

A. CHILDREN'S RIGHTS IMPACT ASSESSMENT

1. Policy objectives

Proposal outline

The UNCRC recognises that children have the right to the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. The UNCRC also recognises that children have the right to enjoy the highest attainable standard of physical and mental health. This proposal supports those rights as set out in the Integrated Impact Assessment also published alongside this consultation.

We intend to consult on the proposals set out within draft regulations for The Food (Promotion and Placement) (Wales) Regulations 2024. The aim of these regulations is to restrict the promotion of specified high fat, salt and sugar products by volume (e.g. multibuy offers) and placement (e.g. at the end of an aisle). The restrictions will apply to food categories of most concern to childhood obesity. The regulations also include restrictions on free refills for specified sugar-sweetened beverages within the out of home sector.

1. Gathering evidence and engaging with children and young People

The [Healthy Weight: Healthy Wales ten year strategy](#) sets out our ambitions to tackle obesity across Wales and highlights the multi-component approach which will be required to support a significant step change to impact positively upon the health of the nation. Data shows that children and adults in Wales are not eating balanced diets. We consume too much sugar, saturated fat and salt and too many calories, but not enough fibre, fruit and vegetables. For example, children between 11 to 18 years old consume up to three times the recommended maximum amount of sugar¹.

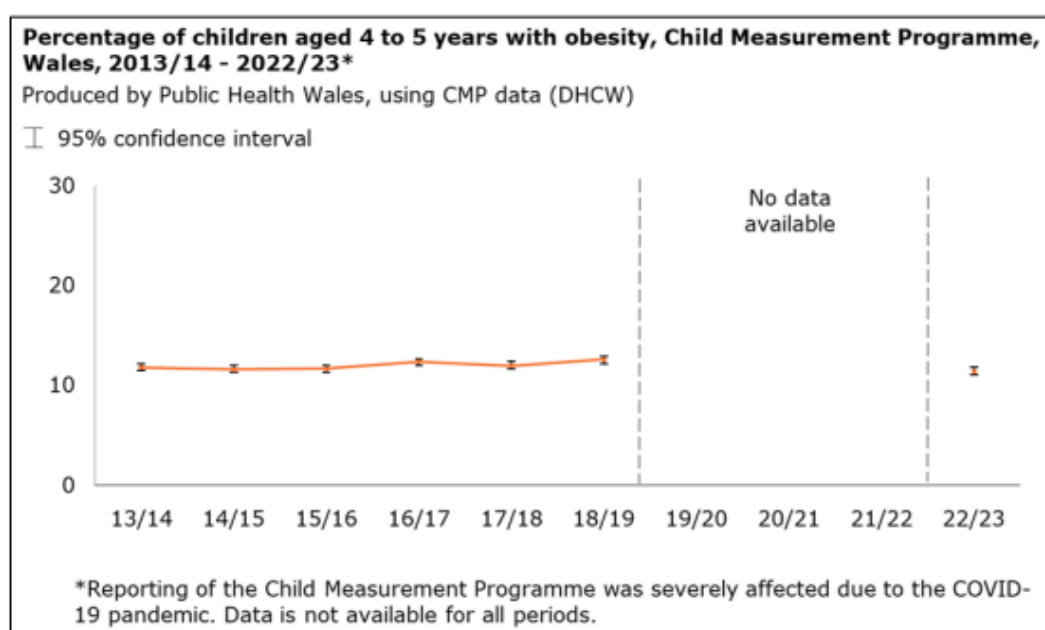
Obesity tracks from children into adulthood², where obese children and adolescents are around five times more likely to be obese in adulthood than those who were not obese. Over 60% of the adult population are overweight or obese and this has a direct impact upon a range of chronic diseases and in terms of years lived in disability. Obesity is a leading cause of preventable death and chronic disease. For many children or adults with obesity, the experience of weight stigma and bias contributes significantly to stress, anxiety and depression and can lower self-confidence, self-esteem, and self-worth.

