Investing for Health

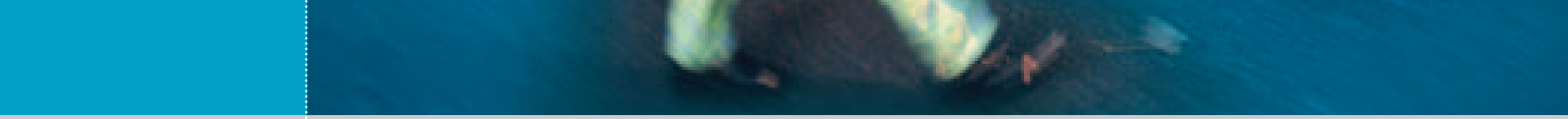
fit futures

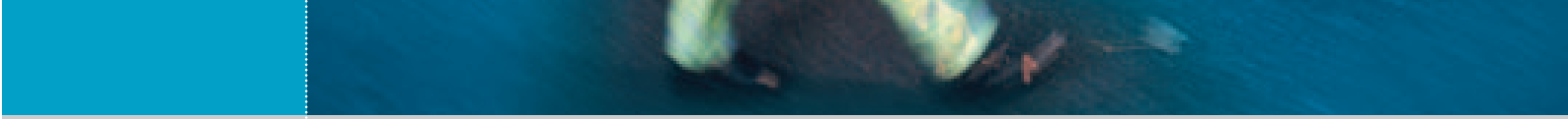
Focus on Food, Activity and Young People

Fit Futures:
Focus on Food, Activity and Young People

Report to the Ministerial Group on Public Health

December 2005





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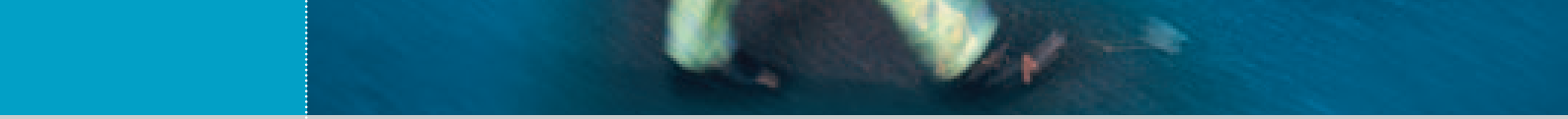
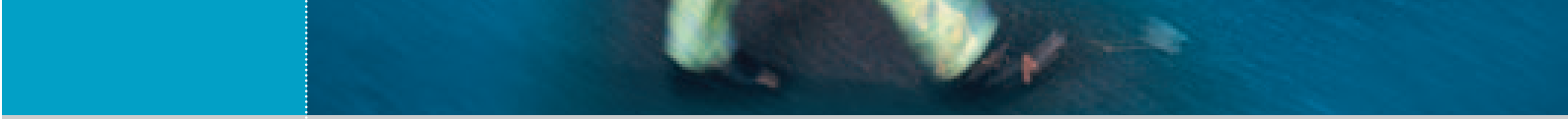




1 Executive Summary

What is Fit Futures?

1. Fit Futures: Focus on Food, Activity and Young People is a cross-departmental taskforce that was established by the Ministerial Group on Public Health in August 2004 in response to concerns about the rising levels of overweight and obesity in children and young people. The role of the taskforce was to examine options for preventing the rise in levels of overweight and obesity in children and young people and to make recommendations to the Ministerial Group on priorities for action.

2. The work of the taskforce has been managed by a small steering group, which commissioned research and analysis on overweight and obesity in Northern Ireland, its causes and potential solutions and directed an engagement process to ensure that the wide range of organisations and groups with an interest in the issue of overweight and obesity in children and young people were involved in the work of the taskforce. This engagement process commenced by seeking the opinions and suggestions of more than 300 children and young people and over 200 parents so that these views could inform and direct discussions with all other groups. It concluded with an intersectoral stakeholder event in March 2005, which was attended by over 100 people from a variety of professions, sectors and organisations.

What is Obesity?

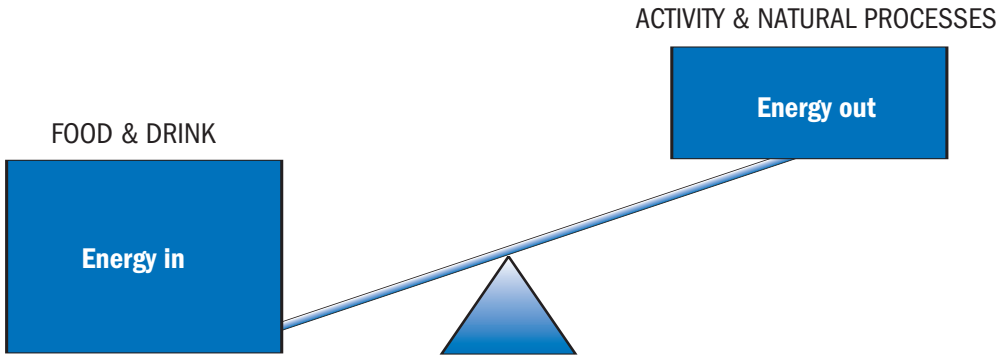
3. Obesity is a condition where weight gain has got to the point that it poses a serious threat to health. Obesity is usually measured by Body Mass Index (BMI), which is a function of person's height and weight. In adults having a BMI of 25-30 is classified as being overweight and having a BMI of 30 or more is classified as obese. For children special curves have been designed to calculate BMI as the height and weight of children varies with age and gender.

What Causes Obesity?

4. The cause of obesity appears to be obvious. It occurs when an individual takes in more energy through the food and drink they

consume than they expend through natural bodily processes and physical activity. The direct cause of obesity is, therefore, an energy imbalance. However, it doesn't take much to tip the balance. It has been estimated that an average adult whose daily energy intake is just 60 calories more than their energy output will become obese within ten years.

An unhealthy balance



Adapted from "Storing up problems: The medical case for a slimmer nation." Royal College of Physicians, Royal College of Paediatrics and Child Health, Faculty of Public Health, 2004.

5. It is less clear which factors contribute most to tipping the energy balance. In terms of the intake side of the equation, people don't appear to be taking in more calories, but our diet contains too much fat and sugar, and eating high fat, energy dense foods can create an overeating effect and contribute to obesity. But it's not just what we eat but also the way we eat, for example, more snacking and greater dependence on prepared foods, which may be of importance. In relation to energy use, we are undoubtedly less active than previous generations and low levels of activity contribute to obesity. The National Audit Office estimated that the extra physical activity involved in daily living 50 years ago, compared with today was equivalent to running a marathon a week[1].

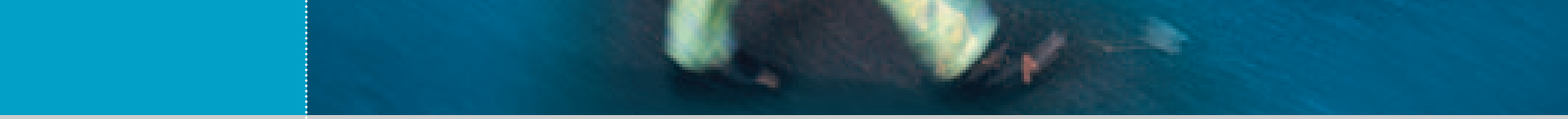
6. The picture becomes even more complex when we look at the factors that are causing the changes in our eating habits and activity levels and indirectly resulting in rising obesity levels. The World Health Organisation believes that we live in an obesogenic environment in which a range of factors in our physical, socio-

economic and cultural environment act to promote calorie intake and discourage physical activity[2]. Factors such as the advertising and promotion of an unbalanced diet, the availability of high calorie, energy dense, convenience foods, the relative cost of healthy food options and inadequate cooking skills were identified as contributing to our less than perfect diet by the Health Select Committee[3]. The greater use of cars, parental reluctance to let children play outdoors due to concerns about traffic and stranger danger and the popularity of access to television and computers and other sedentary pastimes were identified by the Chief Medical Officer for England as threats to children's overall activity level[4].

7. The World Health Organisation in its report on diet, nutrition and the prevention of chronic diseases[5] presented four classes of evidence on factors that might promote or protect against weight gain.

Summary of the strength of evidence on factors that might promote or protect against weight gain and obesity

Evidence	Decreased Risk	No Relationship	Increased Risk
Convincing	Regular physical activity High dietary intake of NSP (dietary fibre)		Sedentary lifestyles High intake of energy-dense micronutrient poor foods
Probable	Home and school environments that support food choices for children Breastfeeding		Heavy marketing of energy-dense foods and fast food outlets High intake of sugar-sweetened soft drinks and fruit juices Adverse socio-economic conditions
Possible	Low glycaemic index foods	Protein content of the diet	Large portion sizes High proportion of food prepared outside the home "Rigid restraint/periodic disinhibition eating patterns"
Insufficient	Increased eating frequency		Alcohol



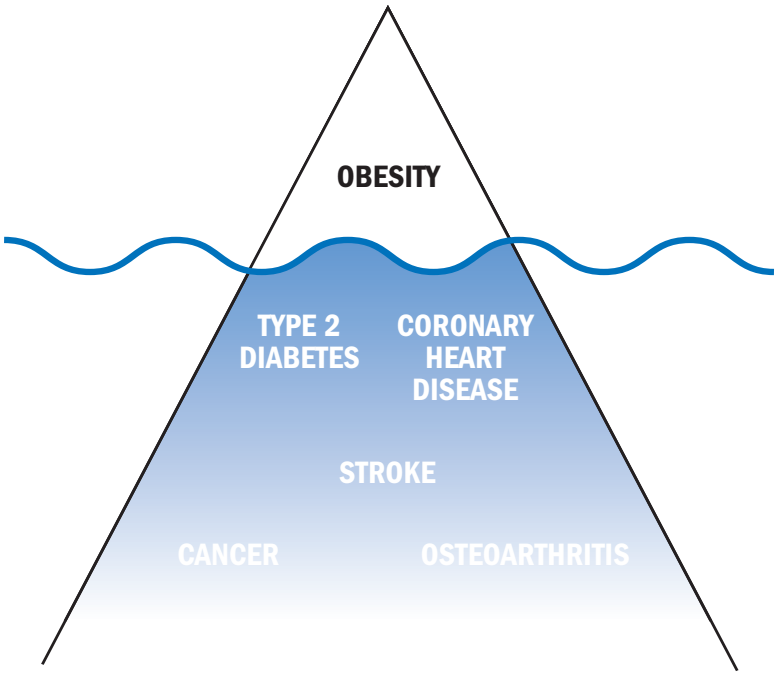
Why should we be worried about rising levels of obesity in children?

8. The impact of being obese on an individual's health and well-being, coupled with the reported increases in obesity levels, have resulted in obesity being described as a "health time-bomb". Whilst such language is emotive, the results of investigations conducted as part of Fit Futures would support this description[1, 3, 6, 7, 8].
    - Obesity reduces life expectancy by approximately nine years.
    - Obesity significantly increases the risk of Northern Ireland's biggest killer diseases: Coronary Heart Disease and Cancer.
    - Being obese dramatically increases the chances of being diabetic. A woman who is classified as being obese is ten times more likely to become diabetic than a woman who is not overweight.
    - Obesity and diabetes were traditionally considered to be diseases of middle age, but risk markers for cardio-vascular disease are now being identified in young people and, for the first time, type 2 diabetes is being diagnosed in significant numbers of children.
    - Obesity can impact on the emotional and psychological well-being of young people and on their sense of self-esteem.
    - Obese children are more likely to become obese adults and children of obese parents are significantly more likely to become obese, thus creating the potential for an upward spiral in levels of obesity.

9. In addition, obesity is in many ways only the visible part of a public health iceberg, caused by changes in our eating habits and our activity levels. Fit Futures found that there was a very significant disparity between the actual eating habits and activity levels of many children and young people and what activity levels and nutrition should be to promote and support good health. For example, the Young Persons' Behaviour and Attitudes Survey[9] of 11-16 year olds living in Northern Ireland, reported that, in 2003, 67% of participants in the survey ate chocolate bars or biscuits and 31% eat chips or other fried potatoes at least once a day, but another local survey[10] revealed that 20% of boys and 12% of girls do not eat any fruit or vegetables on a daily basis. The Young Persons Survey also reported that, in 2003, 32% of girls and 22% boys were exhibiting sedentary behaviour, exercising to the extent that they get out of breath or sweat for less than an hour a week

out of school hours. This is particularly worrying, as activity levels tend to decrease with age.

Obesity: The tip of the iceberg



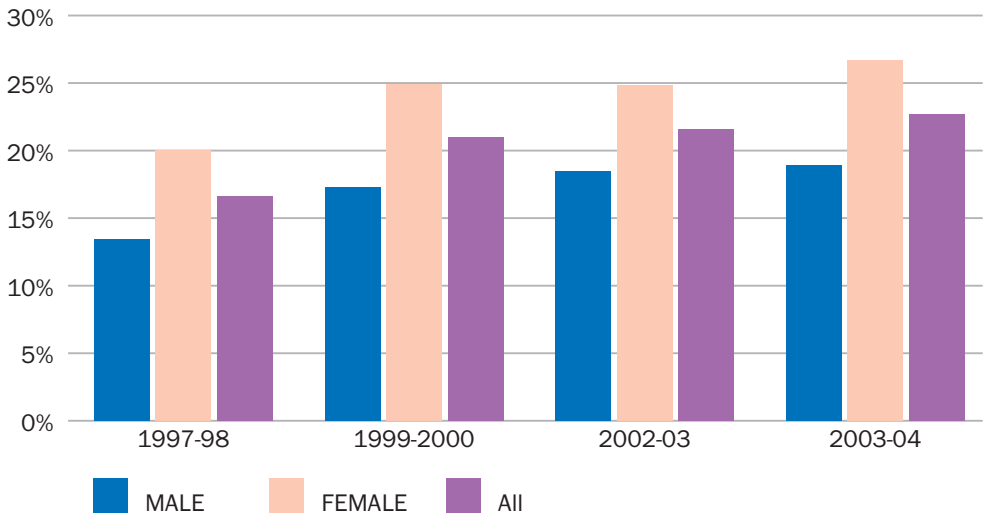
10. Rising obesity levels are also a potential financial time bomb. The Health Select Committee[3] estimated that the economic cost of obesity in England is £3.3 – £3.7 billion per year, of which £1 billion is directly attributable to the costs of treating obesity and its consequences. Analysis provided to the Clinical Resource Efficiency Support Team (CREST) group on the management of obesity[11] estimated that just stopping the year on year increase in levels of obesity would, over the next twenty years, save the Department of Health, Social Services and Public Safety £210 million.

Is this really a problem among children and young people in Northern Ireland?

11. Research studies in many developed and developing countries have reported large increases in obesity levels among both adults and children. Analysis commissioned by Fit Futures found that levels of obesity in children living in Northern Ireland are increasing year on

year and that around one in five boys and one in four girls are overweight or obese in primary one[12]. The Young Hearts Study of 12 and 15 year olds living in Northern Ireland also reported that levels of overweight and obesity have increased by over a quarter in ten years[13].

% of children aged 4½ to 5½ in Northern Ireland classified as being overweight or obese

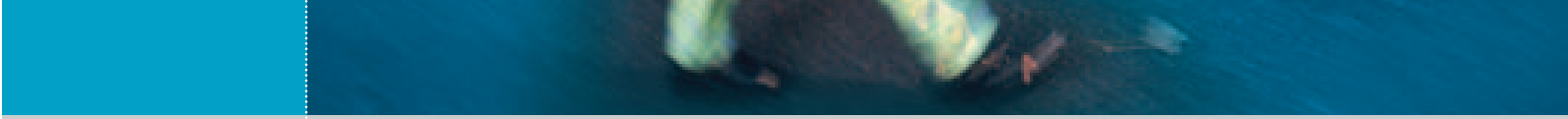


Source: Child Health System

12. It is also important to recognise that obesity can be a bigger problem for some sections of society. For example, women who are less well off are significantly more likely to be obese than more affluent women[3]. Whilst there is as yet only limited evidence to suggest that children from less well off families are more likely to be obese[14], it is clear that children and young people from families in lower socio-economic groups eat a poorer diet and are less likely to participate in sport or exercise [9,10]. People with a disability and from some ethnic minority groups may also be more likely to be obese[3].

What needs to be done to prevent levels of overweight and obesity in our children and young people from continuing to increase?

13. The Fit Futures taskforce was provided with many examples of good practice in relation to improving nutrition and increasing



activity levels, though in relatively few instances was obesity prevention the principal objective of the practice. In addition, a number of strategic policies were identified by stakeholders as either already contributing to obesity prevention or having the potential to have a significant impact on obesity levels if appropriately oriented. However, there was a clear consensus among participants in the taskforce that a more systematic approach to obesity prevention would be required.

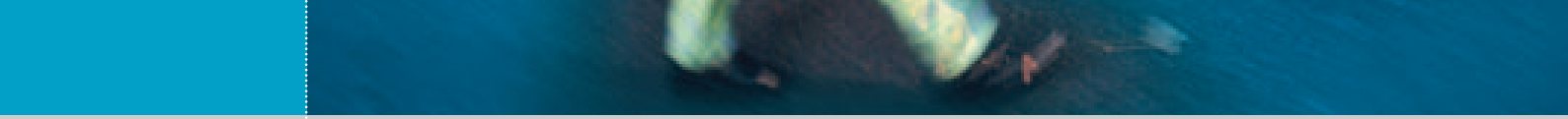
14. To direct this new approach to obesity prevention, the Fit Futures steering group, based on the discussions at an intersectoral stakeholder event, established a vision of a Fit Future.

"In the Fit Future, children and young people, of all ages and from all sections of our society, will be motivated and supported to access a range of readily available, quality, enjoyable opportunities to be active and eat healthily."

15. In considering how to deliver this vision, the Fit Futures taskforce considered not just what should be done, but also how it should be done to have most effect. The taskforce, therefore, recommends that policies and strategies to tackle obesity should take adequate account of the importance of the role of parents and families in establishing and supporting good nutrition and active living, particularly during the first few years of a child's life. One of the key messages to emerge from the Fit Futures consultation process is that parents have primary responsibility for ensuring the health and well-being of their children, but that action needs to be taken to support parents to fulfill this role effectively.

16. The development of the basic knowledge and skills necessary to encourage and support children and young people to be active and eat healthily, among those supporting and working on a daily basis with children and young people, was also identified as an important way of enabling children to make healthy choices. Policies and programmes also need to recognise the complexity of obesity and that a long-term commitment will be required if current trends are to be halted and then reversed.

17. Obesity is not restricted to one sector of society and a population approach to obesity prevention should be adopted. However,



particular attention needs to be paid to children and young people on low income or with a disability as they face additional barriers to healthy eating and active living. Activity levels in girls are also a particular concern. In addition, policies and programmes to tackle obesity in children need to recognise that the most effective solutions are likely to focus on promoting and developing the self-esteem of young people and that there is significant benefit to be gained from making the healthy option the fun option. Above-all, the Fit Futures taskforce recognises that policies and strategies to tackle obesity must take account of the available evidence in relation to what works and what doesn't work when it comes to obesity prevention.

What should the priorities for action be?

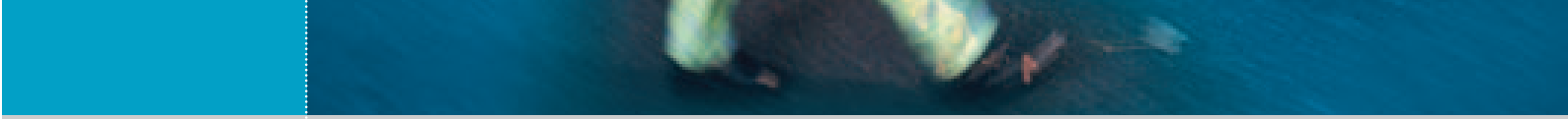
18. During the work of the Fit Futures taskforce, several hundred suggestions were made about the need for new policies, strategies, programmes and resources and for changes to existing policies and practices. Nevertheless the remit of Fit Futures was to make recommendations on priorities for action: six priorities for action have been identified.

Developing Joined-Up Healthy Public Policy

19. Obesity will only be tackled if we improve eating habits and increase activity levels. Immediate action should be taken to overcome the potentially disjointed approach to the promotion of physical activity, sport and leisure, and play and the sometimes conflicting policies being promoted by different government departments and agencies with responsibility for food policy and by the food industry. Local authorities will have an increasingly significant role to play in helping to connect these agendas. Action should also be taken, as a matter of priority, within the health sector to ensure that all the relevant professions work together to tackle obesity, to promote the sharing of limited expertise and to facilitate easy access to guidance and advice.

Providing Real Choice

20. The environment in which we live is indeed obesogenic and a concerted effort is required to address those aspects of the media, physical, consumer and financial environment that promote obesity and prevent children and young people from exercising



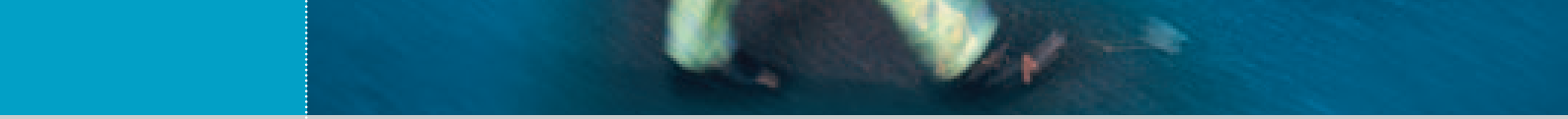
real choice. The local food industry should respond quickly and constructively to action planned at national level to introduce controls on the advertising and promotion of foods to children, to introduce an agreed nutritional signposting system and to ensure that young children are protected in schools from the promotion of unhealthy options. Government departments and agencies have a major role in offering children real choice by creating a demand for healthy choices through public sector food procurement, by prioritising action to tackle the barriers to healthy food, which are experienced by families on low-income, by ensuring that targets to increase active travel are achieved and opportunities for active play are available and accessible.

Supporting Healthy Early Years

21. It was the view of many of those involved in the work of the Fit Futures taskforce, including a number of children and young people and a number of parents, that food preferences and attitudes towards physical activity are formed in early life and that once formed it can be very difficult to change them. The importance of ensuring, during the first few years of a child's life, that parents are supported in their efforts to encourage their children to develop health-supporting behaviours, was also recognised. Such an approach should be encouraged through the extension of the healthy schools programme to early years settings and by organisations with responsibility for regulating early years provision ensuring that common standards in relation to nutrition and daily physical activity are established and compliance with these standards monitored. A number of projects highlighting what can be done to tackle obesity in early years were identified during the work of the taskforce, but action must be taken to mainstream such good practice through the provision of quality training and guidance to those working in the early years sector.

Creating Healthy Schools

22. There was huge concern among those involved in the work of Fit Futures that the benefits of health education were being negated by the conflicting messages sent out by school meals that don't adequately address children's nutritional needs, tuck shops and vending machines which promote foods that are high in salt, fat and sugar and by the lack of time and priority afforded in some schools to providing high quality physical education. There was



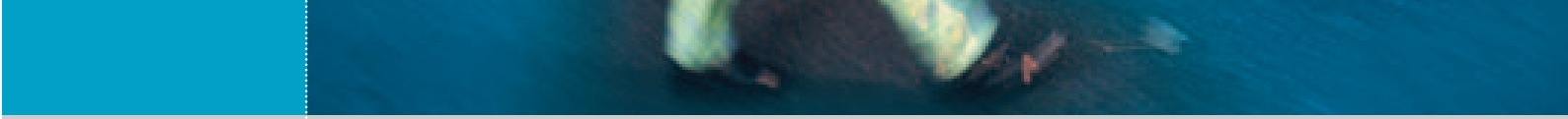
also, not surprisingly, overwhelming support by participants in the taskforce for action to ensure that schools reflect, through their ethos and environment, what is taught in schools.

23. There is evidence that whole school approaches can assist in preventing overweight and obesity in children and young people[15]. Therefore, a healthy schools partnership should be established with aim of supporting all schools to become healthy schools over the next ten years. To deliver this objective, schools should be required to integrate health improvement planning into the school development planning process and schools should be supported in their efforts to improve health through the provision of training and guidance, and by enabling access to appropriate support from local health professionals.

24. School meals and physical education are the visible manifestations of government policy in relation to nutrition and physical activity for children and young people. Therefore, a food in schools programme should be established and this should include a resourced, inspected programme to introduce food and nutrient based standards for all food in schools. This programme should also seek to support the effective implementation of the new statutory entitlement in relation to Home Economics, which would appear to provide an opportunity to ensure that practical cooking skills are developed by the next generation. The taskforce also recommends the development of an active schools programme to support efforts to deliver daily opportunities for physical activity, including play, sport and leisure and active travel, throughout what is an increasingly extended school day and to ensure that those working with children have the skills and competencies to enable them to develop basic physical skills.

Encouraging the Development of Healthy Communities

25. Community-based approaches can be effective in engaging with people from lower socio-economic groups and many stakeholders identified the importance of such approaches in tackling overweight and obesity. Community-based initiatives, such as the Health Action Zones and Healthy Living Centres, provided the taskforce with a number of examples of community led health improvement programmes aiming to improve nutrition and increase physical activity levels. The new healthy schools programme should seek to support the development of schools as



hubs within the community, supporting the health and well-being of their local communities, as well as their staff and pupils. Programmes to tackle obesity in disadvantaged communities, by supporting the development of basic cooking skills in people with low incomes, should be mainstreamed and health improvement planning should be fully integrated into the Neighbourhood Renewal Process.

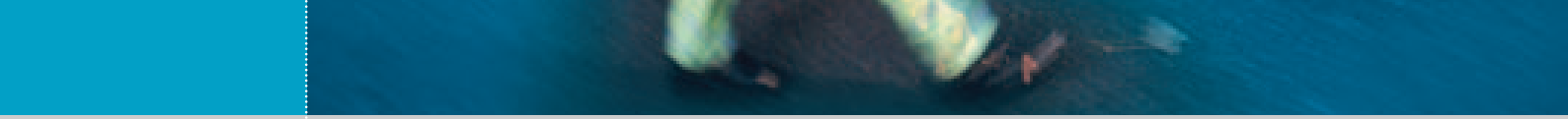
Building the Evidence Base

26. The Fit Futures taskforce identified through the involvement of local research and academic partners that there are a number of gaps in our understanding of overweight and obesity in children and young people, how it's caused and what can we do to prevent it. However, during the lifetime of the taskforce a number of surveys and studies have been developed to improve the local research and information base. It is essential that, for as long the problem of rising obesity levels persists, there should be systematic surveillance of obesity levels in children and of childhood nutrition and activity levels. The Fit Futures taskforce also recognises the need for more robust evaluations of policies and programmes that are aiming to tackle obesity in children and recommends that the evaluation of interventions should be the priority for future research funding.

How and when will these priorities be addressed?

27. The Fit Futures taskforce identified examples from across Northern Ireland, England, Scotland, Wales, the Republic of Ireland and even Scandinavia of where the policies and programmes being advocated in its report are already being implemented. The taskforce, therefore, argues strongly that all its recommendations can be implemented and, because of the health and financial consequences of inaction, should be implemented as matter of priority.

28. Many of the recommendations made by the taskforce can be implemented at little cost and are really about doing things better and delivering a "bigger bang for our buck". However, the Fit Futures taskforce recognises that some of the priorities for action will require significant investment.

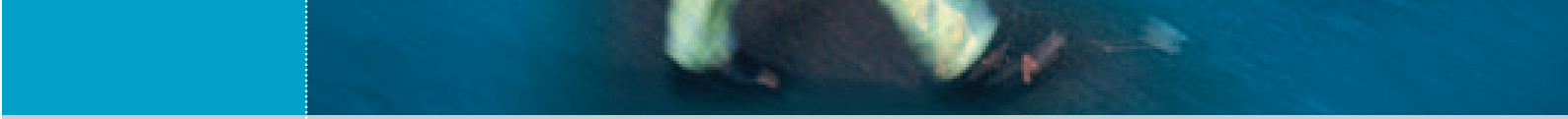


29. The Fit Futures taskforce was established to report to the Ministerial Group on Public Health and it is ultimately a matter for it to consider and respond to the Fit Futures' recommendations and to determine how the recommendations should be resourced. Nevertheless, to assist the Ministerial Group in this process, the Fit Futures steering group argues that initial investment should focus on targeting need, building capacity and developing joined-up delivery structures and recommends that government departments should work together to provide the resources required to support the delivery of the Fit Futures recommendations.

30. In addition, to ensure that momentum is maintained, the Fit Futures steering group recommends that the Ministerial Group on Public Health should:
    - publish a response to its recommendations within 3 months of receiving the Fit Futures report;
    - monitor the implementation of agreed recommendations; and
    - publish a progress report on an annual basis.

Further Information

31. The full report of the Fit Futures taskforce, the research papers commissioned by the Fit Futures steering group and reports on the various phases of the stakeholder engagement process can be accessed at **www.investingforhealthni.gov.uk/fitfutures.asp**



2 Introduction

Why Was Fit Futures Needed?

32. Being obese increases a person's risk of developing coronary heart disease, many cancers, stroke and diabetes[6]. A flood of research studies, in both developed and developing countries, published in the 1990's and in the early years of this millennium, have reported large increases in recent years in obesity levels among both adults and children. Obese children are more likely to become obese adults and the children of obese parents are more likely to become obese adults, creating the potential for an upward spiral in levels of obesity[8]. The Chief Medical Officer for Northern Ireland, Dr Henrietta Campbell, identified in her 2003 annual report[16] that, if obesity levels in children rose at the rates being predicted by some studies, in 15-20 years one in five boys and one in three girls could be obese.

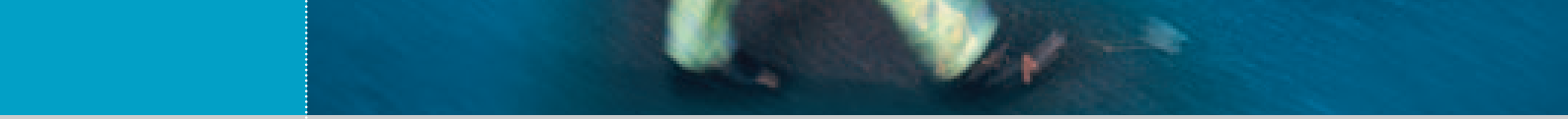
33. Therefore, in August 2004, in response to concerns about the rising levels of overweight and obesity in children and young people, the then Health Minister, Angela Smith, in her role as Chairperson of the Ministerial Group on Public Health, announced the establishment of a cross-departmental taskforce to examine options for preventing the rise in levels of overweight and obesity in children and young people and to make recommendations to the Ministerial Group on priorities for action.

The Role of the Taskforce

34. The terms of reference for the taskforce as approved by the Minister for Health, Social Services and Public Safety, were as follows.

The Taskforce will, in relation to children and young people in Northern Ireland:

- review the factors that impact on the levels of overweight and obesity and, in light of best practice, consider and evaluate options for preventing the development of overweight and obesity;



- consider and assess the extent to which, in tackling overweight and obesity, actions need to be targeted to take account of the needs of specific groups within society and ensure that social need is targeted effectively;
- engage with stakeholders to stimulate action to tackle overweight and obesity; and
- make recommendations to the Ministerial Group on Public Health on priorities for action.

35. It was agreed that the taskforce would be called Fit Futures: Focus on Food, Activity and Young People, reflecting its focus on the prevention of obesity and on addressing the underlying causes of overweight and obesity.

Taskforce Development

36. A small steering group, representing departments and agencies with key responsibilities relevant to the work of the taskforce, was established to direct the work of the taskforce. It was recognised from the outset that the health and education sectors in particular would have critical roles in tackling overweight and obesity in children and young people and Dr Eddie Rooney, Deputy Secretary in the Department of Education, agreed to chair the Fit Futures steering group. The membership of the steering group is listed at appendix 1 to this report.

37. The initial investigations conducted by the steering group revealed that:
    - there was limited published information on overweight and obesity in children and young people living in Northern Ireland;
    - increases in levels of overweight and obesity were being reported in much of the developed and developing world and were the result of a wide-range of social, economic, environmental and cultural factors; and
    - potential solutions were likely to require the involvement of a wide range of organisations and sectors.

38. It was, therefore, agreed that, given the complexity of the issue, it would be necessary to initiate significant research and consultation processes. In particular, given the range of organizations, groups and professions with a relevant interest in overweight and obesity

in children and young people, it was agreed that the most effective means of involving these interests in the taskforce would be through direct engagement with the full-range of stakeholder interests.

39. The Fit Futures steering group also agreed that, in the interests of openness and accountability, and to ensure that the people who participated in the work of the taskforce were fully aware of the information and analysis that was informing the taskforce, research papers and reports commissioned by the steering group would be published on the Fit Futures website.

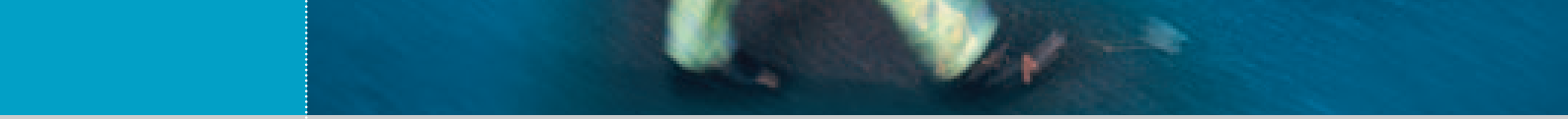
The Fit Futures Research Process

40. To develop the evidence base for the taskforce's recommendations the research aspect of the taskforce's work programme included the following components:
    - developing a local research and information baseline;
    - conducting a review of the evidence base;
    - carrying out comparative research by looking at approaches in other countries.

Developing a Local Research and Information Baseline

41. A local research and information baseline was developed by writing to local research and academic interests and key partners, asking for details of local research, analysis and evaluations, whether completed or planned, which might be considered relevant to the work of the taskforce. Responses were collated by the Health Promotion Agency (HPA) and further analysis of existing data was commissioned to fill gaps in relation to obesity prevalence and to provide a better understanding of the socio-economic and gender dimensions of activity levels and food intake.

42. A research stakeholder event was held on 16th December 2004 to provide an opportunity for research stakeholders to update and validate the baseline. The information obtained through this event was incorporated in the local research and information baseline and published on the Fit Futures website[17].



43. Research staff within the Department of Health, Social Services and Public Safety (DHSSPS) also carried out comparisons of local information with information from other parts of the UK and the Republic of Ireland, though in a number of instances, due to differences in methodology or gaps in the information base, such comparisons could not readily be made.

