



A REPORT BY THE ALL-PARTY PARLIAMENTARY GROUP  
ON A FIT AND HEALTHY CHILDHOOD

# THE ROLE OF MARKETING IN PROMOTING A FIT AND HEALTHY CHILDHOOD

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The Working Group that produced this Report is a sub-group of the All-Party Parliamentary Group on a Fit and Healthy Childhood.

The purpose of the APPG is to promote evidence-based discussion and produce reports on all aspects of childhood health and wellbeing including obesity; to inform policy decisions and public debate relating to childhood; and to enable communications between interested parties and relevant parliamentarians. Group details are recorded on the Parliamentary website at <https://publications.parliament.uk/pa/cm/cmallparty/150929/fit-and-healthy-childhood.htm>

The Working Group is chaired by Helen Clark, a member of the APPG secretariat. The Working Group members are volunteers from the APPG membership with an interest in this subject area. Those that have contributed to the work of the Working Group are listed on the previous page.

The report is divided into themed subject chapters with recommendations that we hope will influence active Government policy.

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## THE ROLE OF MARKETING IN PROMOTING A FIT AND HEALTHY CHILDHOOD EXECUTIVE SUMMARY

Since 1975 worldwide obesity has tripled. World Health Organisation (WHO) figures show that in 2016 around 41 million children under the age of 5 and over 340 million children and adolescents aged 5-19 were with overweight or obesity: <http://www.who.int/en/news-room/fact-sheets/detail/obesity-and-overweight> UK figures show an equally disturbing upward trend (OECD, 2017 'Health at a glance 2017:OECD Indicators'. Paris: OECD Publishing). Indeed, in the 1970s when obesity rates began to climb noticeably, there was a mirrored increase in the popularity of convenience (largely frozen) foods and even just a decade later, further food industry advances in both production and increased advertising resulted in an explosion of the availability of ultra-processed, highly refined foods which were easier to prepare (i.e. microwavable meals) and much easier to advertise.

Obesity is a multi-factorial disease but an undeniable contributory factor is that consumers are constantly exposed to high-fat, high-sugar, energy-dense foods that they can access 24 hours a day. Indeed, the increased use of innovative strategies in product development means that within the modern-day food environment, consumers are faced with a wide and perplexing choice in terms of what and when to eat. From the manufacturer's viewpoint, marketing is therefore more important than ever before; as is the negative role of food marketing in the escalation of child obesity.

Children are preferentially targeted by marketers (Linn SE, 'Food marketing to children in the context of a marketing maelstrom', *Journal of Public Health Policy*, 2004:25:24-35) because marketing has a three-way beneficial effect on sales to children:

- They are independent consumers (pocket money on sweets)
- They can exert major influence over family purchases (pester power)
- They are future adult consumers whose brand loyalty, if established in youth, can be highly financially rewarding for the company over the lifespan (Story M & French S, 'Food advertising and marketing directed at children and adolescents in the US' *Int J Behav Nutr Phy Act* 2004: 1: 3-19).

The effect of marketing upon children is all too frequently not of benefit to their mental and physical health and wellbeing and their parents and carers are ill-equipped with the resources to protect them from a daily onslaught that is all the more lethal because it is frequently insidious and 'hiding in plain sight.' For example, one of the key advertising rules is that ads must be obviously recognisable as such and with the explosion in online ads, promotions by

bloggers, vloggers and celebrities on social media, this rule is increasingly swerved. Consumers have a right to know when they are the subject of advertising so that they can understand when content is intended to promote a product or brand. If consumers are unaware that they are being targeted by advertising it is not only misleading but also damages trust in advertising.

Against such a backdrop, this report will argue that all of us – parents, manufacturers, the ‘out of home’ sector (e.g. restaurants, cafes, takeaways) retailers, broadcasters, online media, schools and local authorities – need to take responsibility for promoting healthy choices. There is ample evidence to show that despite the existence of voluntary self-regulatory regimes, current approaches to tackling the obesogenic food environment are not only inadequate but in some instances, facilitate and promote it. Food and drink advertising still predominantly promotes the consumption of unhealthy food and drink and the ways in which it does it are extremely persuasive and engaging. It is therefore unsurprising that children respond in accordance – and as intended.

It is important in any consideration of marketing to refrain from undue negative bias. There is certainly a pressing need to rectify its many current and obvious deficiencies but it is equally imperative that policy-makers and business concerns adopt the standpoint that marketing has the potential to be a force for good. A basic principle and touchstone of marketing is to understand the needs of the public. This perspective accords well with ‘stakeholder engagement’ and ‘population-based’ policy making. The challenge now facing policymakers is to take radical action to protect children and young people, using statutory means in those areas where a predominantly voluntary approach has failed and continues to fail. In this way, individuals can be supported through coherent and sustained implementation of policies that are both evidence-based and population-based and regulation can be devised that at the very least, facilitates the availability of healthier lifestyle choices that are affordable and easily accessible to everyone from all sectors of society.

HELEN CLARK: SEPTEMBER 2018

## SUMMARY OF RECOMMENDATIONS

### 1. 'WHERE ARE WE NOW?' AN OVERVIEW OF POSITIVE AND NEGATIVE PERCEPTIONS OF MARKETING AS AN INFLUENCER IN THE FIELD OF CHILD HEALTH AND WELLBEING:

- 1.1 Marketing and media literacy to be extended, developed and included within the National Curriculum especially in its application to public sector services.
- 1.2 The Government to review the extent and range of marketing to and by schools
- 1.3 Collaboration between Government and the marketing industry to explore innovative ways of promoting child health and wellbeing
- 1.4 Greater restriction on the sponsorship of sport and physical activity by unhealthy food and drink brands
- 1.5 Reconsideration of current legislation appertaining to the exposure of children and young people to gambling and betting advertisements
- 1.6 Extension of the existing regulations to restrict HFSS TV advertising until after the 9pm watershed to protect children and support parents/carers
- 1.7 New online regulation to be devised to deliver a similar level of protection to that afforded by live TV.

### 2. MARKETING, PROFESSIONAL TRAINING AND THE DISSEMINATION OF INFORMATION:

- 2.1 The Department for Business, Energy and Industrial Strategy to commission a study group 'Regulating marketing children's products and services' prior to publishing proposals in accordance with findings
- 2.2 The study group to cover as part of its remit, marketing regulation in relation to providers of therapeutic services for children (involving many voluntary organisations and charities large and small).
- 2.3 The study group to involve/invite the participation of:

Chartered Institute of Marketing (CIM)

The Institute of Sales and Marketing Management (ISMM)

Advertising Association (AA)

Direct Marketing Association (DMA)

and any others representing the marketing profession and able to encourage and enforce good standards.

### 3. THE ROLE OF MARKETING DURING PRE-PREGNANCY, ANTE & POSTNATAL PERIODS:

- 3.1 Development of a social marketing plan to support pre-conception healthcare
- 3.2 The Government to create and launch a clinically endorsed app and accompanying website for pregnant women, providing evidence-based information that is easily accessible and available on the basis of need
- 3.3 Government-funded campaigns and messaging to celebrate women, partners and family members for the accomplishment of birthing and raising a new baby
- 3.4 Positive celebrity role models to create awareness about realistic body images for mothers and babies; social media to promote this message including content from influential vloggers and tighter restrictions on companies using role models and vloggers to disseminate marketing.
- 3.5 The role of marketing in pre-conception, antenatal and postnatal periods to form part of the curriculum/training for child health educators and health professionals
- 3.6 Adequate time to be allocated in the antenatal period to enable meaningful, individualised conversations between midwives and women about weight gain before, during and after pregnancy.

### 4. MARKETING STRATEGIES TO PROMOTE KNOWLEDGE OF GOOD NUTRITION AND PHYSICAL ACTIVITY IN EDUCATIONAL AND COMMUNITY SETTINGS:

- 4.1 A ban on the use of child-friendly characters to advertise junk food
- 4.2 Public Health England to build upon the existing partnership with Disney (Change4Life) to encourage companies to include their child-friendly characters on healthier food products
- 4.3 Public Health England to increase awareness of its Healthy Start scheme nationally and at a local level by developing a mobile app and prioritising the usage of social media for this and other public health campaigns
- 4.4 The Public Health England report '*Calorie Reduction: The scope and ambition for action*', 2018, recommends a broader reduction campaign programme than merely sugar reduction. It should undertake more work in the area of consumer perceptions, understanding of calories, interventions by retailers and manufacturers, restaurants, pubs, cafes and takeaways, the 'eating out-of-home' sector and delivery services
- 4.5 The focus of the UK Childhood Obesity Strategy and Scotland's Diet and Healthy Weight Plan is directed towards unhealthy foods with recommendations about limiting consumption. It would be useful to produce strategies to promote *healthy* choices prompting the right behaviours at the stage at which children are forming habits around eating

and drinking

- 4.6 Marketing of healthy eating and the benefits of increased physical activity should be extended to children's carers/relatives and through the school and wider community. This strategy was recommended by the World Health Organisation's 69<sup>th</sup> World Health Assembly:  
[http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_8-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_8-en.pdf)
- 4.7 Specific marketing to educational or wider community staff involved in childhood healthy living initiatives should guide educators to either a broad-based single support area or a selection of evidence-based and respected organisations where they can source answers and assistance.

## 5. MARKETING STRATEGIES TO PROMOTE KNOWLEDGE OF GOOD MENTAL HEALTH:

- 5.1 All relevant stakeholders including the Government and health and education professionals to make renewed efforts to engage with media organisations to reduce children's exposure to material that promotes increased body concerns and may contribute to lowered self-esteem, depletion in physical confidence and an increased risk of self-harming
- 5.2 The strategies must take into account the difference between educational/curriculum and therapeutic support objectives. The promotion of therapeutic support services is best undertaken by relevant professional organisations or by means of a sponsorship partnership between a professional organisation and a supplier.

## 6. PARTNERSHIPS BETWEEN INDUSTRY, COMMUNITY ORGANISATIONS AND NON GOVERNMENTAL ORGANISATIONS (NGOs) TO ADVANCE THE GOAL OF CHILD HEALTH AND FITNESS:

- 6.1 Government should disseminate clear guidance on national and international regulation; updating as and when appropriate
- 6.2 Public Health England to compile a directory of best practice partnership working (including international 'success stories')
- 6.3 The balance between relevant voluntary and statutory regulation should be subject to annual review with results published. This relates initially to the performance of the sugar levy. The matter of its extension to other products should be the subject of continuous review.

## 7. UNICEF'S CHILDREN'S RIGHTS AND BUSINESS PRINCIPLES: GOOD PRACTICE EXAMPLES IN THE DEVOLVED UK AND INTERNATIONALLY:

- 7.1 The Government to explore the use of regulation to further protect children

from the advertising and promotion of unhealthy food and drink; specifically measures to reduce the visibility of unhealthy foods and beverages and increase the visibility of healthier options (e.g. requiring supermarkets to display fruit/vegetables in more noticeable and accessible locations)

- 7.2 In accordance with article 17 of the CRC (above) the Government to publicise and promote guidelines for protecting children from information and material that is harmful to their health and wellbeing
- 7.3 The Government to explore a human rights-based approach to food marketing
- 7.4 The UN Guiding Principles Reporting Framework to be used as an accountability tool to improve the food sector's marketing practice. To meet their responsibilities, businesses should adopt a human rights 'due diligence' process that could include publicly available performance reports.

## 8. USING MODERN METHODS OF COMMUNICATION TO BUILD A SUPPORTERS' BASE:

- 8.1 An ethical code of conduct for social media-based supporters' groups should be introduced and brands/organisations/charities etc. show their adherence to it via a simple motif system that when displayed allows the visitor to be reassured
- 8.2 Policies regulating food marketing to children should be extended to cover online content in accordance with a rapidly evolving digital media environment. Service providers of social media can play a part in limiting unhealthy food advertising to children
- 8.3 Regulatory systems in place for online content require urgent review. Rogue adverts should be reported to the ASA and sponsorships fully declared
- 8.4 There should be a root and branch review of all voluntary self-regulation schemes with the potential to make some compulsory.

## 9. ENGAGING 'HARD TO REACH' AND CULTURALLY AND ETHNICALLY DIVERSE POPULATIONS:

- 9.1 Government to review and re-structure its social marketing strategy in the light of research findings indicating that children from hard to reach and culturally and ethnically diverse populations are being successfully targeted by HFSS advertising
- 9.2 The £600 million cut to councils' public health funding should be restored and additional resources provided to support the children and young people who are most seriously obese
- 9.3 Government to introduce tougher restriction on the marketing and advertising of unhealthy food and to commit extra resources to ways in

- which to target 'hard to reach groups' with healthy lifestyle initiatives
- 9.4 Adoption of the UNICEF-advocated child rights approach to marketing.