¹ Welsh Government. (2019). National Diet and Nutrition Survey: results for Years 5 to 9 of the Rolling Programme for Wales (2012/2013 – 2016/2017) and time trend and income analysis (Years 1 to 9; 2008/09 – 2016/17)

² Simmonds, M et al. (2016). Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. Available at: <https://pubmed.ncbi.nlm.nih.gov/26696565/#:~:text=Obese%20children%20and%20adolescents%20were%20around%20five%20times,around%2070%25%20will%20be%20obese%20over%20age%2030.>

The Child Measurement Programme 2022-23³ shows that:

- At an all-Wales level the proportion of children with underweight was 0.9%, slightly higher than the 0.7% reported pre-pandemic in 2018/19.
- The proportion of children with a healthy weight was 74.3%. This was significantly higher than pre-pandemic with a proportion of 72.4% reported in 2018/19.
- The proportion of children with overweight and with obesity was 13.4% and 11.4% respectively. These were statistically significantly lower than the proportions with overweight (14.4%) and obesity (12.6%) reported in 2018/19. The trend in the proportion of children with obesity over time is shown in the Figure below. Although the proportion across Wales was lower than pre-pandemic, caution should be applied when interpreting this result given the missing data during the pandemic and only a single data point post pandemic. This means that we cannot yet be confident that this is a trend.



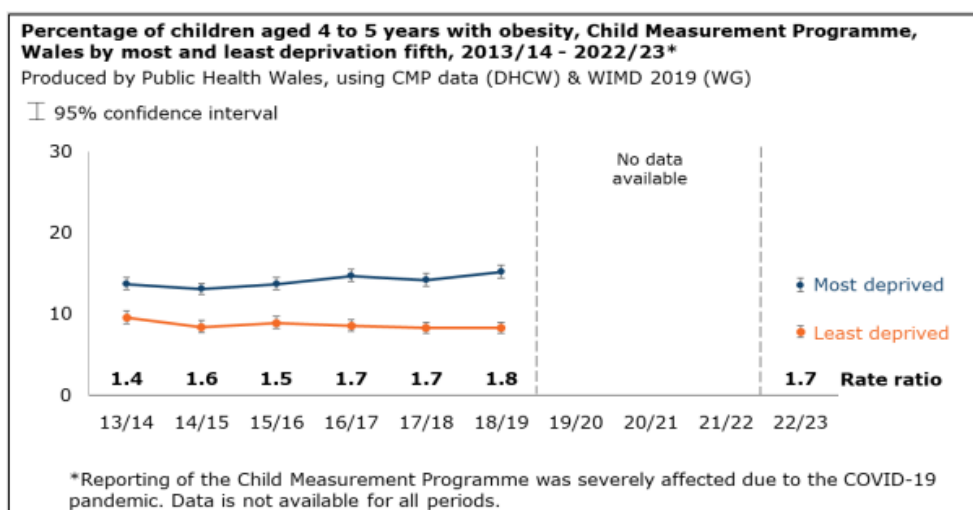
- The proportion of children with obesity in Wales was higher than those reported for England and Scotland.
- Children residing in the least deprived 'deprivation fifth' according to postcode of residence were statistically significantly less likely to have obesity compared with all other deprivation fifths.

³ [CMP 2022-23 - Public Health Wales \(nhs.wales\)](https://nhs.uk/child-measurement-programme-2022-23/)

Table 1: Wales Level Deprivation Data Summary, Children aged 4-5 years, Child Measurement Programme 2022/23

Deprivation fifth	Participation	With Healthy Weight proportion, 95% CI	With Overweight proportion, 95% CI	With Obesity proportion, 95% CI
Least deprived fifth	92.3%	79.4% (78.3-80.5)	11.8% (11.0-12.7)	7.8% (7.1-8.6)
Next least deprived	92.1%	75.6% (74.4-76.7)	12.9% (12.0-13.8)	10.6% (9.8-11.4)
Middle deprived	91.8%	73.8% (72.7-74.9)	13.6% (12.7-14.5)	11.6% (10.8-12.5)
Next most deprived	91.0%	72.6% (71.4-73.7)	14.0% (13.1-14.9)	12.7% (11.9-13.6)
Most deprived fifth	90.6%	71.2% (70.2-72.2)	14.2% (13.4-15.0)	13.6% (12.8-14.4)

Figure 2:



Proposal and Impacts

The proposed draft of The Food (Promotion and Placement) (Wales) Regulations 2024 intend to benefit the health of all children. Voluntary action by industry to support the public to make healthier choices (reformulation, nutrition labelling etc.) has not been delivered consistently nor had the desired impact on dietary shift. This proposal will ensure a level playing field by restricting the promotion of unhealthy food and incentivising healthy reformulation in the longer term.

