who receive Free School Meals.
  - 91% of pupils know what to eat and drink to be healthy, and 23% are likely to make healthy choices when deciding what to eat.
  - 45% of pupils have seen a Dentist in the last year, which decreases to 39% for those who receive Free School Meals.
51. For these complex issues it is important for ongoing consultations to be completed in order to identify at-risk groups and effectively tackle underlying factors.

## **CONSULTATION**

52. Consultation is ongoing

Doncaster Council Pupil Lifestyle Survey Primary School Report 2020

Doncaster Talks - 'COVID-19 Spring 2020' survey

Doncaster Talks – A customer insight report for Team Doncaster, Feb 2018

## **BACKGROUND PAPERS**

Gray, L., Hernandez Alava, M., Kelly, M. and Campbell, M., 2018. Family lifestyle dynamics and childhood obesity: evidence from the millennium cohort study. *BMC Public Health*, 18(1).

Guy's & St Thomas' Charity and The Behavioural Insights Team, 2018. Bite Size: Breaking down the challenge of inner-city childhood obesity.

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