#### 10. THE ROLE OF LEGISLATION:

- 10.1 Population-level interventions to be adopted to tackle obesity and improve dietary behaviours
- 10.2 A 9pm watershed on junk food adverts with a similar level of protection to be applied to the non-broadcast environment
- 10.3 Government to encourage a fair food environment via a balanced but firm approach that does not stifle manufacturer innovation or drive excess consumption; thereby making the healthy choice the easy choice.
- 10.4 The industry, including therapy service providers, have first to prove their intentions to protect the children and their parents through better regulation of their marketing. This will almost certainly require some form of 'Right Touch' regulation to be scoped by the study group as recommended in 2.1

## 1. 'WHERE ARE WE NOW?' AN OVERVIEW OF POSITIVE AND NEGATIVE PERCEPTIONS OF MARKETING AS AN INFLUENCER IN THE FIELD OF CHILD HEALTH AND WELLBEING

In 2017, Public Health England (PHE) published '*Social Marketing Strategy 2017-2020*':

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/646715/public\\_health\\_england\\_marketing\\_strategy\\_2017\\_to\\_2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/646715/public_health_england_marketing_strategy_2017_to_2020.pdf)

With a Foreword from Under Secretary of State for Public Health, Steve Brine MP, the document is a confident expression of the Government's deployment of social marketing to ensure that people '*know what they need to do in order to live healthy lives and are motivated to do so*'. PHE cites '*nudging over two million families into healthier choices through our Sugar Smart and Be Food Smart apps*' amongst other achievements since the publication of an earlier strategy and identifies six goals '*towards 2020*':

- Deploying national marketing to deliver change at scale
- Supporting effective local public health delivery
- Working in partnership to build coalitions for change
- Innovating to move with the audience
- Building upon the evidence base
- Targeting the work to reach those who need it more.

The preferred approach is '*supportive*' and '*inspirational*' rather than '*hectoring*' and '*nannying*' and the essential role of marketing in the achievement of good public health is thereby affirmed:

*'Marketing can boost the use of preventative and early diagnostic services (Ironmonger L, Ohuma E, Ormiston-Smith N, Gildea C, Thomson CS and Peake MD: British Journal of Cancer, 2015 112, 207-21). It can encourage behaviours that lead to longer lives and it can give people the confidence to make healthier choices.'*

The above may be set against a progressively intensive and pervasive scrutiny of marketing's role in child health and wellbeing. It is widely perceived as largely detrimental, with many corporate companies being seen to target children who are viewed as consumers in their own right (Cook D, 2004 '*The Commodification of Childhood: The Children's Clothing Industry and the Rise of the Child Consumer*', London: Duke University Press) and thus subject to a burgeoning array of advertisements (Kline S, 2011 '*Globesity, Food Marketing and Family Lifestyles*', New York: Palgrave Macmillan). Increased television viewing and soaring social media use are significant, but the impact of marketing on children is complex and dependent to some extent on perceptions of childhood.

Children are variously considered to be exploited or empowered by the marketing industry and the US and UK have traditionally come down on the side of press freedom (*Kline S, as above*). However, in the UK, there has recently been some policy movement, from 'laissez-faire' towards tightened controls on the type of products advertised and the placement of advertisements; hence the recent cases of Kelloggs and KFC which breached ASA guidelines in the UK:

<https://www.bbc.co.uk/news/business-45095094>

The UK has been proactive in alignment with the World Health Organisation pronouncement on the use of regulation to limit the harmful impact of HFSS product advertising (food high in fat, sugar or salt) on children's eating behaviour (*World Health Organisation, 'Set of recommendations on the marketing of foods and non-alcoholic beverages to children', 2010*). In 2007, a statutory ban on television advertising of HFSS products during children's programming was introduced and in July 2017, restrictions were extended to cover non-broadcast media including cinema advertising and social media (*Advertising Standards Agency, 'New food rules to protect children', 2017*):

<https://www.asa.org.uk/news/new-food-rules-to-protect-children.html>

However, the majority of food and beverage adverts seen by children still feature HFSS products. Children consume media targeted at other age groups during family prime-time TV shows (seen by huge numbers of children but outside the reach of the current regulation). Indeed, the overall number of TV adverts for HFSS products rose after the introduction of the 2007 restrictions (*Adams J et al, 'Effect of restrictions on television food advertising to children on exposure to advertisements for 'less healthy' foods: repeat cross-sectional study', PLoS One, 2012.7(2): p. e31578*) with children being exposed to up to 12 TV adverts for junk food per hour (*Campbell D, 'Children seeing up to 12 adverts for junk food an hour on TV, study finds', The Guardian, 2017*).

A recent study has found that the more junk food adverts seen on TV by young people, the more they eat, which could add up to over 500 extra snacks a year (*Thomas C, Hooper L, Rosenberg G, Thomas F, Vohra J, 2018 'Under Pressure: New evidence fo young people's broadcast marketing exposure in the UK', Policy Centre for Cancer Prevention, Cancer Research UK, pdf*). In comparison, non-commercial viewing time was not associated with increased HFSS consumption or weight gain, suggesting that the advertisements themselves have a direct, discernible impact.

Young people distrust 'dishonest' marketing and can identify some of the tactics and techniques used in adverts to boost the appeal of HFSS products. However, the allure of junk food is not comparably diminished, thus strengthening the case for reducing children's exposure to junk food marketing (*Andy MacGregor et al,*

2016 *'It's just there to trick you'; A qualitative study of 11-19 year olds' perceptions of food and drink marketing'*, ScotCen Social Research: NatCen Social Research; Institute of Social Marketing, University of Stirling and Policy Research Centre for Cancer Prevention, Cancer Research UK).

HFSS advertisements invariably present the product as healthy, popular or fun and a recent study has demonstrated their particular appeal to young people with obesity (*'A Prime Time for Action: New Evidence on the link between television and on-demand marketing and obesity'*, Lucie Hooper, Gillian Rosenberg, Fiona Thomas, Jyotsna Vohra: Policy Research Centre for Cancer Prevention, Cancer Research UK, 2018). Brands with HFSS products amongst their best sellers were far more likely to be remembered by young people and, of the top ten brands recalled, eight were marketing products that can be readily associated with that category. Recall rates were as high as 68% for some brands but by contrast, brands without HFSS products amongst their top sellers, received lower recognition levels. Content analyses have previously highlighted the extensive advertising operation for HFSS products compared the very meagre advertising for healthy products. Figures suggest that only 1.2% of broadcast advertisers' budget is spent on promoting fresh vegetables (*The Food Foundation, 'UK Restrictions on Junk Food Advertising to Children,' International Learning Series, 2017*). (Boyland EJ, Whalen R, *'Food advertising to children and its effects on diet: review of recent prevalence and impact data'*, *Pediatr Diabetes* 2015; 16(5):331-7).

The situation is further complicated because HFSS brands are permitted to advertise to children if the central promotional product is judged to be non-HFSS, as was recently the case for a McDonald's Happy Meal advert (Sweney M, *'Watchdog backs 'healthy' McDonald's Happy Meal ad on children's TV'*, *The Guardian*, 2018). Recent studies suggest that brands and familiar logos themselves activate brain reward responses and cravings for HFSS products (Boyland EJ, M Kavanagh-Safran and JC Halford, *'Exposure to 'healthy' fast food meal bundles in television advertisements promotes liking for fast food but not healthier choices in children'*, *Br J Nutr*, 2015 113(6):p.1012-8). Following exposure to adverts for 'healthier' fast food bundles (e.g. meals containing apple slices rather than chips) children's liking for the promoted fast food brand in general increased, whereas the likelihood that they would select a healthier option did not (Boyland as above).

Additionally, the association of an HFSS brand or product with beneficial health claims can trigger a 'health halo' outcome whereby observing HFSS products advertised alongside positive nutritional messages, increases perceptions of those products' healthiness (Harris JL et al, *'Teaching children about good health? Halo effects in child-directed advertisements for unhealthy food'*, *Pediatr Obes*, 2018. 13(4):p. 256-264). The result can be to seriously undermine the efficacy of the current strengthened regulations.

Elsewhere, gaps in the regulatory field expose children to other sources of potentially harmful marketing. The promotion of alcohol and cigarettes is subject to strict controls unlike deregulated gambling; advertisements for which were permitted to flourish unfettered during the commercial breaks throughout the football World Cup 2018 on ITV:

<https://www.theguardian.com/media/2018/jul/15/children-bombarded-with-betting-adverts-during-world-cup>

Despite the ASA receiving 115 complaints about betting advertisements, 90 minutes devoted in total to these throughout the course of the entire tournament and the appeal of such events to many child viewers, the Government has no plans to extend or strengthen legislation. Its stance on gambling has drawn criticism from organisations such as Gamble Aware:

<https://about.gambleaware.org/news/youth-gambling-and-internet-safety/>

but Ministers recently concluded that curbs on such advertising to children and vulnerable people were redundant in the absence of conclusive evidence that it is harmful (*The Guardian as above*).

It may now be timely for the Government to re-visit the sponsorship of sport and physical activity in general by 'unhealthy' food and drink brands (*Flint SW & Peake R, 2016 'Lead by example: should sport take a stand against brands of unhealthy consumption?', Public Health, 134, 117-119*). The generally healthy image of sport means that viewers are exposed to a conflicting partnership whereby sport can improve the image of companies specialising in unhealthy food and drink through association, as well as influence the development of positive attitudes by sponsoring children and young people's favourite sport, athlete or event. This type of marketing enables such companies to evade legislative curbs and market to children and young people. Similarly, big events like the Coca Cola Truck tour (visiting many parts of the UK annually; supplying merchandise to thousands of children) allows Coca Cola to market to children and thus escape their own Responsible Marketing Policy 2015:

<https://www.coca-colacompany.com/content/dam/journey/us/en/private/fileassets/pdf/2015/10/responsible-marketing-policy-2015.pdf>

Throughout the UK, public transport is one of the most influential marketing spaces and there are growing calls for restrictions to lessen children's exposure in line with the proposed ban of unhealthy food and drink marketing on the London Tube and buses within the London Food Strategy:

[https://www.london.gov.uk/sites/default/files/london\\_food\\_strategy\\_2018\\_15.pdf](https://www.london.gov.uk/sites/default/files/london_food_strategy_2018_15.pdf)

Social media sites such as YouTube have influential vloggers who in some instances are paid by major companies such as McDonalds and Coca Cola to promote and support their brands through conscious and unconscious

reinforcement, and by so doing, provide a means by which these companies can market to children and young people:

<https://www.bbc.co.uk/news/health-44258509>

More recently, there has also been a focus on the marketing of unhealthy food and drink on mobile phone applications and electronic devices:

<https://www.bbc.co.uk/news/health-37846318>

and the World Health Organisation European Region have highlighted concerns about the marketing of unhealthy food and drink through social media, video blogs and apps:

[http://www.euro.who.int/data/assets/pdf\\_file/0017/322226/Tackling-food-marketing-children-digital-world-trans-disciplinary-perspectives-en.pdf](http://www.euro.who.int/data/assets/pdf_file/0017/322226/Tackling-food-marketing-children-digital-world-trans-disciplinary-perspectives-en.pdf)

However, despite an increasing research base to suggest that food marketing is a negative influence on children's brain activity and behaviour, especially on vulnerable subgroups such as those with existing obesity and those with genetic risk factors for the disease (*Masterson TD et al, 'Brain response to food brands correlates with increased intake from branded meals in children: an fMRI study. Brain imaging and behaviour', 2018:p. 1-14*) there have been attempts to ascertain whether marketing can influence children's diets in a positive way by using the same strategies to promote healthier choices that are used in HFSS product campaigns.

Providing toys alongside healthier fast food meal bundles has been deemed effective in encouraging healthier meal selections, but only if the healthier option is the lone bundle that comes with a toy (*Reimann M & Lane K, 'Can a Toy Encourage Lower Calorie Meal Bundle Selection in Children? A Field Experiment on the Reinforcing Effects on Food Choice', PLoS One, 2017, 12(1):p.e0169638*).

Promoting healthier foods such as fruit and vegetables through cartoons has also been found to increase children's choice of these foods (*Goncalves S et al 'The Impact of Exposure to Cartoons Promoting Healthy Eating on Children's Food Preferences and Choices', J Nutr Educ Behav, 2018. 50 (5):p.451-457*) but use of these strategies would entail meticulous monitoring and evaluation because the same study found no compensatory reduction in the intake of HFSS foods, meaning that overall energy intake simply increased. Similarly, an 'advergame' designed to boost fruit intake was unsuccessful but the attendant study found that playing a game containing food cues increased HFSS food consumption regardless of whether the cues were for HFSS foods or fruit (*Folkvord, F, Anschutz, D.J. , Buijzen, M & Valkenburg, P M (2012) 'The effects of playing advergames that promote energy-dense snacks or fruit on actual food intake among children,' The American journal of clinical nutrition, 97(2), 239-245*). This suggests that the food craving when triggered is non-specific (*Boylard EJ et al, 'Advertising as a cue to consume: a systematic review and meta-analysis of the effects of acute exposure to*

*unhealthy food and non-alcoholic beverage advertising on intake in children and adults', AM J Clin Nutr, 2016. 103(2):p. 519-33).*

An alternative approach to producer-led solutions is to tackle the influence of marketing in children's consumption by educating the child as consumer via the development of media literacy in schools. The aim would be to teach the variety of skills required to navigate through the myriad information encountered in a multiplicity of formats in order to make informed present and future life choices (Buckingham D, 2011 *'The Material Child: Growing Up in Consumer Culture'*, Cambridge: Polity Press). Child empowerment would be the goal, but schools themselves are not beyond the reach of marketers through their promotions and sponsorship of computers, books and PE in schools.

Another approach is to market healthy lifestyles and choices either directly to children or via targeting their families. A pilot randomised control trial in Australia, called 'Mini Movers' involved 100 families with children aged 2-4 years with the aim of encouraging greater physical activity. Smartphone technologies and personalised messages to families were designed to reduce sedentary behaviours and to monitor activity objectively. This low-cost approach has the potential for wide reach (Downing KL, Salmon J, Hinkley T, Hnatiuk JA and Hesketh KD, 2017 *'A mobile technology intervention to reduce sedentary behaviour in 2-4 year old children (Mini Movers): study protocol for a randomised control trial'*, *Trials*, 18 (97):1-10).