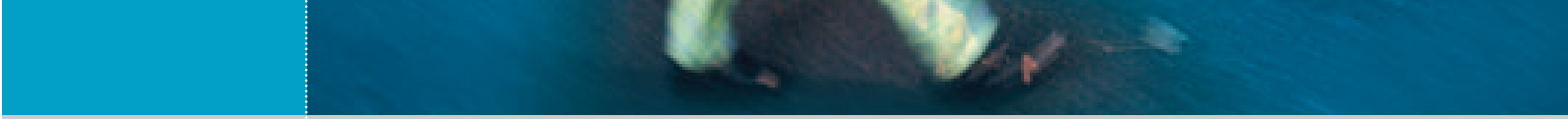
Reviewing the Evidence Base

44. An overview of the international evidence base[18] relating to the prevention of overweight and obesity in children and young people was carried out on behalf of the Fit Futures steering group, in October 2004. This overview included findings from international reviews of research relating to the effectiveness of interventions as well as details of analysis and recommended approaches from expert bodies such as World Health Organisation (WHO), the International Obesity Taskforce and the Royal College of Paediatrics and Child Health. Research briefings were also provided on evidence relating to the role of healthy eating and physical activity in improving educational attainment[19] and in relation to the role of early years in creating healthy activity patterns and eating patterns[20]. Copies of these briefings are available on the Fit Futures website.

Conducting Comparative Research

45. A review was also conducted of published information on the approaches being taken in other countries to prevent overweight and obesity in children and young people and, in October 2004, the taskforce was provided with a summary of the major policies and programmes in England, Scotland and Wales that were relevant to the work of the taskforce. This paper[18] was subsequently updated to take account of the proposals within, Choosing Health[21], the white paper on Public Health for England. Information was also provided on the North Karelia project in Finland and on the approach being recommended in Denmark.

46. On consideration of the comparative research, the taskforce steering group requested a more detailed research paper on how the issue of overweight and obesity in children and young people was being tackled in Scotland. A draft paper was produced in November 2004 and this was followed by a meeting in December 2004 with staff from the Scottish Executive with responsibility for



health improvement policy. An updated paper[22] on the policies, strategies and programmes developed in Scotland to prevent overweight and obesity was presented to the steering group in February 2005.

47. Information on tackling overweight and obesity in children and young people in the Republic of Ireland was obtained through liaison with the Obesity Taskforce in the Republic of Ireland[23] and as a result of participation in North-South meetings and events on Food and Nutrition, Cancer Prevention and Obesity.

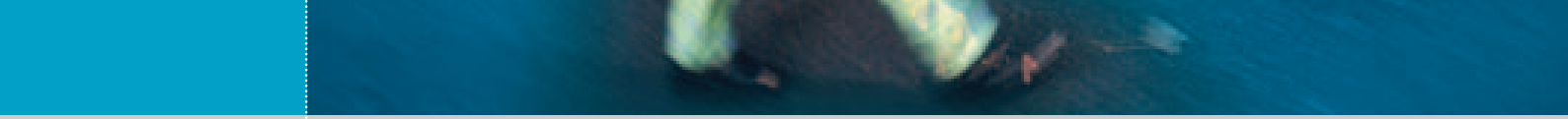
Fit Futures Stakeholder Engagement Process

48. The Fit Futures steering group developed a wide-ranging, phased stakeholder engagement process to involve in the taskforce the various stakeholders with an interest in preventing overweight and obesity in children and young people. During this process, the research and analysis commissioned by the steering group was shared with stakeholders to ensure informed discussion and debate. In addition, it was decided to engage with children, young people and parents at the start of the process so that their views could inform and direct discussions with all other stakeholder groups. A description of the stakeholder process is attached at appendix 2.

Phase 1

49. The engagement of children and young people was facilitated on behalf of the taskforce by NIPPA-the early years organisation, the Northern Ireland Youth Forum and the Parents Advice Centre, who utilised their specialist knowledge and networks to ensure the effective engagement and involvement of over three hundred children and young people and over two hundred parents.

50. In addition, at the beginning of September 2004, a letter issued from the Minister for Health, Social Services and Public Safety to members of various stakeholder groups, seeking their support for the taskforce. It also sought responses to a small number of questions in relation to what was already being done to prevent overweight and obesity and what could or should be done to address it more effectively. Over 70 responses were received from a variety of public, private, voluntary and community sector organizations.



Phase 2

51. During phase 2 of the engagement process, the taskforce engaged practitioners in discussions that were designed to validate the initial phases of the research and engagement processes and also to further develop thinking in relation to what could and should be done to prevent overweight and obesity and to support more effectively healthy eating and active living.

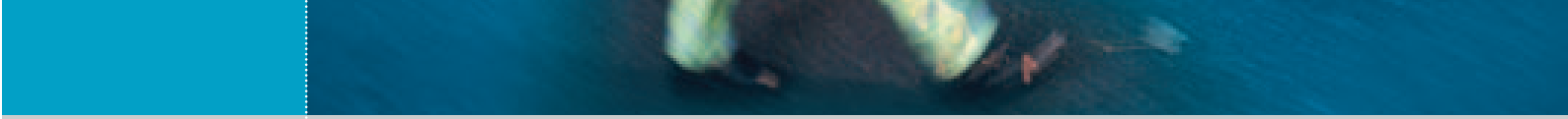
52. Workshops involving approximately 100 people, representing a variety of public, voluntary and community sector organisations were facilitated by the Investing for Health Partnerships and a workshop with members of the Sports Development Network was facilitated by the Sports Council. A presentation was also made to a number of organizations involved in the local food industry. In addition, meetings were held with Physical Activity Co-ordinators, Dietetic Managers, with the Food and Nutrition Strategy Group, the All-Island Nutrition Forum and the Northern Ireland Food and Drinks Association. Links were also maintained with the CREST Group on the Management of Obesity in Secondary Care. The work of the taskforce was also informed by discussions during a North-South obesity seminar and a local seminar on diabetes prevention.

53. A very successful workshop, involving over 70 representatives from across the education and youth sector, focusing on the role of the education and youth sector in the prevention of overweight and obesity in children and young people, was held on 13th January 2005. A similar workshop, involving a cross-section of practitioners and policy makers from the various professions and sectors that make up the health sector, took place on 26th January 2005.

54. In February 2005 a paper summarizing the views, analysis and opinions offered by stakeholders during phases 1 and 2 of the engagement process was circulated to all government departments, providing those departments not represented on the Fit Futures steering group with an opportunity to contribute.

Phase 3

55. The stakeholder engagement process concluded with an intersectoral stakeholder event on 16 March 2005. In advance of this event, reports on the views of children[24], young people[25] and

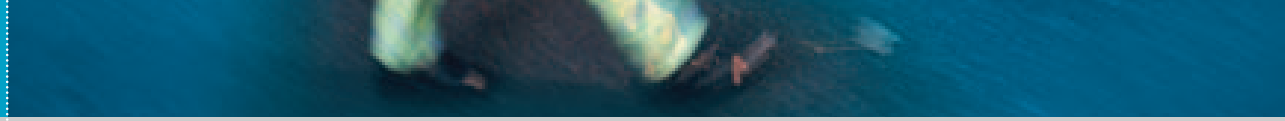


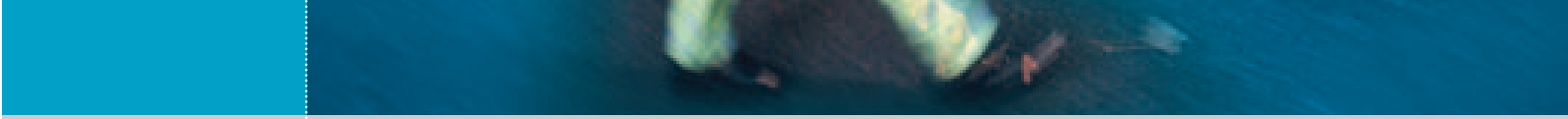
parents[26] and a summary of the views, opinions and analysis offered during the first two phases of the engagement process were published on the website[27]. In addition, participants were provided with a discussion paper highlighting the themes and priorities emerging from the research and engagement processes[28].

56. Over 100 people, representing a variety of sectors, organisations and professions, attended the intersectoral event. During the event, participants were encouraged to engage in workshops to create a vision of a Fit Future and then to identify the key actions necessary to deliver this vision. A report on the event was circulated to all those invited to participate and published on the Fit Futures website[29].

Phase 4

57. This report, including the recommendations herein, was agreed by the steering group of the Fit Futures taskforce following detailed consideration of the above mentioned research reports and the reports on the various phases of the stakeholder engagement process. The report then issued to the Ministerial Group on Public Health with a recommendation that it should be published in full at the earliest opportunity.





3 Overweight & obesity: what is it and what causes it?

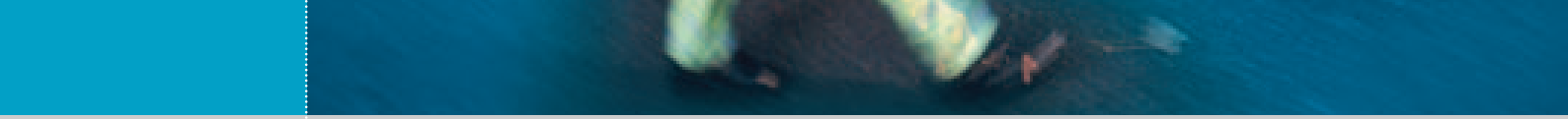
What is Obesity?

58. According to the Faculty of Public Health[30], obesity is *"an excess of body fat frequently resulting in a significant impairment of health and longevity".* In layman's terms, obesity is a condition where weight gain has got to the point that it poses a serious threat to health.

59. Obesity is commonly assessed in terms of a person's body mass index (BMI). BMI is a formula relating body weight to height, calculated by dividing weight in kilograms by height in metres squared. For adults, persons with a BMI <20 are considered to be underweight, BMI 20-25 is the desirable range, BMI 25-30 is classified as overweight and persons with a BMI of 30+ are classified as obese.

60. There are, however, many other methods for assessing obesity, including the simple indicator of waist circumference. WHO advises[2] that health risk is substantially increased when waist circumference exceeds 102 centimetres for men or 88 centimetres for women.

61. The situation for children is much more complex because a child's BMI varies with age and gender. There is not a generally agreed definition of childhood obesity but the Health Select Committee, in its recent report[3] on Obesity, reported two widely favoured indicators.
    - UK reference curves[31] have been established based on a nationally representative sample of children. Children who exceed the 85th centile are considered to be overweight and those who exceed the 95th centile are classified as being obese.
    - An international classification of overweight and obesity in children[32] has been proposed to help calculate internationally comparable prevalence rates of overweight and obesity in children and adolescents. The definition interprets overweight and obesity in terms of reference cut-off points for BMI by age



and sex, in relation to a reference population based on pooled international data, and is linked to the adult overweight cut-off point of 25 kg/m^2 and the adult obesity cut-off point of 30 kg/m^2.

62. The levels of obesity in children and young people in Northern Ireland that have been included in this report have been determined using the more conservative international classification[32].

What Causes Obesity?

The Energy Imbalance

63. Superficially, the cause of obesity appears to be obvious. Overweight and obesity occur when an individual takes in more energy through the food and drink they consume than they expend through natural bodily processes and physical activity.

64. The food and drink we consume provides us with our energy intake. Energy intake is measured in calories. We use up energy in three ways:
    a. to maintain the physiological functions of the body; this is known as the resting metabolic rate and is the most significant source of energy expenditure;
    b. the energy used to digest and assimilate food; this is known as the thermic effect of feeding; and
    c. the energy we use in our physical activity; this is the most variable component of energy expenditure, it varies significantly depending on the habits of the individual and is the only component of energy expenditure under our control.

65. Excess energy intake, even if this is small in magnitude, will, over a period of time, lead to a gradual increase in weight. It has been estimated that the average adult whose daily energy input is just 60 calories more than their energy output will become obese within ten years.

66. Whilst the energy imbalance is undoubtedly caused by some combination of taking in too much energy through the food and drink consumed and not taking sufficient physical activity to expend the energy consumed, the extent to which the energy

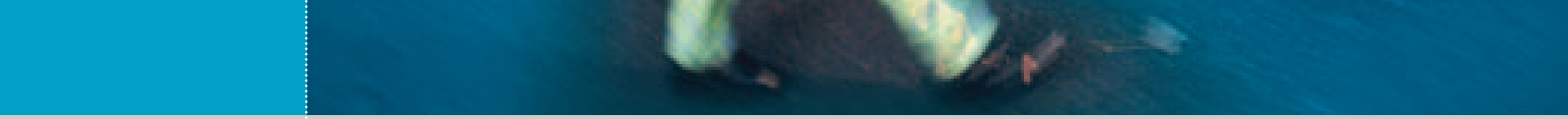
imbalance is caused by inappropriate eating habits and taking in too many calories, or the result of increasingly sedentary lifestyles, is a matter of some debate.

The Contribution of Food and Nutrition

67. Evidence does not support the idea that people are now consuming more calories. Indeed analysis of the Expenditure and Food Survey[33] indicates that energy intake in Northern Ireland and throughout the UK has decreased in recent years. However, it is important to recognise that energy intake is very difficult to assess and there have been difficulties in ensuring that alcohol consumption and food eaten outside the home, which is an increasingly important contributor to calorific intake, are adequately taken into account.

68. Although energy intake would not appear to be increasing, there are a number of aspects of current eating habits that are significant in relation to overweight and obesity.

69. Dietary surveys[9,10, 34-36] have identified very large differences, throughout the UK and Ireland, between the recommended diet, as reflected in the Balance of Good Health and what people are actually eating. In particular, people in the UK and Ireland are consuming significantly more saturated fat, salt and sugar than is recommended and eating significantly less fruit and vegetables than is recommended.



70. Fatty foods are a particular concern as they are energy dense and some have been found to be poor at satisfying hunger. Eating such foods can have an "over eating effect," increasing snacking and energy intake[37]. Energy intake was positively associated with BMI in Irish men and women in a study carried out by Irish Universities Nutrition Alliance [38].

71. Sugary drinks make a major contribution to the sugar intake of children and young people, well in excess of dietary recommendations[39]. One study found that children who drink one regular carbonated drink a day have on average 10% more total energy than non-consumers[40].

72. The Health Select Committee in its report on Obesity[3] expressed particular concern about the impact of changing dietary patterns on obesity levels. *"The past 20 years have seen considerable changes not simply to what people eat and how much, but also to the ways in which they eat. Snacking, eating out, and reliance on convenience food have all increased dramatically…. However, while these changing eating patterns may not of themselves be a problem, they can be conducive to obesity. Readily available snack foods and drinks are typically very energy-dense, and are usually consumed to supplement rather than replace meals, despite their high calorie content. Between 1993–98, sales of snacks to adults more than tripled in the UK, from £173 million to £541 million."*

73. Large portion sizes are also a possible causative factor for weight gain[5,41]. Between 1977 and 1998 the energy intake and portion size of salty snacks were found to have increased by 93kcal, soft drinks by 49kcal, hamburgers by 97kcal, French Fries by 68kcal[42]. A large fast food meal (double cheeseburger, French fries, soft drink, dessert) could contain 2200 kcal, which, at 85kcal per mile, would require a marathon to run off[43].

74. Rigid dieting can also increase the risk of weight gain[5,41]. It is, therefore, of concern that 15% of teenage girls are already on a diet to loose weight[9].

75. Increasing alcohol intake in children and young people has also been highlighted as a potential contributor to obesity. Alcoholic drinks can be high in calories and have a high energy density.

There is, however, insufficient evidence that increases in alcohol intake are contributing to rising levels of obesity[5,41].

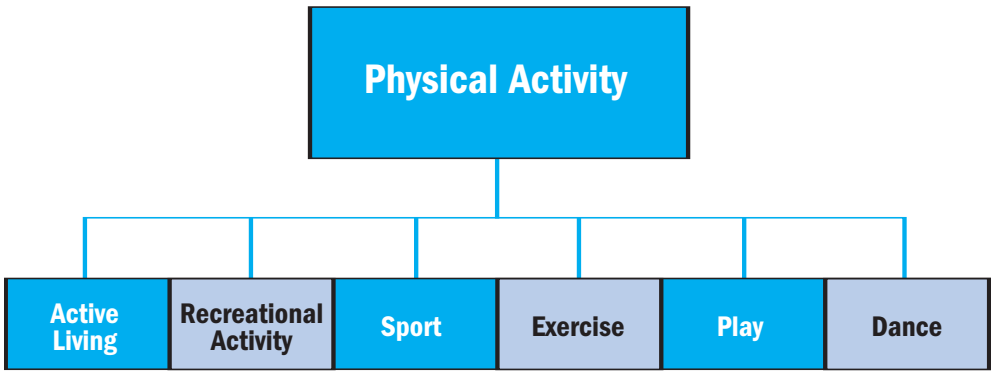
The Contribution of Physical Activity

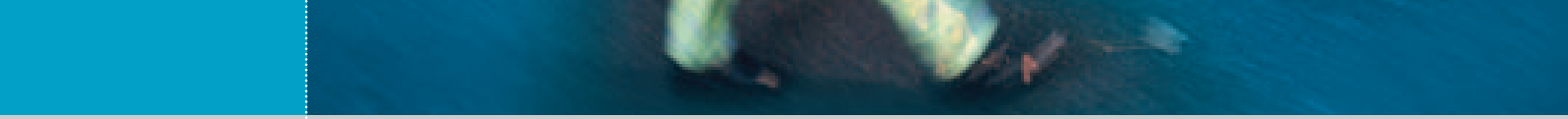
76. The overall level of physical activity is most definitely declining. The National Audit Office (NAO) report on tackling obesity in England[1] estimated that the extra physical activity involved in daily living 50 years ago, compared with today was the equivalent to running a marathon a week.

77. According to the Chief Medical Officer for England[4] contemporary threats to children's overall activity levels include:
- greater use of cars to transport children;
- parental reluctance to allow children to play outdoors as a result of perceived dangers such as heavy traffic and "stranger danger"; and
- more access to television and computers and other sedentary alternatives.

78. It is important to be clear about what we mean when we say that physical activity levels are declining. According to WHO, physical activity[44] is *"all movements in everyday life, including work, recreation, exercise and sporting activities."* So, for example, reductions in levels of manual work in both the workplace and the home, due to changing work patterns and increased automation, and increased reliance on the car, have contributed significantly to the decline in overall activity levels.

Definition of Physical Activity by Scotland's Physical Activity Taskforce[45]





79. It is recommended that children and young people should achieve a total of at least 60 minutes of at least moderate intensity physical activity each day. At least twice a week this should include activities to improve bone health (activities that produce high physical stresses on the bones), muscle strength and flexibility[4].

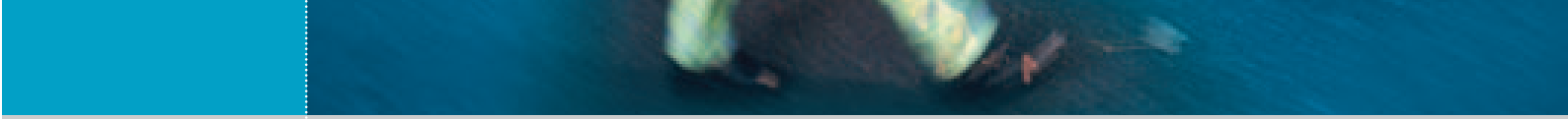
80. Low levels of physical activity contribute to obesity and research has found that less active children are more likely to have more body fat and obese children are more likely to be inactive than non-obese children[5].

81. In England, around two-thirds of boys and girls aged 2-11 years achieve at least 60 minutes of moderate intensity physical activity each day[46]. For boys, this level of activity holds through to age 15, whereas in girls, levels fall to about half by this age.

Underlying Causes of Obesity

82. The direct cause of obesity may be obvious, but the underlying reasons for the rising levels of overweight and obesity are many and complex. The report of the House of Commons Health Select Committee[3] identified numerous underlying factors which the Committee considered to be contributing to overweight and obesity including: increased consumption of high calorie, energy dense foods; increased levels of TV watching and use of games consuls; advertising & promotion of an unbalanced diet; increased automation; availability of convenience foods; cost of healthy food options; inadequate cooking skills; and transport & planning decisions.

83. In its report on Diet, Nutrition and the Prevention of Chronic Diseases[5], WHO presents four classes of evidence on factors that might promote or protect against weight gain and obesity. The table below summarises this evidence, based on criteria developed by the World Cancer Research Fund, but having been modified to include the results of controlled trials where relevant and available. Supporting analysis is then provided in relation to the factors impacting on weight gain and obesity in children and young people.



Summary of the strength of evidence[a] on factors that might promote or protect against weight gain and obesity

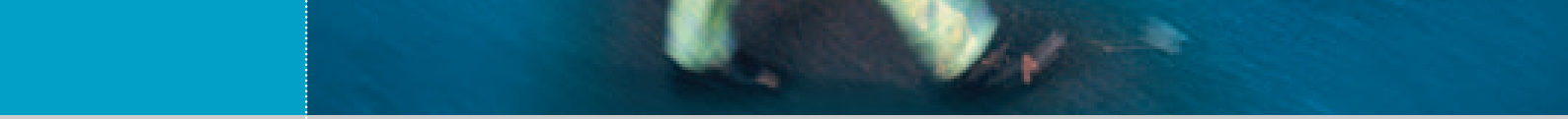
Evidence	Decreased Risk	No Relationship	Increased Risk
Convincing	Regular physical activity High dietary intake of NSP (dietary fibre)[b]		Sedentary lifestyles High intake of energy-dense micronutrient poor foods[c]
Probable	Home and school environments that support food choices for children Breastfeeding		Heavy marketing of energy-dense foods and fast food outlets[d] High intake of sugar-sweetened soft drinks and fruit juices Adverse socio-economic conditions[d]
Possible	Low glycaemic index foods	Protein content of the diet	Large portion sizes High proportion of food prepared outside the home "Rigid restraint/periodic disinhibition eating patterns"
Insufficient	Increased eating frequency		Alcohol

a The totality of the evidence was taken into account. The World Cancer Research Fund scheme was taken as the starting point but modified as follows: randomised controlled trial were given prominence as the highest ranking study design; associated evidence and expert opinion were also taken into account in relation to environmental determinants (direct trials were not usually available).

b Specific amounts will depend on the analytical methods used to measure fibre.

c Energy-dense and micronutrient-poor foods tend to be processed foods high in fat and/or sugars. Low energy-dense foods, such as fruit, legumes, vegetables and whole-grain cereals, are high in dietary fibre and water.

d Associated evidence and expert opinion included.



84. The underlying causes of obesity can be categorised as:
    - Individual;
    - Family; or
    - Environmental and Societal

Individual Factors

Genetic Influence

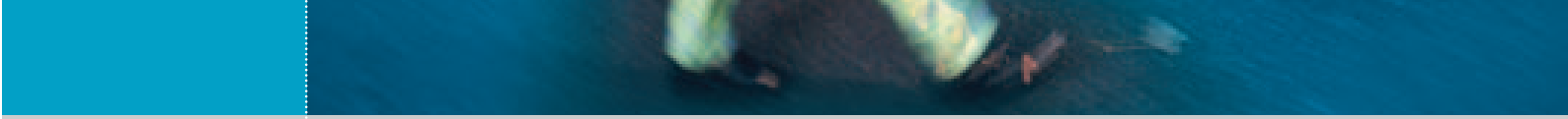
85. Rapid increases in obesity have only occurred in recent years and genetic factors are not, therefore, considered to be the primary cause for change. That is not to say that genetics have no influence on the likelihood of a person becoming obese. Research, including studies involving families and twins has shown that some people are genetically more susceptible to weight gain and this would appear to be associated with the rate at which the body uses energy[47].

86. There are also some genetic disorders that can lead to obesity, but these contribute only a small proportion of cases. For example, people with Down's Syndrome are more prone to obesity.

87. It has been hypothesised that humans are geared-up genetically to deal with limited food ability, but less well developed to deal with an environment in which calories are relatively cheap and plentiful.

Knowledge and Skills

88. Awareness and understanding of messages in relation to nutrition, physical activity and how to maintain a healthy weight have a significant bearing on the choices people make. Concern has been expressed that there has sometimes been too much focus within government policy on programmes to raise awareness of key health messages. This concern is not because such programmes aren't important, but rather is a result of evidence which recognises that in the absence of supportive environments, in which healthy choices are easy to make, the impact of information and education programmes is likely to be more limited.



89. Evidence from the evaluation of the National Cancer Institute's 5 A DAY for Better Health campaign found that knowledge of the recommendation to eat five or more portions of a variety of fruit and vegetables per day was one the strongest predictors of dietary change[48]. Taste preferences and confidence in ability to eat vegetables and fruit in variety of situations were also important factors.

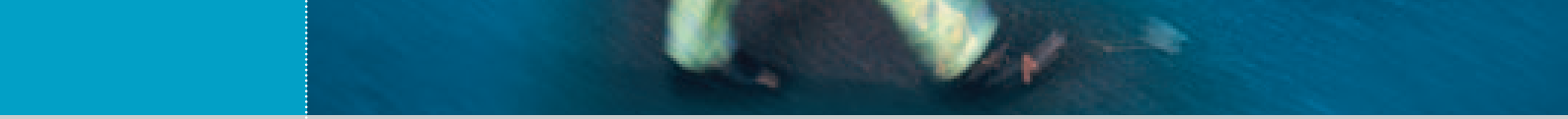
90. Being able to understand food labels can also help people to make healthy choices and has become increasingly important with the enhanced contribution of prepared foods to the diet. Research conducted by the Food Standards Agency (FSA) found that significant numbers of people were unable to interpret food labels and also that health claims often left consumers confused[49]. Research has also identified that inadequate cooking skills are a barrier to healthy eating in young people [50].

Family Influence

91. Children are more likely to be obese if one or more of their parents are obese[8]. However, this is not just the result of genetic factors. The home environment and the attitudes and behaviours of parents and family members also contribute to this increased risk of obese.

92. The influence of parents on children's eating habits, particularly in early years seems rather obvious. Preschool children are dependent upon their caregivers for food selection; family dietary patterns will, therefore, have a strong influence on a preschooler's food choices. Physiological and psychological characteristics developed during the first few years of a child's life and growth patterns in early years are attracting increasing research attention in relation to their relationship with the likelihood of a child becoming obese.

93. The review of diet and physical activity patterns in early years[20] commissioned by the Fit Futures taskforce concluded that there was as yet limited evidence as to the importance of early life factors in determining the development of obesity in later life, but recognised that establishing a methodology which *"could adequately measure childhood dietary intake and physical activity, while controlling for a range of other factors over extended periods of the life course, was a major factor in the*



inconclusive nature of the evidence produced in many studies." This area has attracted considerable recent research interest and research into the influence of early years on nutrition and physical activity emerged as an area for further research during discussions with research stakeholders.

94. Sir Donald Acheson's 1998 inquiry into health inequalities found that a child's long-term health was related to the nutrition and physique of its mother[51]. The attitudes and involvement of parents is also an important factor in the engagement by children in physical activity. Research[52] commissioned by the Sports Council for Northern Ireland reported that, among primary school children, 45% of boys and 52% of girls nominated their parents as the most important influence in encouraging continued participation in sport.

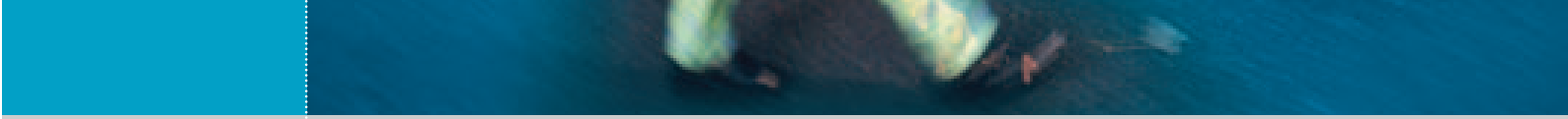
95. Research has, however, also shown that as children get older the influence of peers becomes more significant. A local study found that a child to child approach to promoting healthier snacking did result in decreased snacking habits during break time and improved knowledge of dental health in comparison to a control group[53].

Environmental and Societal Factors

96. The environment in which we live has been described by a number of expert bodies as being obesogenic, that is, it positively promotes and encourages attitudes and behaviours that are likely to result in obesity.

97. Perhaps, as highlighted previously, this is most obvious in terms of our physical environment, with increased reliance on cars and reduced opportunities for safe, active play. The Health Select Committee[3] reported that the average person now walks 189 miles per year, a fall of 66 miles over 25 years and that the proportion of children being driven to school increased by more than 40% in just over a decade.

98. However, the media and information environment can also impact on our food choices and on our dietary intake. Ninety per cent of food advertising screened during children's broadcasts is for food high in fat, salt and/or sugar. A review commissioned by the FSA concluded that food advertising to



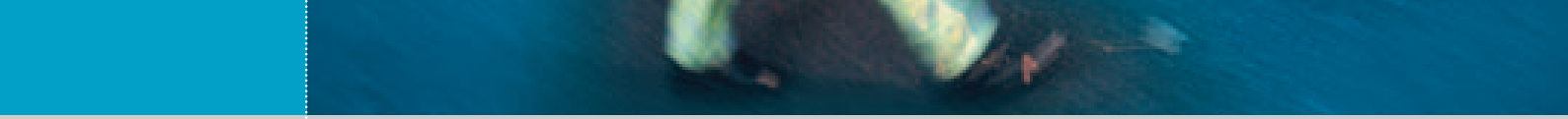
children is extensive; the diet being advertised is less healthy than the recommended diet for children; and food promotion is affecting preference, purchase behaviour and consumption[54].

99. Technology based, often sedentary, pastimes have become increasingly popular. A study by Sport England found that children spend on average 11.4 hours per week watching TV and 4.4 hours playing computer games as opposed to 7.5 hours on sport/exercise[55]. Research by the broadcasting commission of Ireland also reported high levels of TV watching, with 4-14 year olds watching an average of 2.72 hours per day[56].

100. The impact of changing eating patterns, including eating more food away from home, and increased reliance on prepared foods and increased portion sizes, was discussed earlier in this chapter. However, diet and nutrition are also strongly influenced by price and availability of food as evidenced by the recent drop in purchase of fruit and vegetables in the UK, which coincided with an increase in its cost[33]. Price is a particularly important factor for people on low incomes, who spend a significantly higher proportion of their income on food[33].

101. In the report, Storing Up Problems: The Medical Case for a Slimmer Nation[30], published by the Royal College of Physicians, the Royal College of Paediatrics and Child Health and the Faculty of Public Health, a number of barriers to healthy eating and adequate physical activity for those on low income were identified.

Barriers to healthy eating	Barriers to adequate physical activity
• Low income and debt; • Inaccessibility of affordable foods; • Lack of facilities/skills/time; • Lack of accessible information on nutrition; • Poor literacy and numeracy skills, affecting understanding of food labelling and nutritional information.	• Lack of access to affordable sports facilities; • Poor urban environments; • Lack of community safety; • Sedentary lifestyles; • Limited encouragement of exercise at school; • Limited play facilities; • Lack of safe places to play or exercise;



102. Even school environments have been unable to resist obesogenic changes and it's not just in the canteen that such changes manifest themselves. An FSA survey of school lunch boxes found that nine out of ten school lunch boxes contained fatty and sugary foods. Also, a report by the Education and Training Inspectorate in 2001 revealed that only about a third of secondary schools were providing the recommended two hours physical education every week[58].

Health Inequalities

103. The prevalence of obesity is not evenly distributed throughout the population and people from some sections of society are more likely to be obese, have a poor diet or to be insufficiently active.

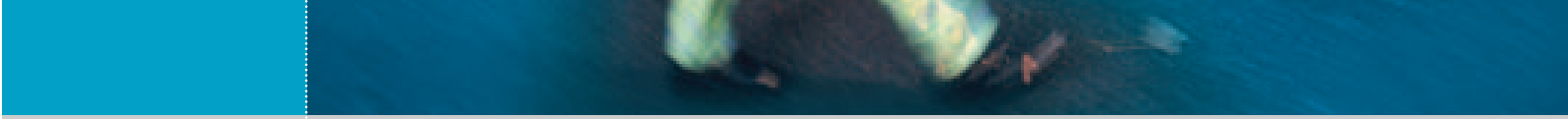
Gender and Age

104. The Health and Social Wellbeing Survey 1997[59], reported that more women than men in Northern Ireland were obese. However, more men than women were identified as being overweight.

105. Obesity is more common in older than in younger children and BMI continues to increase with age until late middle age[46, 59].

106. The Health Survey for England found that boys spend more time in sports and exercise, active play, and total activity than girls. Time spent in sports and exercise in the last seven days was 2.4 hours for boys and 1.7 hours for girls. Larger periods of time are spent in active playing by both boys and girls. Average walking times are the same for boys and girls[46].

107. A number of studies report that age and gender combine to have a particularly significant impact on physical activity levels. For boys, activity levels remain the same until aged fifteen, but activity levels in girls decline significantly after the age of nine. After age fifteen, levels of physical activity decline for both sexes. For men, this is down to a decrease in sports/exercise and walking, but for women walking levels remain steady until late middle age[60].



108. The National Diet and Nutrition Survey[34] reported than in the UK (N. Ireland was not included in this survey) sugar intake and total fat intake increased with age among boys but not among girls. The Eating For Health[10] study of 5-17 year olds conducted by the HPA in 1999 reported that older girls eat more savoury snacks and older boys eat more fried foods.

Socio-Economic Background, Education and Income

109. Overall, the relationship between socio-economic status and obesity is complex and varies with age, sex, and cultural environment. The relationship between socio-economic status and obesity is much stronger in women than in men.

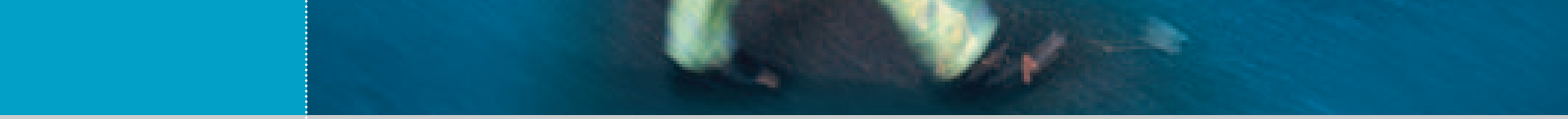
110. The Chief Medical Officer for England, in his Annual Report[61] for 2002, reported that 14% of men and women in professional groups were obese compared to 19% of men and 28% of women in unskilled occupations.

111. In an all-Ireland study[36], the percentage of respondents classified as being overweight or obese increased significantly as their level of education increased; from to 32% for those with a third level qualification to 51% for those with no formal qualifications.

112. Analysis of the Health Survey for England[14] also revealed a number of a patterns in relation to socio-economic status/income and obesity in children:
    - for both boys and girls, obesity prevalence is lower in households where the head of household is in a managerial or professional occupation than in all other socio-economic groups;
    - boys and girls from households on lower incomes are also more likely to be obese than boys and girls from higher income households.

113. Physical activity levels vary with socio-economic status, with adults from lower socio-economic groups being more likely to be sedentary[59].

114. A number of studies have also reported higher levels of participation in sports and physical activity among persons on higher incomes or from a higher socio-economic group, but the



position is less clear in relation to overall physical activity levels, possibly due to the contribution to overall activity levels made by manual work. It would appear that children, particularly girls, from families on lower incomes or from lower socio-economic backgrounds are also less likely to participate in sports. However, again the picture is less clear in relation to overall activity levels.

