

## 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. These Regulations are designed to directly support those rights by improving the health of food environments and, in doing so, making it easier for families and their children to live healthier lives, free from diet-related disease.

The Food (Promotion and Presentation) (Wales) Regulations 2025 will restrict the promotion of specified high fat, salt and sugar products by volume (e.g. multibuy offers) and location (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.

### 2. 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 sugar<sup>1</sup>.

Obesity tracks from children into adulthood<sup>2</sup>, 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.

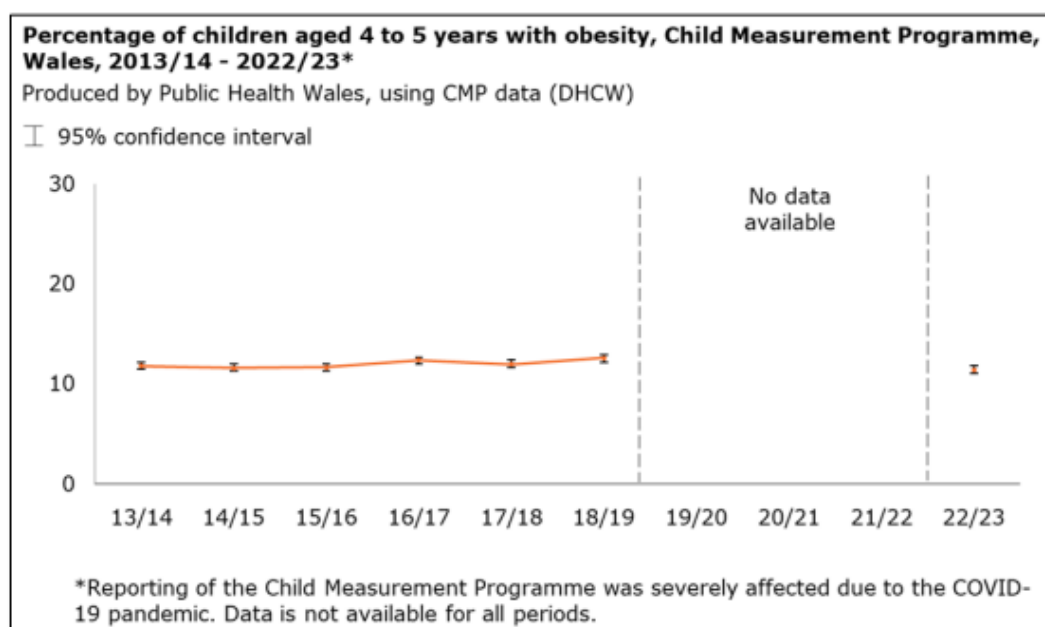
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<sup>1</sup> Welsh Government. (2019). National Diet and Nutrition Survey: results for Years 5 to 9 of the Rolling Programme for Wales (2012/2013 – 2016/2017) and time trend and income analysis (Years 1 to 9; 2008/09 – 2016/17)

<sup>2</sup> 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 2022-23<sup>3</sup> 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.



