

ALIYA PORTER - WRITTEN EVIDENCE (FDO0003)

About the author:

Aliya Porter – freelance Registered Nutritionist (RNutr) at Porter Nutrition. Mum of 3. I work directly with the public across all ages through 1-1 consultations, workshops and writing, as well as offering training and consultancy to the public sector, companies and small food businesses.

Submission:

It is my belief that, in order to prevent obesity, we must start before children are born. We need to start with girls who will go on to be mothers. The evidence is clear that the impact on the foetus of interventions within pregnancy do not impact the outcomes as much as we need them to so pre conception intervention is required.

This includes creating an environment which enables the eating of a balanced diet. This includes making fresh fruit and vegetables, quality meat and fish, pulses, wholegrains etc accessible to all. Ensuring food deserts are addressed, ensuring that food in school, university, work canteens is nutritious not cost focused.

It also includes providing education in schools on how to cook nutritious meals from scratch which are low cost. Currently the focus of cooking in schools is on technology rather than basic cooking skills.

It then includes support for pregnant women to eat well, whilst navigating the challenges (including sickness, tiredness etc) of pregnancy, and where needed, targeted weight management support which is not stigmatising. Support to work out how to nourish themselves in the early days of parenthood is also essential.

Following the birth of the child, support around responsive feeding (bottle feeding) and breastfeeding are vital. Whilst breastfeeding has been shown to be more effective at supporting obesity prevention, bottle feeding support should not be missed.

Early support around weaning with good investment into both health visiting and paediatric nutritionists and dietitians who can help families to navigate the early stages of solid food. Teaching about the food environment, what children need etc are vital to help families who have not had that information.

Alongside this regulation of both the formula industry (removing the ability to advertise follow on formulas) and the food industry (with stricter

labelling rules and nutrition rules for products marketed to the under 3s specifically but also to children in general), rather than the guidance which is currently proposed. Adding well know children's cartoon characters should only be permitted on foods which are unprocessed and have no added sugar and are low in salt.

Staying within the early years, we need mandatory guidance on food in nurseries to provide the basic nutrition – 5 a day, 2 portions of fish a week, no processed meat and no added sugar for the under 5s (with free sugar limits in line with SACN recommendations), as well as the full guidance currently in place to be better publicised and reformed to be easier for settings to follow. There should be mandatory training for all childminders and settings around the food environment and portions as well as what children need nutritionally.

The national curriculum also needs to be amended to move away from what is 'healthy' and 'unhealthy' to provide children with an education about real food and an introduction to tastes, textures, flavours as well as basic nutrition. This is undermining the child's ability to choose and is pushing children to choose to eat more, as well as putting the 'bad foods' on a pedestal ('you can't have this therefore it is something to be attained').

In summary, the problem of obesity is far reaching. There are many recommendations outlined above. Many of the issues outlined have had evidence put forward through other channels. I wanted to bring a more personal approach as someone who has seen the hurt, the loss of self-esteem, the parents crying about their children. We must do better for them. Too many children are starting school already living with overweight, we cannot start the prevention at school, we must start earlier.

I have pulled out a few areas to give more focus on based on the specific areas as requested please see comments below:

Key trends in food, diet and obesity, and the evidential base for identifying these trends.

- I have seen evidence of a reduction in the ability to cook – children who went through school without cooking education are now parents so are not able to cook basic meals from scratch or teach their children to do the same.
- In the early years there has been a stark rise in the availability of processed foods – including those with a health halo – marketed

specifically for the early years. Particularly snack foods are now more likely to be processed than fruit previously provided. We are waiting the results of the infant food survey to confirm this trend as this survey hasn't been done since 2010.

- The increase in preprepared foods also means that portions are set by manufacturers so children are more likely to eat more than they need. From experience working with manufacturers those portions are often based on what the packaging allows, what the price point dictates, shelf positioning or even parental expectations rather than the portion that is right for the child.
- Increase in children in early years settings means that young children now have a different influence when it comes to food. Food in early years settings is unregulated.
- With the cost of living pressures, children are missing meals or they are having more processed food which is cheaper. Evidence suggests processed meat consumption is higher in low income groups.

The primary drivers of obesity both amongst the general population and amongst distinct population and demographic groups.

- Abundance of food options 24/7
- UPF increase
- Sedentary behaviour – including smaller playgrounds at schools, reduction of investment in parks (particularly from councils who are bankrupt), working from home, unsafe streets, pressures on the curriculum so PE is often squeezed, cost pressures on families so they aren't able to afford active activities.
- Portion sizes set by manufacturers – this is not the portions put on the pack but the pack size – for example share bags are rarely shared, consumers rarely drink just half a 500ml bottle of fizzy drink.

The impacts of obesity on health, including on children and adolescent health outcomes.

- Evidence shows that children living with obesity are more likely to become adults living with obesity. The girls who then become mothers are more at risk of their children developing obesity, as well as more at risk of complications in pregnancy including gestational diabetes, still birth and preeclampsia.
- The impact on self esteem is widely acknowledged which impacts school and long-term job prospects.
- Obesity increases risk of type 2 diabetes, cardiovascular diseases and cancer.

The role of the food and drink industry in driving food and diet trends and on the policymaking process.

- In foods marketed at the under 3s we have seen a huge increase in UPF and also in foods which are labelled with a health halo. Foods are also labelled from 4months when NHS guidance for weaning is around 6 months. Snacks are labelled suitable from 6 months sometimes too when the NHS guidance is that children under 1 don't need snacks.
- Crisps were previously not seen as a healthy choice but now there are lots of snacks in the under 3s offer which are essentially crisps, perhaps with lower salt levels but still with very little nutritional value. These foods are not satiating and therefore children eat more.
- The policing of the legislation around nutrition requirements for the food for the under 3s is poor leaving consumers unsure about what is on offer.
- With a lack of resource in the public sector and health visiting massively under-resourced, see the latest Institute for Health Visiting annual report, many parents are being advised by the food industry on the best way to wean their children. Such information is often accompanied by money off vouchers for products which are expensive, processed and often not of high nutritional value. This leaves parents feeling like this is the best option for their children.

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