115. Several surveys have reported that adults and children from lower socio-economic backgrounds eat a less healthy diet. In England one in six children living in managerial and professional households consumed the recommended amounts of fruit and vegetable compared with about one in ten children from households in lower socio-economic groups[34].

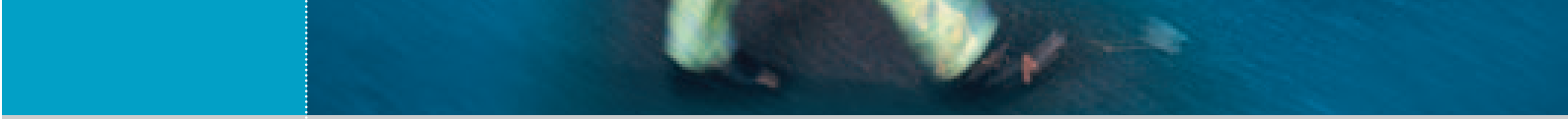
116. A study of food poverty policy in Ireland[62] concluded that low income households:
- eat less-well and have inferior food intake and lower compliance with dietary recommendations and nutrient intake;
- while spending a relatively higher share of income on food, have difficulties accessing a variety of good quality, affordable food;
- know what are healthy options, but are restricted by financial and physical constraints in exercising these choices;
- are restricted culturally and socially in their food consumption due to financial constraints.

Ethnic Background

117. The prevalence of obesity has been found to be higher in some ethnic groups. Levels of obesity among Black Caribbean women have been found to be 50% higher than average and among Pakistani women 25% higher[3].

118. Research by Sport England[63] identified that that there is lower participation in sport by adults from an ethnic minority background and that this is most significant among women. It also found that sporting patterns varied according to ethnic background.

119. Nutrition and eating is strongly linked to religion, culture and tradition and, therefore, ethnic background can impact significantly on dietary intake. The traditional diet of many



ethnic minority groups is closer to the national nutritional recommendations. However, concerns have been expressed about dietary patterns among young people from ethnic minorities and the potential impact of such changes alongside apparent susceptibility among some ethnic groups to heart disease, diabetes and stroke. Research conducted by the FSA Scotland also identified a different attitude among some ethnic groups to the concept of healthy eating[64].

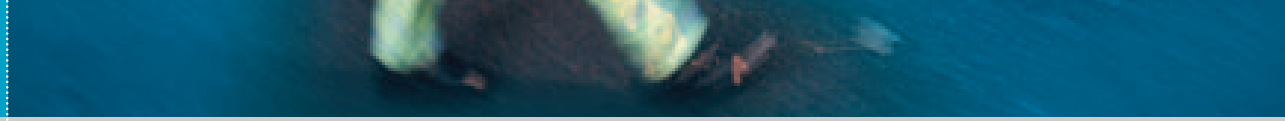
Disability

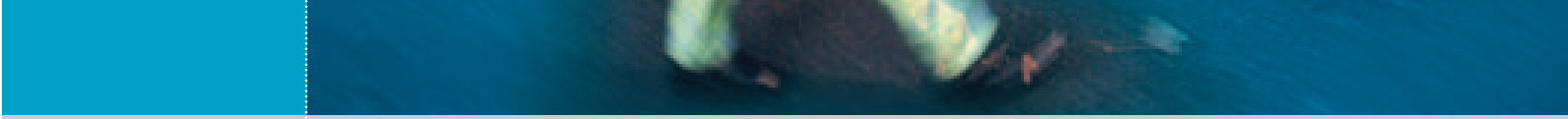
120. There is evidence to suggest that obesity may be more prevalent among people with disabilities. Higher rates of obesity have been found in adults, especially women, with mild to moderate learning disabilities that live in the community than in the general population. However, it is important to note that obesity can also be a cause of disability.

121. A major research project[65], funded by the Research and Development Office to support the Investing for Health strategy[6] is currently underway to compare obesity levels in learning disabled and non learning disabled pupils.

122. Research by Sport England[66] revealed lower levels of participation in sport among the young disabled compared with the rest of the population.

123. Disability can impact significantly on nutrition in a number of ways, including: different requirements in relation to energy intake, feeding difficulties, strong food preferences or by impacting on the ability to shop and cook and, therefore, eat more healthily. Knowledge and understanding of health information can also present a barrier to healthy eating for people with a learning disability.





4 Overweight & obesity in children: why should we be concerned?

Impact of Rising Obesity Levels

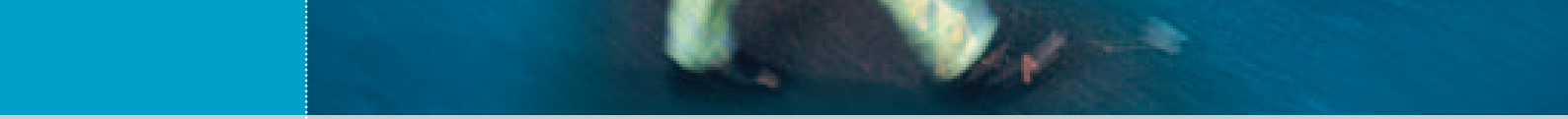
124. There are two principal reasons for tackling obesity: health and cost.

125. Obesity, by its definition, results in significant impairment of health and longevity. What this means in reality is that being overweight or obese increases significantly the risk of developing Northern Ireland's biggest killer diseases - coronary heart disease and cancer, and being obese reduces life expectancy by nine years. Being obese also greatly increases the risk of developing type 2 diabetes.

126. The cost of obesity to society and to the health service is substantial and is increasing year on year. WHO estimates that between 2% and 7% of health service expenditure is used to treat obesity and its consequences.

Improving health and well-being

127. The report by Derek Wanless, Securing Good Health for our Future[67], identified the following health risks associated with obesity:
- heart disease and stroke;
- type 2 diabetes
- some cancers, including post menopausal breast cancer;
- hypertension;
- gall bladder disease;
- osteoarthritis;
- sleep apnoea;
- breathing problems;
- lower back pain;
- complications in pregnancy;
- increased risk in surgery; and
- psychosocial and social problems.



Obesity and Mortality

128. A report by the National Audit Office[1] into Obesity in England estimated that, in 1998, 30 000 deaths were attributable to obesity and obesity caused 28 000 heart attacks and 750 000 cases of hypertension in England. It also estimated that obesity is the most avoidable cause of cancers in non-smokers. However, only 3% of the population is aware of the link between obesity and cancer[68].

Obesity and Children's Physical and Mental Health

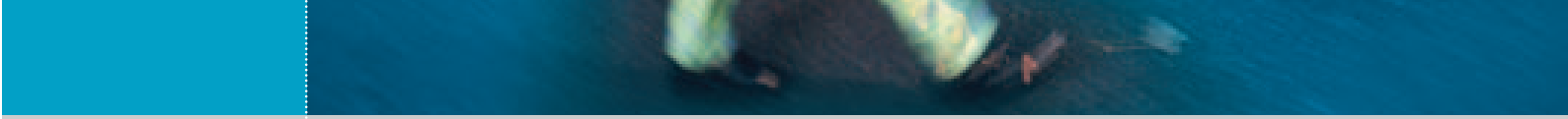
129. The long-term health consequences of obesity continuing into adulthood are of most significance, but it is important to recognise that obesity can have psychological consequences for children themselves and that risk factors for cardiovascular disease and diabetes can also be evident in obese children.

130. Weight gain in childhood has been linked with a subsequent increase in cardiovascular risk and childhood obesity appears to increase the likelihood of developing metabolic syndrome in adults and to encourage its earlier development[69]. Metabolic syndrome is a cluster of conditions which together greatly increase the risk of type 2 diabetes and cardiovascular disease.

131. The British Medical Association[7] in its recent report on preventing obesity recognised that there are considerable psychological and social effects from obesity, particularly for girls, including low self-esteem, depression, and body dissatisfaction. Obese children are considered to be at increased risk of discrimination and bullying and obesity has been linked with lower educational attainment. The Health Select Committee[3] reported research into obesity in adulthood, which found that obese women were more likely to commit suicide than women of normal weight.

Obesity and Diabetes

132. Perhaps of most significance for long-term public health is the relationship between obesity and diabetes. The strength of this relationship is reflected in the term diabesity, now being used to



describe the inter-related epidemics of obesity and diabetes. Being obese increases the risk of diabetes by more than a factor of 5 in men and by at least a factor of 10 in women[1].

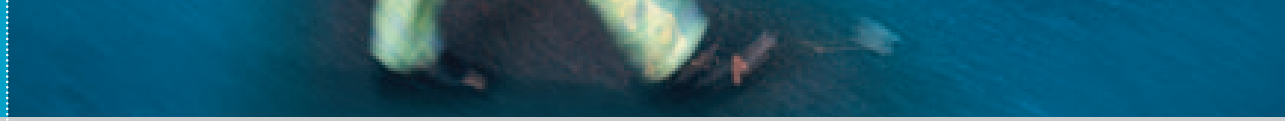
133. In England, obesity directly caused more than 250 000 cases of type 2 diabetes in 1998 and the prevalence of diabetes is estimated to have increased by 65% in men and 25% in women since 1991[1].

134. For the first time, type 2 diabetes, which used to be called "late onset" diabetes, is being regularly diagnosed in children. 90% of adolescents with type 2 diabetes are overweight[70]. Early onset of diabetes increases the risk in early adulthood of the advanced complications associated with diabetes; cardiovascular disease, kidney failure, blindness and the need for limb amputations[67].

135. It is also important to note that good nutrition and participation in daily physical activity provide benefits for physical, emotional and mental health and well-being, above and beyond the benefits accrued though obesity prevention.

Saving Money

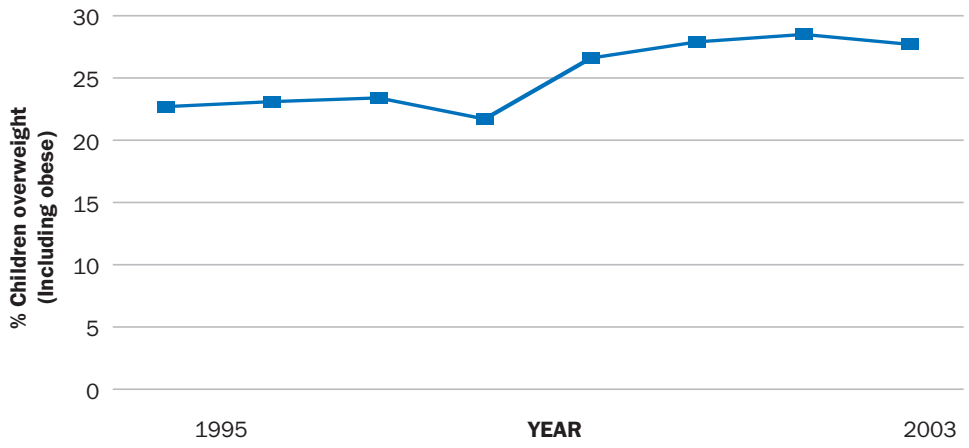
136. The Health Select Committee[3] estimated the economic cost of obesity in England as being £3.3- 3.7 billion per year, of which £1 billion is directly attributable to the costs of treating obesity and its consequences. It should be noted that the Select Committee considered this to be a conservative estimate. It is based on current levels of obesity and does not take account of projected increases in obesity. Neither does it include the costs of treating the consequences of being overweight, which are thought to be of a similar order of magnitude to those for obesity.



5 Is obesity really a problem in Northern Ireland?

137. Obesity is becoming more and more prevalent, with WHO describing it as a global epidemic. In England, levels of obesity in adults have more than doubled[3]. Childhood obesity is also an increasing problem at a global level.

Trends in overweight and obesity prevalance among children aged 2-10 in England



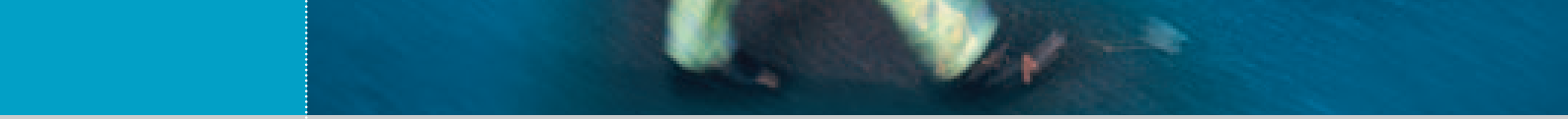
Source: Health Survey for England

138. It is also important to have a clear understanding of the magnitude and nature of the problem in Northern Ireland.

Nutrition in Children Living in Northern Ireland

139. A WHO comparative study[71] in 1997/1998 reported that children in Northern Ireland consumed the highest levels of crisps, sweets and chocolate and among the highest for chips, fried potatoes and soft drinks. Northern Ireland children also have the worst oral health in the UK[81].

140. The Young Persons' Behaviour and Attitudes Survey[9], which in 2003, surveyed 7000, 11-16 year olds living in Northern Ireland, reported that:
- 67% of participants in the survey ate chocolate bars or biscuits and 31% eat chips or other fried potatoes at least once a day;



- almost two thirds of participants drank fizzy drinks or squashes that contain sugar at least once a day;
- only 51% of all pupils ate fruit and 37% ate vegetables and salads at least once a day.

141. Despite the prominence of the 5 a-day message, encouraging people to eat at least five portions of fruit and vegetables a day, the Eating for Health Survey[10] conducted by the HPA in 1999 reported that 20% of boys and 12% of girls do not eat any fruit or vegetables on a daily basis.

Physical Activity Levels in Children Living in Northern Ireland

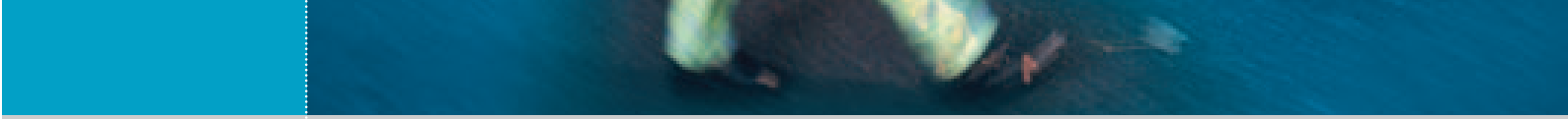
142. Direct comparison with activity levels in other countries is problematic due to differences in the methodologies used to measure physical activity. However, the Young Persons' Behaviours And Attitudes Survey[9] reported similar patterns to those found elsewhere in the UK and Ireland, with 32% of girls and 22% of boys exhibiting sedentary behaviour, exercising to the extent that they get out of breath or sweat for less than an hour a week out of school hours.

143. In Northern Ireland, only 55% of children who travel less than one mile to school, actually walk or cycle to school[9]. The reasons given for not walking or cycling to school include not having enough time and it's too far.

Health Inequalities

144. Research has shown that factors such as age, gender, socio-economic status, ethnic background and disability have a broadly similar influence on obesity and its causal factors in Northern Ireland as they do in other parts of the UK and Ireland. However, limited information is available particularly in relation to the influence of ethnic background and disability.

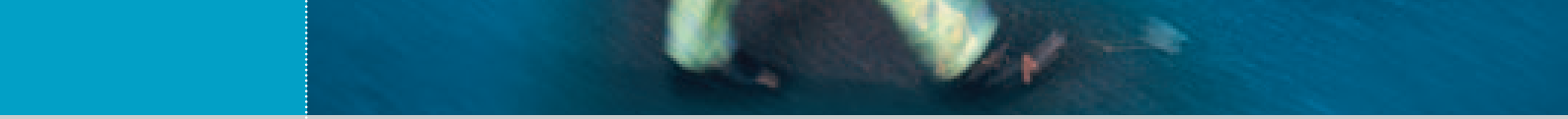
145. The Young Persons' Behaviour and Attitudes Survey[9], reported that in 2003, among 11-16 year olds in Northern Ireland:
- A higher proportion of boys than girls enjoyed taking part in physical activity or sports, took part in sports or other physical activities like dancing, cycling or walking at least 3 times a week, and stayed behind in school at least once a week for sports.



- More girls (32%) than boys (25%) eat fruit more than once a day. The proportion of girls (18%) eating salads more than once a day is also greater than the proportion of boys (13%).
- Generally boys consumed the following foodstuffs more often than girls: sweets/chocolate bars/biscuits, buns/cakes/pastries, fizzy drinks, chips, boiled or baked potatoes, fried food, meat, fish, beans, milk/dairy products and cereals with milk.

146. This survey used Free School Meal Entitlement (FSME) as an indicator of deprivation and found that:
    - A lower proportion of FSME pupils compared to other pupils stay behind at school for sports.
    - A higher proportion of FSME pupils than other pupils exercise for less than an hour a week out of school hours to the extent that they get out of breath or sweat.
    - Nearly double the proportion of FSME pupils than other pupils usually walk most of the way to school.
    - Pupils entitled to FSME generally consume the following foodstuffs more often than other pupils: pastries/biscuits, fizzy drinks, crisps, chips/boiled or baked potatoes, fried food, meat, fish, beans and rice or pasta.

147. The 1997 Health and Social Well Being Survey[59] reported that:
    - More women than men in Northern Ireland were obese, though more men than women were identified as being overweight and did not show a clear relationship between Body Mass Index (BMI) and socio-economic group among adults, though the highest level of obesity (28%) was among the unskilled group.
    - The proportion of adults exhibiting sedentary behaviour increased with reducing skill levels. The unskilled and those of no definable socio-economic group had the highest rates of sedentary behaviour (37% and 34% respectively).
    - Only 13% of people with a limiting long-standing illness in Northern Ireland take the recommended level of physical activity compared to 34% of people with no limiting long-standing illness. People with a limiting long-standing illness are four times as likely to be sedentary (55% compared to 13%).



Obesity Levels in Northern Ireland

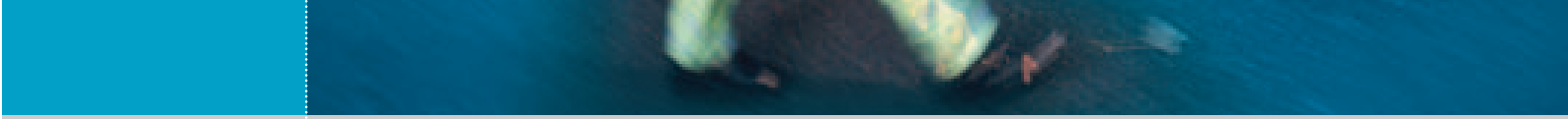
148. The 1997 Health and Social Well-Being Survey[59] reported that, in Northern Ireland, 63% of men and 50% of women were overweight or obese and that 20% of women were obese in comparison to 17% of men. These are similar to the levels of obesity reported in the 1996 Health Survey for England. More recent surveys in England[45] have shown a further increase in levels of overweight and obesity.

149. A number of surveys and research studies have been conducted in England in relation to levels of overweight and obesity in children. Some research suggests that obesity levels may in fact have trebled in the last two decades. Analysis of the Health Survey for England, reported in the public health white paper, Choosing Health[21], revealed that even in the past seven years obesity levels in children have increased by more than 50%.

150. A recent study in Leeds even suggested that school children now require trousers two sizes larger than did their counterparts only 20 years ago[72].

151. Prior to the establishment of the Fit Futures taskforce, government had not commissioned a specific survey of the height and weight of children in Northern Ireland. Therefore, to provide the taskforce with an initial assessment of levels of overweight and obesity in children and young people in Northern Ireland, the Fit Futures steering group commissioned analysis of existing child health records.

152. The Child Health System managed by the Health and Social Services Boards records BMI for most children in Primary One. These measurements are carried out by the School Nurse at the Primary One Health Appraisal, which includes vision and hearing screening plus height and weight measurement. In 2003/04, one in four girls and one in five boys in Northern Ireland were found to be overweight or obese in Primary One[12]. The percentage of children classified as obese in Primary One has increased year on year since 1997.



% children in Northern Ireland aged 4½ - 5½ classified as overweight or obese

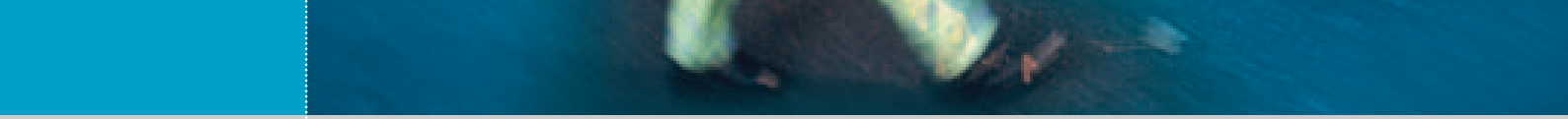
	Boys		Girls	
	Obese	Overweight including Obese	Obese	Overweight including Obese
1997-98	2.7%	13.4%	5.0%	20.0%
1999-00	3.9%	17.3%	5.8%	24.9%
2002-03	4.6%	18.5%	6.7%	24.8%
2003-04	4.6%	18.9%	6.9%	26.7%

Source: Northern Ireland Child Health System

153. Not withstanding the difficulties in comparing survey data with administrative data and potential differences in methodology, the Northern Ireland results can be compared with the Health Survey for England data and reveals very similar levels of obesity. 19% of boys aged 4-5 in Northern Ireland would appear to be overweight or obese compared with 21% reported in the English survey and the same proportion of boys is reported to be obese in both the English and Northern Irish studies. Among girls aged 4-5, the proportions overweight or obese in Northern Ireland and England are practically the same (NI 25%, England 26%) but the proportion reported to be obese is slightly lower here.

154. A recent study of obesity in the Republic of Ireland also reported that 5% of the children that participated in the study were classified as obese with a further 15% considered to be overweight [73].

155. Research conducted as part of the Northern Ireland Young Hearts Study[13] of over 2000 children aged 12 and 15 living in Northern Ireland in the year 2000, reported that 15.6% of all subjects were overweight and 4.3% were obese. It also reported that the percentage of children who were overweight or obese increased by more than a quarter in little over a decade.



156. Analysis of data on levels of overweight and obesity has revealed that both in relation to children and young people and in adults, the greatest contribution to the upward trend in levels of overweight and obesity was made by the increase in the numbers classified as obese[12,14, 60].

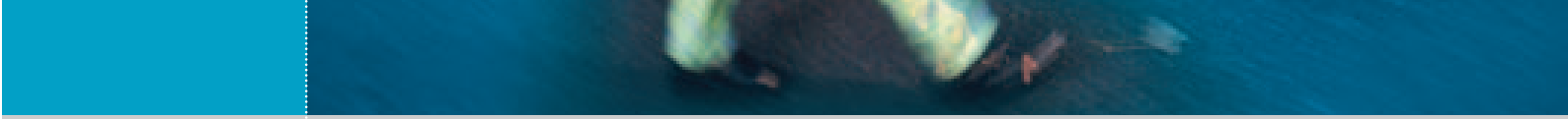
157. Despite the limited information available on obesity prevalence in children and young people living in Northern Ireland, the research baseline collated by the taskforce clearly indicates that levels of overweight and obesity among children and young people living in Northern Ireland are similar to other parts of the UK and Ireland and, in line with global, European and UK trends, are on the increase.

The Impact of Obesity in Northern Ireland

158. Investing for Health[6], the public health strategy for Northern Ireland, reported that obesity was estimated to be causing 450 deaths each year: the equivalent of over 4000 years of lost life. It also estimated that, in Northern Ireland, obesity was resulting in 260 000 working days lost each year and was costing the economy £500 million.

159. It is estimated that between 30,000 and 50,000 people in Northern Ireland have diabetes and that this will double over the next decade. Currently, diabetes care in Northern Ireland is costing 5% of HPSS expenditure and a total of 10% of hospital in-patient resources[74].

160. Analysis provided to the CREST group on the management of obesity[11] estimated that the achievement of Investing for Health targets, which are just to halt the increase in levels of obesity, would, over the lifetime of the regional strategy, A Healthier Future[75], save society £938 million and save the DHSSPS £210 million.



6 Creating a Fit Future: policy and practice

161. The terms of reference for the Fit Futures taskforce included roles to consider best practice and to identify and evaluate options for the prevention of overweight obesity in children and young people. In this chapter, details are provided of the relevant policies and strategies that have directly informed the work of the taskforce. A very brief summary is also provided of the range of activities already going on in Northern Ireland to tackle overweight and obesity.

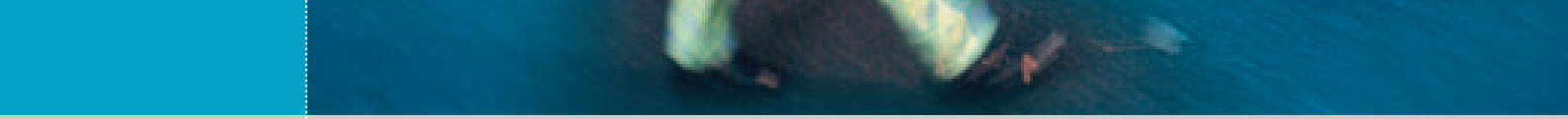
Policy and Strategy

162. A number of policies and strategies were identified by participants in the work of the taskforce as either already contributing to efforts to halt the rise in obesity in children or having the potential to contribute significantly to this objective. In addition to considering how such policies and strategies should influence or form part of future action to tackle overweight and obesity, the Fit Futures taskforce has endeavoured to influence and respond to emerging policies of relevance, in line with its remit to stimulate action to prevent obesity.

163. Participants also highlighted a number of policies that are likely to have implications for overall public health policy and on the way such policy will be delivered. The thinking of the taskforce has also been informed by the priorities for government as identified in the Northern Ireland Priorities and Budget Report[76] and by cross-cutting policy objectives on equality and targeting social need.

Review of Public Administration

164. The outcome of the review of public administration will undoubtedly impact on how the recommendations of the Fit Futures taskforce will be implemented. The principles underpinning the review and likely outcomes as highlighted in the consultation document issued in March 2005[77] have also



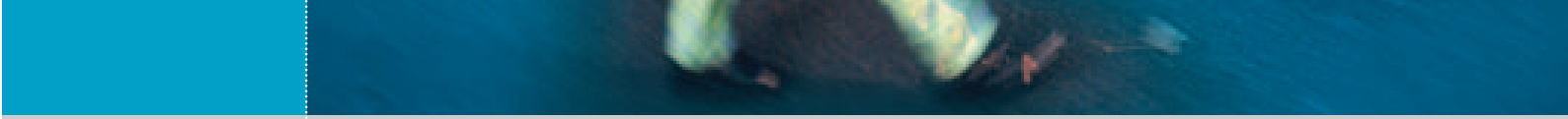
influenced the work of the taskforce. In particular, the taskforce has taken account of the likelihood that local government will have an enhanced role in the future governance of Northern Ireland, including through community planning. In addition, the taskforce has been informed by the priority given within the review to the concept of integrating and connecting policies and services so that they address the needs of the customers; in this case, children and young people.

Health Policy

165. The Wanless Report[67] for the UK Government looking at options for the future of health provision in the UK, and more recently the Appleby[78] Report on health and social care services in Northern Ireland, both recognised the threat to public health and public finances from obesity and highlighted the need for investment in obesity prevention. Both reports also recognised the need for services to be developed in a way that will encourage people to become more engaged with their health and to take responsibility for their health.

166. The Wanless Report significantly influenced the public health white paper, Choosing Health[21], which also attached a high priority to tackling obesity. The proposals within Choosing Health have influenced the recommendations of the taskforce and in some areas, such as the advertising and promotion of food to children, have provided a platform for progress that would not have been possible through action at a local level.

167. The Investing for Health Strategy[6] is Northern Ireland's public health strategy. The approach of the strategy, although it preceded both the Wanless[67] and Appleby[78] reports, is very much in line with their recommendations. Stakeholders identified that, both through the array of partnerships it has established, and through strategies and programmes to tackle the wider determinants of health and to improve lifestyles, it is making an important contribution to the creation of a Fit Future. Implementation of recommendations arising from the review of public health[79], for example by strengthening the role of the Ministerial Group on Public Health and action to develop the public health workforce at departmental, regional and local level and to promote multidisciplinary working, should support efforts



to tackle obesity in children. Recent and planned policies on respiratory diseases, primary care[80], oral health[81], and community pharmacies[82] also have the potential to contribute to the agenda of obesity prevention.

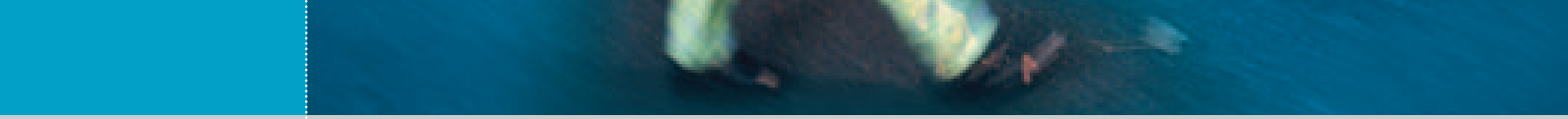
168. The Clinical Resource Efficiency Support Team (CREST) was established in 1998 to promote clinical efficiency in the health service in Northern Ireland while ensuring the highest possible standard of clinical practice and to identify and disseminate ideas and examples of good clinical practice. Reports on diabetes care[74] and the management of obesity[11] have informed the thinking of the taskforce and highlighted the need to ensure that efforts to prevent obesity and diabetes are integrated.

169. During life of Fit Futures, the Regional Strategy for Health and Well-Being, A Healthier Future[75], was published and the importance of obesity prevention for future public health was again recognised. The strategy also builds on the concepts advocated in the Wanless report in relation to the integration of services and supporting people to take responsibility for their health.

170. The review of the Children First Strategy[83], the development of services to support the health and well-being of young children, such as Sure Start, improved support for breastfeeding, and the development of a new strategy to support parents and families, all offer very significant opportunities for improving nutrition and getting young people active.

Education Policy

171. The review of the education curriculum[84, 85] was also conducted during the life of the taskforce and was considered by many participants to have the potential to impact significantly on children's health. Many stakeholders were concerned that the increased flexibility within the new curriculum would lead to a reduction in the emphasis given to subjects with a particular role in supporting learning and development for health. However, the position of physical education in the statutory curriculum will be retained and home economics will be a statutory subject at key stage 3. Health education will also form part of the statutory curriculum at all key stages, as part of Personal Development



and Personal, Social and Health Education. Concerns nevertheless remain about the priority that will be attached to these subjects.

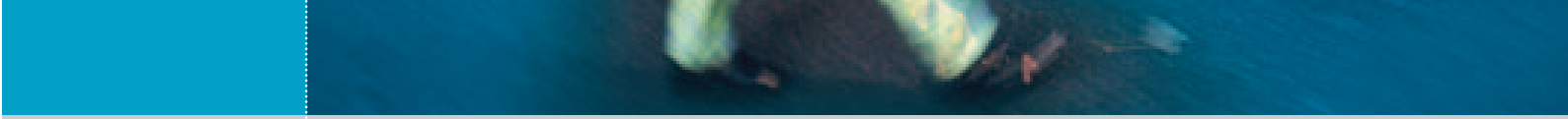
172. During the consultations carried out as part of the Fit Futures' process, the school development planning process was identified as having the potential to contribute significantly to the development of a more holistic approach to supporting the health and well-being of children and young people. As a result of contributions made by the taskforce and by other stakeholders, School Development Regulations[86] now require schools to consider the issue of the health and well-being of staff and pupils as part of the school development planning process.

173. The further development of early years education, proposals for the development of extended schools, a planned new strategy for the Youth Service[87], and new policies on food in schools, offer opportunities for more effective efforts at obesity prevention. With the likelihood that children and young people will in future be spending more time in educational, after school and childcare settings, it will be even more important for these settings to support children and young people to adopt healthy lifestyles.

Policy on Children and Young People

174. The Draft Children's Strategy, making it r wrld 2[88], highlighted the need for integrated policies, programmes and services that focus on addressing the needs of children and young people. Preventing obesity was identified within the draft strategy as having an important role in contributing to the outcome of improved physical, mental and emotional well-being. The principles, priorities and outcomes within r wrld 2 were advocated as source of strategic direction for the taskforce.

175. The recent decision to appoint a Children's Minister and to establish a Ministerial Sub-Committee on Children is likely to have a significant influence on how policies relating to the health and well-being of children and young people will be addressed in future.



176. The priorities of the Northern Ireland Commissioner for Children and Young People[89] have also informed the work of the taskforce. The Commissioner identified the provision of leisure facilities for all children and the development of a play strategy as priorities for action.

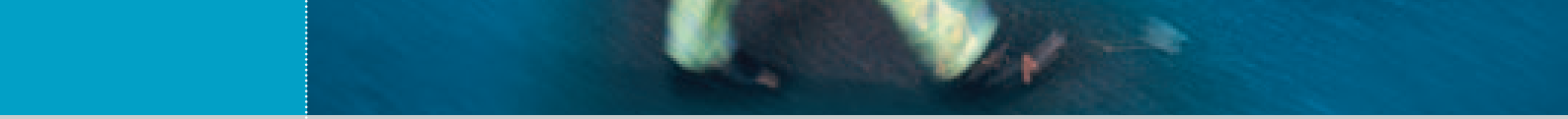
Environment and Transport Policy

177. The Regional Development Strategy[90] and Regional Transport Strategy[91] both recognised that action was required to increase levels of walking and cycling. Plans to deliver targets to increase walking[92] and cycling[93] have subsequently been established. In addition, a number of planning policies have been published to give effect to development and transport strategies and to ensure that new developments encourage and support active travel and active living. A number of stakeholders highlighted the contribution that the achievement of current targets to quadruple cycling trips, and to increase by 10% the average distance walked per person, would make to obesity prevention. Policy on the development and use of the natural environment, as a resource for physical activity, was also highlighted by stakeholders as being relevant to the work of the taskforce.

178. It is anticipated that the Department of the Environment will publish a sustainable development strategy for Northern Ireland in the summer of 2006. Transport and food production, distribution and consumption have in the past been highlighted as important issues to be addressed within sustainable development plans and are, of course, of relevance to the obesity issue also.

Neighbourhood Renewal Policy

179. The Neighbourhood Renewal Strategy, People and Place[94], was advocated by a number of participants in the work of the taskforce as a potential vehicle for efforts to tackle obesity in areas of disadvantage. It will be important to ensure that strong, durable connections are made between partnerships and programmes established to implement recommendations within this report, existing health partnerships, and the partnerships developed to implement the Neighbourhood Renewal Strategy.