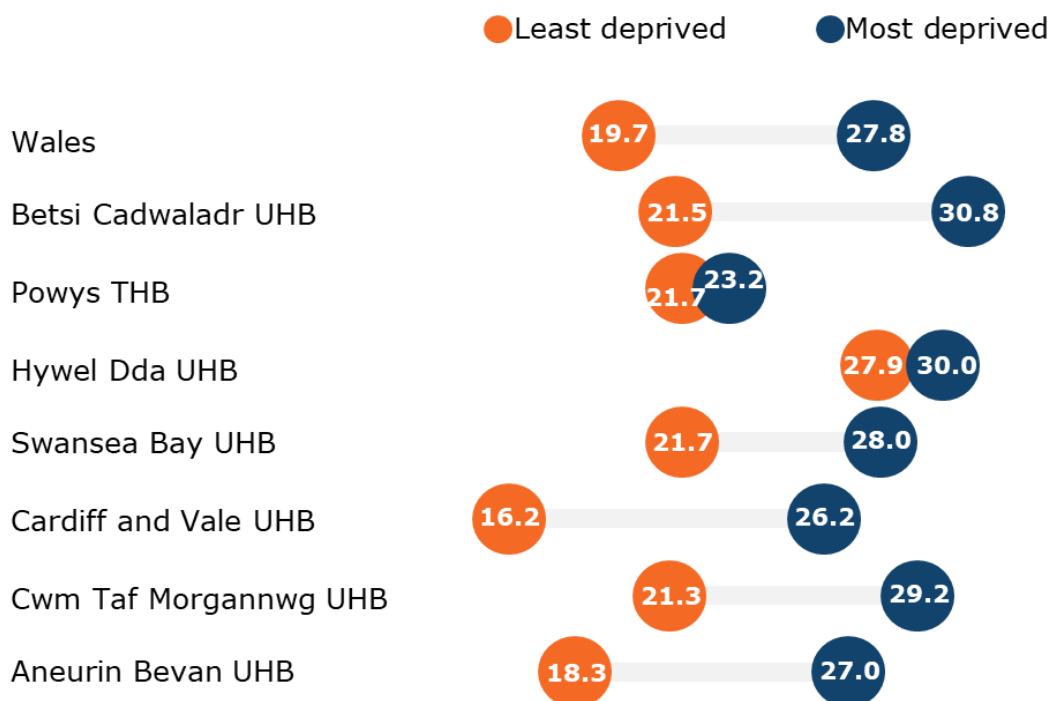
Marketing and promotions in stores are extensive, deep and effective at influencing food preferences and purchases. Price promotions appeal to people from all demographic groups and frequently lead people to buy more of the promoted

category than expected. However, children are uniquely vulnerable⁴ to the techniques used to promote sales. The proposal is intended to prevent children from overconsuming foods that are high in fat, salt or sugar and improve the wider food environment by making it easier for consumers to make healthy choices.

The Child Measurement Programme demonstrates a significant inequality gap related to health, with the greatest obesity rates present in communities where there are higher deprivation levels.