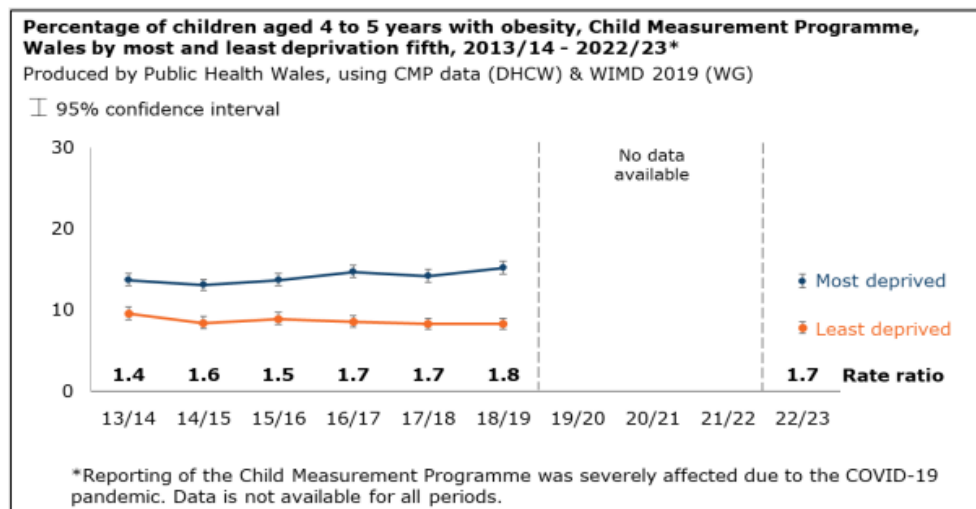
- The proportion of children with obesity in Wales was higher than those reported for England and Scotland.
- Children residing in the least deprived 'deprivation fifth' according to postcode of residence were statistically significantly less likely to have obesity compared with all other deprivation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

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

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

| <i>Deprivation fifth</i> | <i>Participation</i> | <i>With Healthy Weight proportion, 95% CI</i> | <i>With Overweight proportion, 95% CI</i> | <i>With Obesity proportion, 95% CI</i> |
|--------------------------|----------------------|---|---|--|
| 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:**