Food Policy

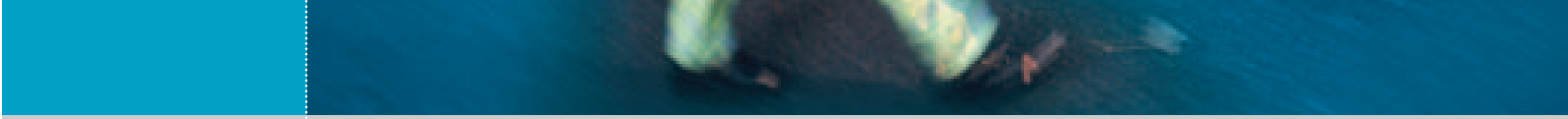
180. DHSSPS is currently developing a Food and Nutrition Strategy (with the support of partner organisations and agencies, such as the HPA and the FSA). The strategy is likely to aim to support health and well-being by contributing to an improvement in our eating habits. The strategy will focus on the achievement of nutrition targets, such as reducing the levels of salt, fat and sugar in our diets, as well as seeking to increase the contribution to our diet made by fruit and vegetables. In addition to addressing local issues, the strategy will also need to take account of efforts at a national level to regulate the advertising and promotion of foods to children and improve nutritional information. The priority assigned by the FSA[95] to the issue of nutrition has helped to create additional capacity for action on nutrition issues at local level.

181. The Department of Agriculture and Rural Development and the Department of Enterprise, Trade and Investment jointly sponsor an industry-led Food Strategy Implementation Partnership within Northern Ireland to implement the recommendations of the report by the Food Strategy Group, Fit For Market[96]. This report outlines a strategy to assist the food industry in Northern Ireland to achieve its fullest economic potential. It contains a series of proposals in key areas, such as market understanding and development, innovation, capability development and supply chain management. The Department of Agriculture and Rural Development also supports research and development in relation to food and nutrition and through the College of Agriculture, Food and Rural Enterprise contributes directly to the development of key staff within the local food industry.

182. Stakeholders and expert opinion both highlighted the importance of all the relevant government strategies and support mechanisms supporting good nutrition.

Physical Activity Policy

183. DHSSPS, with the assistance of an intersectoral strategy development group, has issued for consultation a draft five-year Physical Activity Strategy[44] to promote the benefits of physical activity and encourage participation in daily physical activity. Work to inform this strategy highlighted the impact that the



previous physical activity strategy[97] had made in raising the priority of physical activity within the health sector. A cross-sectoral implementation group had been established, and physical activity co-ordinators were appointed in each Health and Social Services Board, to support its implementation. A community grants programme, managed by the HPA, also helped to create opportunities in the community for physical activity.

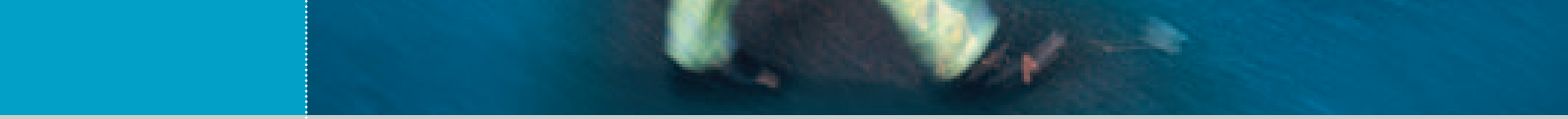
184. The Department of Culture, Arts and Leisure recently commenced a process to develop a Sports Strategy for Northern Ireland. Initial consultations, as part of the strategy development process, have highlighted the need to recognise the overall benefits to society of sport, including its contribution to priority areas such as health, education, the economy and social inclusion.

185. The London Olympics in 2012 should greatly assist efforts to raise the profile of physical activity. The Olympic bid focussed heavily on the concept of the legacy that will be left by the bid. Engaging more young people in physical activity and sport has the potential to leave a positive health legacy in addition to the specific sporting and infrastructure legacies. The Sports Council for Northern Ireland, as part of its efforts to develop a more effective approach to increasing and sustaining participation in physical activity has developed a model for integrating efforts to support physical literacy[98].

186. The development of a play strategy is recommended as part of the Draft Children's Strategy[88]. A number of stakeholders suggested that action to support active play should be part of the Fit Futures' recommendations and that a play strategy could provide an important platform for the delivery of such recommendations.

Local Initiatives

187. As part of the first phase of the Fit Futures' engagement process, organisations and groups were asked to provide details of policies and initiatives which they considered to be contributing to efforts to halt the rise in obesity levels in children, whether or not this was their principal objective. An extensive range of policies and programmes were brought to the



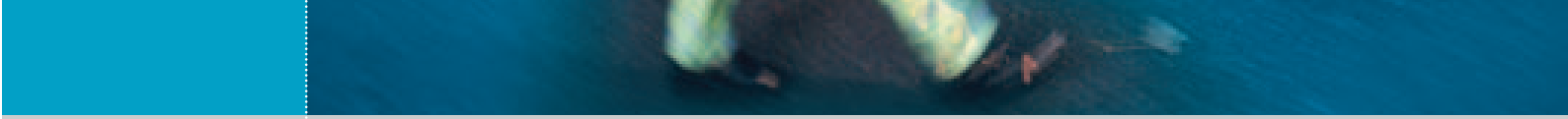
attention of the taskforce by organisations and groups from the public, private, voluntary and community sector and included:

- **Public health policies and frameworks** within which obesity prevention is being tackled or which stakeholders consider to have the potential to contribute to improving nutrition or increasing physical activity. Examples of frameworks in this category include the Healthy Schools initiative, Investing for Health Partnerships, Health Action Zones and Healthy Living Centres.

- **Programmes to promote and reward good practice** with the aim of spreading such practice and encouraging the mainstreaming of good practice. For example, programmes like "Boost Better Breaks" have been established to recognise efforts by schools and childcare providers to introduce healthy snack policies and promote good oral health.

- **Health education and awareness programmes** that aim to increase the awareness and understanding of the importance of good nutrition and active living. There are a large number of programmes in this category. Some specifically aim to encourage good nutrition and physical activity, whilst others deal with food and nutrition as part of an overall package of education on health improvement and healthy lifestyles. Children and young people were the target for many such initiatives and schools were the main setting for programmes aimed at children. However, a number of programmes focussed on educating parents and practitioners who work with children, to assist them in supporting children and young people to make healthy choices.

- **Skill development programmes** that aim to develop and improve the skills necessary to be able to access healthy choices, such as cooking skills or basic physical skills. Children and young people will be the ultimate beneficiaries of such training, but many programmes focus on developing those working with or supporting children, to equip and provide them with the confidence and competence to be able to support children to develop relevant skills.



- **Policies and programmes to provide increased opportunities for physical activity** throughout the day. A number of policies and programmes aim to provide children with increased opportunities for safe play, both at home and in educational and care settings, or with enhanced opportunities to participate in physical activity and sport. Many such programmes also included an educational aspect.

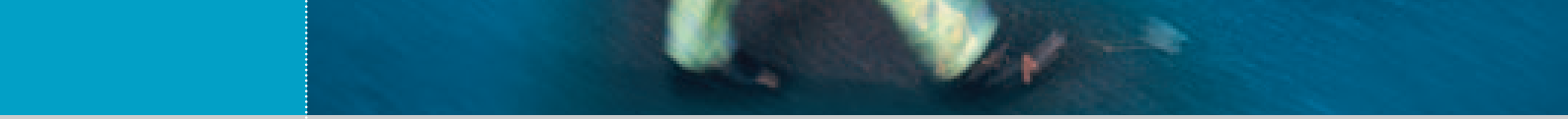
- **Policies and programmes to provide increased opportunities for children to eat a balanced, healthy diet** by restricting the availability of unhealthy choices or by making healthy choices more affordable, accessible or appealing. Most of these programmes took place in school or in early years settings and again many included an educational element.

- **Policies and programmes targeting health inequalities.** Many programmes recognise the particular problems facing children and young people from disadvantaged backgrounds and target their efforts towards reducing health inequalities. In addition to endeavouring to address health inequalities created by socio-economic factors, programmes to address the needs of children with a disability, from ethnic minority backgrounds, and children in care, have also been developed.

- **Programmes for children who are overweight.** Only a small number of programmes focussed directly on this group, but a number of initiatives identified the need to support children and young people who are overweight as part of their overall programme.

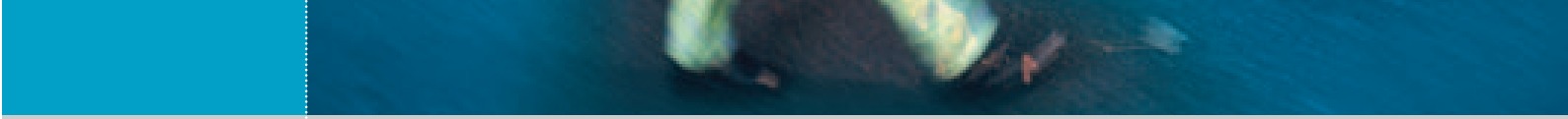
- **Research and development programmes** in relation to overweight and obesity and its causes and into ways of encouraging and supporting children and young people to make healthy choices, including through the development of more attractive and appealing healthy options.

188. Many of the policies and programmes highlighted to the taskforce have been established in the relatively recent past and either have not been subject to independent evaluation or are still at the planning stage. In addition, a significant proportion are either pilot initiatives or have been established using short-term funding. However, in a number of instances there is



evidence of positive impacts on children's health and well-being or on their capacity to make discerning choices, and of the holistic approach so necessary when tackling obesity.

189. It was not practical to reproduce within this report the details of all such policies and initiatives going on in Northern Ireland, but, in the remaining chapters, brief details are provided of some local policies and programmes, which reflect the approaches and priorities being advocated in this report. Further information can be found in the report[27] produced by the Fit Futures steering group, summarising the initial phases of the engagement process.

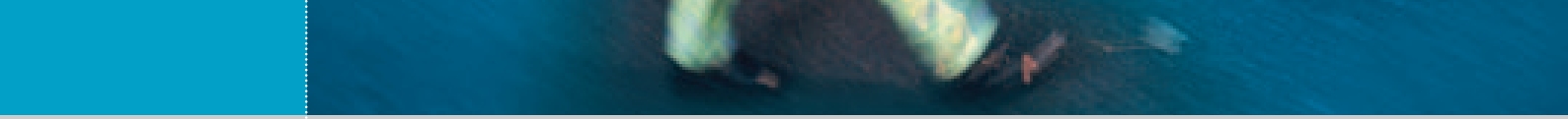


7 What should be done to tackle overweight and obesity in children and young people?

190. In considering what action needs to be taken to tackle obesity in children and in determining how these actions should be progressed, attention has been paid to research evidence, to expert and local stakeholder opinion, to the current and emerging policy context and to the examples of good practice in Northern Ireland and in other countries that were brought to the attention of the Fit Futures taskforce. Particular attention has been paid to the views expressed in the early part of the engagement process by children and young people.

Vision of a Fit Future

191. The research and stakeholder engagement processes initiated by the Fit Futures steering group culminated with an intersectoral event in March 2005, which was attended by more than 100 people from a range of sectors, professions and organisations. Participants in the event were asked to describe the current position in relation to overweight and obesity and its causal factors and then to describe what a Fit Future would be like. A few examples, from the perspective of children and young people, of how life will be in the Fit Future are provided in the table below. A full report[29] on the intersectoral stakeholder event is available on the Fit Futures website.



In the Fit Future:

There's more healthy food on TV now. Scooby Doo's on healthier foods.

I've much more time outside and don't watch TV as much.

I love going to school. We move around the school room now and I get outside. I keep my wellies in school because I love going outside even when it's raining.

My teacher makes me feel like I can fly. Our changing facilities are great.

There are healthy options available in our school throughout the day.

I love mummy's cooking and helping her to cook.

I get football cards when I swim at leisure centre. Points Make Prizes.

I'm happy with how I look – diets are stupid.

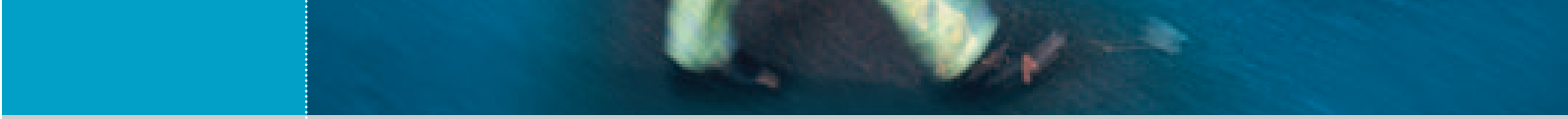
Staff in the leisure centre are trained and aware of the needs of people with disabilities and address them in a confident way.

I have fun, safe places near my house to play.

The sweets and chocolate are at the back of the shop and the fruit and vegetables are at the front of the shop.

I know I am making healthy choices.

192. Based on the views expressed during the Fit Futures process about what the life of children and young people will be like when the underlying causes of overweight and obesity have been adequately addressed, the following vision of a Fit Future is proposed.



"In the Fit Future, children and young people, of all ages and from all sections of our society, will be motivated and supported to access a range of readily available, quality, enjoyable opportunities to be active and eat healthily."

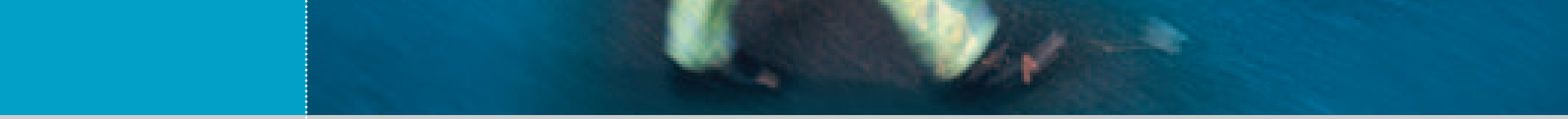
Priority Approaches

193. Achieving this vision will mean doing things better and doing things differently, as well as introducing new policies and initiatives. The Fit Futures taskforce has identified a number of approaches that should be taken into account when developing new policies and initiatives to tackle obesity and when refining existing policies and programmes.

The Importance of Parents and Families and Making a Good Start

194. It is known that children and young people who are obese are more likely to be obese as adults and that this becomes more likely the older the child is and if one or both parents are overweight or obese[8]. The literature review[20] commissioned by Fit Futures steering group, in relation to whether activity habits and dietary patterns established in early years are sustained into later life, identified research difficulties in endeavouring to establish such a link. It concluded that there was as yet limited evidence as to the importance of early life factors in determining the development of obesity in later life. However, the review was able to identify that the most influential aspect of the young child's immediate environment is the family, with parents having a major impact on their child's eating and physical activity patterns. In particular, it found that the attitudes and involvement of parents are important factors in the engagement by children in physical activity and that maternal influence appears to be a key factor in pre-school food choices.

195. In consultations with parents[26], conducted as part of the Fit Futures engagement process, parents clearly identified themselves as having the principal responsibility for preventing their children from becoming overweight or obese. The view of parents was also supported by the young children who participated in Fit Futures, who when talking about being active,



also talked about who they were being active with, and the person most often mentioned was the parent[24].

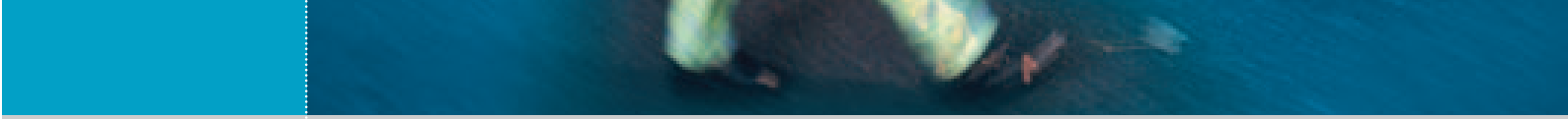
196. Parents also recognise that they need support to fulfil this role effectively. In particular, they consider that there is a need for action to regulate advertising and promotion of foods, to enhance the potential for safe play, to ensure that schools support healthy behaviours and to improve their own knowledge and skills[26].

197. During the Fit Futures engagement process, the role of health professionals was identified as being important in supporting parents during these early years. There was strong support for implementation of the recommendations in the fourth edition of Health for All Children[99], published by the Royal Colleges of Paediatrics and Child Health.

Health for All Children

The fourth edition of Health for All Children[99] published by the Royal Colleges of Paediatrics and Child Health sets out proposals for preventive health care, health promotion and an effective community-based response to the needs of families, children and young people. The report recognises the value of health promotion in early years, of providing more effective support for parents, particularly those from lower socio-economic groups, to encourage healthy eating and active living, of addressing obesity in children and of supporting healthy schools. It emphasises the importance of the parental role during early years, recommends an enhanced health promotion programme to inform and educate parents about their children's development needs and recognises the importance of building relationships with parents and families.

In April 2004, the Chief Medical Officer wrote to Health and Social Services Boards and Trusts, General Practitioners and Consultant Paediatricians commending Health for All Children to them and advising that child health services should be commissioned and provided in line with these recommendations[100]. DHSSPS is currently working with partner agencies to develop guidance and principles of practice for professional staff to support the implementation of Health for All Children.



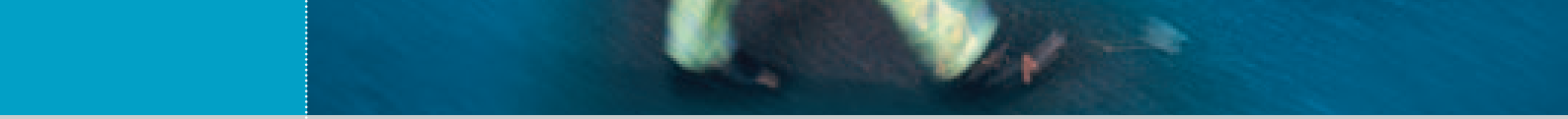
198. Evidence in relation to the importance of the role of parents and families has a number of implications for how action should be taken to prevent overweight and obesity in children and young people. One of the key messages that should emerge from Fit Futures is that parents have primary responsibility for ensuring the health and well-being of their children, but that action needs to taken by a range of organisations and agencies to enable and support parents to fulfil this role effectively. In implementing recommendations for action in early years and childcare settings, and in schools, the involvement and engagement of parents must, therefore, be appropriately considered.

199. Indeed, early years settings are advocated as a priority for action, principally as an effective mechanism for involving and supporting parents and carers. This has fundamental implications for how programmes in these settings should be delivered. Whilst action to improve healthy eating and active living in the setting itself, such as healthy breaks, should be progressed, the rational behind such action should be as means to support and assist parents and carers to fulfil their role effectively, as well as to directly support children's health and well-being. Parental and carer involvement in developing and designing such interventions is obviously crucial. In addition, interventions should also be proactively seeking to inform and educate parents and carers.

200. The same principles should apply in the school setting, though obviously as children get older the focus will shift more and more towards supporting and developing attitudes and behaviours in the children themselves.

Supporting the Development of Basic Skills

201. Children, young people and their parents need to have the knowledge and understanding of why healthy eating and active living are important. They also need to be able to differentiate between healthy and less healthy choices and they need the basic skills and confidence to select and adopt healthy choices. For, example, a research review commissioned by Fit Futures identified that developing confidence and competence in relation to basic physical skills increases the likelihood of sustained participation in physical activity[20].



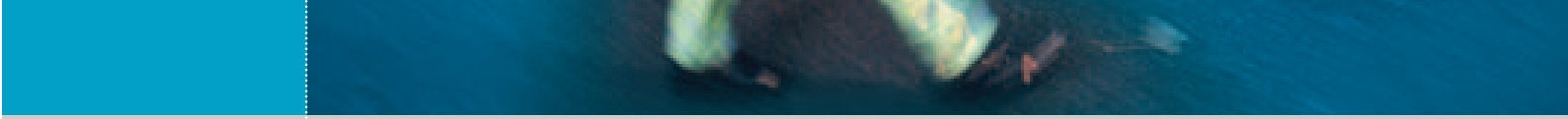
Fit for Play

The purpose of the Fit for Play programme developed by Playboard is to improve the long-term health and well-being of children and to improve play services by increasing physical play opportunities and healthy eating habits for 4-14 year olds. It aims to provide 40 community based play projects in each Health and Social Services Board area with a quality award scheme that includes a training programme made up of three modules:

- Out 2 Play, which encourages play providers to enable children's physical free play especially outdoors;
- Top Play/ Active Clubs, which are activity-based physical activity programmes; and
- Food 4 Play, which has been developed in partnership with the HPA and community dietitians and aims to provide playworkers with basic information on diet and nutrition for children.

The programme also encompasses peer education packs to share with the other workers in their setting and resource bags filled with materials to use with the children. Completion of the three modules by staff in a play service is the basic requirement for entering the Fit for Play scheme. Playboard's training and development staff then support the play provider to work towards excellence of provision, which is assessed against a number of criteria, including evidence of delivery of physical activity sessions, provision of healthy snacks and the involvement of the whole staff team in working towards Fit for Play.

202. Key to the development of such knowledge, skills and confidence in children and young people is that those involved in supporting and educating them are adequately equipped to assist such development. This has recently been recognised by the North Eastern Education & Library Board, which provides a training module for teachers and supervisors, as a component of a partnership initiative to introduce playground markings in primary schools. An important mechanism for the development of knowledge and skills is through the transfer of specialist



knowledge and skills from, for example, dietitians, to parents and to staff working on a daily basis with children and young people.

Nutrition Matters

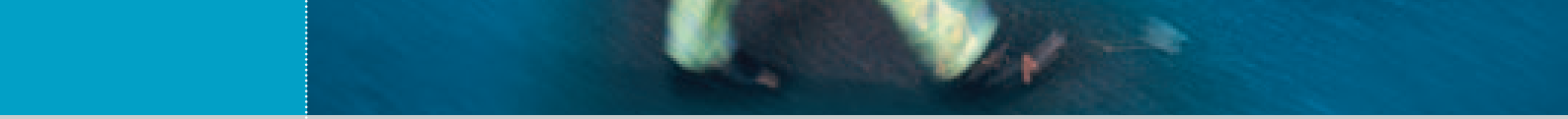
In October 2005, the Health Promotion Agency, with the support of local community dietitians, published updated guidance on feeding children under 5 in childcare settings. The new guidance aims to assist childminders and childcare staff to support the children in their care to eat a healthy, balanced diet and to encourage children to develop healthy eating habits. "Nutrition Matters"[101] includes nutrition advice, meal ideas and suggestions to encourage "fussy eaters" to try healthy options. A training programme, based on the guidance in Nutrition Matters, will be delivered in early 2006 to childminders and staff working in childcare and early years settings.

203. To support young people to make healthy choices, healthy options need to be made available and accessible to them in the widest possible variety of environments.

204. During the Fit Futures consultations specific concern was expressed about the dearth of nutritious options available to children in hotels, pubs, restaurants and cafes, never mind take-aways. It is important that action is taken to develop the skills and competencies in the catering and hospitality industry to ensure that those working in the industry are able to offer and promote healthy, nutritious options to children. Catering managers and staff working in schools, early years and care settings should be priorities for such training.

Making a Long-Term Commitment

205. Participants in Fit Futures were strongly of the view that to prevent levels of overweight and obesity from continuing to rise a sustained, co-ordinated effort would be required from throughout the public, private, voluntary and community sector. Expert opinion, both nationally and internationally, supports this call for joined-up, long-term commitment if current trends are to be reversed.



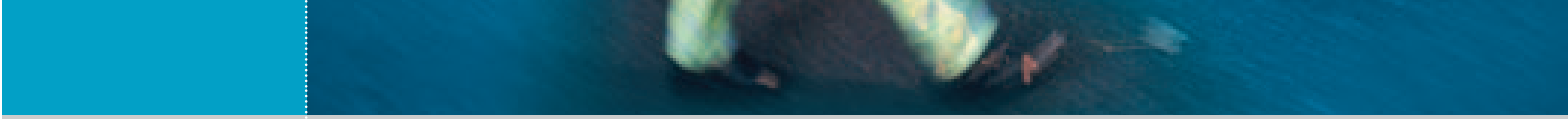
206. There was a strong consensus among participants in the work of the Fit Futures taskforce that there are too many initiatives and pilots that are funded on a short-term basis in this policy area and not enough policies funded on a recurrent basis. Securing long-term commitment to positions, structures and programmes which offer the holistic approach so necessary in tackling overweight and obesity is, therefore, likely to be an important first step in strategies to address the causal factors of overweight and obesity in children and young people.

207. During the Fit Futures' process it was specifically suggested that government's leadership and commitment to tackling overweight and obesity could be demonstrated by inclusion of a cross-departmental target on obesity in the Northern Ireland Priorities and Budget Report[76] and by the inclusion of long-term objectives within A Healthier Future[75], the twenty-year strategy for health and well-being in Northern Ireland. These suggestions have in fact been acted upon during the lifetime of the taskforce and are evidence that government recognises both the importance of this issue in the long-term and the need for urgent action.

Obesity Prevention Targets

The Northern Ireland Priorities and Budget Report 2005-2008,[76] published in January 2005 included a Public Service Agreement (PSA) target to stop the rise in levels of obesity in children by 2010. As a result of the work by the Fit Futures taskforce, the Department of Education and the Department of Culture, Arts and Leisure share responsibility for the achievement of this target with the Department of Health, Social Services and Public Safety. The Regional Strategy for Health and Well-Being[75] builds on the PSA target on obesity by establishing a visionary aim to reduce levels of obesity in children by 50% by 2025.

208. Planned strategies on food and nutrition and physical activity should, in addition to identifying five year objectives and targets, establish long-term, outcome focussed objectives aligned with the target in the Regional Strategy for Health and Well-Being on reducing levels of obesity in children. These objectives and



targets should focus on achieving outcomes such as increasing daily physical activity levels and fruit and vegetable consumption and decreasing the percentage of energy intake from fat and sugar.

209. To tackle obesity effectively, long-term commitment will be required from a range of departments and agencies and within this report roles are identified across government, as well as in other sectors, in helping to tackle overweight and obesity in children and young people.

The Draft Children's Strategy

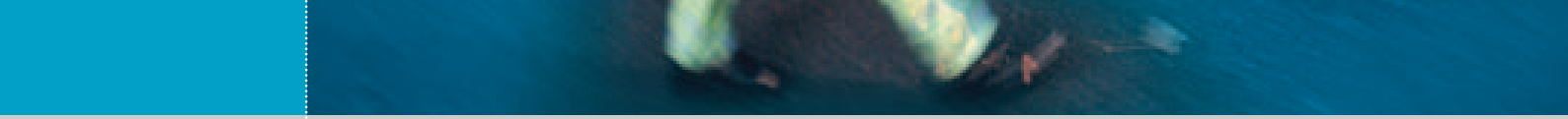
The draft Children's Strategy, making it r wrld 2[88], was published for consultation in November 2004. Its aims are to:

- give children and young people a higher priority
- address the gaps in information about children and young people
- enable organisations to work together for children and young people
- help realise the rights contained in the United Nations Convention on the Rights of the Child.

The strategy sets out a long-term vision and key values as well as operational principles and actions that need to be taken to realise the vision over a 10 year period. The aim of the strategy is to enable organisations to work together effectively at all levels by facilitating better information sharing, putting in place common standards and by ensuring that the focus remains the child or young person as opposed to the service. The strategy identifies the need for action to tackle obesity in children, to improve nutrition and increase opportunities for play and leisure and assigns responsibility for progressing these priority measures.

Leading by Example

210. The idea that government and the wider public sector should lead by example received significant support during the Fit Futures process, both in terms of the potential for direct impact



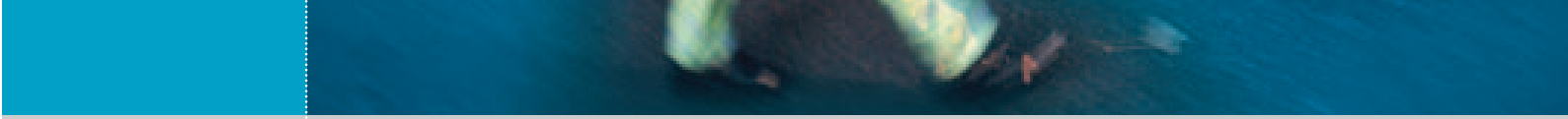
on public sector staff and users of government run facilities and in relation to the message that this would send out about the importance attached by government to tackling obesity.

211. In particular, the role of government procurement in creating a demand for healthy options was highlighted as an important area for action. Meals in schools and hospitals, and the use of vending machines offering products high in salt, fat and sugar in hospitals, schools and leisure centres, were highlighted for specific attention by a number of stakeholders[28]. The influence of public sector food procurement was highlighted in the recent report of the Chief Medical Officer for England[102] in which it was reported that the public sector spends between £1.8 billion and £2 billion on buying food and catering services, which accounts for 7% of the UK spend within the catering sector. The FSA will shortly be consulting on food and nutrient standards in a range of public sector settings.

Sustainable Procurement of Food and Catering Services

The Department of the Environment, Food and Rural Affairs' Guidance on the Sustainable Procurement of Food and Catering Services[103] provides advice to Public Sector Bodies on the health and sustainability objectives that public sector food procurement should be delivering. The guidance also offers advice on how buyers can integrate such considerations within the procurement process. The Public Sector Food Procurement Initiative has been established in England to support the delivery of this guidance and to assist in the delivery the government's sustainable farming and food strategy. The objectives of the initiative are to:

- raise production and process standards
- increase tenders from small and local producers
- increase consumption of healthy and nutritious food
- reduce adverse environmental impacts of production and supply
- increase capacity of small and local suppliers to meet demand



The initiative conducts research into the barriers to the procurement of healthy, sustainable options and commissions case studies and establishes pilot projects to test best practice and improve cooperation among suppliers. Best practice is also supported through the communication of case studies, the production of toolkits and by the delivery of regional training workshops.

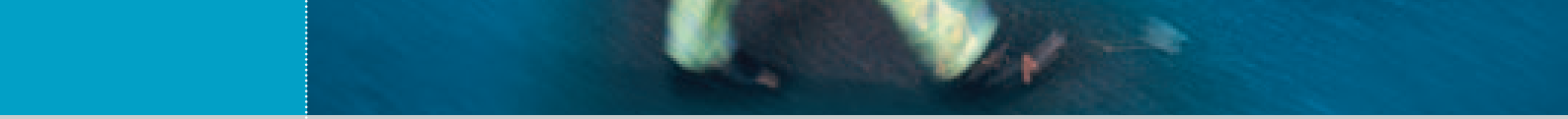
212. It is not just the public sector that can lead by example. There is a real opportunity for the food industry to consider the signals that it sends to children and young people through, for example, the high percentage of advertising revenue spent on foods which are high in salt, fat or sugar or the promotion of large portion sizes.

213. It is recognised that in many aspects of food policy it will be difficult for local businesses to operate outside national policies and appropriate recommendations in this regard are made elsewhere in this report. However, in areas such as the promotion of food in schools, the local food industry should demonstrate its commitment to tackling overweight and obesity by ensuring that real choice is available, and for young children this would mean that there would be no access to vending machines, and that tight controls on sponsorship and advertising would be introduced.

Adopting a Population Approach but Responding to Need

214. Overweight and obesity is clearly a population problem and a number of stakeholders emphasised that it is not restricted to lower socio-economic groups. It is, therefore, important that relevant policies and strategies should utilise approaches that enable access to all relevant population groups. Schools, early years provision and services such as health visiting enable access to the vast majority of children and young people.

215. However, research reported in chapter 3 of this report (see paragraphs 103-123) highlighted that there are variations between different population groups in terms of overweight and obesity and the attitudes and behaviours that make a young person more likely to become overweight or obese. In particular, socio-economic background and income can have a significant impact on eating habits and activity levels.

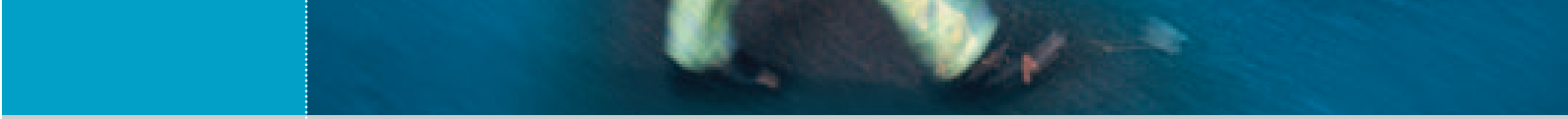


216. Research has also shown that adults with a disability are more likely to be obese and less likely to be physically active and children and young people with disabilities are often faced with particular challenges in their efforts to be physically active and to eat a healthy diet. In some instances barriers are physical, such as access or transport, but in other cases the barrier is the knowledge, skills and confidence of people working with or caring for children and young people with a disability.

Including People with a Disability

Disability Sports Northern Ireland offers an inclusive games training course designed for those currently working with or planning to work with children or adults with a disability. Through a series of practical sessions participants are provided with enough knowledge to run activity sessions in a range of inclusive games/sports in which disabled and non disabled adults and children can participate on an equal basis. A variety of practical and interactive exercises help to give participants an understanding of the barriers to participation, and provide them with information and guidance on making sports & leisure services inclusive of people with disabilities.

The Knights Wheelchair Basketball Club started up a junior section in 2000. Most of the children who joined initially had not had any exposure to team sports or a club environment before. Nevertheless, they took to the basketball immediately and trips to the local fast food outlet were shelved in favour of pushes around the local park. After one year a decision was made to take the children over to the UK Regional Basketball Championships. This was a real eye-opener; the kids were well beaten on the basketball court, but it was a great weekend. The parents and children realised the work they were going to have to put in to get to the levels of other junior teams, but they could also see the potential benefits of such effort. The junior set-up has now been running for a few years and has 25 young people under 18 involved, the youngest being 7 yrs of age. The young people have increased significantly their wheelchair and basketball skills, have become fitter, stronger and have more stamina and increased confidence and social skills.

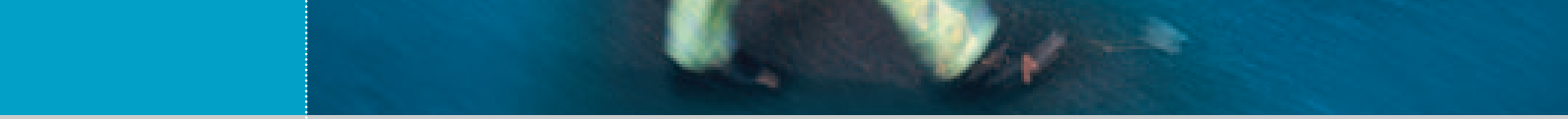


217. In implementing the Fit Futures' recommendations significant benefit is likely to be obtained from taking account of the particular needs of children from lower socio-economic backgrounds and children with a disability and, where appropriate, from targeting support towards these children and young people and their parents and carers.

218. Research in England also identified that Asian and African Caribbean women are more likely to obese[3]. No research is available locally in relation to the impact of ethnic background on obesity, although, during the engagement process with young people[25], information emerged about the influence of cultural and religious factors on the eating habits of some children from minority ethnic backgrounds. In developing policies and programmes to address obesity it will obviously be important to take account of the needs of children and young people from ethnic minority backgrounds.

219. In addition to need, policies and programmes also require to take account of evidence about the factors influencing attitudes and behaviours among different groups within the population. For example, in endeavouring to address lower activity levels among girls, it is important to take account of the fact that there are differences between boys and girls in relation to preferred activities. Programmes to support physical activity in children and young people should, therefore, pay particular attention to the needs of girls and to the transition period during which activity levels fall significantly.