Project FIT also successfully employed marketing as part of a multi-component intervention to impact the dietary habits of children in areas of social deprivation in Grand Rapids in Michigan, USA (Alaimo K, Carloson JJ, Pfeiffer KA, Eisenmann JC, Paek HJ, Betz HH, Thompson T, Wen Y and Norman GJ, 2015 *'Project FIT; A school, community and social marketing intervention improves healthy eating among low-income elementary school children'*, *Journal of Community Health*, 40(94): 815-826).

The mass of evidence and public opinion now firmly backs further restriction upon the marketing of HFSS products and brands. However, whilst marketers have attracted a sustained critique for their persuasive power over children's choices and those of their families, consumption decisions are more complex than this suggests.

Calls for tighter regulation of the advertising industry combined with greater emphasis on media literacy in schools are important strategies which focus upon both producers and consumers. Utilising the experience of the marketing industry in promoting children's health is an innovative way ahead, but the scale of the challenge should not be dodged. More work is needed on how best to market and

encourage an intake of healthy foods and the adoption of healthy lifestyles and this will necessitate complex multi-strategy initiatives.

**Recommendations:**

- 1.1 Marketing and media literacy to be extended, developed and included within the National Curriculum especially in its application to public sector services.
- 1.2 The Government to review the extent and range of marketing to and by schools
- 1.3 Collaboration between Government and the marketing industry to explore innovative ways of promoting child health and wellbeing
- 1.4 Greater restriction on the sponsorship of sport and physical activity by unhealthy food and drink brands
- 1.5 Reconsideration of current legislation appertaining to the exposure of children and young people to gambling and betting advertisements
- 1.6 Extension of the existing regulations to restrict HFSS TV advertising until after the 9pm watershed to protect children and support parents/carers
- 1.7 New online regulation to be devised to deliver a similar level of protection to that afforded by live TV.

## 2. MARKETING, PROFESSIONAL TRAINING AND THE DISSEMINATION OF INFORMATION

The role of marketing is crucial in both identifying stakeholders' needs and satisfying them in an ethical and legal way. An important part of the process is marketing communications which includes direct methods such as personal one-to-one selling as well as indirect means; advertising, sales promotion and public relations.

There is considerable misunderstanding whereby 'marketing' is largely equated with poor advertising and especially high pressure, unethical selling by telephone and face-to-face methods. The priority must be to remedy this situation, particularly in marketing to children directly and via their parents/carers/relatives.

Dr Susan Linn, Director of the Campaign for a Commercial-Free Childhood:

<https://www.commercialfreechildhood.org>

has said:

*'There's no moral, ethical, or social justification for marketing any product to children. Advertising healthier foods to children is problematic. We want children to develop a healthy relationship to nutrition and to the foods that they consume. Advertising trains kids to choose foods based on celebrity, not based on what's on the package', The Guardian, 24<sup>th</sup> February 2014:*

<https://theguardian.com/sustainable-business/advertising-to-children-tricky-business-subway>

Linn's essential point is that:

*'There's no evidence that advertising is beneficial.'*

More to the point, she argues it erodes children's creative play *'that's the foundation of learning creativity and constructive problem solving, both of which are essential to a democratic society.'* (The Guardian, as above).

The international marketing to children scenario sets the UK in the midst of a spectrum involving Norway, Sweden and Quebec at one end (operating a blanket ban on marketing to the under 12s) and the US at the other (where self-regulated marketing industry operates with few legal restrictions on the material that advertisers are permitted to broadcast to children).

In the UK, some regulation covers advertising to consumers such as *'The Consumer Protection from Unfair Trading Regulations'*. Here, the following banned practices are described as a 'blacklist':

- Bait advertising: luring consumers via attractive advertising and special prices when the trader knows that the product is either not available or strictly limited
- Bait and switch: promoting one product with the purpose of selling the consumer something else
- Limited offers: erroneous claims that a product's availability will be strictly time-limited (or only available under limited terms) in order to trigger decision-making; thereby denying the consumer the opportunity to make properly considered choices
- False free offers: describing a product as free or without charge if the consumer is required to pay anything other than the cost of responding to the offer and delivery/collection costs
- Pressure selling: creating the impression that a consumer may not leave the premises without entering into a contract
- Aggressive doorstep selling: paying personal home visits; disregarding stated requests to leave or not to return made by the consumer.

Amidst the constraints of national and international regulation, the advertising industry's body of self-regulation includes some protection for children such as invocations not to capitalise upon child credulity, imply that they are courage/loyalty deficient, encourage feelings of unpopularity/inferiority for not buying a product, persuade them to pester parents to purchase or make a direct exhortation to the child to buy the product themselves. However, the effect of self-regulation is dependent upon the ethical practices and codes of individual organisations and there is a logical argument for some form of government regulation of marketing; initially concerning children.

Currently, self-regulation is the remit of four main professional organisations:

- Chartered Institute of Marketing (CIM)
- The Institute of Sales and Marketing Management (ISMM)
- Advertising Association (AA)
- Direct Marketing Association (DMA).

The above set training standards for marketing and the Market Research Society also has influence. However, their main purpose is to grow and support their membership rather than protect the general public.

The principles of right-touch regulation:

<https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf>

as it appertains to health and social care is a template that may be appropriate for adaptation with regard to the marketing and advertising industries. The eight central elements of the strategy are identified as a need to:

- Identify the problem before the solution
- Quantify and qualify the risks
- Get as close to the problem as possible
- Focus on the outcome
- Use regulation only when necessary
- Keep it simple
- Check for unintended consequences
- Review and respond to change.

The goal is to marry the level of regulation to the perceived risk to the public and right-touch regulation builds upon principles identified by the Better Regulation Executive (BRE): <https://www.gov.uk/government/organisations/department-for-business-energy-and-industrial-strategy>

*'Work with government departments to monitor the measurement of regulatory burdens and coordinate their reduction, and to ensure that the regulation which remains is smarter, better targeted and less costly to business':*

<https://www.gov.uk/government/policies/business-regulation>

Were this approach to be adopted for marketing/advertising, there should be less reason for apprehension about the industry financing a regulation programme because UK advertising expenditure is currently over £18 billion.

The programme would benefit the industry as well as the public; a modest amount of pump priming government funding would be required initially from the Department for Business Energy and Industrial Strategy.

Recommendations:

- 2.1 The Department for Business, Energy and Industrial Strategy to commission a study group 'Regulating marketing children's products and services' prior to publishing proposals in accordance with findings
- 2.2 The study group to cover as part of its remit, marketing regulation in relation to providers of therapeutic services for children (involving many voluntary organisations and charities large and small).
- 2.3 The study group to involve/invite the participation of:  
Chartered Institute of Marketing (CIM)  
The Institute of Sales and Marketing Management (ISMM)  
Advertising Association (AA)  
Direct Marketing Association (DMA)  
and any others representing the marketing profession and able to encourage and enforce good standards.

### 3. THE ROLE OF MARKETING DURING PRE-PREGNANCY, ANTE AND POSTNATAL PERIODS

Improved outcomes for parents and babies start long before birth and there is growing recognition that women's pre-conceptual health supplies the foundation for a successful pregnancy and subsequent lifelong health of the baby. It can be defined as the health behaviours, risk factors and wider determinants for women and men of reproductive age which impact on maternal, infant and child outcomes. Many health behaviours and risks factors for poor birth outcomes are established prior to pregnancy; often with limited potential for improvement after conception has occurred (*World Health Organisation, 2013 Policy Brief: 'Preconception Care - Maximising the gains for maternal and child health', National Institute for Health Research, 2017. Themed Review: 'Better Beginnings - Improving Health for Pregnancy'*).

Social Marketing is a possible means by which to develop approaches for the delivery of pre-conception care (PCC). The Dutch health system advocates the delivery of PCC via individual consultations. The product 'goal' is primarily to promote a healthy pregnancy and reduce the chances of adverse pregnancy outcomes (*'Developing social marketed individual pre-conception care consultations: Which consumer preferences should it meet?' Sabine F van Voorst MD1 / Chantal A, Ten Kate CA BSc1/*).

Social marketing approaches can aid the formation of, and demand for, pre-conception care services and currently, this crucial component of maternal and child healthcare lacks a secure foothold in the UK's health delivery system.

In order to market a health product or service, it is important to ascertain what people want/need before it is developed and then to provide scope for those needs to be met in a way that is compelling and also improves a mutually beneficial outcome for patients and their providers: a healthy baby. Unlike commercial products, a successful outcome of pre-conception care services cannot be assured; many factors that are beyond a mother or healthcare provider's control influence pregnancy and birth outcomes. However, all can do much together in the pre-conceptual period to optimise pregnancy and birth outcomes.

Social marketing has been defined as *'the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programmes designed to influence voluntary behaviour or target audiences to improve their personal welfare and that of society'* (*Prue C and Daniel K, 2006 'Social Marketing: Planning Before Conceiving Preconception Care', Maternal Child Health Journal, 2006 Sep; 10(1): pp79-84*).

The notion of offering pre-conception care as a service should entail a well thought-out and constructed social marketing research plan and execution is fully reflective of the emotions of the patient and her partner. Truly effective marketing and sales occur when a product that a seller wishes to provide has the qualities that a consumer wants. If pre-conception care were to be marketed as the best experience possible, it could contribute to healthier babies, fewer medical treatment costs and a healthy next generation with an entirely different perspective on pre- and post-pregnancy and childcare.

The perinatal period encompasses pregnancy and the first year postpartum. Work and family life commitments, lack of support, resources and time combine to make mothers progressively reliant upon online sources to access health-related information. According to a 24 hour UKOM and comScore. Inc study:

<https://www.emarketer.com/Article/UK-Mothers-Its-All-About-Smartphones-Social-Media/1016039>

based upon January 2017 usage data, UK women aged 25-54 in households with children, 59% of the time mothers spent online was via a smartphone. Mothers devoted an extra 2 hours to social media per month than childless women and nearly all that time again to entertainment sites. This is relevant both in relation to the targeting of mothers with health and lifestyle information and in ascertaining the likely impact of images that are prevalent on entertainment sites.

Young women wishing to address challenges during and after pregnancy access their information from electronic support groups. A study of Australian women who were either pregnant or with very young children, showed the importance of digital media to the participants (*Lupton D, 2017 'It just gives me a bit of peace of mind: Australian women's use of digital media for pregnancy and early motherhood', Societies, 7(3), 25*). In research on 115 perinatal women and 76 perinatal healthcare providers, *Hearn, Miller & Lester, 2014* found that women wanted Smartphone applications linked to trustworthy websites containing concise answers to everyday concerns, information about local support services and personalised tools with which to assess their nutrition, fitness and weight. Government and university websites were widely trusted, but questionable commercial websites scored on accessibility and user-friendliness (with many offering tempting promotions and prizes).

One research outcome was the development of a clinically endorsed, interactive online resource; a website and Smartphone app called '*Healthy You, Healthy Baby*'. This personalised tool enabled perinatal women to monitor weight, diet, physical activity, emotional wellbeing and sleep patterns, based on the developmental age of their child with links to quality-assured information. The credibility of the HYHB resources was promoted via maternal and child health networks and newsletters and this boosted use. A data gathering exercise the

following year concluded that HYHB provided a low-cost intervention, delivered across most geographic and socioeconomic strata without incurring additional demands on health service staff (*Hearn, Miller & Lester as above*).

During the perinatal period, many women experience feelings of self-doubt about body image with detrimental outcomes for mother and baby. Media preoccupation with celebrity culture has increased pressure on women to minimise their weight gain during pregnancy. Orbach however, has argued that media goading places mothers' bodies '*under assault*' (*Orbach, 2011 'Losing bodies', Social Research, 78 387-394*) and a study by the Royal College of Midwives (RCOM) found 59% of postnatal respondents reporting an additional perceived pressure to shed the extra weight because of a 'need' to emulate celebrity 'Yummy Mummies', *RCOM 2010*:

[https://www.netmums.com/assets/images/2012/A\\_Growing\\_Problem\\_Nov2010.pdf](https://www.netmums.com/assets/images/2012/A_Growing_Problem_Nov2010.pdf)

Childbearing celebrities have become media tools in the creation of 'ideal' pregnant and postnatal body images and reference has been made to 'pregorexia'; the voluntary restricted intake through dieting in pregnancy that is akin to the more familiar eating disorder, anorexia nervosa (*Krisjanous et al, 2014*).

In a survey of pregnant mothers or those who had recently given birth, the Royal College of Midwives and netmums.com (*RCOM, 2010*) considered women's view of themselves and their feelings about weight while pregnant and after birth. 61% of those felt that they were given insufficient time to discuss weight and nutrition concerns with healthcare professionals. Two thirds of respondents expressed anxiety about weight after delivery and 6 out of 10 thought that celebrity culture intensified the pressure that they put on themselves to lose weight quickly after the birth. Only 11% had been afforded an opportunity to discuss nutrition and weight management with their midwife after the baby's birth.

Some celebrities have highlighted the issue of media pressure around pregnancy. Kylie Jenner, an American household name with over 25 million acknowledged followers on Twitter, 'disappeared' completely from the public eye during her pregnancy and gave her reasons in an Instagram message posted after the birth:

*'My pregnancy was one I chose not to do in front of the world. I knew for myself I needed to prepare for this role of a lifetime in the most positive, stress free, and healthy way I knew how. There was no gotcha moment, no big paid reveal I had planned. I knew my baby would feel every stress and every emotion so I chose to do it this way for my little life and our happiness'* Kylie Jenner, 2018:

<https://www.glamour.com/story/twitter-is-freaking-out-over-kylie-jenners-pregnancy-confirmation>

Women who are pregnant (particularly for the first time) want to amass as much information as possible about pregnancy, labour and life with a newborn baby. They seek out websites, blogs, books and magazines as well as face-to-face sources of advice and are unaware that they are now 'honey traps' for a plethora of brands from those directly associated with pregnancy and new parenthood to concerns as diverse as car manufacturers and paint companies. The impact of social media marketing on the emotional and mental health of pregnant women can be immense. They are vulnerable because of their condition and no single pregnancy or parenting experience replicates another despite the assurances of some social media posts.