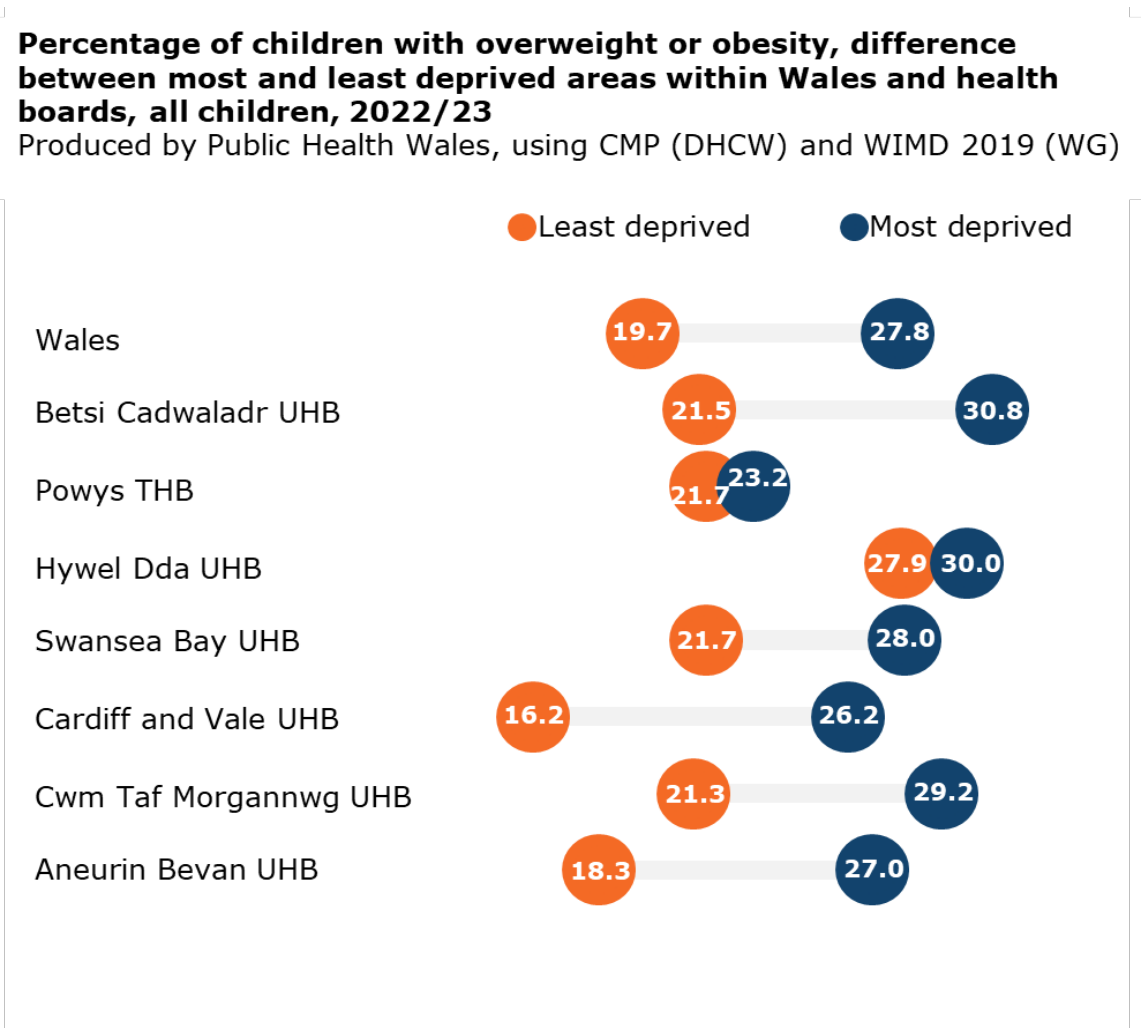
## Proposal and Impacts

The Food (Promotion and Presentation) (Wales) Regulations 2025 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. The Regulations 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 vulnerable<sup>4</sup> 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.



In our 2024 consultation on the draft regulations and enforcement approach for The Food (Promotion and Presentation) (Wales) Regulations 2025, some respondents

<sup>4</sup> 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/>

raised the need to further consider the potential for promotional restrictions to increase the cost of a food shop for families and their children. Whilst price promotions appear to be mechanisms to help consumers save money, data shows that they increase consumer spending by encouraging people to buy more than they intended to buy in the first place. Price promotions appeal to people from all demographic groups and increase the amount of food and drink people buy by around 20%<sup>5</sup>. Demographic information in Kantar's report<sup>6</sup> on price promotions shows that households with children spend more on promotions compared to those without, however the difference is quite small. This could be as a result of discount stores increasing their market share-especially among families. Differences between more affluent (ABC1) and less affluent (C2DE) occupational grades are that those in the ABC1 group spend slightly more on promotions than C2DE group, however the differences are small.

Overall, given the differences are small, this suggests that promotions appeal to families from all demographic groups, with the way in which they are used being similar across all groups. This is also supported by the findings of a recent report by Food Standards Scotland, which found that there was "little or no difference in the proportion of energy purchased on promotion according to the household Social Index of Multiple Deprivation (SIMD) quintile"<sup>7</sup>.

Ahead of taking forward equivalent Regulations for England, DHSC also carried out a review of wider literature on differences in the uptake of promotions by socioeconomic status or deprivation. They found that, similar to the Kantar data, some of the findings in the academic literature suggest that higher socioeconomic status (SES) groups are more likely to have a greater uptake of price promotions than lower SES groups<sup>8</sup>. This is possibly due to individuals in higher SES groups having a greater financial understanding and greater human capital to seek out and use promotions<sup>9,10</sup>. Along with greater financial literacy, it is also possible that higher SES groups may have access to greater financial and spatial resources, enabling them to make greater use of price promotions<sup>11</sup>. However, the evidence did suggest

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<sup>5</sup> [Sugar reduction: from evidence into action - GOV.UK](#)

<sup>6</sup> An analysis of the role of price promotions on the household purchases of food and drinks high in sugar, a research project for Public Health England conducted by Kantar Worldpanel UK, 2020. Available here: <https://www.gov.uk/government/publications/sugar-reduction-from-evidenceinto-action>

<sup>7</sup> 7 Foods and drinks purchased into the home in Scotland using data from Kantar Worldpanel, Food Standards Scotland, 2016. [http://www.foodstandards.gov.scot/downloads/Food\\_and\\_Drinks\\_Purchased\\_into\\_The\\_Home\\_in\\_Scotland\\_report.pdf](http://www.foodstandards.gov.scot/downloads/Food_and_Drinks_Purchased_into_The_Home_in_Scotland_report.pdf) (last accessed 19/01/2025)

<sup>8</sup> Nakamura R, Suhrcke M, Jebb S et al. (2015) Price promotions on healthier compared to less healthy foods: a hierarchical regression analysis of the impact on sales and social patterning of responses to promotions in Great Britain. *American Journal of Clinical Nutrition* 2015. 10.3945.