Percentage of children with overweight or obesity, difference between most and least deprived areas within Wales and health boards, all children, 2022/23

Produced by Public Health Wales, using CMP (DHCW) and WIMD 2019 (WG)



⁴ Carter, Owen B J et al. (2011) Children's understanding of the selling versus persuasive intent of junk food advertising: implications for regulation. Available at: <https://pubmed.ncbi.nlm.nih.gov/21349621/>

Although promotions appear to save consumers money, data shows that they can actually increase consumer spending⁵ by around 20%. These products encourage people to buy more than they intended to purchase in the first place. Research also shows that up to 83% of purchases made on price promotion are impulse purchases, with only 17% planned. Those on lower incomes or with children are most likely to purchase food and drink high in fat, sugar or salt (HFSS) on promotion. For example, around half of chocolate purchased is on promotion. Although they may intend to, consumers do not typically stock pile food⁶, and additional purchases generally lead to increased consumption and calorie intake. The aim of the policy is therefore to have a positive impact on children from lower socio-economic backgrounds.

Engagement

The Healthy Weight: Healthy Wales strategy is overseen by a National Implementation Board. This includes representation from the Youth Parliament and the Children’s Commissioner. The impact of obesity on children and young people has been considered throughout the development of both the strategy and the proposal set out within this consultation. During our initial Healthy Food Environment consultation in 2022, we consulted directly with a range of children and young people and held a range of specific focus groups to gather views. We also appointed five Ambassadors (including a Children and Youth Ambassador) as part of the Healthy Weight: Healthy Wales strategy who undertake direct engagement with children and families.

2. Analysing the evidence and assessing the impact

UNCRC Articles or Optional Protocol		Enhances (X)	Challenges (X)	Explanation
<ul style="list-style-type: none"> Article 2 - The Convention applies to everyone whatever their race, religion, abilities, whatever they think or say and whatever type of family they come from. 		X		<p>These regulations aim to maximise every child’s rights to access healthy and nutritious food which will help to support healthy growth whatever their race, religion, abilities and whatever they think or say and whatever family they come from, but making a healthy choice is retail setting the easy choice.</p> <p>It specifically supports Article 3, 24 and 27.</p>

⁵ NHS Health Scotland. (2017). Rapid evidence review: The impact of promotions on high fat, sugar and salt (HFSS) food and drink on consumer purchasing and consumption behaviour and the effectiveness of retail environment interventions

⁶ Public Health England. (2015). Sugar reduction: from evidence into action

<ul style="list-style-type: none"> Article 3 – all organisations concerned with children should work towards what is best for each child. Article 24 - children have the right to good quality health care and to clean water, nutritious food and a clean environment so that they will stay healthy. Article 27 - Children have a right to a standard of living that is good enough to meet their physical and mental needs. 		<p>X</p> <p>X</p> <p>X</p>		<p>We know that obesity tracks with children throughout life and instilling healthy habits at a young age will help to mitigate a range of risk factors. There is also an increase in chronic illnesses amongst children, such as type II diabetes, which are attributed to dietary behaviours.</p> <p>Changing the food environment is intended to increase the range of choice and availability of healthier products for children and young people. We want children to have the rights to access healthier foods and to reduce barriers for many families to help enable choices which promote better health. This will support positive changes alongside a range of other measures which are set out in the Healthy Weight: Healthy Wales strategy and supporting delivery plan.</p>
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3. Ministerial advice and decision

Analysis of these impacts for children and young people strongly supports the proposals set out within the draft Statutory Instrument for Food (Promotion and Placement) (Wales) Regulations 2024. Officials will ensure these benefits are clearly identified within all ministerial advice relating to the proposed regulations.

4. Publication of the CRIA

This assessment will be published alongside the consultation on the draft regulations for The Food (Promotion and Placement) (Wales) Regulations 2024.

5. Communicating with Children and Young People

Children and young people's views were sought through Welsh Government's initial Healthy Food Environment consultation in 2022, which included promotion and placement restrictions under the 'Healthier Shopping Baskets' theme and sugar soft drink restrictions under the 'Healthier Eating out of our Homes' theme.

As this consultation is aimed mainly at impacted businesses and enforcement bodies, we will not be issuing a children and young people's version on the consultation. However, following the outcome of the upcoming consultation on the draft regulations, we will issue a child-friendly resource to inform children and young people of the changes that are being taken forward.

6. Monitoring and Review

The findings from the consultation will be used to review this CRIA. Officials will present findings to Ministers outlining possible next steps which may include proposals to proceed or amend the policy direction.