Pregnant women rarely exist in a vacuum and so marketing often discerns a window of opportunity to target the whole household. It is therefore essential that Health Visitors and other key professionals are aware of marketing's impact and potential influence on the health outcomes of the families that they are supporting.

These first person accounts testify to some of the pitfalls:

*'Vanity aside, my social media habit has also started to make me insecure about other aspects of pregnancy and parenting. For example, on a more trivial level, I'm having doubts over decisions like my choice of nursery colours and whether I'm picking the right stroller based on my needs. There are just so many options! On the serious side, with every post and article I read, I become increasingly less confident about my parenting skills. Will I succeed at breastfeeding long-term? Or will I give up too soon only to regret it later? Will I be able to successfully sleep train my child? The list goes on.'*

*'Too much social media can adversely affect women at any point in their lives, but I've been especially feeling its weight during my pregnancy. After all, these nine months constitute such a fragile period in one's life (not to mention your hormones are all over the place, sending your feelings totally out of whack)':*

[www.womenshealthmag.com/life/a19931696/mom-to-be-social-media-break/](http://www.womenshealthmag.com/life/a19931696/mom-to-be-social-media-break/)

For most new parents, the overwhelming preoccupation of the postnatal period is infant feeding.

Baby formula is amongst the most strictly regulated of all foodstuffs (*Regulation EU No 2016/127 and EU Directives 2006/141/EC; also Regulation EU No2016/128 and Directive 1999/21/EC; Regulation (EU) No 609/2013 on food intended for infants and young children, food for special medical purposes and total diet replacement for weight control; The Food for Specific Groups, Information and Compositional Requirement, England, Amendment Regulations 2017 No 62; The Medical Food,*

*England Regulations 2000 No 845; The Infant Formula and Follow-on Formula, England Regulations 2007 No. 3521).*

Extensive UK and European law exists covering the promotion, composition, labelling, sale and safety of formula foods. Legislation also governs the marketing and sales aspects of formula foods and represents the principles and aims of the WHO Code (*International Code of Marketing of Breastmilk Substitutes, World Health Organisation, 1981*):

[http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf)

Marketing and advertising infant formula and infant foods for special medical purposes (iFSMP) is prohibited and strict regulations govern the marketing of follow-on formula to the general public. However, to enable parents to make informed decisions about infant nutrition, healthcare professionals must be knowledgeable about all forms of feeding and require up-to-date, evidence-based information and materials to enable them to provide parents with accurate, objective and consistent advice. They are also ideally placed to recommend and supervise the use of iFSMP for infants with a particular disease, disorder or medical condition.

Nonetheless, marketing and advertising to these professionals is also strictly regulated; information that they receive must not be intended for the general public and should be scientific, factual and appropriately referenced.

None of the information supplied will imply or create a belief that formula foods are either equivalent, or superior, to breastmilk.

Formula foods today are very different to those on sale a generation ago and it is therefore crucial that healthcare professionals can maintain a dialogue with industry and obtain any information that will help them to keep up to date. Industry therefore supports training and education for healthcare professionals and updates them on product development and reasons for changes that may have been made. This is especially important with regard to iFSMPs (which can be life-saving in some cases).

Some commentators have given any and all interaction between industry and healthcare professionals the misnomer of 'marketing'. However, the many reasons that necessitate communication range from provision of product information to matters of product recall and navigating stock shortage. Any restriction on this type of communication could be potentially devastating. It is essential that industry is enabled to inform consumers of changes to products, particularly when these are available on shelf and are not necessarily used under the guidance of a healthcare professional. For this reason, companies have websites and care lines

through which consumers can receive more information and share concerns. These are subject to strict regulation. Care lines may not sell or promote formula foods actively and product information about infant formula and iFSMPs must be explicitly requested by the caller. Breastfeeding is always supported as the optimal way to feed an infant, but care line operators can offer evidence-based infant feeding advice upon request.

Neither infant formula nor iFSMPs are advertised to the general public. Follow-on formula when advertised is always presented as only suitable for infants from 6 months of age as part of a mixed weaning diet. Babies featured in advertisements for follow-on formula must be 6 months of age or older; ideally with documented proof of age and the date of the media creation. When this is unavailable (for example, when using library photographs) the babies should demonstrate relevant developmental age markers such as sitting unaided, with good head control or visible lower incisors. All advertising of follow-on formula complies with legislation.

Information provided on labels of formula foods is tightly regulated under relevant EU and UK legislation. All nutrition and health claims used in labelling must be positively assessed by the European Food Safety Authority and authorised by the European Commission. When infant formula and iFSMPs are placed on the market, the labels must be notified to the Department of Health which is empowered to review labelling and substantiation for any new ingredients. Health claims are also strictly regulated (for example, before a company can state that it has reduced protein, it must have reduced protein by 30%):

[https://ec.europa.eu/food/safety/labelling\\_nutrition/claims\\_en](https://ec.europa.eu/food/safety/labelling_nutrition/claims_en)

Currently, ongoing work in England, Scotland and Wales as part of the International '*Becoming Breastfeeding Friendly*' project co-ordinated by Yale University and supported by the Health and Health and Social Care Departments in the three devolved nations, will make recommendations on how the WHO Code can be strengthened and monitored, and these recommendations are expected in Spring 2019. The global codes of conduct, in place now for over 40 years are designed to protect women in pregnancy and the health of their infants and young children. They are the cornerstone to a fit and healthy childhood and should be integral to any policies relating to marketing that aim to protect and promote child health, happiness and welfare.

Recommendations:

### 3.1 Development of a social marketing plan to support pre-conception healthcare

- 3.2 The Government to create and launch a clinically endorsed app and accompanying website for pregnant women, providing evidence-based information that is easily accessible and available on the basis of need
- 3.3 Government-funded campaigns and messaging to celebrate women, partners and family members for the accomplishment of birthing and raising a new baby
- 3.4 Positive celebrity role models to create awareness about realistic body images for mothers and babies; social media to promote this message including content from influential vloggers and tighter restrictions on companies using role models and vloggers to disseminate marketing.
- 3.5 The role of marketing in pre-conception, antenatal and postnatal periods to form part of the curriculum/training for child health educators and health professionals
- 3.6 Adequate time to be allocated in the antenatal period to enable meaningful, individualised conversations between midwives and women about weight gain before, during and after pregnancy.

#### 4. MARKETING STRATEGIES TO PROMOTE KNOWLEDGE OF GOOD NUTRITION AND PHYSICAL ACTIVITY IN EDUCATIONAL AND COMMUNITY SETTINGS

Marketing has the capacity to influence behaviour and prompt individuals to make healthier choices (Brown J, Kotz D, Michie S, Stapleton J, Walmsley M and West R, 2014 'How effective and cost-effective was the national mass media smoking cessation campaign 'Stoptober'?', *Drug Alcohol Dependence*, 135(100):pp.52-58).

Can food marketing be employed to transform the current food environment? Can it be effective in encouraging the child and their family to make better food choices?

According to twelve year old Dillon:

*'When I'm playing online or watching TV I see lots of fun adverts for snacks and drinks. Sometimes it makes me really want to buy the stuff because they usually have cool music and competitions. It's weird to think that big companies target kids on purpose. I don't think my mum would like it if she knew, because she wants me to eat healthily and protect my heart'*, British Heart Foundation, *Junk Food Marketing*:

<https://www.bhf.org.uk/get-involved/campaigning/junk-food-marketing>

Presenting the parental perspective, Susanna Schrobsdorff told *'Time Magazine'*:

*'There may be nobody as vulnerable to manipulation as a mother worried about her child's health. The question of whether we're doing right by our kids cuts straight to the maternal heart. The problem is that in this age of marketing vs activism, we are overwhelmed and paralysed by the debates about what's best'*, Susanna Schrobsdorff, *'What mother doesn't know'*, *Society* p15 *'Time Magazine'* 23<sup>rd</sup> July 2018.

In 2017, the Obesity Health Alliance (consisting of more than 40 leading health charities, medical Royal Colleges and associated campaign groups) released information on World Obesity Day, 11<sup>th</sup> October 2017, stating that the junk food advertising spend in the UK was nearly 30 times in excess of that spent by the Government to influence healthy eating:

<https://www.bmj.com/content/359/bmj.j4677>

The Government's Child Obesity Strategy (2016) was largely dismissed by hopeful health commentators as an underwhelming 'first attempt' and the jury remains out on Chapter Two. In 2018, a consultation was announced on three areas of regulation strongly linked to marketing: calories displayed on menu items in restaurants, a ban on the sale of energy drinks to children and tighter advertising restraints on HFSS foods and beverages. However:

*'A commitment to consider is not a commitment to act, and children's health needs decisive action'* (Katy Askew, 2018, *'Deep disquiet in the food and drink sector: Industry unhappy at regulation to halve UK childhood obesity'* Food Navigator): [www.foodnavigator.com/article/2018/06/25](http://www.foodnavigator.com/article/2018/06/25)

This perspective is amplified by Parveen Kumar, Chair of the BMA's Board of Science who said that *'this next stage of the obesity plan shows the potential to illuminate the path towards a healthier future for generations to come'* and asked the Government to do *'everything in its power to make this vision a reality'* (BMJ 2018; 361 doi: <https://doi.org/10.1136/bmj.k2775>)

Public Health England's child-focused social marketing campaigns epitomise the Government's thinking about best practice. Familiar campaigns include the Change4Life Sugar Smart brand that aims to help UK-wide cities and counties reduce sugar consumption across all age groups:

<https://www.sugarsmartuk.org>

Individual campaigns have autonomy to decide their approach and priorities such as the Exeter campaign, run by the Sugar Smart Working Group and supported by Sustain and Food Exeter, a Sustainable Food City Partnership. The Working Group includes members from the University of Exeter, Devon County Council, Exeter City Council and local businesses and the three initial campaign objectives are:

- Raising awareness amongst businesses and organisations of the impact of excess sugar and their social responsibilities via targeted promotion, events and meetings
- Encouraging organisations (including businesses, schools and hospitals) to sign up to 'Sugar Smart' pledges (such as offering drinking water, removing sugary products from cash tills, boosting awareness of sugar, or promoting healthy alternatives to products high in sugar). Targeted concerns include those with specific focus, wide reach and those serving target communities
- Identifying assets, barriers and facilitators to this approach through an evaluation involving case studies and focus groups amongst organisations and target communities.

To date, over 50 organisations have signed the pledge in Exeter, including schools, children's centres and businesses with a family-oriented demographic such as play and leisure centres. However, reaching many businesses has been difficult, despite using the hook of publicity for sign up and offering clearly branded certificates for display purposes. Learning from the obstacles and barriers to making a pledge is endemic to the evaluation process. Early evidence suggests that some organisations at local level may be willing to engage in cause marketing but

overall the preference has been to undertake pledges focusing upon the organisation of specific activities and events rather than committing to a full marketing strategy.

Another initiative promoted by the Natural Hydration Council in conjunction with Public Health England London and Healthy Schools London is 'water only' schools in a number of London school in 2018. Its aim is to foster healthy hydration habits both during the school day and outside school settings. The Universities of Westminster and East London are gathering data on the intervention to measure its impact in terms of hydration benefit (concentration, fatigue levels etc.) and drink choices outside of school. However, chastising people for insufficient water consumption is unlikely to succeed with regard to a marketing campaign because people are resistant to being 'reprimanded' for unhealthy dietary behaviours and perplexed by apparently contradictory information streams. Engrained consumption habits are challenging, but small nudges that can be built upon and sustained can be fruitful. In 2013, the Partnership for a Healthier America led by the then First Lady, Michelle Obama, launched the '*Drink Up*' campaign which aimed to get America choosing water. Positive and engaging campaign materials were endorsed by utility companies, bottled water producers, retailers, celebrities and the media. Outcomes were promising; notching up a 3-4% increase in water consumption amongst target consumers in the first 12 months.

Change4Life's cause marketing strategy involved partnering with recognisable children's companies; notably Disney. A range of 10 minute physical activity games were promoted, enhancing children's and families' knowledge of the Department of Health and Social Care's recommendations of 60 minutes of physical activity across the day for children over 2 years of age (*Department of Health, 2011*).

The 10 Minute Shake Up brand was marketed at national and local level across TV by offering 10 minute resource packs for the schools, including home activity sheets for children outside the school environment. The cause marketing strategy proved successful by encouraging over 1 million children to move for an additional 100,000,000 minutes as part of the 10 minute bouts of physical activity campaign. Public Health England's marketing team have recently launched '*Train like a Jedi*', a new campaign with Star Wars, branding through partnership with Change4Life.

Unfortunately, the Change4Life/Disney alignment may be a confusing message for UK families because Disney continue to use their children animated characters in the food packaging branding of typical high sugary food products from Disney Car Chocolate cupcakes, Star Wars Strawberry and Raspberry flavoured yoghurt pouches or even Kellogg's Disney's Multigrain Cereal advertised within UK community-accessed supermarkets (*Sainsbury's, 2018*). Public Health England has emphasised that an essential component of positive nutrition and physical activity

outcomes is consistent health messaging to children and families (*Public Health England, 2018, 'Promoting a healthier weight for children, young people and families: Consistent messaging'*):

<https://www.gov.uk/government/publications/healthier-weight-promotion-consistent-messaging/promoting-a-healthier-weight-for-children-young-people-and-families-consistent-messaging>

However, social marketing initiatives struggle to make their presence felt as children and families experience an insidious daily bombardment of junk food advertising (*Children's Food Campaign/Sustain, 2013 'Through the looking glass: a review of the topsy-turvy junk food marketing regulations', London*).