<sup>9</sup> Tan, P. J., & Bogomolova, S. (2016). A descriptive analysis of consumer's price promotion literacy skills. *International Journal of Retail & Distribution Management*, 44(12), 1223-1244

<sup>10</sup> Kwon, K. N., & Kwon, Y. J. (2007). Demographics in sales promotion proneness: a socio-cultural approach. *ACR North American Advances*.

<sup>11</sup> Nakamura R, Suhrcke M, Jebb S et al. (2015) Price promotions on healthier compared to less healthy foods: a hierarchical regression analysis of the impact on sales and social patterning of responses to promotions in Great Britain. *American Journal of Clinical Nutrition* 2015. 10.3945.

that the higher uptake was accounted for by promotions on healthier products – whilst uptake for less healthy foods was similar across all SES groups<sup>12</sup>.

Whilst the evidence we have reviewed indicates that the Regulations are likely to have an overall positive impact on all children, including those from lower socio-economic groups, we recognise the complexity of this area of consideration. Post-implementation reviews of the Regulations will gather evidence of any impacts on different population groups.

### 3. 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 these regulatory proposals. 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.

### 4. Analysing the evidence and assessing the impact

| UNCRC Articles or Optional Protocol   |  | Enhances (X) | Challenges (X) | Explanation   |
|---|--|--------------|----------------|---|
| <ul style="list-style-type: none"> <li>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.</li> </ul> |  | 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, by making the healthy choice the easy choice.</p> <p>Whilst the impact assessments above highlight the need for careful monitoring to ensure the Regulations meet these aims for all children, we believe at this stage that they will specifically support</p> |

<sup>12</sup> Ibid.

|  |  |                            |  |   |
|--|--|----------------------------|--|---|
| <ul style="list-style-type: none"> <li>Article 3 – all organisations concerned with children should work towards what is best for each child.</li> <li>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.</li> <li>Article 27 - Children have a right to a standard of living that is good enough to meet their physical and mental needs</li> </ul> |  | <p>X</p> <p>X</p> <p>X</p> |  | <p>Article 3, 24 and 27 and positively contribute towards fulfilling the UN Committee on the Rights of the Child's latest recommendations for the UK, where it is recommended that the UK to take action to address growing trends in childhood overweight and obesity<sup>13</sup> (paragraph 41(e)).</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> |
|--|--|----------------------------|--|---|

<sup>13</sup> <https://documents.un.org/doc/undoc/gen/g23/112/77/pdf/g2311277.pdf>

## **5. Ministerial advice and decision**

Overall analysis of these impacts for children and young people supports the case for taking forward The Food (Promotion and Presentation) (Wales) Regulations 2025. Officials will ensure these benefits are clearly identified within all ministerial advice relating to the proposed regulations.

## **6. Publication of the CRIA**

This assessment will be published alongside The Food (Promotion and Presentation) (Wales) Regulations 2025.

## **7. 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. In the focus groups we held with children and young people alongside the consultation, there was widespread consensus that action should be taken to restrict the ease of access and promotions that make food which is high in fat, sugar or salt attractive to consumers. All groups also supported the concept of a ban on free refills of sugary drinks.

## **8. Monitoring and Review**

The post-implementation review of these Regulations will gather evidence of impact and will consider evidence of any differential impact on children within different populations groups as part of this. This assessment will be updated to reflect any additional impacts identified.