220. The importance of supporting children and young people who are already overweight or obese was also identified by a number of stakeholders. It is essential that staff working with children and young people who are overweight or obese ensure that they are effectively included in health supporting activities and programmes. The CREST guidelines[11] on the management of obesity highlight the difficulties of treating obesity in children and young people and the need for family based approaches. In line the CREST guidelines, those working with children and young people who are obese should be provided with training to ensure that appropriate, sensitive support, advice and guidance is provided.



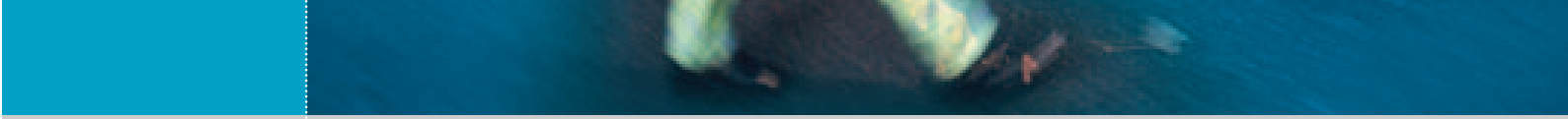
Being Positive and Promoting Self-Esteem

221. There was widespread support from stakeholders for a positive approach to overweight and obesity, focusing on health and well-being and on the underlying causes of overweight and obesity. There was concern that people should not be blamed for being overweight and, in particular, that efforts to tackle overweight and obesity should not result in young people becoming fixated about their weight or body image and have unintended consequences in relation to eating disorders. A positive approach to obesity prevention is in line with current policies to promote good mental and emotional health and well-being.

222. The psychological impact of overweight and obesity and the increased likelihood of children and young people who are overweight or obese being bullied was also recognised in both the research available[7, 30] to the taskforce and in stakeholder responses[27].

223. During the work of the taskforce, including during consultations with children and young people, every effort has been made to focus positively on addressing the underlying causes of overweight and obesity. It is important that in implementing the recommendations contained within this report, and in communicating the key messages emerging from Fit Futures, that such a positive focus on encouraging and supporting healthy eating and active living is maintained.

224. Concern about weight and body image was evident among many of the girls who participated in the Fit Futures engagement process[25]. This emerged particularly in relation to physical activity in schools and concerns about uniforms and changing facilities. Whilst such issues may seem trivial, they undoubtedly have an influence on attitudes towards activity and are one of the factors involved in the significant drop-off in activity levels among teenage girls. It is, therefore, extremely important that such issues are addressed seriously.

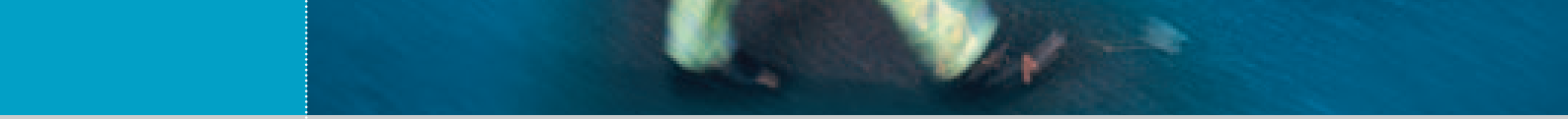


225. The concept of making the healthy option the easy option is widely advocated. However, the idea of making the healthy option the fun option may have the potential to have even more impact. This was certainly the view of many of the young people involved in the Fit Futures taskforce. It is also supported by Surgeon General of the United States who reported that the enjoyment of the activity is one of the factors influencing adolescent participation in physical activity[104].

Celebrating Success and Promoting Good Practice

Health Promoting Schools and Health Promoting Youth Club Awards are held annually in the Western Health and Social Services Board area. The aims of the awards are to challenge schools and youth clubs to develop their full potential as health promoting settings. The Awards are supported by the Health Promotion Department of Westcare Business Services, the Western Education and Library Board and the Western Group Environmental Health Service, which includes the 5 District Councils in the Western Health and Social Services Board area.

Each school that enters receives guidance notes and an application booklet, which is a self-audit document. The completed booklets are submitted to the Health Promoting School Award Committee and each participating school will then receive an assessment visit to examine policies, programmes, and practical evidence of health promotion within the school. Participating youth groups are challenged to design and produce a portfolio on a specific health issue. Completed portfolios are scrutinised by a panel of assessors. Last year 56 schools and 26 youth clubs received health promoting schools/youth clubs awards in the Western Board area.



226. As other barriers to active living and healthy eating, such as the lack of time afforded to physical education or home economics in school, are addressed, the importance of healthy options being fun and appealing will increase. If healthy eating and active living are to be sustained, the time afforded to support healthy eating and active living needs to be used to challenge and stimulate children and young people.

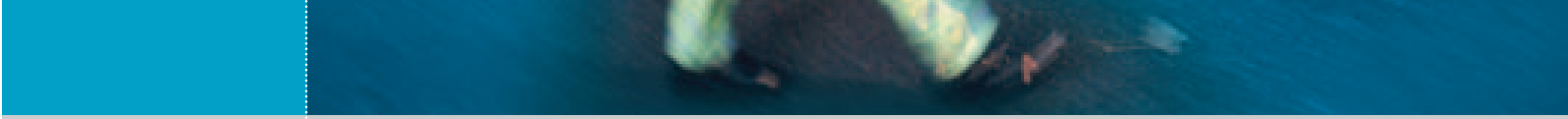
227. The Young Persons Behaviour and Attitudes Survey[9] reported that 85% of 11-16 year old boys and 74% of 11-16 year old girls enjoyed physical education in schools. If physical activity levels increase but enjoyment levels are not sustained it is questionable whether the activities will be maintained into adulthood. In monitoring progress towards targets to increase levels of daily physical activity, attention should also be paid to levels of enjoyment.

228. The importance of peer influence is widely recognised in health promotion research. Often peer pressure is identified in a negative way, by acting to promote risk-taking behaviour. However, young people involved in Fit Futures also identified the potential motivational impact of activities that offer the opportunity to participate and socialise with friends[25].

Being Evidence Based

229. There are clearly gaps in the evidence base in relation to the effectiveness of interventions to prevent overweight and obesity. Derek Wanless in his report, Securing Good Health for the Whole Population[67], stated that there was *'generally little evidence about the cost – effectiveness of public health and preventative polices or their implementation,' but observed that, 'the need for action is too pressing for the lack of a comprehensive evidence base to be used as an excuse for inertia'.*

230. This observation undoubtedly holds when considering the issue of obesity prevention. The absence of a comprehensive evidence base should not prevent action now, but rather highlights the need for more rigorous evaluation of new policies and programmes in future and for careful attention to be paid to the evidence base that does exist when designing new policies and programmes.



The Surgeon General in the United States[104] has identified a number of factors which influence adult physical activity:

- self efficiacy- the confidence in one's ability to engage in physical activity
- social influences such as parental or peer engagement
- exercise enjoyment
- positive attitudes towards physical education
- lack of sufficient sports facilities

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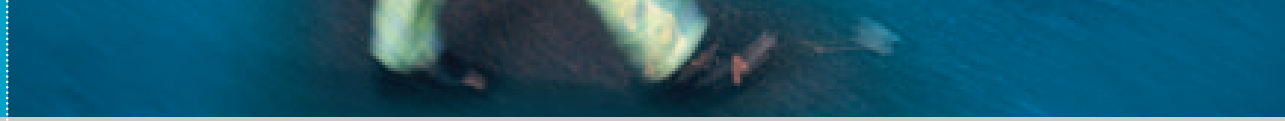
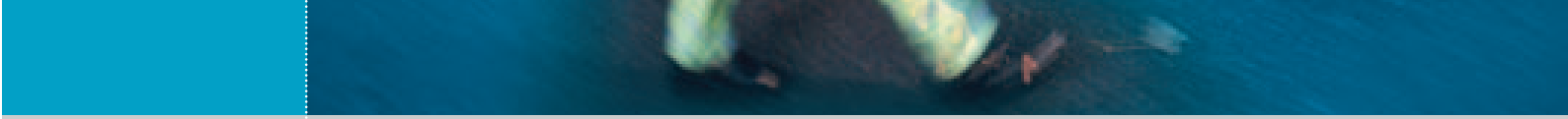
231. There is a strong argument in favour of policy makers and funders only resourcing and supporting the development of programmes that take account of available evidence relating to the effectiveness of approaches in preventing overweight and obesity in children and young people.





8 Delivering a Fit Future: Priorities for Action

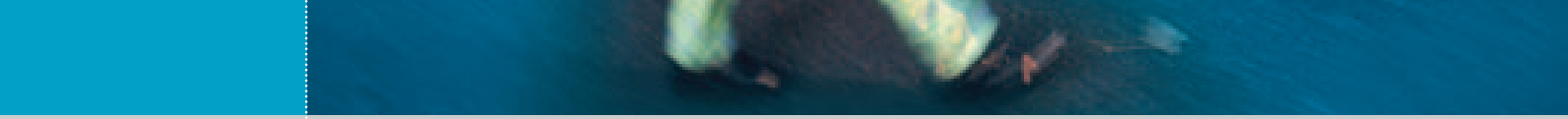
232. During the work of Fit Futures, hundreds of suggestions have been made about the need for new policies, strategies, programmes and resources and for changes to be made to existing policies and practices. In acknowledging the complexity of the causes of obesity the Health Select Committee's report on Obesity[3] recognised that no one simple solution existed. It instead advocated *'an integrated and wide-ranging programme of solutions' to be adopted 'as a matter of urgency.'*

233. Whilst recognising the need for such a wide-ranging programme of solutions, it has been necessary to identify which of the solutions on offer, on the basis of research and stakeholder views, would appear to offer the greatest potential in helping to prevent levels of overweight and obesity in children and young people living in Northern Ireland from continuing to rise.

234. Six strategic priorities for action have emerged from the work of the Fit Futures taskforce.

- **Developing Joined-Up, Healthy Public Policy**
- **Providing Real Choice**
- **Supporting Healthy Early Years**
- **Creating Healthy Schools**
- **Encouraging the Development of Healthy Communities**
- **Building the Evidence Base**

235. A brief summary of each of the priority areas is provided below and this is followed by specific recommendations to the Ministerial Group on Public Health on priority actions that need to be taken to stop the rise in levels of overweight and obesity in children and young people.

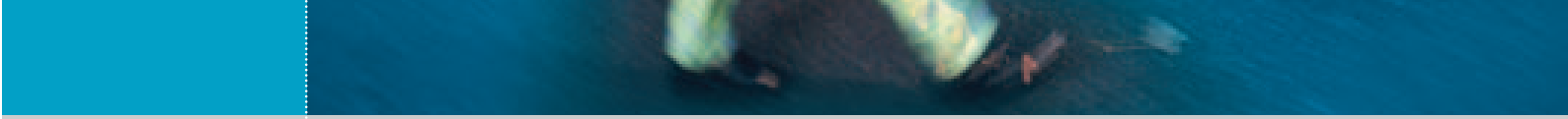


Developing Joined-Up Healthy Public Policy

236. It is evident that there is much work going on in Northern Ireland to try to prevent overweight and obesity (see chapter 6) and there are many examples of good practice across the whole range of determinants of overweight and obesity. It was, therefore, suggested by stakeholders that Fit Futures should seek to build on existing structures and programmes, such as those developing through Health Promoting Schools, and seek to avoid creating new structures. Stakeholders identified many potential building blocks on which to build more integrated approaches. Whilst programmes such as breakfast clubs and fresh fruit or water in schools are unlikely on their own to address obesity prevention, they offer the potential to link with the curriculum, with healthy break and oral health programmes, with schemes to improve nutritional standards and to engage and interest both teachers and parents. Concepts such as safe routes to school and local community food programmes offer a way of starting to address the environment in which we live.

237. A starting point for the joined-up working can be access to good quality research and to information on what's going on in other sectors or organisations. There would, therefore, seem to be a strong case for ensuring that the research baseline[17] and the and information on policies and programmes relevant to tackling overweight and obesity[27], collated through the work of the Fit Futures and its counterpart in the Republic of Ireland[23], is made accessible and updated on a regular basis. There is also likely to be benefit from ensuring that good connections are made with the implementation mechanisms established to deliver targets on obesity reduction within the Choosing Health[21] report and with the structures established in response to the report of the Taskforce on Obesity in the Republic of Ireland[23].

238. In developing the recommendations within this report every effort has been made to avoid the creation of new structures by building on existing frameworks. However, in so doing it has also been necessary to take on board, what was perhaps the strongest message to emerge from the Fit Futures process, the need for a much more joined-up, co-ordinated approach to addressing the underlying causes of overweight and obesity.



Investing for Health

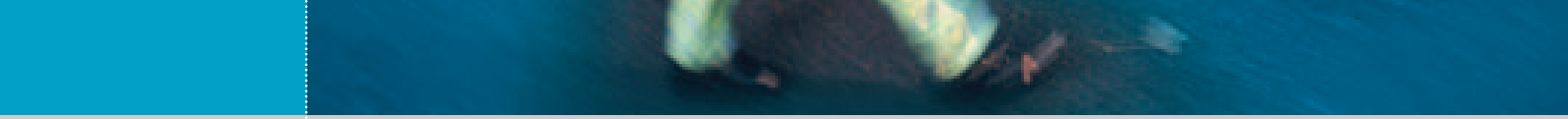
As part of the Investing for Health Strategy[6] each of the four Health and Social Services Boards have taken the lead in establishing a local multi-sectoral partnership to ensure that actions to improve health are properly co-ordinated, and that a plan of action is agreed to improve the health and well-being of the population, in line with the priorities agreed in the strategy. In developing the Investing for Health Partnerships, Boards have been encouraged to work with and build on existing partnerships and networks. Investing for Health Partnerships have now all developed health improvement plans aimed at improving the health status of their local communities and reducing health inequalities.

As part of the Western Investing for Health Partnership's Health Improvement Plan, the Health Promoting Homes initiative was established to tackle obesity in areas of disadvantage in Strabane and Castlederg. The initiative aimed to tackle obesity in children and in families by working with and educating mothers. Health Promoting Homes offered participants an integrated programme to support personal development, including the development of knowledge and practical skills on issues such as breastfeeding, nutrition and oral health and physical activity.

239. The need for holistic, joined up approaches manifests itself in a number of areas.

Tackling Diet and Nutrition **and** Physical Activity

240. A strong consensus emerged from the Fit Futures taskforce, supported by expert opinion, that both sides of the energy equation, activity levels and eating habits, must be tackled if we are to prevent overweight and obesity in children and young people. One way of doing this will be to ensure that, at both strategic and operational level, policies and programmes, which might previously have aimed only to improve either nutrition or activity patterns, also seek to support action or education in



relation to the other side of the energy equation. The planned strategies on food and nutrition and physical activity provide an ideal opportunity for such joined-up thinking.

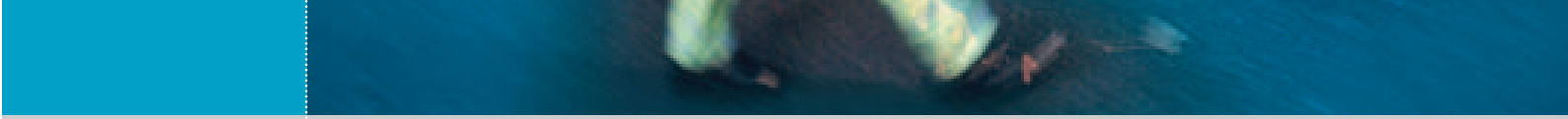
Supporting Active Living and Good Nutrition

The Food and Fitness programme was established by the Dairy Council for Northern Ireland in 2004 and involves providing children at key stage 2 in primary schools with an interactive lesson on the theme, "Getting the Balance Right: Energy In / Energy Out", focusing on making wise food choices and getting active. A teachers' pack and CD-ROM were produced with the support of the Curriculum Advisory Service in the Southern and South Eastern Education & Library Boards and are provided for each school visited. The pack enables teachers to integrate further teaching on nutrition and physical activity within lesson plans and to reinforce the messages delivered through the Food and Fitness Programme. The programme was launched in 2004 and 180 schools and 17 500 children are estimated to have already participated in Food and Fitness.

241. The HPA and the Sports Council for Northern Ireland have a particular role in encouraging the connections between the activity and nutrition agendas and should work with appropriate partners to ensure that the principles of a balanced lifestyle, including a balanced diet, are incorporated within training and guidance for those working to support children and young people to be active.

242. During the engagement process, the disconnection between the nutrition and activity agendas was highlighted by comments suggesting that places in which people are active are the same places in which healthy eating options are least likely to be available. Leisure centres were identified as being examples of this disconnection.

243. It is evident that local authorities, the leisure industry and other organisations that facilitate or provide active pursuits, including government departments, such as the Department of the Environment and the Department of Agriculture and Rural



Development, need to review catering policies to ensure that the health enhancing behaviours being encouraged in their facilities are reinforced through the food being made available in their premises, particularly to children. Similarly, it is essential that the range of professionals and practitioners involved in educating and promoting healthy eating should look for opportunities to ensure that physical activity is promoted as part of a balanced lifestyle.

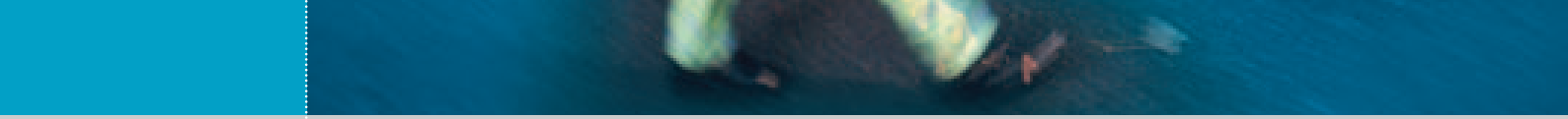
Joining Up Activity Policy

244. Today's society presents children with many barriers to physical activity and policies and plans on physical activity, sport and play are under development to address these barriers (see paragraphs 183-186 in chapter 6). Each of these plans will face common problems and are also likely to identify common approaches, particularly in relation to children and young people. For example, all are likely to wish to maximise participation in early years and to emphasise the importance of developing basic physical skills. They are also likely to share many of the same partners for delivery, including, local authorities, schools, governing bodies, youth clubs, play organisations, community organisations, planners, transport authorities, etc.

245. It would perhaps be naive to suggest that one strategy could address all these problems, for all age groups and also address the specific requirements of sport, active living and play. However, it will, as a minimum, be necessary to have a much more integrated approach to supporting physical activity, including sport and leisure and play, than is presently the case.

Joined-Up Physical Activity in Scotland

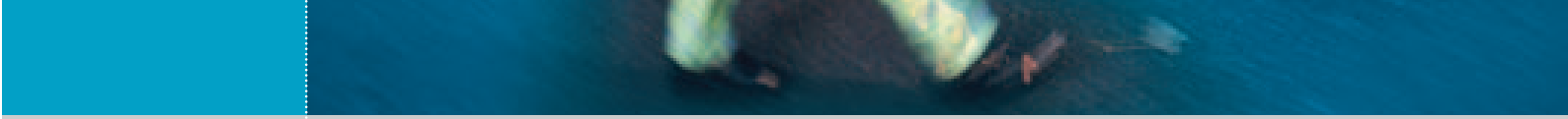
Let's make Scotland more active: a strategy for physical activity[45] set targets of 50% of all adults over 16 and 80% of all children aged 16 and under, meeting the minimum recommended levels of physical activity by 2022. This target is also included in the Scotland's Sports Strategy, Sport 21[105]. To deal with the lack of co-ordination for taking the strategy forward a National Co-ordination Framework has been established. This consists of a National Physical Activity Co-ordinator and a national physical activity co-ordination group



with members drawn from several departments and national agencies as well as from organisations that can support, challenge and motivate.

The aim of Scotland's Active Schools programme is to give school-aged children the tools, motivation and opportunities to be more active throughout their school years and into adulthood. Instrumental to delivering Active Schools is the development of a staffing network of 630 Co-ordinators and 32 Managers. In partnership with local authorities, a jointly-funded position of Active Schools Manager has been put in place in each local authority area, by Sport Scotland, to manage, co-ordinate and implement Active Schools. The Active School Co-ordinator – Primary, develops new ways to get children participating in regular, fun and safe physical activity. This includes walking to school, play, dance classes, sports and games. These positions are full-time, with each co-ordinator responsible for a group or 'cluster' of primary schools and associated early years establishments. The key remit of the Active School Co-ordinator – Secondary, is to enhance the range and quality of extended curricular sporting provision for young people between 12-18 years within a school and community environment. These positions are part time, with each co-ordinator having responsibility for a particular secondary school in their local authority area.

246. Future physical activity, sports, and play policies should seek to include, and work towards the delivery of the common objectives of increasing participation in daily physical activity among children and young people and improving levels of fundamental physical skills. Structures for delivery of relevant strategies should also reflect common objectives and targets and active living, sport and leisure and play interests should be adequately represented in the strategic forums established to develop and support the implementation of appropriate strategies.



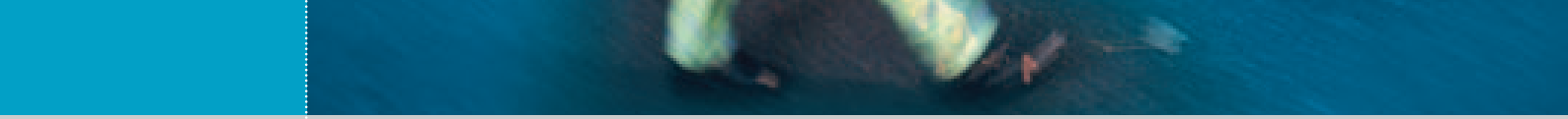
Joining Up Physical Activity and Sport

Craigavon Borough Council with the support of partners from the sport and health sectors has adopted a proactive approach to encouraging participation by those who have not traditionally been seen to get involved in physical activity and sport. A school based dance and physical activity programme for teenage girls called "Teenage Kicks" has been delivered to over 1000 girls in local schools. In partnership with the Craigavon and Banbridge Health and Social Services Trust a disability forum has been established to ensure that issues regarding access for local people with a disability are addressed. On a more practical note, funding support from Craigavon's Local Strategy Partnership has enabled a Fit 4 Life programme to be established offering participants the opportunity to get involved in fitness training in the gym, tennis, sailing and boccia. There are also now three well established over-50's clubs at the local leisure centre sites, as well as a Tai Chi and Rusty Rackets Tennis Programme and a training programme to accredit walk leaders.

247. Work with research stakeholders has also revealed that our understanding of young people's levels of physical activity and patterns of activity is limited and that more robust research, taking account of all physical activity during the day, is required to inform future policy and to monitor overall activity levels.

Joining Up Food Policy

248. Developments in food policy at international and national level, not least because of concerns about obesity, are likely to result in major challenges for the local food industry. There will be significant changes to what is acceptable in terms of marketing, advertising and promoting to children products that are high in sugar, fat and salt and this is likely to impact on demand for such products. These changes will be reinforced as a result of new requirements for front of pack signposting, restrictions on health claims and targets for the food industry being set by the UK government in relation to the amount of salt, fat and sugar in food.



249. A positive response by the local food industry to developments in food and health policy is needed to support action to prevent overweight and obesity. Such a response could also offer direct business benefits given the increasing importance of the health agenda to the food industry. There would appear to be an opportunity for the food industry, consumer, education and training bodies and relevant government departments and agencies to work together to deliver the common objectives of improved nutrition and improved profitability.

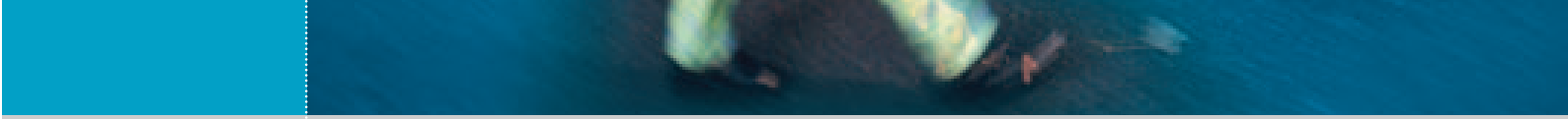
Joined-Up Food Policy

The Report of the National Taskforce on Obesity in the Republic of Ireland[23], which was published in May 2005, recommended that a single representative industry body should be established to implement and monitor consistently the relevant taskforce recommendations as they relate to that sector and to specifically collaborate on issues relating to partnership in this strategy.

To support the implementation of Choosing Health[21] and the Food and Health Action Plan[48], the UK Government has established a Food and Drink Advertising Forum involving representatives of the food industry, consumer groups and other stakeholders, as well as representatives from relevant government departments and agencies, to encourage new measures to strengthen existing voluntary codes on non-broadcast advertising to children of foods high in salt, fat or sugar. This forum will also consider how the food industry could work with government to promote positive health information and education.

Joining Up Health Policy

250. Poor diet and lack of physical activity are common risk factors for coronary heart disease, stroke, cancer and type 2 diabetes. Diet and nutrition also has a major influence on oral health. There are many examples of health professionals working together to deliver common agendas. However, it is undoubtedly the case that there is need for greater cooperation



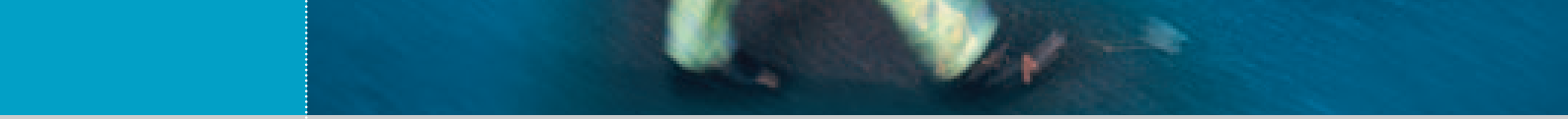
among the array of professionals with the common agenda of improving diet and nutrition and preventing overweight and obesity in children and young people.

Sharing Specialist Knowledge and Expertise

The Community Nutrition and Dietetic Service in the Eastern Health and Social Services Board (EHSSB) area contributes to nutrition training for a number of health professionals. Recently this has involved providing training for members of the health promotion/development team and health professionals within School Nutrition Action Groups (including oral health professionals, school nurses, and lifestyle co-ordinators) on the main issues associated with children's nutrition. Training was also provided to Health Visitors on weaning guidelines and an annual contribution is made in updating dental students at Queen's University. The Community Nutrition and Dietetic Service is currently working with the Dental Health Promotion Department to update the Eastern Board's Nutrition and Oral Health Guidelines for Health Professionals. The Service is also addressing the issue of nutrition training for Community Health Development Workers.

251. During the Fit Futures process there was strong support for close co-operation in the delivery of programmes aimed at diabetes and obesity prevention. There was also recognition of the importance of oral health involvement in nutrition and health promotion programmes. The impact of oral health promotion programmes was much in evidence in a number of the consultations undertaken by NIPPA with young children[24].

252. Local health partners have already been tasked by DHSSPS with developing integrated plans on obesity prevention. It is essential that these plans detail how the full range of professionals and practitioners working to improve nutrition and increase levels of physical activity in children and young people will work together to ensure optimum use of resources and maximise effectiveness.



Within these plans particular attention should be paid to ensuring that those best placed to support parents and carers of children, as well as children themselves, are provided with appropriate training, guidance and support to deliver evidence based interventions.

253. During Fit Futures, health and education professionals highlighted to the taskforce a number of examples of educational materials and good practice guidance which they had produced or which had been produced by health partners in Northern Ireland and in the Republic of Ireland, or by the food industry itself. These materials are undoubtedly being used effectively at local level. However, it is evident that the resources are not necessarily easily accessible to other professions, sectors or organisations. Concerns were also expressed during the Fit Futures process that a lack of specialist resource was hampering such joined-up activity and could also potentially impact on the quality of the advice provided to parents and children and young people.

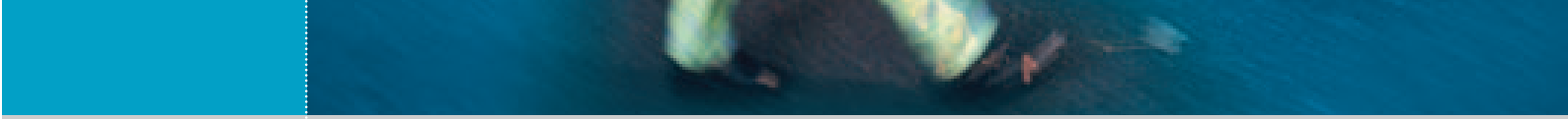
254. To maximise access to and the use of quality educational and guidance materials, mechanisms need to be established, for example through Health Promoting Schools, to promote and communicate the resources and guidance available. Developing such systems will also assist in ensuring quality and consistency of messages.

JOINED-UP HEALTHY PUBLIC POLICY

FIT FUTURES OUTCOMES

- ***Practitioners working to support action to improve the health and well-being of children and young people recognise the importance of improving nutrition and physical activity.***

- ***Government departments and agencies work together effectively with key partners, such as the food and leisure industries, to prevent children and young people from becoming overweight or obese.***



- ***Professionals share resources and expertise to maximise the effectiveness of the information, guidance and support available to parents and to children and young people themselves.***

JOINED-UP HEALTHY PUBLIC POLICY

FIT FUTURES PRIORITY ACTIONS

- The Ministerial Group on Public Health should ensure that the recommendations of the Fit Futures taskforce are resourced and implemented in a manner that will encourage and facilitate joined-up working.

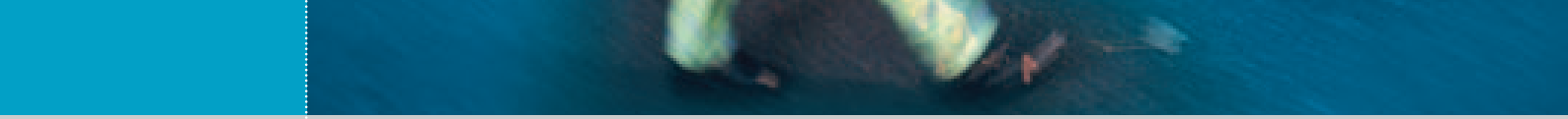
Tackling Food and Nutrition and Physical Activity

- The Sports Council and the HPA should work with partners to develop and promote guidance to encourage physical activity programmes, including sports development and play programmes and promotions, to support healthy eating and good oral health.

- Organisations with responsibility for promoting good nutrition should seek to communicate the importance of a balanced diet and a balanced lifestyle when promoting specific nutrition messages.

- Planned strategies on food and nutrition and physical activity should establish long-term, outcome focussed objectives aligned with the target in the Regional Strategy for Health and Well-Being on the reduction of obesity in children.

- Public sector organisations should review catering policies to ensure that the health enhancing behaviours being encouraged in their facilities are reinforced through the food being made available in their premises, particularly to children.



JOINED-UP HEALTHY PUBLIC POLICY

FIT FUTURES PRIORITY ACTIONS

Joined-Up Activity Policy

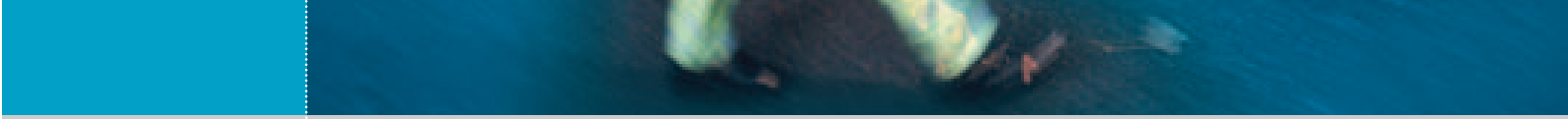
- Government departments and agencies should establish a common vision for physical activity and its role in delivering government objectives. This vision should include agreed targets to increase participation in quality physical activity, including sport and leisure, active play and active travel and to improve levels of physical skills among children and young people, and should inform planned strategies and programmes on sport, active travel, physical activity and play.

- Local authorities should be encouraged to develop integrated local plans to improve access to opportunities for quality physical activity, including sport and leisure, active play and active travel. The plans should address in particular how children and young people with a disability or from disadvantaged backgrounds are being encouraged and supported to be active.

- Physical activity strategies should support the sector skills councils in their work to develop skills and standards for staff working with children and young people on the development of basic physical skills and to support active living. Occupational standards should take account of the need to equip professionals with the skills necessary to involve and engage children with a disability.

Joined-Up Food Policy

- The government departments and agencies with responsibility for health, food and nutrition, agriculture, and business development should establish a forum with the local food industry and consumer representatives to support action to improve the balance of the diet being promoted and made available to children, and the ability of consumers to make discerned food choices, whilst also seeking to support the profitability of the local food industry.



Joined-Up Health Policy

- Integrated plans to be developed by Boards, Trusts and Investing for Health Partnerships in relation to their role in stopping the increase in levels of overweight and obesity in children and young people, should detail how the range of professionals with a role in supporting and promoting good nutrition and active living will work together to maximise their impact. The importance of supporting children in care should be recognised within plans for obesity prevention.

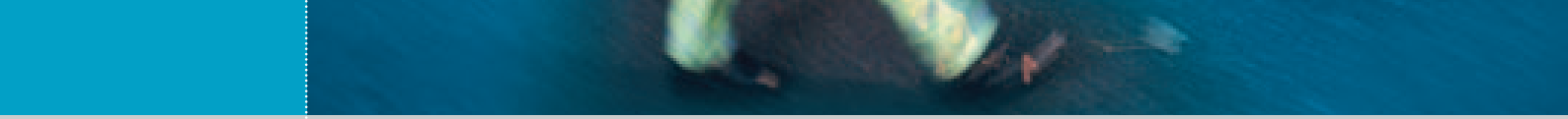
- Government strategies and local plans should specifically ensure that efforts to prevent obesity, cancer, coronary heart disease, stroke and diabetes and improve oral health are adequately integrated.

- DHSSPS should fund the development of a resource to support the sharing and dissemination of guidance and expertise to promote healthy eating and active living. Provision should be made for information on good practice collated as part of the Fit Futures process to be updated and disseminated.

- DHSSPS and partner agencies should develop a toolkit for professionals working with children and young people in sensitive management of overweight and obesity. Professionals carrying out assessments of height and weight of children and young people should be prioritised for such training.

Providing Real Choice

255. Current evidence and expert opinion suggests that preventing overweight and obesity will require a concerted effort to tackle not only lifestyle issues but also wider environmental determinants of what we eat and how active we are. Many of the participants in Fit Futures were of the view that the current obesogenic environment does not offer children and young people real choice.