In 2018, the television area has replaced the kitchen table as the most likely place for British families to gather. Only 48% eat an evening meal together on a daily basis as opposed to 54% who gather together to watch TV, making where to focus food marketing abundantly clear (*'This Week Magazine', 20<sup>th</sup> June, 2018*). In February 2017, the majority of food and beverage adverts were screened during family viewing time and in the worst case, children were assaulted with 9 junk food adverts in one 30 minute period. Fruit and vegetable adverts make up just over 1% of food and drink adverts shown during family viewing time. The basic principles of marketing sugar drinks, for example, include advertising, being strategic and ubiquitous, using every means possible to market including music, sports celebrities, low pricing and selling to everyone! (*Professor Marian Nestle, 2002 'Soda Politics: Taking on Big Soda and Winning', Oxford University Press. New York, USA*).

UK children are confronted by a multiplicity of messages promoting unhealthy food. Child-bait advertisements appear on TV, radio, internet and text messages and junk food adverts have a constant presence in digital games. In some advergames, the characters eat chips or consume a drink brand 'to restore health'. McDonald's in Japan has developed sponsorship agreements with Pokémon Go. Japanese gamers are encouraged to visit real life locations of the burger chain where they can train or battle their visual Pokémon characters. An insidiously powerful example of product placement was the Coca Cola Powerade drink in the 2018 World Cup Football Series. The vitamin sports drink (600ml) contains 11/12 teaspoons of sugar although a zero sugar version is available. The England Manager Gareth Southgate's interviews were always accompanied by a blue bottle of full sugar Powerade, prominently placed for TV screen viewers.

The Obesity Health Alliance has recently published '*Six Facts about Junk Food Marketing*':

<http://obesityhealthalliance.org.uk/2018/06/20/six-facts-junk-food-marketing/>

1. Junk food adverts significantly influence children's food choices
2. UK marketing regulations are not amongst the strongest regulations in the world
3. The current rules are full of loopholes and do not apply across all forms of media
4. The current rules mean children are continually exposed to junk food adverts during their favourite TV programmes
5. Levels of child obesity have not decreased since the current advertising restrictions were implanted because they are ineffective
6. There is no evidence that a 9pm watershed would impede broadcasters' ability to produce high quality programming.

These are a valuable contribution towards developing a future strategy with regard to food marketing to children. However, the current public health dialogue around obesity and the food industry's response is often strained. Two thirds of food companies have ignored pleas to cut sugar content and are failing to meet a voluntary target set by the Government. One in eight big brands has actually increased the amount of sugar they sell. The response of the Food and Drink Federation is that companies are committed to healthier products but '*it can't happen overnight*' (*The Times, May 23<sup>rd</sup> 2018, 'Big food labels missing or ignoring sugar targets'*). It is becoming all too apparent that targets for sugar, fat and salt are ineffective unless backed by regulation, including tighter controls on marketing and promotion.

Despite changes in marketing, it does not appear that a single solution will be capable of reversing obesity and a systematic programme of multiple interventions (a whole systems approach) stands a higher chance of success. This will require commitment from multiple stakeholders including government, employers, educators, retailers, restaurants and food beverage manufacturers.

The child must be directed towards healthy food options.

Recommendations:

- 4.1 A ban on the use of child-friendly characters to advertise junk food
- 4.2 Public Health England to build upon the existing partnership with Disney (Change4Life) to encourage companies to include their child-friendly characters on healthier food products
- 4.3 Public Health England to increase awareness of its Healthy Start scheme nationally and at a local level by developing a mobile app and prioritising the usage of social media for this and other public health campaigns
- 4.4 The Public Health England report '*Calorie Reduction: The scope and ambition for action*', 2018, recommends a broader reduction campaign

programme than merely sugar reduction. It should undertake more work in the area of consumer perceptions, understanding of calories, interventions by retailers and manufacturers, restaurants, pubs, cafes and takeaways, the 'eating out-of-home' sector and delivery services

- 4.5 The focus of the UK Childhood Obesity Strategy and Scotland's Diet and Healthy Weight Plan is directed towards unhealthy foods with recommendations about limiting consumption. It would be useful to produce strategies to promote *healthy* choices prompting the right behaviours at the stage at which children are forming habits around eating and drinking
- 4.6 Marketing of healthy eating and the benefits of increased physical activity should be extended to children's carers/relatives and through the school and wider community. This strategy was recommended by the World Health Organisation's 69<sup>th</sup> World Health Assembly:  
[http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_8-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_8-en.pdf)
- 4.7 Specific marketing to educational or wider community staff involved in childhood healthy living initiatives should guide educators to either a broad-based single support area or a selection of evidence-based and respected organisations where they can source answers and assistance.

## 5. MARKETING STRATEGIES TO PROMOTE KNOWLEDGE OF GOOD MENTAL HEALTH

Children are exposed to a range of factors that raise their risk of self-harming, lowered self-esteem, depleted confidence and engagement in positive and healthy behaviours. Building resilience in children and supporting them to develop coping mechanisms when their resilience is challenged is essential if they are to grow in understanding and learn from their experiences rather than responding maladaptively.

An alarming increase in child self-harm was reported recently by The Children's Society with over 100,000 UK children affected, including 22% of girls. Responses to the figures from the National Education Union (NEU) and National Head Teachers' Union (NAHT) have pinpointed a lopsided emphasis within school on attainment at the expense of overall child welfare amidst a swingeing reduction in school budgets:

*'The mental health campaigner, Natasha Devon, echoed calls for funding. She said most schools no longer had money for a personal, social, health and economic education teacher, leaving a gap in learning about mental health and body image. She added that the Government's announcement in a new green paper of £300 million for mental health support in schools was just 'plugging a hole':*  
<https://www.theguardian.com/society/2018/aug/31/calls-for-action-over-uks-intolerable-child-mental-health-crisis>

One of the most frequently cited reasons for children choosing to self-harm is body anxiety; reported by children themselves as young as three years of age (PACEY, 2016 'Children as young as three unhappy with their bodies'):

<https://www.pacey.org.uk/news-and-views/news/archive/2016-news/august-2016/children-as-young-as-3-unhappy-with-their-bodies/>

Research has found that children at this extremely early age are reporting body image worries, stereotypes relating to body shape and size and show biases themselves towards children, adults and TV characters based on their physical size. These stereotypes reflect media preoccupations relating to weight (both the desire for thinness and stigmatisation of overweight and obesity). The findings are particularly pertinent given the extensively documented increase in childhood obesity and the existence of empirical research demonstrating that individuals respond maladaptively to experiences of weight stigma and adopt reactive behaviours such as avoidance of health-seeking pursuits, physical activity shunning and worsening eating patterns.

Body dissatisfaction can trigger a range of negative outcomes; one of which is over-exercising. It is also imperative that children understand the intricacy and

importance of health issues. The Foresight Report in 2007 (*'Reducing Obesities: Future Choices', Government Office for Science*) contained detailed information about the complexity of obesity, yet eleven years later, children and young people as well as adults, continue to receive messages about the 'simplicity' of weight issues with the implication that people can alter their size relatively easily and rapidly at will. The lived experience of the majority of the population however, is that such naïve conclusions are simply fallacious.

Over time, the body shapes and sizes to which children are exposed have become ever more unrealistic and therefore unattainable. Popular toy dolls such as Barbie and Ken have changed in shape, with Barbie becoming smaller and Ken more muscular and sinewy (*Norton KI, Olds TS, Olive S & Dank S, 1996, 'Ken and Barbie at life size', Sex roles, 34(3-4), 287-294*). In fact, studies suggested that the probability of girls sharing a body shape with Barbie was 1 in 100000, whilst for boys, having a Ken-style physique was 1 in 50. Children exposed to images of the Barbie doll reported lower body esteem and greater desire for thinness compared to those similarly presented with dolls that were more reflective of the average female body size (*Dittmar H, Halliwell E & Ive S, 2006, 'Does Barbie make girls want to be thin? The effect of experimental exposure to images of dolls on the body image of 5-8 year old girls', Developmental Psychology, 42(2), 283*).

Of course, the pressures attendant upon body image are not the only sources of stress threatening to engulf children and young people:

*'Bernadka Dubicka, the chair of the faculty for child adolescent psychiatry at the Royal College Psychiatrists, said social media created a new set of challenges for young people, but there were lots of other reasons young people became distressed. "Education is a big contributing factor.....the system assessment is causing stress and strain for young people, but within the context of us living in an uncertain world and them having an uncertain future.....They worry about unemployment, student fees and those who are not going to college to worry about how they are going to make a living and what the future holds for them" ' (The Guardian as before).*

In light of the above, there are three main 'market sectors' relevant to the mental health and wellbeing of children and young people in education and community settings, each manifesting different needs:

### Primary schools and early years

#### *Influence*

- *Prevention, detection of incipient problems, treatment of emerged issues*  
*Teacher and parent referral*

### *Education*

- *Teachers: training in attachment theory, recognition of pupils' psychological problems, signposting to appropriate support*  
*Pupils: basic emotional literacy*

### *Main intervention*

- *Access to play and creative arts therapies at school*

### Secondary schools

#### *Influence*

- *Prevention, treatment of emerged issues*  
*Teacher and self-referral*

#### *Education*

- *Teachers: training in attachment theory, recognition of pupils' psychological problems, signposting to appropriate support*  
*Pupils: intermediate emotional literacy*

#### *Main intervention*

- *Talking and creative arts therapies*  
*Full time resident Counsellor*

### Higher education and community services

#### *Influence*

- *Self referral*

#### *Education*

- *Campus-based psychological therapies service*

#### *Main intervention*

- *Campus-based psychological therapies service*

### Marketing communications strategies: key messages

The first priority when devising a relevant and effective marketing and communications strategy is to differentiate clearly between a knowledge of good mental health (primarily a curriculum and teaching activity) as compared to the therapeutic support (a health service activity for those who need it).

This differentiation is not currently understood in many schools but the two services are distinct and will necessitate separate funding streams.

The second priority is to communicate the need to manage risk by only employing therapists and counsellors whose names are on a register accredited by the Professional Standards Authority (PSA) or the Health and Care Professions Council (HCPC).

The major benefits to be communicated that have been found to date in relation to Primary schools, Early Years Settings and Secondary schools include:

- Better academic results through the improvement in mental health of the estimated 20% of children who need therapeutic support
- Reduction in staff turnover due to stress and mental health conditions triggered by dealing with disruptive pupils
- An improvement of relations with parents because of the support provided for their children with specific needs
- An improved image for the school because of it is recognised to be a 'caring' learning environment.

Further work is required to identify specific benefits to higher education and community services.

Marketing communication strategies (mainstream media)

Although school staff may place orders for products or services directly from advertisements for the curriculum/teaching activity, it is unlikely that therapeutic services will be commissioned in this way. The classic marketing communications framework could offer a basis for selecting media appropriate to the marketing stage:

1. Attention – gaining the attention of the recipient is essential before any communication can occur
2. Involvement – engaging the recipient in dialogue
3. Desire – stating reasons why the recipient should consider the proposition further
4. Conviction – recipient convinced that some action should be taken
5. Action - the recipient takes the action desired by the advertiser.

The knowledge of good mental health education can be promoted directly by the suppliers of appropriate children's products and services in educational and community settings. However, the promotion of therapeutic support services is

best undertaken by a relevant professional organisation or through a sponsorship partnership between a professional organisation and a supplier.

It is up to each company or service provider organisation to decide its own advertising mix, objectives and priorities, bearing in mind partnership suitability and financial cost amongst other marketing considerations.

**Recommendations:**

- 5.1 All relevant stakeholders including the Government and health and education professionals to make renewed efforts to engage with media organisations to reduce children's exposure to material that promotes increased body concerns and may contribute to lowered self-esteem, depletion in physical confidence and an increased risk of self-harming
- 5.2 The strategies must take into account the difference between educational/curriculum and therapeutic support objectives. The promotion of therapeutic support services is best undertaken by relevant professional organisations or by means of a sponsorship partnership between a professional organisation and a supplier.

## 6. PARTNERSHIPS BETWEEN INDUSTRY, COMMUNITY ORGANISATIONS AND NON GOVERNMENTAL ORGANISATIONS (NGOs) TO ADVANCE THE GOAL OF CHILD HEALTH AND FITNESS

The best ways in which to advance the goal of children's health and fitness will always be achieved by stakeholders working together. However, this can be easier said than done.

A relevant instance of effective marketing being stymied by adverse health concerns is the unfortunate case history of the 'Sunny Delight' drink. At its 1998 British launch, the marketing strategy was to promote the drink as tastier than juice and healthier than soft beverages (although in reality, the product was 5% juice and contained sugar and additives in abundance). It became one of the country's biggest drink brands but sales plummeted when it emerged that a child's skin had turned orange after the daily consumption of large quantities of Sunny Delight.

The baby formula industry is subject to particular difficulties owing to the ingrained historical hostility of some anti-industry advocates. Anti-industry antipathy can create a climate in which healthcare professionals are actively discouraged from communicating with the industry.

A hostile environment undermines the partnership principle and potentially subverts goals of child health and wellbeing. By contrast, the examples listed below are grounds for cautious optimism.

