Hot Food Takeaway SPD – Appendix 3 Modifications April 2022

Further evidence supporting a restrictive buffer around Kirklees schools

This is an evidence base focusing on the harms of excess weight and the relationship between hot food takeaways within close proximity of schools and levels of obesity. It provides the evidence to support the requirement shown in HFT3. This appendix covers the impacts of obesity, particularly childhood obesity, and the current situation locally.

In Kirklees there are increasing numbers of children and adults who are overweight or obese and physically inactive. The evidence from the National Child Measurement Programme (2018/19) shows that in Kirklees approximately 1 in 4 (23.2%) of reception age children (5 year olds) and 1 in 3 (35.6%) of year 6 children (11 year olds) had excess weight in 2018/19. <u>As children move into</u> <u>secondary school weight management continues to be a concern across Kirklees.</u>

As children move into secondary school weight management continues to be a concern across Kirklees. In 2009, 1 in 5 (18%) 14-year olds reported that they were on a diet or trying to lose weight, but they may not necessarily need to. Nationally, 4 in 5 obese teenagers went on to be obese adults(38).

Increased obesity from a younger age contributes to a negative impact on the ability of children to live a healthier lifestyle(39). Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more GP appointments than normal weight children. As children constitute the future workforce of an economy, this is also associated with a reduction in employee productivity and increased spending on health care over the lifetime(40). This clearly illustrates the importance and relevance of addressing childhood obesity in the UK, if the UK economy and society is to make the most of the available human resources.

Research and reports into the impact of hot food takeaways near schools is an area that continues to expand. There are a number of case studies that look at councils who are using the planning system to introduce restrictions on the proliferation of fast food takeaways, taking a holistic approach to takkling the challenge of obesity(41).

Hot food takeaways within easy walking distance of schools can provide an attractive and affordable food option for pupils. Research has indicated that children attending schools near fast food outlets are more likely to be obese than those whose schools are more inaccessible to such outlets(42).

A concentration of hot food takeaways in a particular area can create what are termed "obesogenic environments" (see Appendix 1) in which pupils have ready access to fast food outlets when travelling to and from school (43).

Researchers have also successfully identified the link between the presence of a hot food takeaway within 400m of schools and childhood obesity (44, 45). There is evidence to show that children regularly eat from hot food takeaways if they are located within the places where they spend time, i.e. either the school or home environment.

A survey of nearly 2,500 Brent secondary school pupils showed that pupils attending schools with takeaways within 400m are more likely to visit a hot food takeaway after school at least once a week (62 per cent) than pupils at schools with no takeaways within a 400m radius (43 per cent) (46).

Southwark carried out a survey in support of their local plan which showed pupils from schools with a closed gate policy would skip lunch in order to save money to spend in takeaways on the way home (47).

Research on the impact of local food environment round schools and its impact on diet, with a specific focus on primary and secondary schools in East London, concluded that the close proximity of hot food takeaway not only influences the obesity of the secondary school students but also the primary school students (48). This is because although primary school children are not allowed to leave by themselves, the lack of awareness amongst parents regarding child healthcare and obesity means parents are likely to walk the children to the takeaway.

Further to this, research found that 'more frequent takeaway meal consumption in children was associated with unhealthy dietary nutrient intake patterns and potentially with adverse longer term consequences for obesity and coronary heart disease risk.'(<u>49</u>43).

In an analysis of the Millennium Cohort Study data the researchers found for certain children, in particular those with maternal education below degree level and those with lower self-regulation, that living near fast food restaurants or attending schools near fast food restaurants was associated with an increased Body Mass Index (50).

Researchers have found that schools have more fast food outlets in close vicinity than would be expected by chance and that this was amplified in more deprived areas and that banning any new fast food outlets opening within 400m of schools could help reduce children's exposure to fast food(<u>51</u>44).

In 2019, the Royal Society for Public Health (RSPH) published a document(<u>5245</u>), one of the key learnings from this piece of work is that there is often a crucial window of exposure to obesogenic environments for children during their daily routes to and from school, which can have a substantial impact on food consumption and that unhealthy fast food outlets have in some cases become de facto extensions of the school environment. This often isn't driven by a desire for food but by a lack of other appropriate, safe, affordable and socially acceptable spaces for young people after school.

Where we live has a huge role to play in tackling childhood obesity, whether it is the way our towns and cities are designed or how many fast food outlets can operate near schools. Local authorities have a range of powers and opportunities to create healthier environments, <u>including they have the power to</u> developing planning policies to limit the opening of additional fast food outlets close to schools and in areas of over-concentration. They can also offer professional training, parenting support, social marketing campaigns and weight management services(<u>5346</u>).

Kirklees considers that this guidance should be applied to both primary and secondary schools, as this approach takes into account the overall influence of the "obesogenic environment". It is acknowledged that the majority of primary school pupils are likely to be accompanied by a supervising parent, guardian or adult, during the journeys to and from school. Some primary school children, such as those in year 6, are allowed to walk to and from school on their own, in preparation for the transfer to secondary schools. "While the causes of obesity are complex and obesity is multifaceted in aetiology, it is plausible that the condition is driven largely by environmental factors, which undermine the self-regulatory capacity that people have to make responsible decisions about personal diet and physical activity". So in this context i<u>l</u> is not just about the food choices that a secondary school pupil might make at lunch time or walking to and from home, but also about the food that the parents of primary age children might purchase for their children, and also the influence that heavily marketed 'fast-food' might have on the attitudes of impressionable young

children. <u>The Council considers the issue of primary school children using A5 units is a concern that</u> should be addressed alongside secondary school pupils.

Footnotes:

38 The Kirklees Joint Strategic Assessment (KJSA)

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50. Libuy A, Church D, Ploubidis G B, Fitzsimons E. Fast Food and Childhood Obesity: Evidence from Great Britain. CLS Working Paper. London: UCL Centre for Longitudinal Studies, 2022

<u>51</u>44 Davis B & Carpenter C. Proximity of Fast-Food Restaurants to Schools and Adolescent Obesity. American Journal of Public Health, March 2009; 99(3): 505–510

5245 Routing out childhood obesity. Royal Society for Public Health, 2019

5346 Childhood obesity: a plan for action Chaper 2. HM Government June 2018