The Media and Information Environment

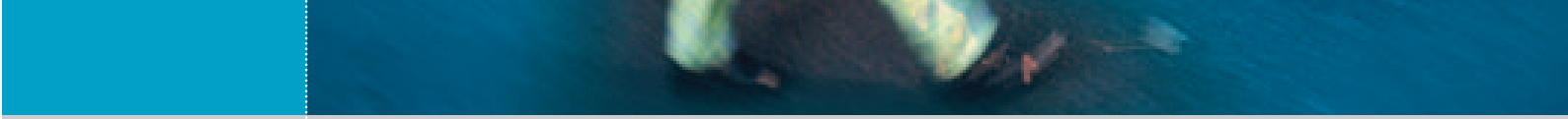
256. Many stakeholders were strongly of the opinion that, for younger children in particular, having a wide variety of mainly unhealthy options, is not real choice. The advertising and marketing of foods high in salt, fat and sugar, including through the use of promotions such as toys, is considered by parents to be a particular barrier to their efforts to encourage their children to opt for the healthy option[26]. The Hastings report[54] commissioned by the FSA concluded that, children's food promotion is dominated by television advertising, in the main promoting pre-sugared breakfast cereals, confectionery, savoury snacks, soft drinks and, latterly, fast-food outlets.

Regulating Food Advertising to Children

The UK government has committed to tightening the rules governing the advertising and the promotion of foods to children and, at its request, the Office for Communications (OFCOM) is due to consult early in 2006 on options for controlling more effectively the broadcast advertising and promotion to children of foods, which are high in salt, fat or sugar. The FSA has published for consultation a nutritional profiling tool[106] to assist OFCOM in its efforts to regulate the promotion of foods to children. In Choosing Health[21], and the subsequent Food and Health Action Plan[48] the UK government committed to review action taken by business to control the advertising and promotion of foods to children in 2007 and, if insufficient action has been taken, to legislate to enforce such controls.

257. Stakeholder and expert opinion are both strongly in favour of action to regulate health claims and to control the advertising, promotion and sponsorship of food to children. Action in this regard by the UK government should be supported and local businesses should be made aware of these changes and encouraged to take action at the earliest opportunity.

258. However, in addition to regulating advertising and promotions, it is important that long-term programmes to promote awareness of key messages relevant to obesity prevention are implemented.



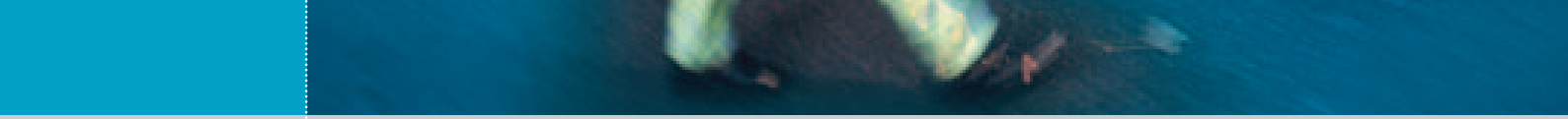
For promotional campaigns to be effective it is important that consistent, balanced messages, such as, the need for children to have an hour a day of physical activity and to eat five portions of fruit and vegetables each day, are continually reinforced. During the engagement process, some stakeholders highlighted particular concerns about the number of individual nutrition messages being promoted. This could be addressed by ensuring that the Balance of Good Health is more in evidence when nutritional messages are being communicated. The need for a balanced diet and a balanced lifestyle are core messages that should be promoted in all promotional and educational programmes and campaigns.

259. The need for consistency again suggests that action should be taken to encourage co-operation between government departments and its agencies and between education and health bodies and also for business and industry to be working with, and supporting the communication of priority messages.

The Consumer Environment

260. For many people, with increasing income has come increasing choice. This also applies to young people. The Sodexho School Meals Survey[107] found that children in Northern Ireland are spending over £2:00 each day on food and drink on route to and from school. There was strong support from participants in Fit Futures for restricting choices available to young children on the basis that they have not matured sufficiently to allow them to make discerning choices. However, older children expect to have options and to be able to make choices. Physical activities are competing with the internet and games consuls and, therefore, must be able to engage, challenge and excite. Similarly, if the food in a school is not of the quality demanded, many children will opt to bring lunch or go to the local shop.

261. It is important that children and young people and parents are able to make informed choices. The need for effective controls on the promotion of food to children and effective communication of key public health messages will undoubtedly assist. Educational programmes advocated elsewhere in this report also have a role. However, in addition, when buying or selecting food it is essential that consumers are not misled by inaccurate or unhelpful health claims, are able to understand what nutrients are in the food and are able to compare the nutrient content of the options available.



262. The regulation of health claims is being progressed at European level, with new controls likely to be introduced in 2006/2007. In addition, in response to concerns about the adequacy of food labelling, the FSA is working with UK government to develop a single front of pack nutritional signposting system.

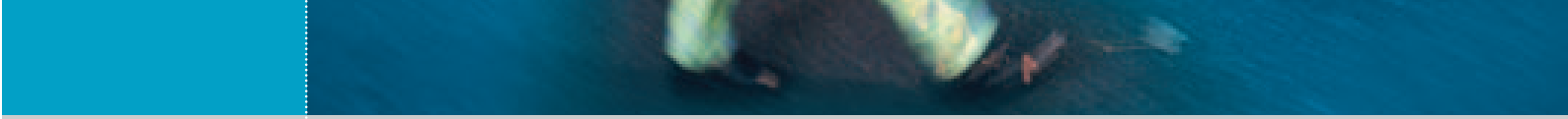
Nutritional Signposting

The aim of signposting foods is to make it easier for people to see at a glance how individual foods contribute to a healthy, balanced diet. In Choosing Health[21] and the subsequent action plan on food and health[48], the UK government has committed to work with the food industry to develop, by early 2006, *"a clear, straightforward coding system that is in common use, and that helps busy people to understand at a glance which foods can make a positive contribution to a healthy diet, and which are recommended to be eaten only in moderation or sparingly"*. The system will be based on research conducted by the FSA in relation to consumer attitudes to the options for signposting, such as the traffic light system and guideline daily amount system.

263. Surveys carried out by consumer organisations and by the FSA[49] itself have highlighted the confusion created by existing labelling systems. There is research and stakeholder support for the early adoption by the food industry of a labelling system that will enable consumers to understand what is in the food that they are buying and to make comparisons between food products in relation to key nutrients. *safe*food, the Food Safety Promotion Board has recently developed a resource to assist teachers to improve understanding of food labelling as part of Home Economics lessons[108].

The Physical Environment

264. Participants in Fit Futures identified numerous physical barriers to activity in our communities. Many of the younger children who participated in the work of the taskforce identified vandalism and the perceived threat from older children as barriers to their use of playgrounds and parks[24].



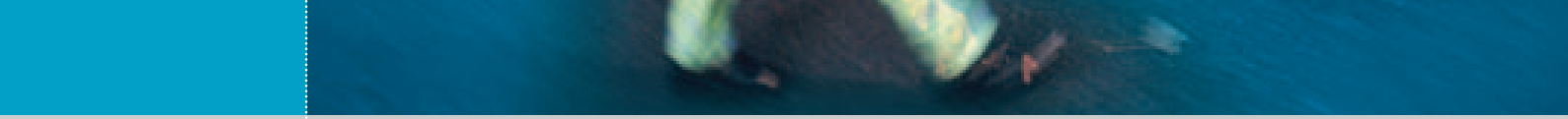
265. Local authorities were identified as having an increasingly important role in working with local communities to ensure that open and play spaces are appropriately designed, maintained and managed. Supporting active play should form part of local plans for physical activity and sports development.

266. Recent planning and transport policies recognise the benefit of increasing active travel and of ensuring that children and young people are provided with adequate play space. A Health Impact Assessment of the Regional Transport Strategy was even conducted. However, many of these policies have been introduced relatively recently and evidence to date is limited in relation to their impact.

Active Environments

Planning Policy Statements set out the policies of the Department of the Environment on particular aspects of land use planning and apply to the whole of Northern Ireland. Their contents are taken into account in preparing development plans and are also material to decisions on individual planning applications and appeals. Planning Policy Statement 8 on open space, sport and outdoor recreation[109] was published by the Planning Service of the Department of the Environment in February 2004. It sets out the Department's planning policies for the protection of open space, the provision of new areas of open space in association with residential development and the use of land for sport and outdoor recreation. Subject to specified exemptions the policy states that the Department will:

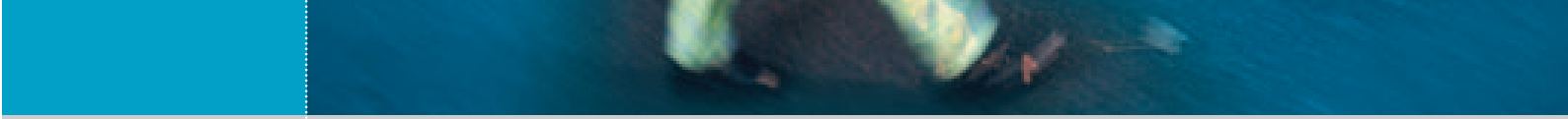
- not permit development that would result in the loss of existing open space or land zoned for the provision of open space;
- only permit proposals for new residential development of 25 or more units, or on sites of one hectare or more, where public open space is provided as an integral part of the development: for residential development of 100 units or more, or for development sites of 5 hectares or more, an equipped children's play area will be required as an integral part of the development.



267. There is support from stakeholders, and from expert opinion, for ensuring that physical activity is built back into daily life and for targets to increase active travel to be retained and indeed further developed. In addition, it is important that the implementation and impact of planning and transport policies are effectively monitored and that the health impacts of significant transport and planning decisions are adequately taken into account. A number of stakeholders suggested that a better balance needs to be struck between the risks associated with physical activity, including sport and active play, and the very real benefits that accrue from it.

Safer Routes to Schools Initiative

The Travelwise Safer Routes to Schools (SRS) initiative, a joint initiative between the Department for Regional Development and the Department of Education, involves getting more children to walk, cycle or use public transport as a healthier, more environmentally friendly alternative to the car. The initial Safer Routes to Schools initiative is currently being completed at six schools across Northern Ireland. There is already evidence that greater numbers of school children are travelling to and from the schools involved by sustainable means.
As a result of the scheme's success an accelerated programme to involve at least 40 schools per year is now being implemented. The accelerated programme will include education and awareness, basic traffic management improvements, road safety training, cycle shelters and lockers, as well as promoting car-sharing for the school run. If there is good potential for changing travel habits, the school may proceed to the more enhanced programme, which will include a more comprehensive package of measures including preparation of a school travel plan, development of a school safety zone and improved walking and cycling infrastructure to school.



The Financial Environment

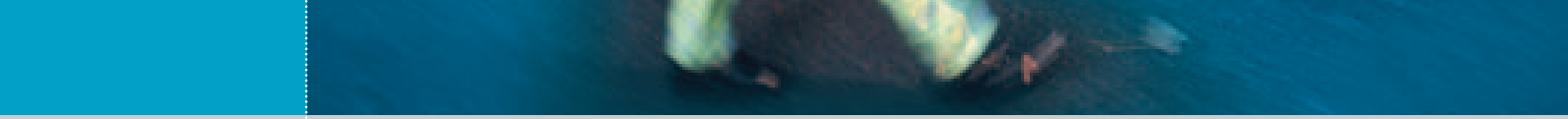
268. Research clearly demonstrates that children and young people from disadvantaged backgrounds eat a less healthy diet and are less likely to participate in daily physical activity[9, 10]. During consultations with young people, cost and access to local facilities were highlighted as barriers to physical activity by some young people, though others commented that they could afford to access local facilities, but were not motivated to use them[25]. However, for many families, cost, both directly and indirectly, is undoubtedly a real barrier to the selection of healthy options.

Tackling Food Poverty In Scotland

The Scottish Community Diet Project (SCDP) was established in 1996. It has the role of contributing to the government's strategy of improving Scotland's diet and health and in particular of improving the effectiveness of those working within and with Scotland's low income communities to improve access to and take-up of a healthy, varied and balanced diet. The SCDP undertook a trawl of the food initiatives in Scotland and found almost two hundred groups undertaking over four hundred activities around food. Examples of initiatives included food co-operatives, breakfast clubs, community cafés, growing initiatives, cooking skills classes and community shops. The SCDP achieves its objectives by:

- encouraging and enabling community-based activities
- operating a grant-making system for community initiatives
- facilitating information exchange and networking
- developing models of interagency partnerships between communities and other sectors
- developing methods for local communities to participate in national policy debates
- exploring strategic issues which could inform and influence policy debate

269. Fit Futures was provided with information on a relatively small number of local programmes, which have been established to address the issue of food poverty. There was significant stakeholder support for such programmes.



Developing Cooking Skills

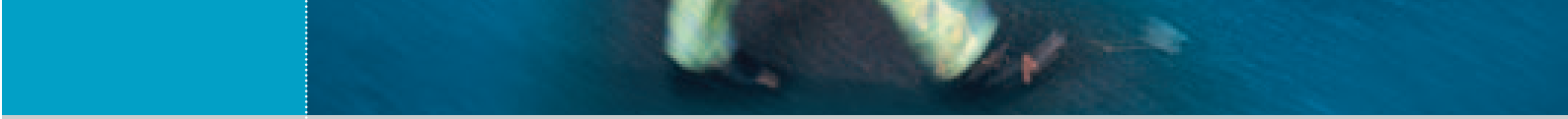
Cook it! is a community based nutrition education programme targeted at lower income groups, which is facilitated regionally by the HPA. It aims to provide practical experience of food preparation using healthy low-cost ingredients, with an opportunity to sample the completed dishes, thereby removing the financial risk involved in experimenting with new dishes within restricted resources. Following successful bids for Lottery funding, four dietitians have been appointed as *Cook it!* co-ordinators. The co-ordinators facilitate a two-day training course for the *Cook it!* tutors and support them in delivering the six week *Cook it!* programme to local community groups in their areas. 55 *Cook-It!* tutors have been trained to date and already over 250 people have participated in 38 *Cook-it!* programmes.

270. A review published in 2003 of existing UK work on food and low-income initiatives, which was commissioned by the FSA, concluded that food poverty work in Northern Ireland (and Wales) lacked any real co-ordination[110]. Forthcoming Food and Nutrition and Physical Activity strategies offer opportunities for a joined-up response to inequalities in health by seeking to improve the lifestyles of people on low income and people with a disability.

PROVIDING REAL CHOICE

FIT FUTURES OUTCOMES

- ***Healthy options are identifiable, available, affordable and accessible.***
- ***Daily opportunities to be physically active and to develop physical skills are readily available, affordable and accessible.***



- ***The advertising, sponsorship and promotion of food to children are appropriate and reflective of the balance of good health.***

- ***Public information on nutrition and physical activity is balanced and consistent and is regularly reinforced.***

PROVIDING REAL CHOICE

FIT FUTURES PRIORITY ACTIONS

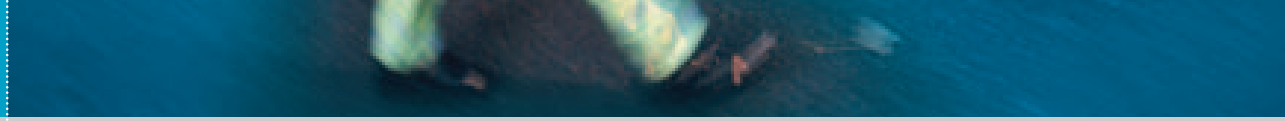
Media/Information Environment

- Government departments and agencies and the food industry should contribute to the UK-wide consultation on the broadcast advertising and promotion of food to children to ensure that effective controls on food promotion are developed and implemented as soon as possible.

- The work of the FSA to develop a single, easily understandable, front of pack, nutritional signposting system should be supported by government and industry and the recommended system should be implemented by the local food industry as soon as possible.

- Government departments and agencies should work with local industry to ensure that controls on non-broadcast advertising, being developed through the Food and Advertising Forum, are implemented effectively in Northern Ireland.

- Government departments and agencies and organisations engaged in health promotion or health education should ensure that consistent, balanced messages on nutrition and physical activity are regularly reinforced.



PROVIDING REAL CHOICE

FIT FUTURES PRIORITY ACTIONS

Consumer Environment

- Government departments and agencies with responsibility for procurement, food and nutrition, agriculture, sustainable development, health and business development should establish a public sector food procurement initiative to develop and promote good practice in the procurement of sustainable, healthy food.

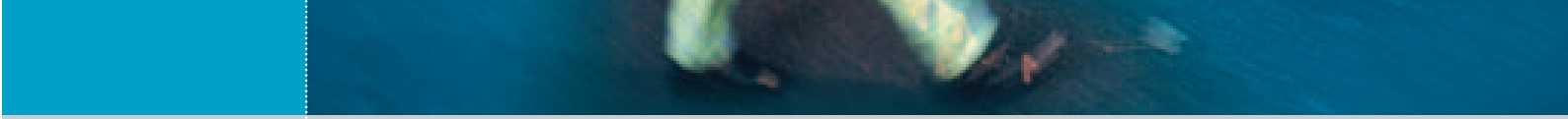
- Departments and agencies, with responsibility for agriculture and for supporting the development of the local food industry, should seek, through support for research and development, to assist the local industry in working towards the production, effective marketing and promotion of foods, which are low in fat, salt and sugar.

- The food industry should ensure that vending machines are not available in primary schools. Education authorities and schools should ensure that in other educational premises, food provision is in line with the Balance of Good Health. Other public sector authorities, including local authorities, colleges, and hospitals should review policies and contracts to ensure that healthy food options are readily available in premises and facilities used by children.

- The FSA should work with partner agencies, local colleges, training providers and local industry to integrate quality nutrition education into training programmes for those working in the food and hospitality sectors.

Physical Environment

- The Department for Regional Development should ensure that targets for increasing levels of active travel in Northern Ireland are achieved. The Department for Regional Development and the Department of the Environment should assess and report on the impact of recent planning and transport policies designed to ensure that developments make appropriate provision for open and play space and support active travel.



- Staff in government departments and agencies with responsibility for significant transport and planning policies should be trained to undertake Health Impact Assessments.

Financial Environment

- DHSSPS should ensure that tackling food poverty is a priority within Northern Ireland's Food and Nutrition Strategy.

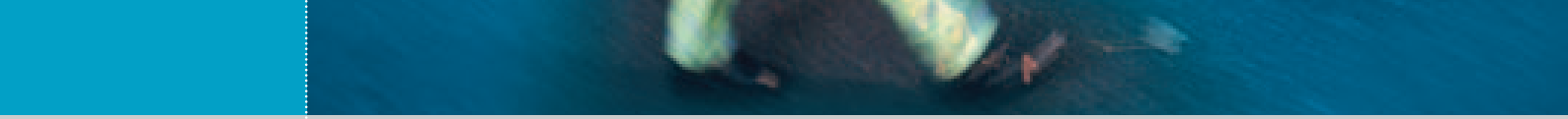
- Investing for Health Partnerships should work with local authorities and other local partners to support the development of capacity in disadvantaged communities to tackle barriers to accessing healthy food.

Supporting Healthy Early Years

271. There was strong support from stakeholders for action to support breastfeeding and the development of healthy eating and activity habits in early years. It was clearly the view of many stakeholders that food preferences and attitudes towards physical activity are established in the first few years of a child's life. The literature review commissioned by Fit Futures steering group[20] was able to identify a number of factors that influence children to choose to participate in physical activity and to adopt healthier eating patterns.

272. Parental influence was identified as being by far the most significant factor. In relation to physical activity, factors such as development of necessary motor skills for a particular activity, and the influence of past experiences and involvement in different physical activities, were recognised as being important.

273. One research study[111] found that children whose mothers had a higher educational level and were older and non-smokers had healthier diets in that they consumed more fruit and vegetables. Children whose mothers were younger and had a lower educational level were more likely to drink whole milk and tea and eat chips/fried potatoes, white bread, chocolate and consume sugar-sweetened soft drinks.



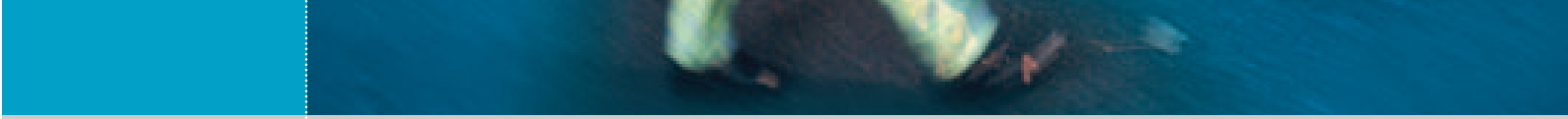
Making a Sure Start in Northern Ireland

Sure Start was introduced in Northern Ireland during 2000. Sure Start projects are located in areas of disadvantage and work with parents and children to promote the physical, intellectual, social and emotional development of children. There are now 25 Sure Start programmes operating across Northern Ireland, within both urban and rural areas, with the result that around 20,000 children aged 4 and under and their families will have access to the services provided through Sure Start. Core services delivered in each Sure Start project include outreach and home-visiting services, support to families and parents, services to support good quality play, learning and childcare experiences, primary and community healthcare and advice and support for children and families with special needs.

A Big Cook Little Cook programme has been developed as part of the Cherish Sure Start Project in Irvinestown. The programme aims to encourage positive, fun experiences of healthy food options and to help both children and parents to make informed choices. Up to 8 children with a parent/carer can take part in the programme, which is facilitated by the Cook It! tutor. It involves a number of 2-hour sessions over a 4-week period on healthy eating and food hygiene and includes practical sessions to prepare healthy recipes that both parent and child can do together, as well as sessions using food games and songs.

274. Another reason for the widespread support for action in early years is the fact that obesity is notoriously difficult to treat. It was recognised that a more successful strategy might target children whose dietary and physical activity patterns are not yet well-established.

275. The extension of the holistic approach advocated in schools into early years settings, taking account of the need to focus support towards parents, would seem to have the potential to contribute significantly to improving nutrition and increasing physical activity in early years. Robust systems for monitoring and reporting on standards within schools, in relation to food in



schools and provision of opportunities for quality physical activity, are also required in early years settings. This will require close co-operation between those working to develop and monitor standards in the education and health sectors.

276. During the Fit Futures process there was also strong support for action to support the development of appropriate skills among those working in early years settings to enable the delivery of effective support to parents in relation to nutrition and physical activity.

SUPPORTING HEALTHY EARLY YEARS

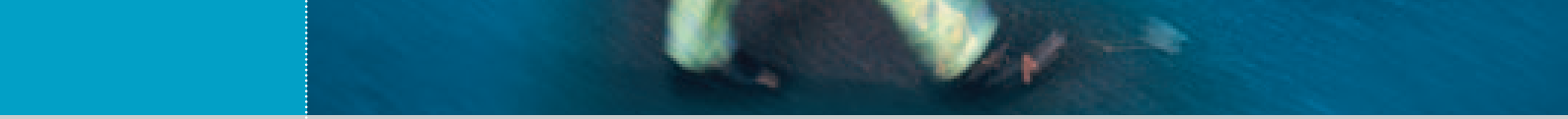
FIT FUTURES OUTCOMES

- ***Parents are well-informed and are engaged effectively in the development of plans and programmes to improve the health and well-being of their children.***
- ***Early years settings support the learning, development and the health and well-being of children and young people.***
- ***Early years settings provide quality opportunities for daily physical activity and good nutrition.***

SUPPORTING HEALTHY EARLY YEARS

FIT FUTURES PRIORITY ACTIONS

- Healthy schools policy, partnerships and support should be extended to include early years provision.
- The HPA, with the support of partner organisations, should ensure that appropriate training is available and accessible to those working in early years and childcare settings on nutrition in early years.
- Standards for childcare should specifically recognise the need to provide opportunities for daily physical activity to enable the one-hour a day target for daily physical activity to be achieved.



- Agreed outcomes in relation to food and nutrition and physical activity in early years and childcare settings should be established between health and social services and education authorities.

- Inspection reports of early years provision should include an assessment of the adequacy of the opportunities provided for daily physical activity and of the achievement of standards for food provision.

- DHSSPS and the Department of Education, with the support of early years partners, should promote the benefits of quality physical activity and encourage the realistic assessment of risk, to those working in early years education and childcare settings.

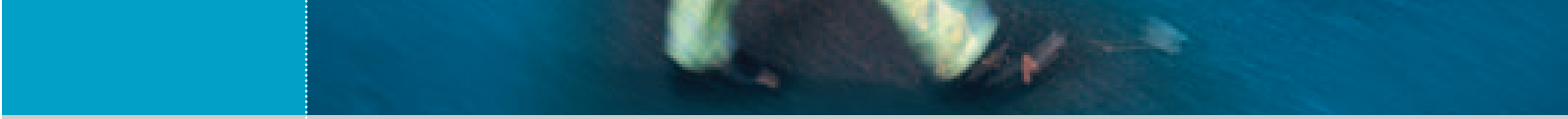
- Boards, Trusts and Investing for Health Partnerships should, as part of their plans to stop the increase in levels of obesity in children, identify how the range of health professionals will work together to support parents and carers to improve nutrition and active living among young children.

- DHSSPS should publish and disseminate guidance on good practice in early years and childcare settings in supporting parents and carers to promote good nutrition and active living.

- DHSSPS and partner agencies should, as part of workforce development strategies and plans for the development of the childcare sector, seek to develop and make available accredited training on nutrition and active play.

Creating Healthy Schools

277. Through the stakeholder engagement process, evidence emerged of a wide range of school-based initiatives endeavouring to encourage and support healthy eating and active living both directly and through education. There is evidence that whole school approaches can assist in tackling the causes of overweight and obesity[15] and there was strong support from stakeholders and from expert opinion for action within school and early year's settings to tackle the underlying causes of overweight and obesity in children and young people.



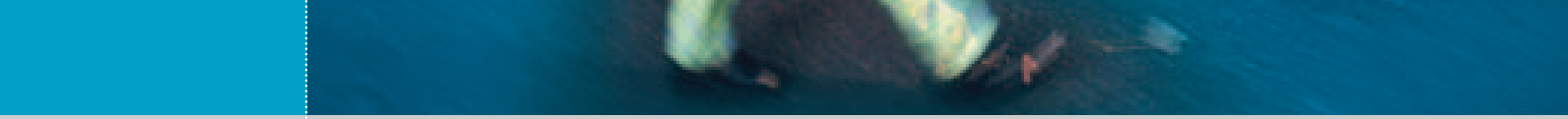
The effectiveness of obesity and overweight (prevention) interventions for children and adolescents

Evidence of effectiveness	Current limited evidence of effectiveness	Current lack of evidence of effectiveness
School-based multi-faceted interventions (particularly for girls) (nutrition education, physical activity promotion, reduction in sedentary behaviour, behavioural therapy, teacher training, curricular material, modification of meals and tuck shops).	School-based health promotion (classroom curriculum to reduce television, videotape and video game use). Family-based behaviour modification programmes to impede weight gain (family therapy in addition to diet education, regular visits to a paediatrician and encouragement to exercise).	School-based physical activity programmes (led by specialist staff or classroom teachers). Family-based health promotion (strong focus on dietary and general health education and increased activity, involving sustained contact with children and parents). .

Source: Health Development Agency: Evidence Briefing[15]

Healthy Schools in Healthy Communities

278. A range of participants in Fit Futures specifically suggested that the Health Promoting Schools initiative, which was initiated in Northern Ireland in 2002, provides a template for what is required if we are to address the causal factors of overweight and obesity in children and young people. WHO have defined a health promoting school as *"one in which all members of the school community work together to provide pupils with integrated and positive experiences and structures, which promote and protect their health. This includes both the formal and informal curriculum in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in efforts to promote health".*



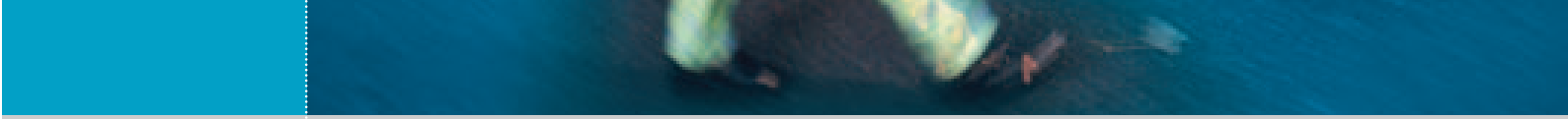
279. In England, Scotland and Wales the objective that all schools should become Health Promoting Schools has been accepted and policies have been produced describing the core criteria that schools must meet if they are to be recognised as a healthy school.

Health Promoting Schools in Northern Ireland

The Health Promoting Schools initiative, which is co-ordinated by the Health Promotion Agency, was established in Northern Ireland during 2002. The aim of the programme is to support 15% of schools to take a whole school approach to promoting health and well-being. An essential aspect of the health promoting school process is to conduct a whole school self-evaluation by identifying strengths and areas for improvement linked to the eight health promoting school criteria; prioritising realistic targets for improvement; and planning the action to be taken. The regional evaluation[112] of Health Promoting Schools found that the initiative had made a significant contribution to school improvement through self-evaluation, the promotion of partnership working and to the empowerment and participation of staff, pupils and parents.

Parkview School is a controlled co-educational special school and caters for pupils with a range of special needs, aged 3-19 years. Supported by the local Health Promoting Schools coordinator, the school carried out a whole school evaluation in consultation with pupils, and those with parental responsibility, and identified a number of areas for action in relation to nutrition and physical activity as part of the school development plan. The school has identified that participation in the Health Promoting Schools initiative has delivered the following outcomes.

- Enabled the whole staff to work in partnership with parents, pupils and outside agencies.
- Raised awareness of how school life and practices can affect the immediate and future wellbeing of all pupils and staff.
- Increased multi-disciplinary work within the school.
- All pupils, irrespective of learning difficulties / disabilities, are involved and their achievements recognised.



- An increase in the number of parents who contribute to the healthy break and enrichment fund.
- The soft drink vending machine has now been removed, and 100% of pupils now drink water or milk at break times.
- Noticeable positive changes to staff lunch-box contents.

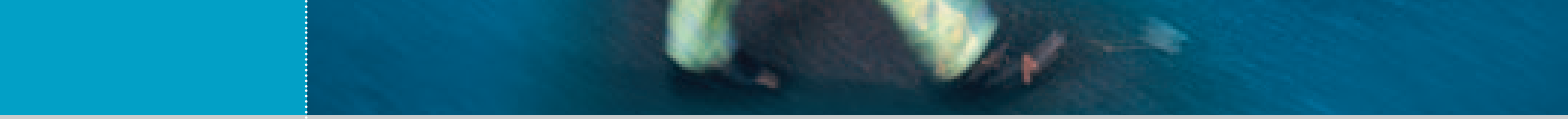
280. The involvement of children and young people and of parents and carers is crucial to the establishment of whole school approach to supporting health and well-being and is a core criterion for health promoting schools. The interim evaluation[113] of the pilot Fresh Fruit in school programme demonstrated the importance of such involvement and the potential for progress within the school setting to be hampered if parents and carers are not engaged. It also provided evidence that school based programmes can have benefits for families and communities if such involvement is designed in.

281. The Community in Schools approach also recognises the importance of holistic approaches to health improvement, including through peer support systems as well as the involvement of parents, families and the wider community.

Communities in Schools

The Communities in Schools programme is a consortium of six post primary extended schools in North and West Belfast. It was set up five years ago to co-ordinate the work of a range of statutory and voluntary agencies, community groups and business's at the schools to support the teachers, the pupils and their families. It acts as a bridge between the community and the schools, bringing a full range of support services on to the school site while also making the school a resource at the centre of disadvantaged communities.

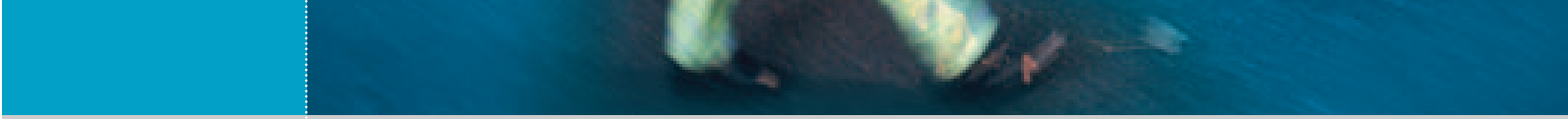
To support the children's education, improve health and nutrition and offer a safe environment within which social skills and confidence could be developed, the healthy eating breakfast clubs were set up in all six schools over four years ago as a partnership between the Health and Education sectors, schools and parents. The breakfast club in St



Gemma's is an excellent example of before–school provision. It now has a daily attendance of 60-70 pupils and approximately 7 or 8 teachers also now choose to come into school early to have breakfast with the pupils. In addition to the obvious contribution to nutrition and providing children with a safe place to be before school, benefits attributed by St Gemma's to the breakfast club include:

- improvement in school attendance and punctuality in targeted pupils;
- helping children to start the school day on time, calm and ready to learn;
- improved social cohesion among pupils, resulting in better relationships and improved behaviour;
- closer and improved relationships between the pupils and the teachers;
- pupils who have become involved in the breakfast clubs are more easily engaged in other Communities in Schools programmes;
- parents have also acknowledged and supported the benefits of the healthy eating breakfast clubs.

282. Health Promoting Schools and Communities in Schools have both been positively evaluated in terms of their contribution to improving health and well-being in the school setting. However, at present they are just two programmes among a number of school-based programmes aiming to improve the health and well-being of children and young people. During the Fit Futures consultation process, principals and teachers expressed a strong desire for clarity in relation to what was expected of them and a much more co-ordinated approach to health improvement. Such clarity and co-ordination can only be delivered if a healthy schools policy framework is developed that applies to all schools and which clearly establishes priority areas and priority approaches. However, whilst the policy should set out the core criteria for healthy schools it should allow schools to decide how best to meet these criteria through the development of school policies and action plans. This is in line with the ethos of school improvement advocated by the Department of Education[114] and the self-evaluative approach advocated in Health Promoting Schools.



283. In addition to having a clear policy framework to guide decisions, schools and early years providers need access to guidance, support and training if they are to be expected to develop a whole school approach to health improvement. In particular, support, guidance and direction will be required to enable schools to rigorously evaluate themselves in an area in which many staff are not specialists. A key element of such support should come from schools and early years providers working together on common agendas and by facilitating learning networks among practitioners.

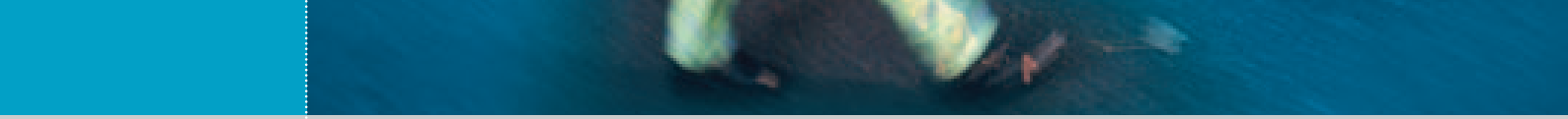
284. Integrated plans on obesity prevention under development by local health partners should address how the health sector can support the delivery of a holistic healthy schools agenda. Mechanisms need to be established that can support schools to develop health improvement plans which are informed by robust assessments of health need and which can cut across professional disciplines and sectors, thereby providing access to the assortment of services that schools need.