Cancer Research UK has developed partnerships as follows with:

*Tesco:* A 5 year arrangement launched in January 2018 between Tesco, Cancer Research UK, Diabetes UK and the British Heart Foundation was designed to inspire Tesco colleagues and customers to make healthy shopping/lifestyle choices driving the adoption of healthy habits that could help lower the risk of cancer, Type 2 diabetes and cardiovascular disease. Vital resources will be raised via colleague and customer fundraising, awareness of the diseases' risk factors and the importance of prevention and early diagnosis.

*Slimming World:* This established collaboration has now exceeded its initial fundraising remit to raise awareness of links between cancer and obesity. Both organisations pool information on a variety of topics in order to extend the evidence base and reach new audiences.

*Nivea:* Cancer Research UK and NIVEA SUN launched a campaign in July 2012 to raise funds for vital skin cancer research.

The Calorie Reduction Summit (*London, June 2018, The Royal Society*) announced two recent collaborations with commercial partners:

*McDonalds* have partnered with the Government's One You campaign and now actively promote fruit bags, 400 kcal bundles and vegetable burgers. Up to 3 million people across the UK visit McDonalds each day.

*Subway* is promoting a 4 billion calorie reduction from their customers' diets. Four in 10 subs are selected from the low fat range; the company shows calorie labelling on all menus and demonstrates a commitment to calorie, saturated fat and salt reduction. Customers can order as much salad and vegetable as they want when ordering a sub. Sugar has been reduced by 20% across the Subway bread range and by 5% across the cookie range.

Subway serves 3.5 million customers each week in 2,500 stores (which they hope to increase to 3000 by 2020).

Liverpool City Council uses marketing to promote health by officially naming and shaming food brands with high sugar content. People were found to be more likely to act on information when they could see the amount of sugar in the drinks and cereals that they were consuming. The campaign ran from June 2017; 8,500 people completed a sugar checker tool and 3,000 parents received information at supermarket events. A survey of 310 parents after the campaign found that:

- 65% recalled seeing it
- 77% were surprised at the level of sugar in cereals
- 71% were concerned about the amount of sugar their children were consuming
- 67% of those who recognised the campaign said that they made a dietary change as a consequence.

More than 40 schools are using the Liverpool campaign resources, reaching 10,000 children.

'Veg Cities' are concerted approaches to increase the consumption and promotion of vegetables around the city by means of local food growing, better uptake of Healthy Start vouchers and encouraging caterers to serve at least two portions of vegetables with their meals.

15 UK cities have signed up since the campaign was launched in July 2018, supported by the Peas Please Initiative ('Sustainable Food cities'):

<http://sustainablefoodcities.org>

The Soft Drinks Levy is proving to be successful not just by lowering the sugar content of drinks but also in having the effect of reducing comparative prices of no/low sugar products. The major suppliers (Coca-Cola, PepsiCo, Britvic, AGBarr and Suntory) have reduced sugar and only two soft drinks of public health significance remain the subject of the highest levy, Classic Coca-Cola and full-sugar ('Blue') Pepsi (*Jack Winkler & Tam Fry, 2018 'Making the healthy choice the cheaper choice', British Medical Journal, May24<sup>th</sup>*):

<http://blogs.bmj.com/bmj/2018/05/14/j-t-winkler-and-tam-fry-making-the-healthy-choice-the-cheaper-choice/>

There is certainly no room for complacency and issues of compliance and care must be addressed so that the food industry is not afforded an opportunity to influence the development of public health policy to its own ends. When decisions are made that will impact on people's health, the issue of who should be represented at the policy-making table is imperative. ENSA (Framework for Engagement with Non-State Actors) recommends that public interest NGOs should be increasingly incorporated into WHO policy decisions because they are indispensable in generating both public support and political incentives to induce national leaders to take the difficult steps required to stand up to industry as and when this is required (*Sarah Hawks & Kent Buse, 2016 'Time to stand up to industry. Sitting on the FENSA: WHO engagement with industry'*):

[http://discovery.ucl.ac.uk/1514824/1/Buse\\_Sitting%20on%20the%20FENSA%20WHO%20engagement%20with%20industryAAM.pdf](http://discovery.ucl.ac.uk/1514824/1/Buse_Sitting%20on%20the%20FENSA%20WHO%20engagement%20with%20industryAAM.pdf)

The examples above however, are a good start.

Recommendations:

- 6.1 Government should disseminate clear guidance on national and international regulation; updating as and when appropriate
- 6.2 Public Health England to compile a directory of best practice partnership working (including international 'success stories')
- 6.3 The balance between relevant voluntary and statutory regulation should be subject to annual review with results published. This relates initially to the performance of the sugar levy. The matter of its extension to other products should be the subject of continuous review.

## 7. UNICEF'S CHILDREN'S RIGHTS AND BUSINESS PRINCIPLES: GOOD PRACTICE EXAMPLES IN THE DEVOLVED UK AND INTERNATIONALLY

The United Nations' Guiding Principles on Business and Human Rights set out businesses' obligation to respect rights through their business practices and relationships and governments' duty to uphold rights including by ensuring businesses fulfil their obligations. Children are identified as rights holders and governments, duty bearers. All policies and actions that potentially impact children should be guided by internationally accepted human rights, principles and standards.

In 2012, Save the Children, the United Nations Global Compact and UNICEF combined to develop the Children's Rights and Business Principles:

<https://www.unicef.org/csr/12.htm>

Children's rights are set out in the Convention on the Rights of the Child (CRC), the International Labour Organisation's Convention No.138 on Minimum Age, and Convention No.182 on Worst Forms of Child Labour. Article 3 of CRC sets out the principle that:

*'In all actions concerning children.....the best interests of the child shall be a primary consideration.'*

The 10 principles for business to observe include principle 6 that business should use marketing and advertising that respects and supports children's rights.

This is further explained as:

1. Ensuring that communications and marketing do not adversely impact children's rights. This applies to all media outlets and communications tools. Media should not reinforce discrimination. Product labelling and information should be clear, accurate and complete and empower parents and children to make informed decisions in assessing whether there is (or may be) an adverse impact on children's rights and (taking action to integrate and act upon the finding) consider factors such as: children's greater susceptibility to manipulation and the effects of using unrealistic or sexualized body images and stereotypes
2. Complying with the standards of business conduct in the World Health Assembly (WHA) instruments related to marketing and marketing health in all countries. Where national law predicates a higher standard, businesses must follow it
3. Marketing should raise awareness of and promote children's rights, positive self-esteem, healthy lifestyles and non-violent values.

Businesses should have corporate responsibilities to respect and support children's rights.

Children are considered to be especially vulnerable to food marketing because they are not mature, and lack knowledge and understanding of nutrition and marketing techniques (Swinburn B, Sacks G, Hall KD, McPherson K, Finegood DT, Moodie ML & Gortmaker SL, 2011, 'The global obesity pandemic; shaped by global drivers and local environments', *The Lancet*, 378(9793), 804-814.[doi:10.1016/S0140-6736\(11\)60813-1](https://doi.org/10.1016/S0140-6736(11)60813-1)).

Article 24 of the CRC outlines the principle that every child has the right to health.

The right to health has a crucial role in disease prevention; including non-communicable diseases which can only be prevented effectively if the environments in which children live are altered to promote healthier choices (ECHO 'Report of the Commission on Ending Childhood Obesity', WHO 2016). Paragraph 2 of Article 24 refers to the need for '*appropriate measures that reduce infant and child mortality, and to combat disease and malnutrition through the provision of adequate nutritious foods*' among other actions. Article 24 of CRC refers specifically to nutrition and breastfeeding as well as access to education.

By promoting nutritiously poor food, media and food businesses undermine children's access to adequate food and healthy diets. With regard to the private sector, '*By selling unsafe food or marketing food with misleading information, food businesses may undermine peoples' access to adequate food*', (Office of the United Nations High Commissioner for Human Rights, '*The Right to Adequate Food*', Fact Sheet no 34, OHCHR, Geneva, April 2010, p. 25). The current UN Special Rapporteur on the right to food has stated that marketing campaigns used by the food and drink industry to target children and adolescents bear much responsibility for increasing levels of chronic disease related to obesity (Ever, Hilal, '*Interim Report of the Special Rapporteur on the Right to Food*', A/69/275, United Nations, 7<sup>th</sup> August 2014 para.40).

In recommendations concerning the specific marketing of unhealthy food products to children, the Special Rapporteur maintains that:

- Governments should regulate marketing, advertising and the promotions of unhealthy foods (particularly to women and children) to reduce the visibility of the said unhealthy foods and increase the visibility of healthier options e.g. by requiring supermarkets to display fruit and vegetables in more noticeable and accessible locations
- The food industry should not market, promote or advertise unhealthy foods especially to children.

The need to address the impact of unhealthy food marketing on children's right to health is explicitly addressed in the CRC General Comment No. 16:

*'The activities and operations of business enterprises can impact on the realisation of article 6 in different ways.'*

For example the marketing to children of products such as *'foods and drinks high in saturated fats, trans-fatty acids, sugar, salt or additives can have a long-term impact on their health'* (Committee on the Rights of the Child *'General Comment No. 15 on the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health'*, CRC/C/GC/15 United Nations, 17<sup>th</sup> April 2013, para 47).

The UN Special Rapporteur on the right to health has urged governments to:

*'Ban the advertising, promotion and sponsorship of all children's sporting events, and other sporting events which could be attended by children, by manufacturers of alcohol, tobacco and unhealthy foods'*, (Committee on Economic, Social and Cultural Rights, *'General Comment No. 12: the right to adequate food'*, E/C.12/1999/5, United Nations Economic and Social Council, Geneva, 12th May 1991, para 1.)

Article 24 of the CRC also highlights children's need for information on all aspects of health education in order for them to realise their right to health and to be enabled to make informed lifestyle choices including those appertaining to healthy eating and physical activity.

Article 17 of the CRC encapsulates the right of children to receive appropriate information for the promotion of their social, spiritual and moral wellbeing and physical and mental health. It stresses the important role of the media and the government duty to encourage guidelines for protecting children from harmful information. The inability to distinguish factual content from content promoting unhealthy foods and beverages poses a risk to both children's right to health and their right to access information in the ways outlined by Article 17 of the CRC.

Article 31 of the CRC requires States to recognise the child's right to rest and leisure, to engage in play and recreational activities that are age-appropriate and to participate freely in cultural life and the arts. The Committee advises that governments respond to the shift towards screen-related recreation by regulating unhealthy food marketing to children to ensure the meaningful attainment of their right to play. This is relevant in light of the increasing immersive marketing techniques used to promote unhealthy food. Playing such games should not be conditional on exposure to unhealthy food marketing (*WHO Regional Office for*

*Europe, 'Tackling Food Marketing to Children in a Digital World: Trans-disciplinary perspectives', World Health Organisation, Copenhagen, 2016).*

Article 2 protects children from discrimination. They are more susceptible than adults to unhealthy food marketing and this is amplified in children of lower socioeconomic status groups. It has been found that these children tend to make food preference changes after only brief exposure to marketing (*Kumanyika, Shiriki & Sonya Grier, 'Targeting interventions for Ethnic Minority and Low-Income Populations', The Future of Children, vol 16, no.1, Spring 2006, pp. 187-207*). In addition, children with overweight and obesity - who may have already been negatively impacted by unhealthy food marketing - are also more susceptible to such marketing than non-overweight children (*Halford, Jason C G, et al, 'Beyond-Brand Effect of Television (TV) Food Advertisements/Commercials on Caloric Intake and Food Choice of 5-7 Year Old Children', Appetite, vol. 49, 2007, pp. 263-267*).

The Convention on the Rights of the Child (CRC) thus supplies the foundation for a child rights-based approach to childhood obesity and the prevention of non-communicable diseases and in May 2018, UNICEF produced a report: 'A child rights-based approach to food marketing; A guide for policymakers':

[https://www.unicef.org/csr/files/A\\_Child\\_Rights-Based\\_Approach\\_to\\_Food\\_Marketing\\_Report.pdf](https://www.unicef.org/csr/files/A_Child_Rights-Based_Approach_to_Food_Marketing_Report.pdf)

to explain more fully, the basis for how the CRC principles can be utilised to further these objectives.

In May 2010, the 63<sup>rd</sup> World Health Assembly unanimously endorsed the World Health Organisation (WHO) Set of Recommendations on the marketing of foods and non-alcoholic beverages to children (*World Health Organisation, 'A Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children', WHO Geneva, 2010*). The Recommendations urge governments to adopt restrictions on marketing to promote better nutrition and contribute to the global objective of ending childhood obesity. In May 2016, the World Health Assembly endorsed the WHO recommendations for ending the inappropriate promotion of food to infants and young children:

<http://www.who.int/nutrition/netcode/WHA-Policy-brief.pdf>

The WHO Code of marketing of breastmilk substitutes and subsequent relevant WHA resolutions has been discussed earlier.

The implementation of the WHO Set of Recommendations has been slow, inconsistent and opposed in part by the food industry. Considering the severity of the child obesity epidemic and the challenges in implementing restrictions on food marketing, some health advocates and scholars suggest that the issue of human rights could be used to improve food environments and food businesses' marketing conduct (*Baytor & Cabrera, 2014: FoHRC, 2016*). A rights-based

approach to food marketing builds upon international human rights treaties relevant for food and health and focuses on States' obligations to protect their citizens against harm and exploitation (*WHO EURO, 2013 'Marketing of foods high in fat, salt and sugar to children: update 2012-2013'*):

<http://www.euro.who.int/en/publications/abstracts/marketing-of-foods-high-in-fat,-salt-and-sugar-to-children-update-20122013>

In 2015, the United Nations Global Compact produced a report outlining good practice, organised under the 10 principles of the Children's Rights and Business Principles:

<http://childrenandbusiness.org/wp-content/uploads/2013/02/Business-Practice-August-2015.pdf>

These were neither vetted nor evaluated in any way, but served as examples of how businesses can maximise the positive and minimise the negative impacts on children in the workplace, marketplace and community. A number of examples were given relating to principle 6 on the use of marketing and advertising that respect and support children's rights.