Supporting Healthy Schools in England

The UK Government has a vision that half of all schools in England will be healthy schools by 2006 and that the rest will work towards healthy school status by 2009. In the Public Health White Paper, Choosing Health[21], the Department of Health, made a commitment that by 2010, each cluster of primary schools and the related secondary school will have a full-time, year round, qualified school nurse taking account of health need and school populations. The roll-out of this commitment will commence in 2006/2007 in the 20% of Primary Care Trusts with the worst health and deprivation indicators. Guidance has already been produced on the role of the school nurse in supporting schools to become health promoting schools.

Physical Activity in Schools

285. Most children and young people spend more than six hours a day, five days a week, in school during the school term. Physical education is the symbol of government policy in relation to

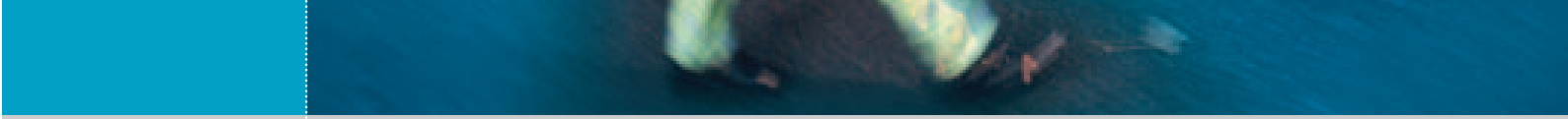


children's physical activity and the core element of any programme to increase activity in schools should be the provision of quality physical education. The need to provide adequate time for physical education in school was strongly supported by stakeholders, and by expert opinion, as a basic first step in endeavouring to increase activity levels in children and young people, and is a key element of strategies to tackle overweight and obesity in many countries. The Department of Education recommends that schools should provide two hours of physical education each week. In England a new objective of four hours per week of physical education and sport during and after school has been established[115].

286. Research in England found that proportion of young people spending two or more hours per week on physical education or sport in school declined from 46% in 1994 to 33% in 1999. However, the House of Commons Select Committee[3] commended the UK Government for the introduction of its strategy on physical education and school sport, which saw the reversal of this statistic by 2002. Trend information on physical education and school sport is not readily available locally. However, a recent survey in the Western Education and Library Board area found than more than half of primary schools dedicated less than an hour a week to physical education[116].

287. The lack of time devoted to physical education is not the only problem. There are a number of additional challenges when it comes to considering how to increase levels of daily physical activity. These include the environmental barriers to activity, the attraction of sedentary activities and unhappy early experiences of physical activity. Significant numbers of young people are, by the time they reach their teenage years, leading almost sedentary lifestyles and many have negative attitudes towards physical activity. In particular, many girls are clearly turned off by the nature and provision of physical activity. The drop off in physical activity levels that occurs in the years after young people leave school is also a very significant challenge.

288. Research and new models of practice offer solutions and potential priorities for action. Providing a range of challenging opportunities, not just team-based, competitive activities, both within and beyond the curriculum, can encourage increased



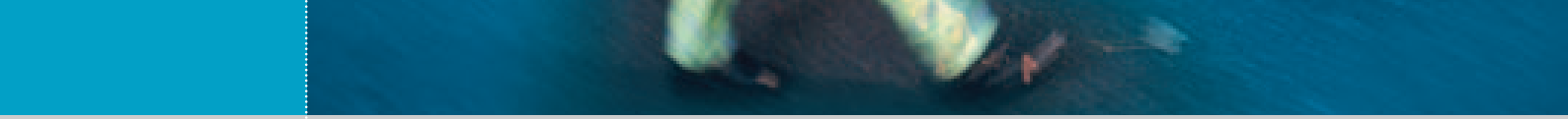
participation and enjoyment among girls and those who tend to be less active. A number of schools have, for example, already introduced walking programmes and this has been supported by a recognition programme established by the Northern Ireland Athletic Federation. Being sensitive to concerns about body image, particularly during transition and teenage years undoubtedly also has a role to play.

Youth Sport in Northern Ireland

The Youth Sport programme has been rolled out across Northern Ireland over several years. It is based on a cluster of schools coming together to enhance extra curricular sporting opportunities for young people in the locality. A cluster is made up of one post primary school and up to five primary schools. Each "Youth Sport" post primary school receives financial support from the local Education and Library Board and the Sports Council for Northern Ireland (and in some instances from local government) to fund an honorarium for a teacher to co-ordinate the extra curricular activity and to support costs associated with running such activities. The School Sport Co-ordinators (SSC) work with children and teachers in the primary schools in their areas to develop competence and confidence and to make children more physically active.

There are approximately 115 SSCs working with around 570 schools in Northern Ireland. An evaluation of Youth Sport carried out by the Centre for Leisure Research at Edinburgh University[117] found that, for "Youth Sports" schools, 80% of primary and 69% of post primary pupils were participating in clubs outside schools, there was an increase in the range of sport offered for girls and there was strengthening of school/community links.

289. Active schools programmes could seek to extend the opportunities for physical activity by developing opportunities for active play and for activity on route to and from school, which are safe, challenging and developmental. Appropriate use of break times can also help to address issues such as bullying. And, of course, provision should be made for the widespread



participation of children and young people in sport during and after school.

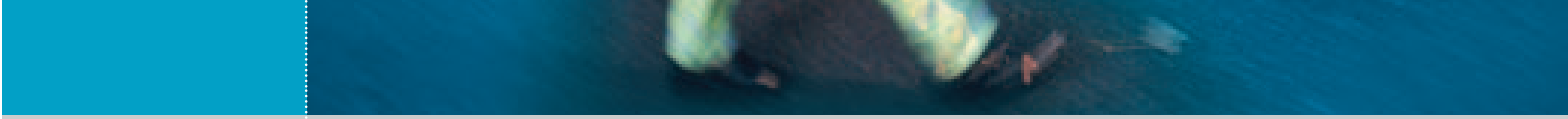
290. School based programmes could also seek to make connections with opportunities for physical activity outside and after school, both to increase the range and quality of options available, as well as helping to address the sharp drop in activity that occurs in the years after young people leave school. A number of young people specifically identified the potential contribution of the youth sector in encouraging physical activity.

291. Positive early experiences and the development of skills are both known to encourage continued participation in regular physical activity. A number of participants in the work of the taskforce highlighted the need to invest in the training of staff that are tasked with supporting the development of basic physical skills in children and young people.

Developing Basic Skills

The Fundamental Movement Skills (FMS) pilot has been developed by the Council for Curriculum Examinations and Assessment to support teachers in the assessment, planning and teaching of fundamental physical skills, such as balancing, running, throwing and catching. Over 40 year 1 and year 2 teachers attended a two-day fundamental training course organised by the Regional Training Unit and further fundamental's training has been provided through Education and Library Boards. The FMS training enables teachers to support children to learn fundamental skills through play and to embed physical activity into everyday classroom activities.

Within Seagoe Primary school, one of the pilot schools, the FMS programme is considered to have impacted significantly on all pupils, teaching and non-teaching staff and parents. Following completion of FMS training, the school's Physical Education Co-ordinator delivered training and support on developing FMS to all teachers and classroom assistants in the school. The feedback from the teachers has been extremely positive; they are much more focused when teaching physical education, are more aware and confident in their teaching



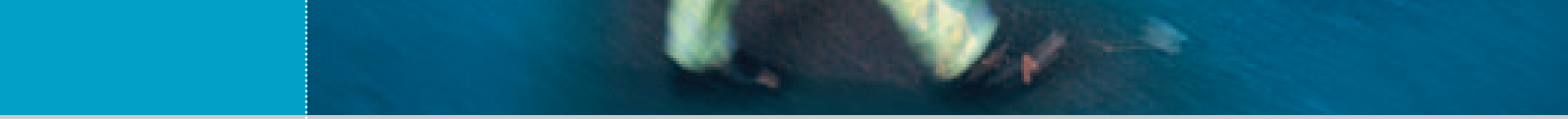
skills and have developed a variety of teaching strategies to help all children become more proficient. The school has also noticed that children have been more motivated and enthusiastic during physical education and outdoor play, are much more proficient in basic movements and are able to talk about the importance of physical activity in their lives. As a result of involvement in FMS the school has also introduced a healthy breaks policy.

Food in Schools

292. Food eaten in schools, whether through breakfast clubs, school meals, lunch boxes, vending machines or tuck-shops, makes a significant contribution to the dietary intake of children. In addition, the provision of free school meals supports nutrition among children and young people from families on low-income.

293. As schools are funded by government, what happens in schools, in relation to nutrition, is a reflection of the importance or otherwise that government attaches to this issue. Any credible plan to tackle the issue of overweight and obesity in children and young people must, therefore, effectively address the issue of food in schools. This view was supported by a significant number of those who participated in the work of the Fit Futures taskforce[27].

294. There are many programmes, both educational, and in terms of food provision, already operating effectively within schools to encourage good nutrition and healthy eating. In fact in 2004 the Department of Education, with the support of health and education partners, established a pilot initiative to introduce new nutritional standards for school meals. The pilot involved over 100 schools implementing nutritional standards[118] developed by the HPA. A review of this pilot identified that, with appropriate resources for food procurement and preparation and for training, and by adopting holistic food policies within schools, the nutritional status of school meals can be improved. This pilot is being supported by a national programme, being led by the FSA to establish target nutrient specifications for manufactured products used in school meals.

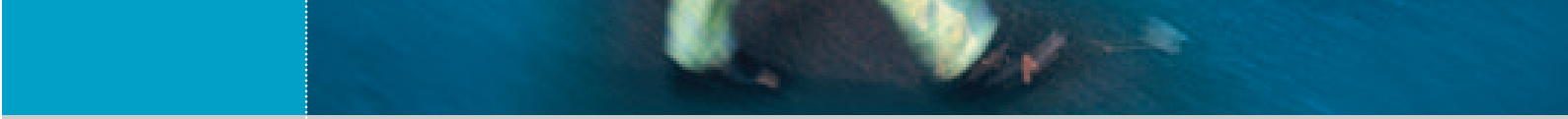


295. During the work of Fit Futures it was evident that there was significant support from within the education sector in relation to the behavioural and educational benefits of programmes, which encourage healthy eating. A review of research commissioned by Fit Futures[19] identified several studies which documented the relationship between poor health, nutrition and school achievement, though the focus was most often on under-nutrition. This review also identified a number of studies which noted that teachers felt children were better behaved and more motivated in their studies as a result of increased physical activity. However, any suggested relationship between increased physical activity and improved academic performance appears to be quite weak and research methods in this area were considered to have limitations.

296. Given the number of health, educational, sporting and even behavioural and psychological benefits that good nutrition and active lifestyles offer, it is not surprising that school based programmes have been developed and are supported by an array of organisations and interests, both within and beyond the health and education professions. There was a demand from a number of stakeholders for a more co-ordinated approach to the delivery of such programmes and for improved quality control. However, in efforts to develop a more joined up approach to tackling food in schools, it is important that the commitment and involvement of the range of professions and sectors working to support healthy eating, whether for educational, behavioural, oral health or nutrition purposes, is maintained.

Food in Schools in Scotland

The Scottish Executive is investing £24.1 million to implement recommendations made in the Hungry For Success Report[119] by an Expert Panel on School Meals and to establish nutrient-based standards for school meals in Scotland. A whole school approach is emphasised within this report. In addition to directly resourcing improved nutrient standards, Hungry for Success also identifies the need for action on issues such as staff training, monitoring of standards, investment in promotion and marketing, investment in technology to reduce



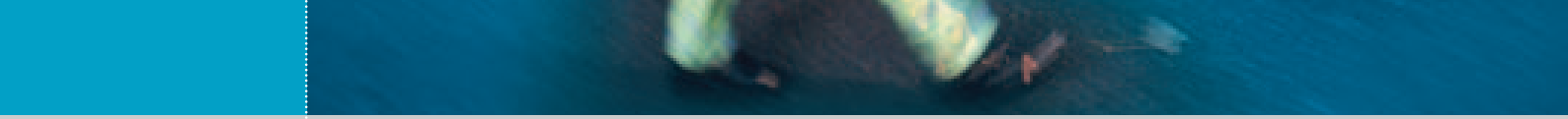
queues and the stigma associated with school meal vouchers and even investment in the quality of the dining room environment.

As part of the process to ensure that Hungry for Success is implemented effectively in schools, the Education Inspectorate in Scotland has appointed two Nutrition Associate Assessors, with specialist nutrition qualifications, to work alongside Education Inspectors in carrying out inspections of food in schools, as part of the school inspection process. Findings from these inspections are included within the school inspection report.

297. Much of the media and policy focus in relation to food in schools has been on school meals. However, as highlighted in the Hungry for Success report, it is essential that all aspects of food in schools are effectively addressed if the diet of children and young people is to be improved on a sustained basis. In particular, if school meals are improved, but action is not taken to encourage children to select them through pricing, placement, promotions and educational initiatives, and controls on less healthy alternatives, are they likely to select them? Issues such as queuing and the stigma associated with vouchers for free school meals are also known to have an impact on uptake of healthy options. It is, therefore, essential that, at government level and at school level, holistic approaches to food in schools are developed.

298. Information, advice, training and support needs to be made available to all those involved in procuring and preparing school meals. However, it also needs to be made available to those managing and leading schools, to educators and to parents and to pupils themselves. Practice in other countries has also highlighted the difficulties of ensuring that quality standards in relation to nutrition are maintained. It is essential that there are effective arrangements for monitoring and reporting on the quality of food in schools.

299. Research and stakeholder opinion also supports the view that policies in relation to the provision of food in schools should be supported by appropriate education on healthy eating and that



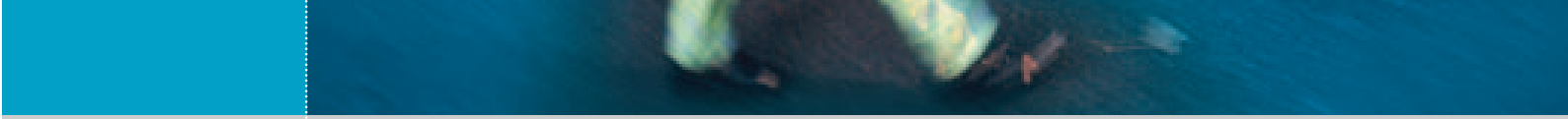
there should be consistency of message between the classroom and the dining room and even the between the classroom and the tuck-shop. The phased implementation of a revised education curriculum will commence in 2006[84, 85]. The revised curriculum makes provision for education in relation to nutrition and healthy eating as part of Personal Development during key stage 1 and 2 and as part of Personal, Social and Health Education at key stage 3 and 4. In addition, at key stage 3, Home Economics will form part of the statutory entitlement for all children.

Learning for Life and Work

Within the revised education curriculum, Home Economics is a strand of the Learning for Life and Work area at key stage 3. Providing young people with opportunities to explore ways to achieve a healthy diet is a statutory requirement. In addition, schools must provide opportunities for young people to develop practical skills in the safe, hygienic, healthy and creative use of food to plan, prepare, cook and serve a range of meals. The development of practical cooking skills is recognised as contributing to areas of learning in relation to healthy eating and independent living. As a result of the opportunities provided by the Home Economics curriculum, it is expected that young people should be able to demonstrate skills in the safe, hygienic, healthy and creative use of food.

In England, Food Partnerships have been established between secondary schools and their feeder primary schools to support the development of practical food and nutrition education skills in children of primary school age. Over 1,000 primary schools have taken part so far. The partnership involves specialist food teachers in secondary schools delivering INSET training to primary school colleagues, who then cascade the training to colleagues in their own school, as well as utilising the new knowledge and skills that they have gained to improve their own teaching on food and nutrition.

300. A number of participants in the work of the Fit Futures taskforce expressed the view that many young people had now missed out on the opportunity to learn how to cook and are, therefore,



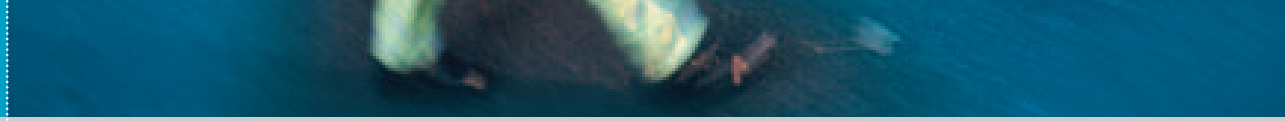
reliant on prepared foods which can be more expensive and often contain higher levels of salt, fat and sugar. The statutory entitlement in relation to Home Economics would appear to provide an opportunity to ensure that such skills are available in the next generation.

301. It will be important to ensure that within the education curriculum appropriate time is devoted to the development of the knowledge and practical skills, including cooking skills, that will enable young people to make discerning food choices and to prepare healthy food. There will again need to be a robust assessment of the outcomes from this provision to ensure that the appropriate knowledge and skills are being developed.

CREATING HEALTHY SCHOOLS

FIT FUTURES OUTCOMES

- ***All schools offer an environment and ethos that supports the development, learning and health and well-being of children and young people.***
- ***Healthy schools are recognised as an essential vehicle for the delivery of health promotion support for children and young people.***
- ***The curriculum taught in schools enables children and young people to make informed decisions about their health and well-being.***
- ***Children, young people and parents are engaged effectively in the development of plans and programmes to improve health and well-being.***
- ***Principals, governors, teachers and school staff are engaged effectively in the development of plans and programmes to improve health and well-being.***
- ***Food in schools is representative of the balance of good health and makes a significant contribution to childhood nutrition and to the knowledge and skills necessary to be able to make healthy food choices.***
- ***Children and young people have the opportunity for daily physical activity that is challenging and provides the opportunity for learning and development.***



CREATING HEALTHY SCHOOLS

FIT FUTURES PRIORITY ACTIONS

Healthy Schools

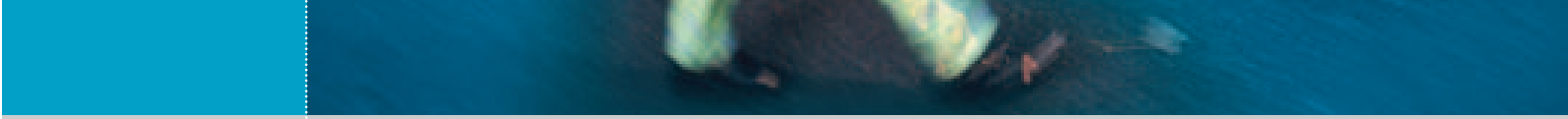
- The Department of Education should ensure that schools and statutory early years providers develop effective policies and plans, addressing the ethos and environment of the school, as well as educational matters, to improve the health and well-being of staff and pupils as part of school development planning.

- Organisations with responsibility for supporting the development of childcare and educational provision in early years should revise accreditation arrangements to ensure that service providers develop policies and plans to improve the health and well-being of staff and pupils.

- The Department of Education and DHSSPS should publish a joint policy statement establishing criteria for healthy schools and committing to the objective that all schools should be healthy schools within ten years. Mechanisms should also be established to enable recognition of excellence in schools, early years settings and youth provision.

- The HPA, in partnership with the Department of Education, and with the support of health and education partners, should publish and disseminate guidance on self-evaluation against healthy school criteria.

- Training should be provided for principals, key teachers and managers of schools and early years services to support the development of healthy schools policy. This training should form part of leadership training delivered through the Regional Training Unit.



CREATING HEALTHY SCHOOLS

FIT FUTURES PRIORITY ACTIONS

- A healthy schools partnership should be established to direct the development and implementation of healthy schools policy. The partnership should be led jointly by senior representatives from the Departments with responsibility for health and education.

- DHSSPS should develop guidance on the role of school nurses in supporting healthy schools and on school health needs assessment and how this should inform school development planning.

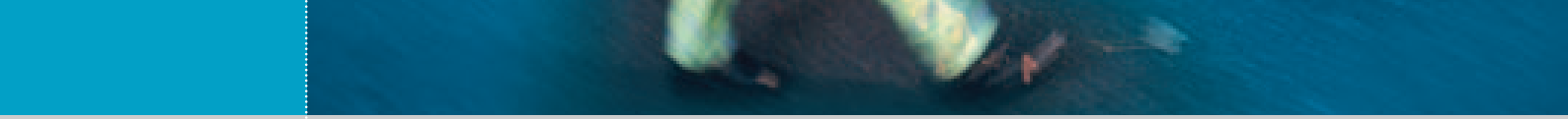
- Local Health and Social Services Trusts should identify a lead professional for each cluster of schools to act as an access point to local health services and to support schools to become healthy schools.

Active Schools

- The development of an active schools policy, which offers opportunities for daily physical activity, including at least two hours Physical Education each week, should be a core criterion for a healthy school. The Education and Training Inspectorate should monitor and report on progress towards the achievement of this target.

- Education authorities and schools should review policies to ensure that girls are being encouraged and supported to actively participate in physical education and school sport.

- An active schools programme should be established, as part of the healthy schools partnership, to support schools to access opportunities for quality physical activity, including active play, active travel, physical education and sport during and after school and to make linkages with facilities, groups and clubs in the community that encourage and support physical activity.



CREATING HEALTHY SCHOOLS

FIT FUTURES PRIORITY ACTIONS

- Higher and Further Education Colleges should revise training to support the delivery of the fundamental physical activity skills programme for primary school teachers and early years specialists.

- A mainstream programme should be developed, as part of the active schools programme, to support primary schools teachers to develop basic physical activity skills in their pupils. A core element of training on fundamental skills should be on the involvement and engagement of children with a disability.

Food in Schools

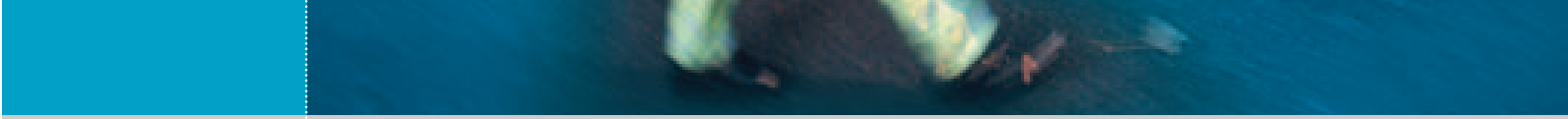
- The Department of Education should resource and support the introduction of food and nutrient-based standards for all food provided in schools and ensure that food provision in schools is inspected by qualified specialists, as part of inspections by the Education and Training Inspectorate, and that the results of these inspections are included within inspection reports.

- The development of a holistic policy on food in schools, addressing food provision and nutrition education should be a core criterion for a healthy school.

- A food in schools programme should be established, as part of the Healthy Schools Partnership, to support schools to provide and promote opportunities for healthy, nutritious food throughout the school day and to link food provision with nutrition education and the development of the skills necessary to make healthy food choices.

- All staff with responsibility for the preparation of food in schools should be provided with accredited training to support the delivery of effective food in schools policies.

- The food in schools programme should produce and promote guidance on the development of whole school food policies to governors, principals, catering managers and managers of early years services.



- Industry partners should be encouraged to support the development of local food in schools programmes to encourage the development and sharing of specialist knowledge and skills in relation to nutrition and the preparation of healthy foods.

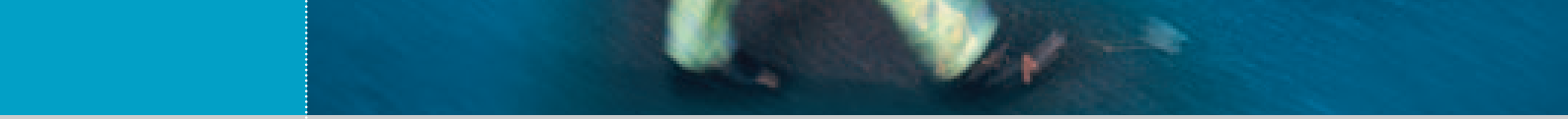
- As part of the healthy schools partnership, the Water Service with the support of partner organisations, should develop a water for health programme to encourage and support the use of water in schools.

- The Education and Training Inspectorate should monitor and report on the success of the new statutory entitlement for Home Economics in equipping children and young people with the knowledge and practical skills to identify and prepare affordable, healthy options.

Encouraging the Development of Healthy Communities

302. The report on mainstreaming community development in health and social services[120] described community development as being *"about strengthening and bringing about change in communities... It is a way of working, informed by certain principles which seek to encourage communities to tackle for themselves the problems which they face and identify to be important and which aim to empower them to change things by developing their own skills, knowledge and experience, and also by working in partnership with other groups and with statutory agencies."*

303. Community-based approaches can be very effective in reaching and engaging with people from lower socio-economic groups and many stakeholders identified the importance of such approaches in tackling overweight and obesity. Community-based initiatives, such as the Health Action Zones and Healthy Living Centres provided the Fit Futures taskforce with a number of examples of community led health improvement programmes.



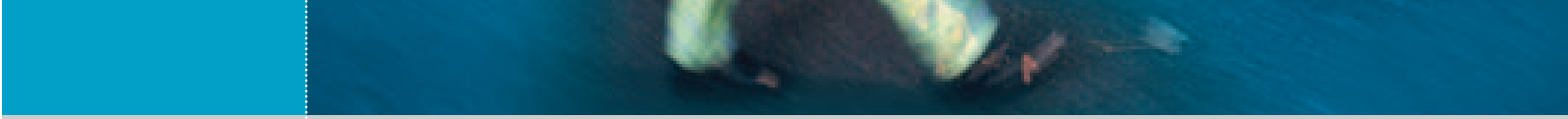
Tackling Food Poverty

Decent Food for All is a 3 year partnership project to address food poverty issues. It is managed by the Armagh and Dungannon Health Action Zone and funded by *safe*food, the Food Safety Promotion Board and the Food Standards Agency. The project aims to encourage and support local communities, families and individuals to achieve a balanced, safe diet by providing practical, community-based and focused help and advice on food issues and nutrition.

Decent Food for All is delivered within 12 target wards across Armagh and Dungannon and almost 5000 people have participated in the project. It encourages active participation of local communities in educational food based programmes and allows people in their own communities to set priorities and introduce improvements to address issues that they believe are affecting their health and well-being at a local level. Key outcomes of the project have been met through the implementation of programmes such as Cook It, Looking Good Feeling Better, My Body, Balanced Beginnings and Fresh Fruit in Schools.

304. The Neighbourhood Renewal Strategy[97] seeks to address poverty and disadvantage in the most deprived neighbourhoods in Northern Ireland. Experience in other countries would suggest that local neighbourhood renewal plans could be an important vehicle for action to improve health and well-being in deprived communities, providing that appropriate support and guidance is provided.

305. Physical activity and sport have been shown to provide effective vehicles for engaging positively with children and young people from disadvantaged backgrounds. There was strong support from young people in particular, during the Fit Futures process, for informal facilities in local communities in which young people can be supported to be active.



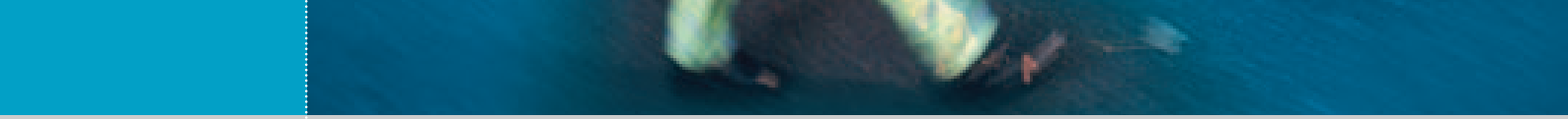
Developing Active Communities

Earlier this year, following the completion of a successful pilot, the Sports Council for Northern Ireland, in partnership with the Big Lottery Fund, launched a community sport programme targeting the 25% of Northern Ireland's most deprived electoral wards and groups, such as older people and people with disabilities, who are under represented in sports programmes. As part of the programme, a Community Sports Development Officer is recruited to work, on a full or part time basis, to plan and deliver a range of activities that meet local needs and the needs of disadvantaged groups. Each of the community sport projects aims to increase levels of participation, improve health, fitness and well being, increase self-esteem and confidence, and enhance social cohesion.

In late 2004, the East Belfast Partnership Board provided over 100 young people (8-9 years old) with an opportunity to develop fundamental physical skills and to take part in a two-day taster of seven sports at a multi skills camp. Sixteen schools and five youth clubs from East Belfast took part in the multi-skills camp with five groups from the Newtownabbey area and were supported by eight coaches and twenty two volunteers, who had been trained in advance of the event on how to develop fundamental skills.

TRIAX School's Physical Activity Programme is a joint initiative between the Community Sport Programme, Derry City Council, the Bogside & Brandywell Health Forum, the Old Library Trust and all seven local primary schools. An activity programme made up of Yoga, Gymnastics, Football, Swimming, Hip Hop Dance, Contemporary Dance and Fitkids Aerobics has been delivered throughout the school year in each school. Children receive coaching within their own school or within a community venue and receive certificates at the end of each 6-week programme.

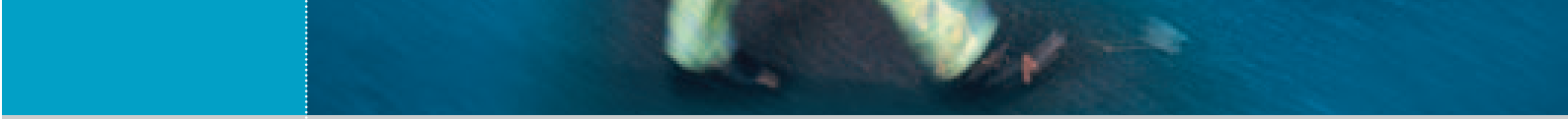
306. The development of basic skills in the community was identified by many participants in the work of the taskforce as an important requirement of any strategy to tackle overweight and obesity. A number of sporting organisations have been actively



developing programmes to enable coaches and those working with children and young people to be able to develop such skills. There would seem to be considerable merit in establishing common frameworks to support the development of fundamental skills in schools and in local communities. The importance of developing the basic skills so that low-income families can prepare a healthy, low-cost meal was also highlighted as a priority by a range of stakeholders.

307. Local authorities are already well placed to support action in local communities to deliver a Fit Future. The Review of Public Administration is likely to further enhance the importance of local government in tackling this agenda. There would appear to be the potential through Investing for Health partnerships for close working with local authorities to support local action to address health inequalities.

308. During the Fit Futures engagement process, schools and early year's settings were identified as important vehicles for encouraging and promoting community action to improve nutrition and active living. In implementing the recommendations in this report, it is, therefore, vital that the new frameworks being recommended to support the development of healthy schools and early years settings build connections between these settings and their local communities.



ENCOURAGING THE DEVELOPMENT OF HEALTHY COMMUNITIES

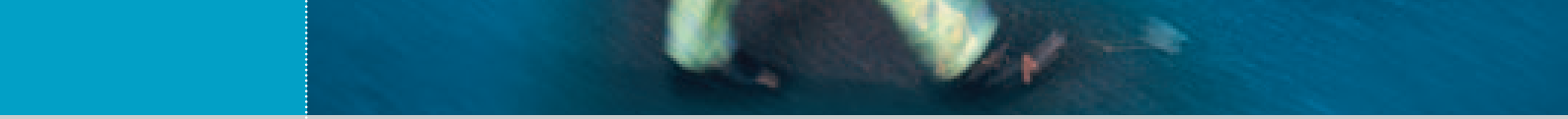
FIT FUTURES OUTCOMES

- ***Disadvantaged communities are supported to address inequalities in health.***
- ***Healthy schools are resources for action to support health and well-being of their local communities.***

ENCOURAGING THE DEVELOPMENT OF HEALTHY COMMUNITIES

FIT FUTURES PRIORITY ACTIONS

- DHSSPS, with the support of partner agencies, should mainstream programmes to support the development of basic nutrition and cooking skills among people on low-income. Priorities for the receipt of such training should include young people leaving care and those working in childcare and early years settings.
- IFH Partnerships should work with local authorities and other local health partners to support the development of capacity in disadvantaged communities in tackling barriers to accessing healthy food.
- Departments and agencies with responsibility for promoting physical activity, play and sport and for tackling disadvantage should integrate efforts to support the development of physical activity in deprived communities.
- DHSSPS and the Department of Social Development should produce and disseminate guidance for Neighbourhood Renewal Partnerships on health improvement planning and encourage the development of effective relationships between local health and neighbourhood renewal partners.



- Strategies and plans for youth work should recognise the potential contribution of the sector to supporting the physical, emotional and mental health and well-being of children and young people.

- The active schools programme being recommended in this report should specifically seek to establish links with local community facilities, groups and clubs.

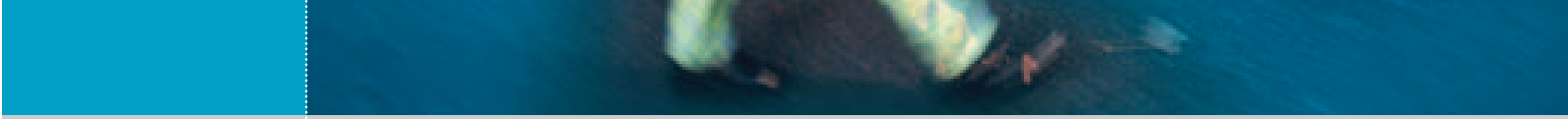
- Guidance on whole school food policies should address the engagement of parents and carers and involvement of the local community.

Building the Evidence Base

The Existing Evidence Base

309. The research process established by the Fit Futures taskforce identified a number of limitations in relation to our understanding of overweight and obesity in children and young people in Northern Ireland, how it is caused and how it can be addressed.

310. The research stakeholder event was organised by the Fit Futures taskforce in December 2004 to provide an opportunity for research stakeholders to consider the research and analysis available, to discuss the strengths and weaknesses of the available evidence, as well as the gaps and limitations of the local information base, and to discuss future research priorities. The major gaps and limitations identified at the research stakeholder event included that:
    - insufficient information was available on levels of overweight and obesity in children and young people and there were difficulties with the access to, and quality assurance of, available data;
    - the information available on children's activity levels related mainly to specific types of activity and did not enable assessment of overall physical activity levels;

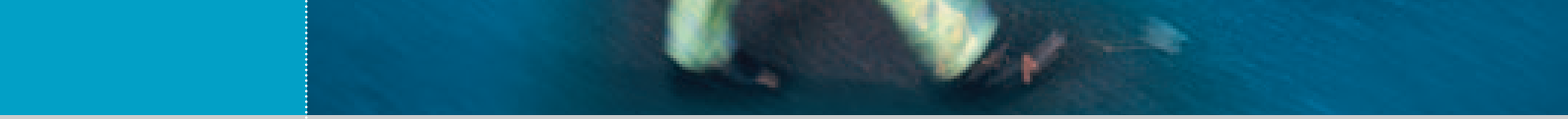


- in relation to both physical activity and food and nutrition, there was a lack of trend information and there were difficulties in comparing local research with that carried out in other parts of the UK and Ireland;
- insufficient information was available on nutrition and physical activity patterns in early years and among children with a disability;
- limited information of sufficient quality was available on the effectiveness of interventions at delivering and sustaining changes in attitudes and behaviour.

311. Those present at the research stakeholder event did not identify a large number of strengths in the local research and information base. However, the Young Hearts Study[13] was considered to be a very valuable source of information on overweight and obesity and its causal factors and it was suggested that there would be benefit in further dissemination of the findings of the study and in conducting further analysis of this information.

312. However, the research baseline compiled for the taskforce identified a number of planned studies which will improve the local research and information base. For example, the University of Ulster is directing a research project in relation to the prevalence of overweight and obesity in children with a disability.

313. Indeed, during the period since the establishment of the taskforce, there have been a number of further developments that will help to address the above-mentioned limitations and which will undoubtedly result in the research base being significantly improved over the next few years.
    - The Health and Social Well-Being Survey[59] has this year, for the first time, included an assessment of overweight and obesity in children and young people.
    - The FSA in Northern Ireland has ensured Northern Ireland's inclusion in the UK-wide Low Income Diet and Nutrition Survey.
    - The HPA has undertaken a survey of emotional and physical well-being of children of primary school age, which included an assessment of the height and weight of the children who participated, as well as questions in relation to diet and nutrition and physical activity.



- A small number of local research groups have been established, involving researchers, academics and practitioners, to develop research studies in Northern Ireland in relation to overweight and obesity in children and young people.
- An All-Island Food and Nutrition Forum has been established to facilitate the sharing of information and good practice between relevant organizations and interests in Northern Ireland and in the Republic of Ireland.

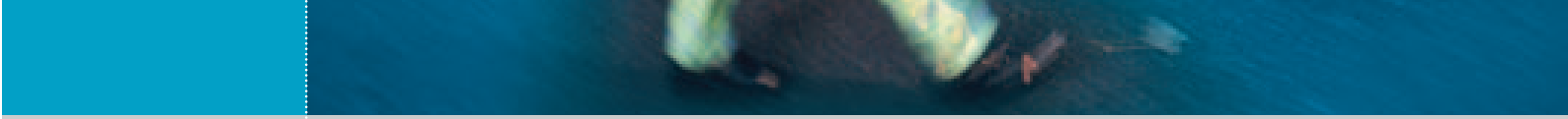
314. Nevertheless, there was a strongly held view among many of the participants at the research stakeholder event that, to inform future policy development, and to enable an effective assessment of the impact of government policy on overweight and obesity and its causal factors, further improvements to the research and evidence base would be required.

Research on Prevalence and Causation

315. There was support among research interests for further and ongoing assessment of overweight and obesity and its causal factors in children and young people living in Northern Ireland. It is important that trend information is developed to improve our understanding of why levels of overweight and obesity are rising and also to enable a robust assessment of progress towards health-based standards and government targets.

316. There was also recognition that information on overweight and obesity needs to be accurate and that the absence of agreed standards and protocols, in relation to the measurement of height and weight and the determination of overweight and obesity, could impact on the accuracy of data on obesity levels.

317. To date it has not been possible to assess the extent to which children and young people in Northern Ireland are meeting the one-hour a day physical activity target. To enable such an assessment it will be necessary for the departments and agencies with responsibility for physical activity, including sport and leisure, play and active travel to co-operate and share resources and to develop standardised systems for data collection.



318. This report recommends that the planned Food and Nutrition Strategy should establish nutrition-based targets, including appropriate targets for children and young people. It is, therefore, vital that relevant government departments and agencies co-operate to enable the resourcing of surveys to measure progress against these targets.

Co-operation and Information Sharing

319. Many of the solutions to overweight and obesity require co-operative working and effective research in this area is also considered to require multidisciplinary co-operation. The formation of local research groups focusing on overweight and obesity in children and young people is, therefore, to be welcomed. It is important that such groups co-operate closely with existing recognised research groups. The All-Island Food and Nutrition Forum also has the potential to contribute to improved co-operation and information sharing and to help improve the comparability of research.

Food and Nutrition Forum

The All-Island Food and Nutrition Forum was established in April 2005 to act as a platform for collaboration on nutrition, facilitating the sharing of experiences across jurisdictions and between sectors. The forum involves the Department of Health, Social Services and Public Safety, the Food Standards Agency (Northern Ireland), the Health Promotion Agency, the Food Standards Authority for Ireland, the Department of Health and Children and safefood, the Food Safety Promotion Board. The forum aims to bring stakeholders in nutrition on the island of Ireland together on a regular basis in order to exchange views and experiences and to share good practice and it is expected that membership of the forum will expand further in the near future.

Evaluation of Interventions

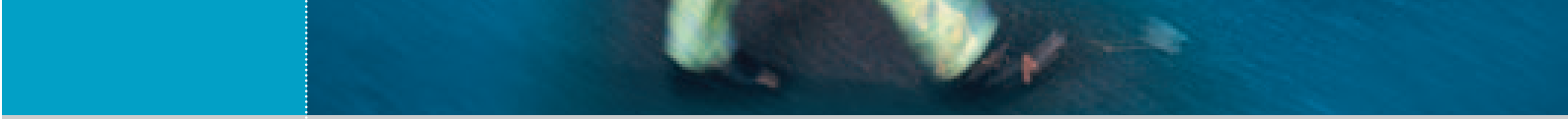
320. Many evaluations of policies and programmes that aim to increase activity or improve nutrition are not sufficiently rigorous to be relied upon when developing policies on obesity. The

absence of baselines and inadequate follow up are of particular concern. Without these, it is difficult to establish whether interventions offer the potential to contribute to sustained, as opposed to transient, attitudinal or behaviour change.

321. In developing new policy directions, and in particular when establishing or resourcing pilot projects, research interests should be more involved in the development of evaluation plans. Appropriate resources should be made available by project funders to support robust evaluations and where appropriate longitudinal studies.

322. The National Lottery has been, and is likely to continue to be, a major source of funding for innovative programmes to improve health and well-being in Northern Ireland. It is suggested that relevant departments should be involved in the development of evaluation plans and should support such evaluations to ensure that local policies are informed by the effective evaluation of lottery funded programmes.

323. Research stakeholders strongly supported the evaluation of interventions as a priority for future research funding in relation to tackling overweight and obesity. The Health Development Agency also supports this focus on the evaluation of interventions and, in particular recommends that research resources should focus on key areas of policy intervention, such as healthy schools and prevention in early years[15].



BUILDING THE EVIDENCE BASE

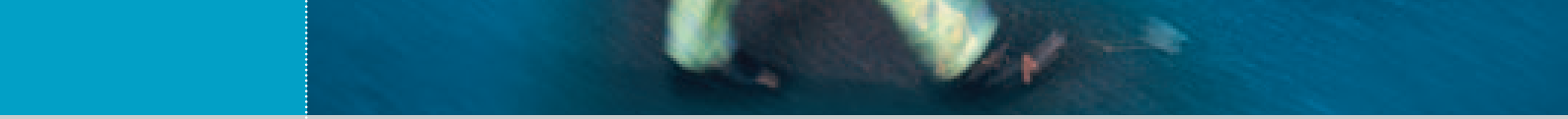
FIT FUTURES OUTCOMES

- ***Robust assessment of progress against government targets and towards health based standards.***
- ***Improved evidence base in relation to the effectiveness of interventions to prevent obesity.***

BUILDING THE EVIDENCE BASE

FIT FUTURES PRIORITY ACTIONS

- DHSSPS should ensure that levels of overweight and obesity in children and young people continue to be regularly assessed and such assessments should continue until there is clear evidence of a downward trend in levels of overweight and obesity in children and young people.
- DHSSPS should work with partner organisations to support the development and dissemination of guidance and standards in relation to the assessment of overweight and obesity in children and young people and should direct a regular assessment of obesity levels utilising data recorded in the Child Health System.
- DHSSPS, in partnership with other departments and agencies, should identify and resource a preferred option for surveying food and nutrition intake in order to enable the regular monitoring of nutrition based targets.
- DHSSPS should ensure that the research baseline developed to inform the Fit Futures taskforce is updated and effectively disseminated.
- Government departments and agencies should seek to develop more robust systems for assessing activity levels among children and young people and should endeavour to improve the comparability of information on food and nutrition and physical activity with data from the Republic of Ireland and other regions of the UK.

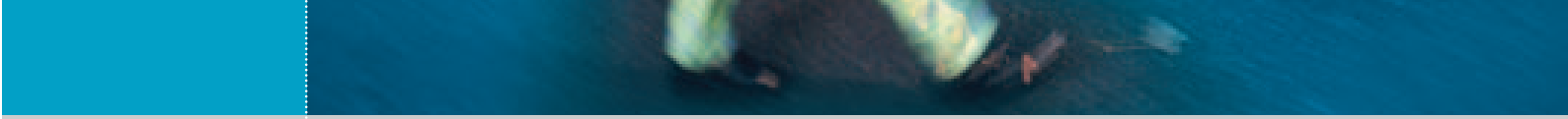


- Government departments and agencies should, when establishing or resourcing pilot projects, encourage the involvement of research interests in the development of evaluation plans and should allocate sufficient resources to support robust evaluations.

- Government departments should be involved in the development of evaluation plans for lottery-funded programmes to ensure that local policies are informed by the effective evaluation of such programmes.

- A research group should be established as part of the healthy schools partnership to ensure that the evidence base necessary to evaluate action in schools and early years settings is available and to assess progress towards key targets.

- The prevention of overweight and obesity should be a priority for research funders and research in relation to the effectiveness of major policy interventions should be prioritised.



9 Implementation of Fit Futures' recommendations

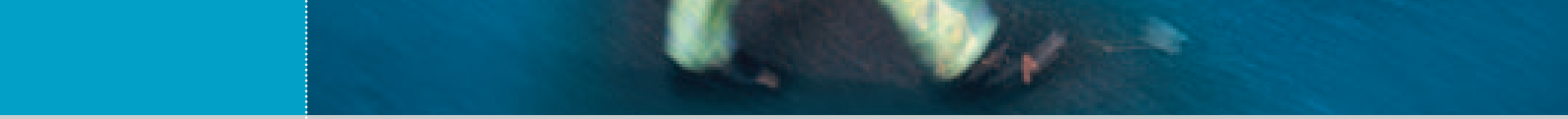
324. The Fit Futures taskforce identified examples from across Northern Ireland, England, Scotland, Wales, the Republic of Ireland and even Scandinavia of where the policies and programmes being advocated in its report are already being implemented. There was a clear view among participants in the taskforce that the priorities for action can be implemented and, because of the health and financial consequences of inaction, should be implemented as matter of priority.

325. It is a matter for the Ministerial Group on Public Health to consider the recommendations in detail, to determine its response to them and to assess how the recommendations should be implemented. However, the Fit Futures steering group has identified a number of issues for consideration by the Ministerial Group in relation to the resourcing and implementation of the Fit Futures' recommendations. It has also identified specific approaches to the implementation of the recommendations that it wishes to recommend to the Ministerial Group.

Implementing Fit Futures' Recommendations

326. Efforts have been made to ensure that the recommendations build on existing good practice and, in the interests of efficiency, avoid, where practicable, the creation of new structures. The Fit Futures steering group does not consider that new structures are required to oversee the implementation of these recommendations. Forthcoming strategies on physical activity and sport and food and nutrition should provide the principal mechanisms for delivery and oversight of the Fit Futures' recommendations. It will be necessary to carry out detailed assessment of the equality implications of these policies and strategies in advance of their implementation.

327. A new healthy schools partnership, directed at the most senior level within the Department of Education and the Department of Health, Social Services and Public Safety, will, however, need

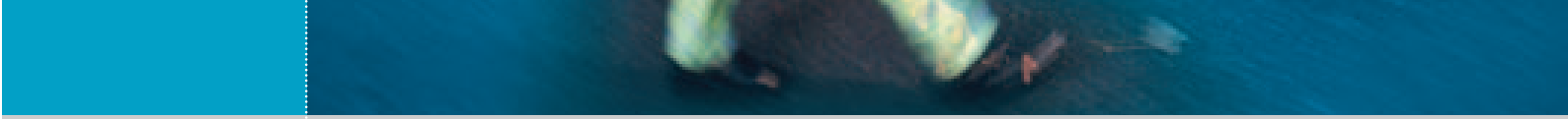


to be established to support the delivery of the healthy schools agenda recommended by the taskforce. The Department of Health, Social Services and Public Safety should maintain its support for the development of the Healthy Schools, including, in particular, through support for the development and dissemination of evidence based guidance and advice and by supporting the provision of integrated support for healthy schools by local health and social services practitioners. In addition, to enable the Department of Education to take joint responsibility for the healthy schools agenda, it should appoint a manager whose role is dedicated to supporting health and well-being in schools and early years settings and to the development of the new healthy schools' policies and partnerships.

328. The taskforce did not focus its attention on the physical facilities that might be required to support the delivery of its recommendations. Nevertheless, it is recognised that improved facilities and equipment may be necessary to support some recommendations. In planning new buildings and when refurbishing existing facilities, such as schools and nurseries, it will be important that appropriate consideration is given to what facilities and equipment are needed to support the delivery of the Fit Futures' recommendations.

329. Within the health sector, a target has already been established in relation in relation to the development of integrated plans to stop the rise in obesity in children. The effective implementation of these plans will be crucial if health and social services practitioners are to maximise their contribution to obesity prevention. It is essential that these plans address in detail how the range of professionals and practitioners involved in this agenda, work together and share expertise to effectively support obesity prevention. Priority needs to be given to the preventative role of staff in key professions, such as dietetics.

330. Investing for Health Partnerships and local health improvement plans offer a mechanism for ensuring that the health sector works in partnership with other organisations and agencies, including, in particular, local government, to deliver integrated approaches to obesity prevention. The development of existing plans to ensure that physical activity as a whole, including active living, active play and sport and leisure, is promoted and



supported is an example of the role that local government can play in delivering integrated solutions to the issue of obesity prevention.

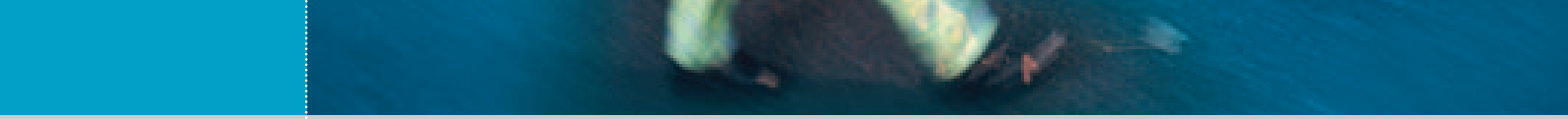
331. The appointment of Lord Rooker, as the Minister for Children, the publication of the children's strategy, and recent announcements on extended schools and developing the early years sector, offer real opportunities for improving the health and well-being of children and young people, particularly children from disadvantaged backgrounds.

332. The steering group recognises that the implementation of the Fit Futures recommendations will be most effective if it takes account of learning elsewhere. Therefore, it recommends that DHSSPS should establish links with the structures established in other parts of the UK and in the Republic of Ireland to implement new policy directions on obesity prevention.

333. It was evident from the consultation conducted by the taskforce that, in many areas, action should be taken now and does not need to wait for new structures and strategies. In particular there was a demand that the food industry should start to respond, even in advance of planned new policies, to consumer concerns about the inappropriate advertising and promotion of food to children and the confusing labeling and claims on some food products. There was also a demand for the government to start leading by example in areas such as procurement.

Resourcing the Recommendations

334. It is the view of the Fit Futures steering group that many of the recommendations made in the report can be implemented at little cost and are really about doing things better and taking proper account of the evidence in relation to what encourages children to adopt and maintain a healthy diet and an active lifestyle. Prioritising existing resources towards the prevention of ill-health and the development of the fully-engaged scenario, envisaged within the Wanless and Appleby reports, will also have a significant role in helping to deliver these recommendations.



335. The steering group also believes that a number of the taskforce's recommendations will enable better use of existing resources, delivering greater impact in terms of the promotion of health and well-being. For example, the recommendation to establish a fund to support the sharing and dissemination of health promotion resources to promote healthy eating and active living, will reduce potential duplication and help to reduce the likelihood of inconsistent messages being promoted. The focusing of resources by DHSSPS, the Department of Agriculture and Rural Development, the Department of Enterprise, Trade and Investment and the food industry towards the development of an industry that can compete in an increasingly health conscious market, surely also offers the potential for us all to obtain a "bigger bang for our buck".

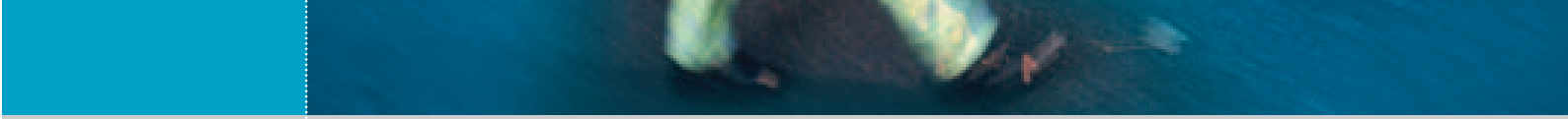
336. There are nevertheless actions set out in this report, which the steering group consider to be vital investments in long-term health improvement and will require additional resource. To assist the Ministerial Group on Public Health in its consideration of the mechanisms that should be established to support and resource the Fit Futures' recommendations, the Fit Futures steering group has developed specific suggestions on prioritising the recommendations and joining-up resources.

A Framework for Prioritisation

337. To stop the upward trend in childhood obesity the full range of priorities for action advocated within this report will need to be resourced and implemented by the 2010 deadline set out in the Priorities and Budget Report 2005-2008[76]. However, in determining the initial investment of resources, it is recommended that priority is given to the following:

- Developing capacity to promote healthy living within the community and in education and health settings, for example, through training in essential skills.

- Targeting action on enhancing existing initiatives that have proven to be successful and have particular potential for contributing to the fight against childhood obesity.



- Enhancing the infrastructure of key enablers to act as catalysts for promoting action at local level.

- Developing strategic funding partnerships across the public, voluntary & community and private sectors.

338. While the overall aim will be to ensure that all children and young people benefit to the maximum from opportunities to tackle childhood obesity, actions could be progressed on a phased basis, targeting initially on those in greatest need.

An Inter-Departmental Approach to Funding Fit Futures

339. The need for a holistic approach to tackling childhood obesity is at the heart of this report. It is important that joined up action at the front line is supported by a joint approach among government departments, not just in relation to putting the overall policy framework in place, but also in supporting the effective implementation of action. This can be facilitated by establishing a co-ordinated approach to securing and managing resources to support the strategy.

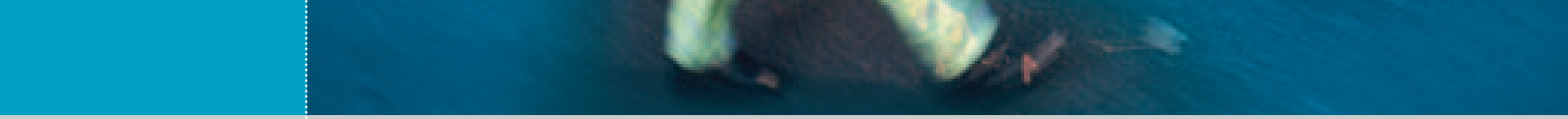
340. It is proposed that this could be achieved through some or all of the following measures:

- Departments agreeing shared Fit Futures priorities in bidding for resources.

- The creation of a fund, to be targeted at the highest priority actions to combat childhood obesity, such as the development of healthy schools and healthy early years.

- Ensuring that Fit Futures objectives are incorporated within existing and planned cross-departmental policies and programmes.

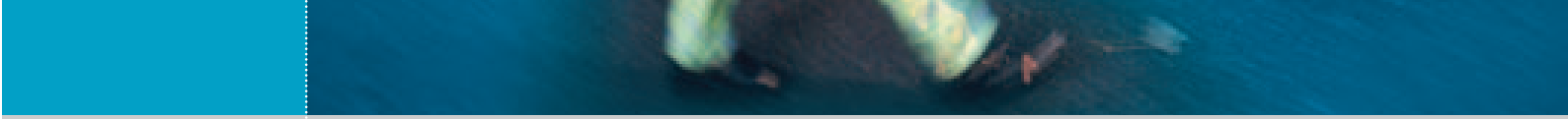
- The development of agreed protocols for monitoring and evaluating the impact of action supported by departments.



The Role of the Ministerial Group on Public Health

341. The Fit Futures steering group recommends that, to inform debate and to help develop consensus on the issue of obesity prevention, the Ministerial Group on Public Health should publish the report of the Fit Futures taskforce in full. The summary report should also be made available as a stand-alone document to maximise interest in the work of the taskforce.

342. To ensure that the momentum established by the taskforce is not lost, the Fit Futures steering group recommends that the Ministerial Group on Public Health should publish its response to the Fit Futures' recommendations, including an implementation plan, within three months of receiving this report. It should also monitor the implementation of agreed recommendations and publish a progress report on an annual basis.



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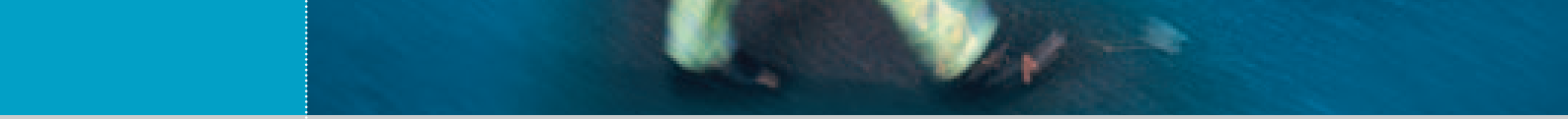

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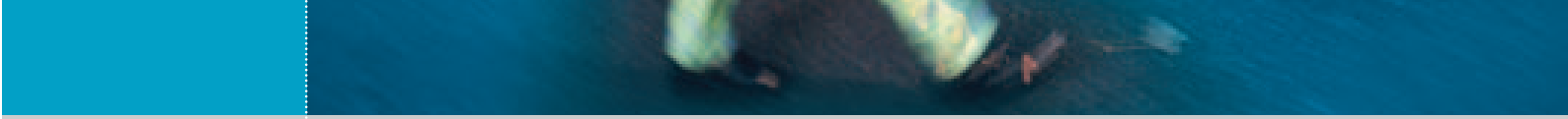

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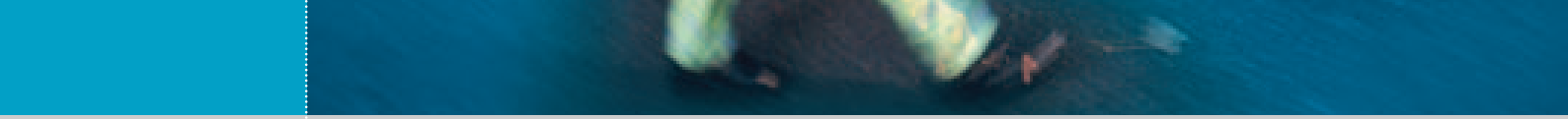

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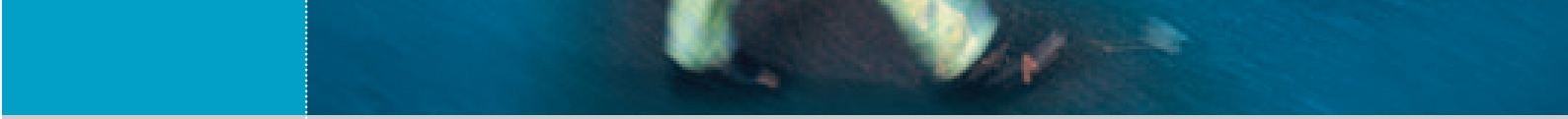

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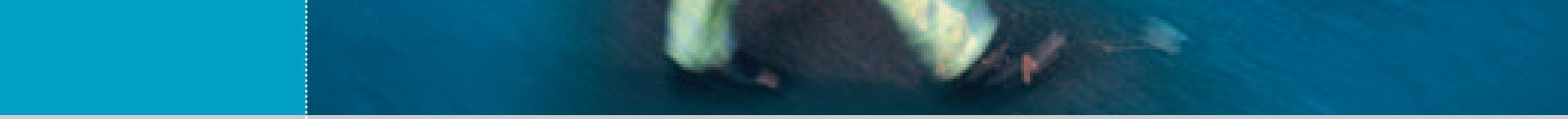

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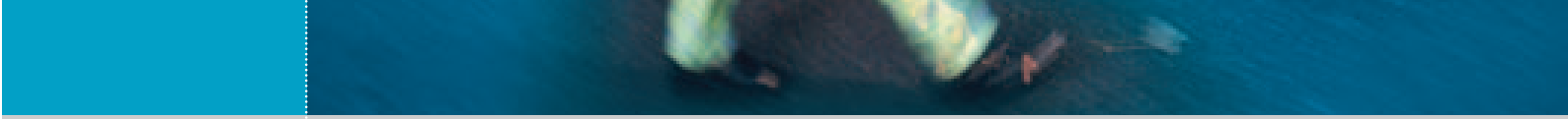

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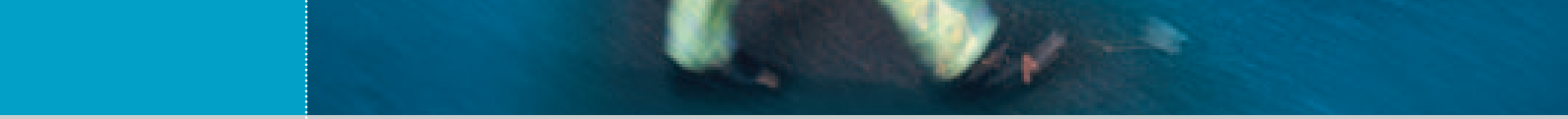

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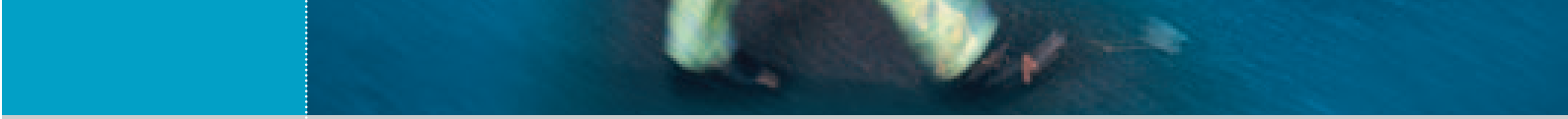


Glossary

Apnoea: temporary cessation of breathing

Blood pressure: the pressure created by blood pumped out of the heart and passing through the arteries

Body mass index: measure of body fatness that takes account of both weight and height. It is expressed as body weight (kg) divided by the square of height (m2)

Cardiovascular: refers to the whole circulatory system: the heart, the arteries and veins of the body and the arteries and veins of the lungs

Cholesterol: a fatty substance in the bloodstream; high levels are associated with an increased risk of heart attack and stroke

Coronary heart disease: abnormalities of blood vessels supplying blood to the heart muscle. This can result in angina or heart disease

Diabetes type 2: an abnormal rise in blood sugar levels as a consequence of impaired insulin action, which can contribute to a range of chronic health problems

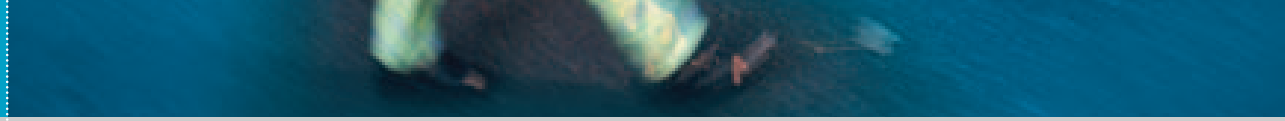
Hypertension: high blood pressure

Life expectancy: the expected years of life at birth based on the mortality (death) rates of the period in question

Metabolic syndrome: is a cluster of conditions which together greatly increase the risk of type 2 diabetes and cardiovascular disease

Ministerial Group on Public Health: is cross-departmental group, chaired by the Minister for Health, Social Services and Public Safety and including senior representatives from all government departments, which is responsible for overseeing the implementation of the public health strategy for Northern Ireland, Investing for Health

Nutrient: a substance that provides nourishment for the body and promotes its growth and repair. Essential nutrients include proteins, carbohydrates, fats and oils, minerals, vitamins, and water



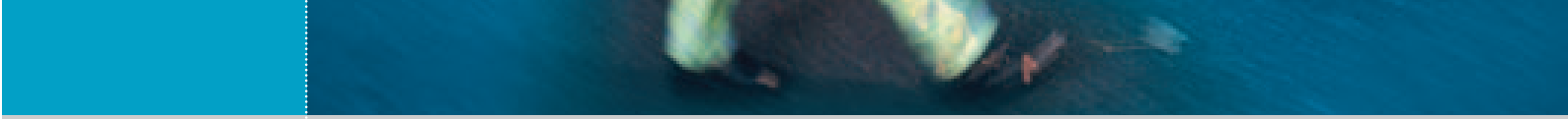
Obesity: a disease in which excess body fat has accumulated to an extent that health may be adversely affected. In adults, it is defined by a body mass index greater than 30

Osteoarthritis: "wear and tear" problems of joints, with changes in cartilage and bone

Overweight: is defined in adults by a body mass index of 25 - 30

Sedentary: not in the habit of taking physical exercise

Socio-economic status: an indication of a person's or a group's social situation derived from both social and economic factors



Acknowledgments

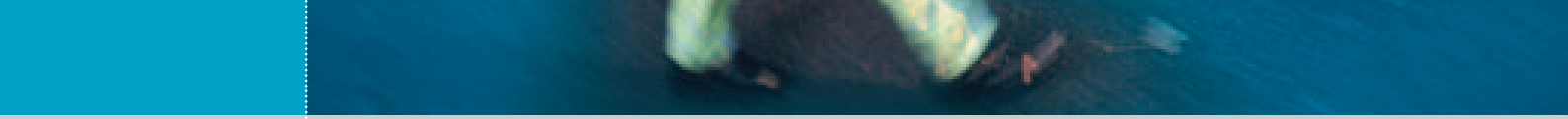
As Chairperson of the Fit Futures steering group I would like to thank all those who have been involved in the work of the taskforce and who have contributed their time and effort to delivering the taskforce's terms of reference. Cross-departmental and cross-sectoral working has been a feature of the Fit Futures process and I sincerely hope that this collaborative approach will continue when we come to implement the recommendations contained within this report.

I would also like to thank those organisations and individuals who assisted us in our consultations, particularly those who assisted us in communicating with children, young people and parents at the beginning of the Fit Futures process. This process ensured that the views of children, young people and parents informed and directed the remainder of the taskforce's deliberations.

I am very grateful to those people who helped to develop the taskforce's research baseline and Dr Kevin Pelan, from the Northern Ireland Assembly, for the research support provided to the taskforce.

Finally, I would like to express my gratitude to the members of the Fit Futures steering group for their advice and support, and, on behalf of the steering group, would wish to thank the taskforce secretariat, Damien Martin and Gary Maxwell, based in the Department of Health, Social Services and Public Safety, who have supported the taskforce so effectively in all its work over the past year.

Dr Eddie Rooney
Chairperson, Fit Futures Steering Group

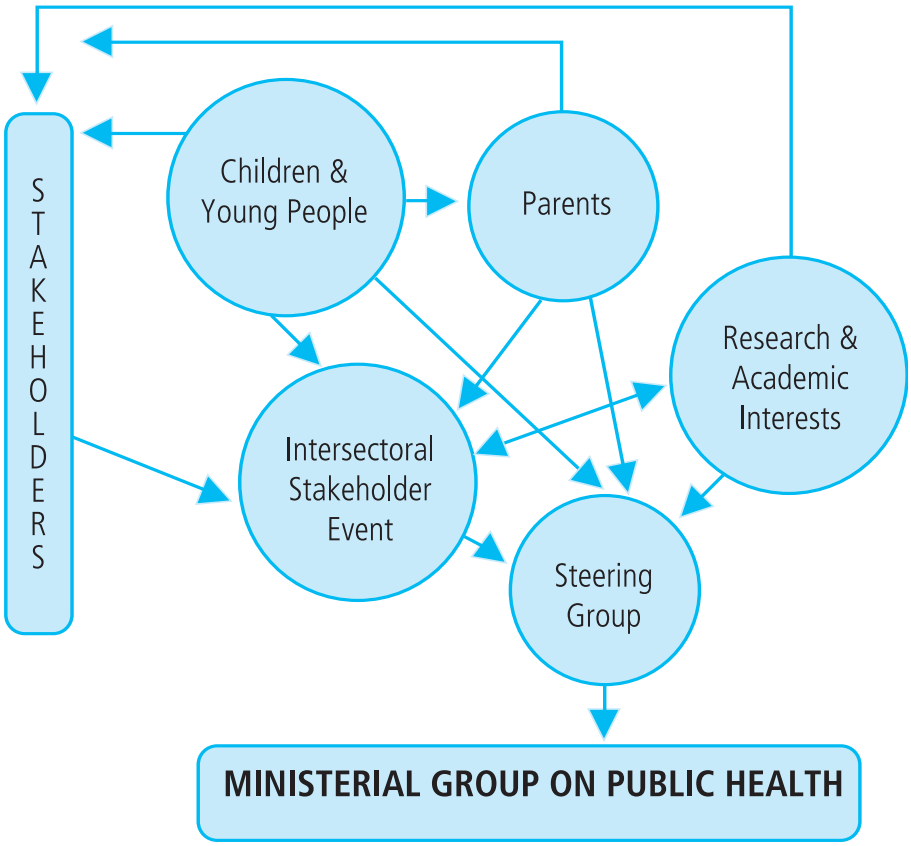


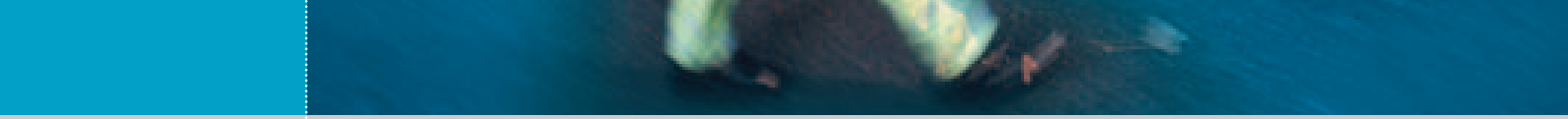
Appendix 1

Membership of Fit Futures Steering Group

Mr Jack Palmer	Department of Culture, Arts & Leisure
Dr Eddie Rooney	Department of Education (Chairperson)
Dr Lynne McMullan	Department of Education
Dr Elizabeth Mitchell	Department of Health, Social Services & Public Safety
Mrs Maeve Walls	Department for Social Development
Mr Morris McAllister	Food Standards Agency
Dr Brian Gaffney	Health Promotion Agency
Mrs Siobhan Fitzpatrick	NIPPA- the early years organisation
Mr John News	Sports Council for Northern Ireland

Appendix 2: Fit Futures Engagement Process





Investing for Health

Produced by: Department of Health, Social Services & Public Safety

For further information please contact:
Investing for Health Team
Room C.4.22
Castle Buildings
Stormont
Belfast
BT4 3SQ
Tel: 028 9052 2133
Email: publichealth@dhsspsni.gov.uk
Website: www.investingforhealthni.gov.uk

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