Good practice examples: Marketing and advertising that respect and support children's rights.

- An international beverage producer and bottling company developed a policy to protect children under age 12 from being directly targeted by any of its marketing messages in advertising, including only showing children drinking any of its beverage products outside of the presence of a caregiver
- A food and beverage company updated its current child marketing guidelines to be more explicit in what is and is not permitted when communicating with children under 12, including declaring that the company will not use its own websites or other communications to encourage children to participate in third party social networking sites that are inappropriate for them
- Aware of the role that advertising can play in children's dietary choices, an international food product producer made a commitment to reducing advertising for its products aimed at this audience, including restricting its advertising to products with recipes and portions sizes suitable for the requirements of children aged 3-12, in line with public health priorities
- A major international beverage producer made a commitment to advertise only products that meet global science-based nutrition standards to children under 12, and joined a group of global food and beverage manufacturers to adopt a worldwide voluntary commitment to child-friendly advertising
- A world leader in snacks, foods and beverages joined the International Food and Beverage Alliance (a Swiss-based NGO comprising multinational food

and beverage manufacturers) to adopt a worldwide voluntary commitment to advertise to children under 12, only products that meet specific nutrition criteria

- An Italian confectionary company, with a broader commitment to corporate sustainability, has given a public endorsement to principles purporting to guide their marketing and advertising directed at children, in line with the International Food and Beverage Alliance's Global Policy on Marketing and Advertising to Children. The company does not use advertising and marketing channels with a significant audience component (more than 35%) of children under 12. Endorsement of this global policy also prevents the company from advertising its products in primary schools unless requested specifically by the school administrator
- A global food, personal care and home products company has launched a social 'movement,' which raises awareness of sustainability and children's rights issues. It promotes a range of positive values around sustainability, healthy lifestyles, children's rights and increasing self-esteem through sponsoring events, grant making, partnering with not-for-profit organisations and communication campaigns
- The charitable foundation of a multi-national sporting goods company has launched a positive social 'movement' that promotes the rights of girls and young women. It is a collaboration between the company's charitable foundation, other not for profit organisations and the UN Foundation. The movement promotes its messages through films and a range of communication tools and resources
- European laundry soap used its marketing campaign to also create awareness of children's right to play and to express themselves. It has long run a series of television commercials in countries world-wide, emphasizing the intrinsic value of play and active lifestyles.

#### Recommendations:

- 7.1 The Government to explore the use of regulation to further protect children from the advertising and promotion of unhealthy food and drink; specifically measures to reduce the visibility of unhealthy foods and beverages and increase the visibility of healthier options (e.g. requiring supermarkets to display fruit/vegetables in more noticeable and accessible locations)
- 7.2 In accordance with article 17 of the CRC (above) the Government to publicise and promote guidelines for protecting children from information and material that is harmful to their health and wellbeing
- 7.3 The Government to explore a human rights-based approach to food marketing
- 7.4 The UN Guiding Principles Reporting Framework to be used as an

accountability tool to improve the food sector's marketing practice. To meet their responsibilities, businesses should adopt a human rights 'due diligence' process that could include publicly available performance reports.

## 8. USING MODERN METHODS OF COMMUNICATION TO BUILD A SUPPORTERS' BASE

Building a support base through social media and website sign-ups has become an increasingly popular opportunity for providers and users alike. Changing patterns of peer group and family dynamic mean that consumers source information and connect with others in multiple ways. Similarly, organisations wishing to reach families see modern methods of communication as their primary route. Social media now encompasses a host of apps with huge numbers of users (such as Instagram: 800 million+ subscribers, over 500 million of whom use the app daily and share more than 250 million items of content between them every 24 hours).

Studies of ways in which adults use digital media have shown mothers to be the heavier users, with the majority of parenting sites skewed towards them; often blatantly, as evinced by site names, e.g. *mumsnet*, *netmums*. A growing amount of tech is now less gender specific; 'dads' being catered for via dad bloggers, dad product awards and dad support groups, e.g. *thedadnetwork*. Today's young people are already social media users before becoming parents. The digital communications area is endemically natural to them as an environment that is easy to navigate and access as an effective and efficient source of advice.

Organisations spend burgeoning amounts of resource researching tech. Symbiotic provider/user relationships have many manifestations (including closed Facebook groups for committed followers of specific parenting methods) and are frequently created by brands that facilitate the environment and supply information, whilst simultaneously pedalling their own message. In modern methods of communication, the technology often carries specific addictive purposes behind seemingly innocuous effects. An example is the 'drag down to refresh' action; a widely-recognised method of on-screen information update that was purposefully designed to elicit dopamine release; supplying an addictive thrill akin to that triggered by fruit machine gambling. Other dangers that are becoming widely recognised include the 'FOMO' (fear of missing out) whereby users see others' 'perfect' lives, and the 'likes' addiction involving the individual posting personal images and feeling crushed or elated dependent on viewer numbers 'liking' the post.

The following research projects analyse some key trends.

### You Tube and Celebrities/Celebrity 'Characters'.

*'What's on YouTube? A Case Study on Food and Beverage Advertising in Videos Targeted at Children on Social Media' (Child Obes. 2018Jul; 14(5):208-290.doi: 10.1089/chi.2018.0037. Epub 2018 Jul 9).*

The authors examined food and beverage advertisements encountered in YouTube videos targeting children in Malaysia and found a predominance of unhealthy food ads.

*Pediatrics*. 2016 Jul;138(1). Pii: e20153977.doi: 10.1542/peds.2015-3977.Epub 2016 Jun 6. 'Popular Music Celebrity Endorsements in Food and Nonalcoholic Beverage Marketing,' (Brag MA, Miller AN, Elizee J, Dighe S, Elbel BD).

The number and type of food or beverage brands promoted by music celebrities was quantified, nutritional quality of product assessed and teen choice data examined in order to assess the celebrities' popularity among adolescents. Study findings demonstrated that music celebrities who are popular among adolescents (specifically Baauer, will.i.am, Justin Timberlake, Maroon 5 and Britney Spears) had the most food and beverage endorsements and were promoting energy-dense, nutrient-poor products.

*J Health Column*. 2012; 17(8):886-98. Epub 2012 Apr 4. 'The influence of media characters on children's food choices', (Kotler JA, Schiffman JM, Hanson KG).

Two experiments assessed the role of media characters in influencing children's food choices; the first focused on self-reported preference and the second on actual choice. In the first experiment, children were more likely to indicate a preference for the food associated with popular and familiar characters; especially when a sugary or salty snack branded by a favoured character was set against a healthier choice branded by no character or an unknown character. Findings from the second experiment suggested that children are more willing to try additional pieces of healthy food if promoted by a popular character instead of one who is unknown.

### Digital Marketing

*Am J Public Health*. 2014 Dec; 104(12):e56-64. doi:10.2105/AJPH.2014.302167/ Epub 2014 Oct 12. 'Digital junk: food and beverage marketing on Facebook', (Freeman B, Kelly B, Baur L, Chapman K, Chapman S, Gill T, King L).

The authors assessed the amount, reach and nature of energy-dense, nutrient-poor (EDNP) food and beverage marketing on Facebook by conducting a content analysis of the marketing techniques used by the 27 most popular food and beverage brand Facebook pages in Australia. By using the interactive and social aspects of Facebook to market products, EDNP food brands were found to be exploiting users' social networks and thereby magnifying the scope and personal relevance of their marketing messages.

## General Food Marketing to Children

*Obes Rev.* 2014 Apr; 15(4); 281-93. doi: 10.1111/obr.12141. Epub 2014 Jan 17.

'A systematic review of persuasive marketing techniques to promote food to children on television,' (Jenkin G, Madhvani N, Signal L, Bowers S)

This review identified the most frequently documented persuasive marketing techniques to promote food to children via television. A narrative synthesis of the reviewed studies demonstrated that the most commonly reported persuasive techniques used in this way were:

- Use of premium offers
- Promotional characters
- Nutrition and health-related claims
- The theme of taste
- The emotional appeal of fun.

Identifying and documenting these techniques is critical in order to monitor and evaluate advertising codes, industry pledges and the possible development of further regulation in these areas.

*Pediatr Diabetes.* 2015 Aug; 16(5):331-7. doi: 10.1111/pedi.12278. Epub 2015 Apr 21

'Food Advertising to children and its effects on diet: review of recent prevalence and impact data', Boyland EJ & Whalen R.

The article reviewed recent international research findings relating to both prevalence and effect of food and beverage advertising on children's intake. Evidence concerning the two main avenues of food marketing exposure (TV and the internet) was considered and despite methodological differences and the varying population samples reviewed, the broadly consistent outcomes were that food advertising is ubiquitous; it promotes largely energy-dense, nutrient-poor food and even short-term exposure results in children increasing their food consumption.

*Eur J Clin Nutr.* 2015 Aug; 69(8):896-901. doi: 10.1038/ejcn.2015.52. Epub 2015 Apr 1.

'The EU pledge for responsible marketing of food and beverages to children: implementation in food companies', (Jensen JD & Ronit K)

The objective of the study was to evaluate commitments made by companies in joining the pledge for the purposes of assessing its effectiveness in regulating signatory companies' marketing activities. Compared with a reference group of large food and beverage companies, EU pledge signatory companies have a public image strongly based on products with child appeal. The EU pledge sets common standards for regulating signatory companies' marketing behaviour towards them.

Further scrutiny of the companies' stated commitments revealed marked content variation and in their de facto bindingness on the companies' marketing behaviour (e.g. the definition of target audience for advertising or nutritional characteristics making products eligible for advertising to children). In order for voluntary self-regulation schemes such as the EU Pledge to be a credible alternative to public regulation for marketing behaviour, more transparency and stringency are needed.

*PLoS One. 2015 Mar 4; 10(3):e0119300.doi: 10.1371/journal.pone.0119300. eCollection 2015. 'Children's recall of fast food television advertising - testing the adequacy of food marketing regulation', (Bernhardt AM, Wilking C, Gilbert-Diamond S, Emond JA, Sargent JD)*

In the United States, McDonald's and Burger King participate in marketing self-regulation programmes that aim to limit emphasis on premiums and promote emphasis of healthy food choices. The study determined what children recalled from fast food television advertisements aired by these companies. One hundred children aged 3-7 years were shown McDonald's and Burger King children's (MDC & BKC) and adult (MDA & BKA) meal ads, randomly drawn from ads that aired on national US television from 2010-11. Immediately after seeing the ad, children were asked to recall what they had seen and transcripts evaluated for descriptors of food, healthy food (apples or milk) and premiums/tie-ins.

Premiums/tie-ins were recalled much more frequently than healthy food. Children's net impression of television fast food advertising indicates that industry self-regulation failed to achieve a de-emphasis on toy premiums and tie-ins and did not adequately communicate healthy menu choices. The methods devised for this study could be used to monitor and better regulate advertising patterns of practice.

#### Recommendations:

- 8.1 An ethical code of conduct for social media-based supporters' groups should be introduced and brands/organisations/charities etc. show their adherence to it via a simple motif system that when displayed allows the visitor to be reassured
- 8.2 Policies regulating food marketing to children should be extended to cover online content in accordance with a rapidly evolving digital media environment. Service providers of social media can play a part in limiting unhealthy food advertising to children
- 8.3 Regulatory systems in place for online content require urgent review. Rogue adverts should be reported to the ASA and sponsorships fully declared
- 8.4 There should be a root and branch review of all voluntary self-regulation schemes with the potential to make some compulsory.

## 9. ENGAGING 'HARD TO REACH' AND CULTURALLY AND ETHNICALLY DIVERSE POPULATIONS

Stage Two of the Government's Child Obesity Strategy announced an intention to consult at the end of 2018 on improving the Healthy Start locally marketed fruit, vegetable and milk voucher initiative. The means-tested scheme promotes knowledge of good nutrition, raises awareness of vitamin supplementation for breastfeeding mothers and children under age 4 as well as other key nutritional messages from Start4Life (*Healthy Start, 2014, 'What is Healthy Start?'*):

<https://www.healthystart.nhs.uk>

Healthy Start is known and promoted by health and other children's professionals who have frequent contact with early years-aged children and their families in settings such as pharmacies, GP practices, nurseries and children's centres. It is marketed via professional word of mouth, leaflets and access to an informational website and an average of 48,000 children in UK low income families have benefited (*Department of Health and Social Care, 2016*). However, data from '*Beyond the Food Bank' (2016 'Boosting Healthy Start in Kingston')*:

<https://www.sustainweb.org/foodpoverty/profile/?m=1&b=0&y=2016&v=2>

reported that an estimated 25,000 households in London that were eligible for Healthy Start Vouchers did not take advantage of them, indicating a need for further marketing strategy investment.

Evidence demonstrates the existence of distinct differences in the socioeconomic uptake of healthy foods, with disadvantaged groups consuming less fruit and vegetables and more unhealthy processed foods (*'Socio-economic dietary inequalities in UK adults: an updated picture of key food groups and nutrients from national surveillance data'*):

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4351901/>

Marketing spend should therefore be targeted towards disadvantaged communities to increase awareness of how and where to access healthy foods, physical activity schemes and other help with child obesity. There is also a breadth of evidence to indicate that certain ethnic groups in UK society are more likely to be affected by obesity, so marketing measures should be adapted/specifically produced to reach them; thus achieving the largest overall effect on healthy population change (*'Obesity & Ethnicity', NHS*):

<https://khub.net/documents/31798783/32039025/Obesity+and+ethnicity/834368ce-e47a-4ec6-b71c-7e4789bc7d19>

Findings published by Cancer Research UK (*'A Prime Time for Action: New evidence on the link between television and on-demand marketing and obesity', Fiona Thomas, Lucie Hooper, Robert Petty, Christopher Thomas, Gillian Rosenberg and Jyotsna Vohra, 2018*) show that almost all (87%) of young people in the

particular study found HFSS advertising appealing, with three quarters tempted to eat a product when viewing an advert. The majority also thought that HFSS advertising would be attractive to their peers. The more disadvantaged groups had higher odds of being directly drawn in by an advert. In her Foreword to the CRUK report, Professor Corinna Hawkes said:

*'The study.....provides further evidence that marketing of these foods is not providing a supportive environment for young people who experience obesity. It also shows that young people in deprived communities are more likely to recall having seen marketing for foods high in fats, sugars, and salt.'*

'A Prime Time for Action' further considers that young people from disadvantaged communities would potentially have most to gain from regulation designed to reduce junk food advertisement exposure:

- *'Those recalling seeing television adverts every day were found to be 40% more likely to be from the most deprived group, compared to the least deprived (most affluent) group*
- *Within this study, 22% of respondents with obesity were from the most deprived quintile compared to 12% from the least deprived (most affluent) quintile.'*

Pressure to tighten regulation around junk food advertising in the interests of children deemed 'hard to reach' is gaining momentum. Chair of the Health and Social Care Select Committee, Dr. Sarah Wollaston said:

*'Children are becoming obese at an earlier rate and staying obese for longer. Obesity rates are highest for children from the most disadvantaged communities and this unacceptable health inequality has widened every year since records began. The consequences for these children are appalling and this can no longer be ignored'*

*She called for a 'whole systems approach' to fighting obesity where local authorities can use planning and licensing powers to reduce the number of junk food outlets in their jurisdiction while ministers bring in tougher restrictions on marketing unhealthy treats', (The Independent, 30<sup>th</sup> May, 2018):*

<https://www.independent.co.uk/news/uk/politics/theresa-may-junk-food-ads-childhood-obesity-mps-health-social-care-a8374401.html>

The comprehensive approach as advocated by Dr Wollaston is supported by Guys and St Thomas's Charity in its recent call for a 'whole-systems, cross-sector approach' (Guy's & St Thomas' Charity and The Behavioural Insights Team, 2018 'Bite Size; Breaking down the challenge of inner-city childhood obesity') to address

child obesity in urban, diverse and deprived areas. Interventions that reduce unhealthy food choices in such an approach would be prioritised and local or regional actions aligned with national strategies.

National Child Measurement Programme data for 2016/17 shows that 22,646 out of 556,452 of 10-11 year olds are classed as severely obese. Severe obesity rates are highest in children living in the most deprived towns and cities and those from black and minority ethnic groups. The Local Government Association (LGA) has called for more targeted interventions including a reversal in public health grant reductions. Chair of the LGA's Community Wellbeing Board, Izzi Seccombe has said:

*'These new figures on severely obese children who are in the most critical overweight category are a further worrying wake-up call for urgent joined-up action. The UK is already the most obese nation in Western Europe, with one in three 10 and 11 year olds and one in five 4 and 5 year olds classed as overweight or obese respectively. Unless we tackle this obesity crisis, today's obese children will become tomorrow's obese adults, whose years of healthy life will be shortened by a whole host of health problems including diabetes, cancer and heart disease':*  
<https://www.independent.co.uk/news/health/obese-children-primary-school-local-government-association-health-a8372586.html>

As noted above, Article 2 of the Convention on the Rights of the Child (CRC) protects children from discrimination. Children from lower socioeconomic groups are most susceptible to unhealthy food marketing and make changes in their food preference behaviour after only brief exposure to marketing (*Kumanyika, Shiriki & Sonya Grier, 'Interventions for Ethnic Minority and Low-Income Populations', The Future of Children, vol 16, no.1, Spring 2006, pp.187-207*). A child rights-based approach to marketing as advocated by UNICEF would therefore represent positive change.

#### Recommendations:

- 9.1 Government to review and re-structure its social marketing strategy in the light of research findings indicating that children from hard to reach and culturally and ethnically diverse populations are being successfully targeted by HFSS advertising
- 9.2 The £600 million cut to councils' public health funding should be restored and additional resources provided to support the children and young people who are most seriously obese
- 9.3 Government to introduce tougher restriction on the marketing and advertisement of unhealthy food and to commit extra resources to ways in which to target 'hard to reach groups' with healthy lifestyle initiatives
- 9.4 Adoption of the UNICEF-advocated child rights approach to marketing.

## 10. THE ROLE OF LEGISLATION

In the UK, Ofcom and the Committees of Advertising Practice set broadcasting rules (with the latter also responsible for non-broadcast advertising). These are self-regulated by the Advertising Standards Authority (ASA), which is funded by the advertising industry via a levy on advertising spend. The opinion that the current system does not afford children sufficient protection from junk food advertising is rapidly gaining ground and has prompted the Government to announce an intention to consult on measures to strengthen the regulation before the end of 2018 (*HM Government, 2018 'Childhood obesity: a plan for action. Chapter 2'*).

Current regulation, designed to protect children from exposure to junk food advertising on TV, was introduced in 2007. The advertising of HFSS food products is banned from shows targeted at children or where they are disproportionately represented in the audience. For the rules to apply, currently around 23% of a programme's audience would have to be aged under 16. A similar approach for the non-broadcast media environment was introduced in 2017. HFSS adverts cannot be targeted at children directly nor be placed in an environment where more than 25% of the audience is under 16.

However, children need not be targeted to experience exposure to HFSS advertising because the current rules only apply to children's programming or media; i.e. those TV programmes, magazines, films and websites that are aimed exclusively at children. This media is only relevant for pre-school or primary school aged children and the current regulations apply to only 26% of children's TV viewing time (*Ofcom, 2017: 'Children and Parents: media use and attitudes report 2017'*). The regulation does not encompass the TV programmes that are most popular with children and which are typically screened in the peak family viewing slot of 6-9pm, including such favourites as *'The X Factor'*, *'Britain's Got Talent'*, and *'Saturday Night Takeaway'*.

'Family viewing' entertainment shows are also enjoyed by adults, meaning that children never make up a sufficiently high audience percentage (compared to adults) for the rules to apply, even when there are over a million children watching. Research shows that nearly 60% of food adverts shown during this time slot are for HFSS food products and in the worst-case scenario, children see up to nine adverts for junk food during one 30 minute programme (*Obesity Health Alliance, 2017, 'A Watershed Moment: Why it's Prime Time to Protect Children from Junk Food Adverts'*).

The same situation arises online. The ASA recently rejected a complaint made by the Obesity Health Alliance about a crisp advert shown before a gaming video on the basis that less than 10% of YouTube's overall audience is children:

<https://www.asa.org.uk/rulings/walkers-snacks-ltd-a18-449435.html>

The ruling was made despite the fact that YouTube is now the most popular website used by children of all ages. The ASA also dismissed another complaint made about a popular YouTube vlogger promoting chocolate spread on the grounds that only 17% of his subscribers were under 18. However, based on the vlogger's total subscriber numbers, almost a million (950,400) under 18s could have been exposed to the promotional video:

<https://www.asa.org.uk/rulings/ferrero-uk-ltd-a18-444638.html>

The self-regulatory approach is problematic. ASA has a mandate to achieve 'good regulation' where regulatory burdens are kept to a minimum and should be proportionate. However, a mandate to balance health and business outcomes creates a lack of transparency in decision-making where the regulatory body is allowed to compromise on restricting harmful junk food adverts while being funded by companies responsible for causing these harms. An approach centred on personal responsibility and voluntary industry action has proved insufficient and the current picture is that of an obesogenic environment where children feel constantly pressurised to make unhealthy dietary choices (*Thomas C, Hooper L, Rosenberg G, Thomas F, Vohra J, 2018 'Under Pressure: New evidence of young people's broadcast marketing exposure in the UK', Policy Centre for Cancer Prevention, Cancer Research UK pdf*).

Population-level interventions to combat obesity and improve dietary behaviours often benefit the most deprived communities (where obesity rates are highest) because these have the widest reach as opposed to tailored interventions which may only occasion behaviour change among more affluent groups. Interventions which are dependent upon voluntary change seem more likely to increase health inequalities (*White M, Adams J, 78 Heywood P, 2009-04-22, 'How and why do interventions that increase health overall widen inequalities within populations?' In Social Inequality and Public Health: Policy Press*):

<http://policypress.universitypressscholarship.com/view/10.1332/policypress/9781847423207.001.0001/upso-9781847423207-chapter-5>

Over the years, voluntary action initiatives have repeatedly proved unsuccessful.

The Public Health Responsibility Deal was launched in 2011 as a public-private partnership to improve public health. However, the evaluation found that '*the current nature and formulation of the RD food pledges is unlikely to have much effect on nutrition-related health in England*' (*Knai C et al, 2015, 'Has a public-*

*private partnership resulted in action on healthier diets in England? An analysis of the Public Health Responsibility Deal food pledges', pdf).*

Similarly, progress on Public Health England's sugar reduction programme was found to be unsatisfactory at the first year's progress evaluation, because industry had failed by wide margin to meet voluntary reformulation targets. In sharp contrast, legislation in the form of the Sugary Drinks Industry Levy has been successful in prompting the reformulation of many sugar-sweetened beverages (*Public Health England, 2018 'Sugar reduction and wider reformulation: report on progress towards the first 5% reduction and next steps'*).

Industry self-regulation has also proved to be ineffective. The ASA has been criticised for undue delay in investigating complaints, insufficient transparency in its rulings and giving broadcasters the benefit of the doubt (*Children's Food Campaign, 2014 'Through the Looking Glass: A review of topsy-turvy junk food marketing regulations'*). Despite Committee of Advertising Practice regulations, children continue to be exposed to high levels of advertising for HFSS products (*Obesity Health Alliance, 2018 'Blog: low bars and loopholes – why children are not protected from junk food adverts online'*).

In May 2010, the 192 Member States of the World Health Organisation endorsed Resolution WHA63.14; the aim of which is to restrict the marketing of unhealthy food and non-alcoholic beverage products to children and adolescents to reduce the prevalence of overweight, obesity and diet-related noncommunicable diseases (*Kraak V et al, 'Progress achieved in restricting the marketing of high-fat, sugary and salty food and beverage products to children', Bull, World Health Organ. 2006, 94, 540-548*). Few countries have dealt effectively with the issue and within the UK, restrictions imposed by Ofcom (the broadcast regulator) are monitored by the ASA. Its sister organisation, the Committee of Advertising Practice (CAP) is responsible for writing the Advertising Codes and both the ASA and the CAP are self-described as being committed to regulating in a way that is transparent, proportionate, targeted, evidence-based, consistent and accountable (*Ofcom. Television Advertising of Food and Drink Products to Children Final Statement*): [https://www.ofcom.org.uk/\\_data/assets/pdf\\_file/0028/47746/Television-Advertising-of-Food-and-Drink-Products-to-Children-Final-statement-.pdf](https://www.ofcom.org.uk/_data/assets/pdf_file/0028/47746/Television-Advertising-of-Food-and-Drink-Products-to-Children-Final-statement-.pdf) However, the ASA is a reactive enforcement body and as has been illustrated, essentially toothless when in matters of code infractions; only 'empowered' to refer repeat offenders to local authorities and/or Ofgem for further scrutiny.

The months ahead are critical as the Government prepares to consult on measures which will no doubt be unpopular with the broadcast and food industries. However, the evidence is clear. The voluntary approach is fatally flawed and the UK's children deserve the Government to prioritise their health over the interests

and profitability of business by enacting strong and effective regulation that is seen to be logical and fair.

Recommendations:

- 10.1 Population-level interventions to be adopted to tackle obesity and improve dietary behaviours
- 10.2 A 9pm watershed on junk food adverts with a similar level of protection to be applied to the non-broadcast environment
- 10.3 Government to encourage a fair food environment via a balanced but firm approach that does not stifle manufacturer innovation or drive excess consumption; thereby making the healthy choice the easy choice.
- 10.4 The industry, including therapy service providers, have first to prove their intentions to protect the children and their parents through better regulation of their marketing. This will almost certainly require some form of 'Right Touch' regulation to be scoped by the study group as recommended in 2.1

AND FINALLY

The body of this report contains many suggestions and examples of ways in which the Government and industry should work together to the benefit of all UK children; there remain the following observations:

- The UK Government as has been shown, has had limited success in restricting the marketing of unhealthy food and drink to young people. For instance, the Responsibility Deal saw the Government invite companies to join a partnership; to work with policy makers and negotiate on a range of actions. Unsurprisingly, the three most effective strategies were not chosen, and previous research suggests that the greatest effort was expended pursuing activity in which the companies were already engaged:  
<https://www.sciencedirect.com/science/article/pii/S0306919215000391>
- It is recommended therefore that the Government does not 'work with industry' when *developing* actions, but instead, engage with industry once these actions have been developed; that the actions are mandatory rather than voluntary and that there is thus no room for industry to evade them, 'get around' them, or simply .... ignore them.