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Should we be giving children choices about their health?

Adults involved with caring for the health of children are making often well-intentioned decisions on behalf of the child, but to what extent is the child consulted and what are the external pressures that shape the final decision? Although legally children have the right to be consulted about decisions concerning their welfare, the limits on this consultation differ depending on the health issue under consideration and / or the agencies involved, all of which potentially affect the child's health as a consequence (Hickey and Lyckholm 2004).

This complex issue therefore raises some interesting questions. Should children be given complete freedom of choice about decisions affecting their health? Why are we comfortable with legislation preventing children from buying alcohol until they are 18 years old, but are less willing to intervene with food choices? Parents, schools, health professionals and governments currently dictate what health choices children are given and which they are not, but is this fair? If children are given freedom of choice about their health, do they have true autonomy or is it just a façade? - for example, a child may wish to be more physically active to help their weight management, but find themselves unable to walk to school each day due to the lack of safe walkways along the route. What tools do we have to bring about purposeful and long-lasting change in children's health behaviours, but more importantly how effective are these tools and are we just persuading the children to accept the adult view? Are children mature enough to make informed health decisions, but how do we decide if they are and on what basis do we make this judgment? Finally what rights of autonomy over health choices do children have enshrined in national and international law, who sets these boundaries and why?

University of Exeter's Grand Challenges

Tackling these contentious issues lie at the heart of the Grand Challenges project running at the University of Exeter in the summer of 2013. Over the course of the eleven-day project University students will be challenged to provide their answer to the difficult question of "Should we be giving children choices about their health?" - after considering the views of leading experts from the fields of child health, law, social marketing, public health and developmental psychology. The complexity of the issue of child health is no better exemplified than with the work of the Children's Food Trust (CFT) addressing the subject of the food children eat in school and the barriers/ challenges that have been encountered with pushing forward this agenda. This story and the experiences were described by Judy Hargadon, Chief Executive of the CFT, at the introductory lecture of the Child Health Grand Challenge this autumn and is summarised below.

Food in school

School is the place where we educate young people to maximise their potential for a fruitful adult life, giving them knowledge, skills and good habits to see them through. Schools take children on a learning journey, heavily directed early on with greater chances for independent decision making later in school life. But as Jamie Oliver pointed out, in his TV shows and the *Feed Me Better* campaign, as a society we were failing our younger generation by allowing our schools to feed them heavily-processed food high in salt, fat and sugar. The message being received by children

from schools was that it's OK to eat such foods all the time. Combined with a generation of parents who do not really understand food - having not been taught to cook themselves - and a well-reported lack of physical activity and excessive time spent in sedentary behaviours (Ruiz, Ortega et al., 2011), this message has contributed to the current childhood obesity crisis. It was time to do something. Government responded quickly, setting up a review panel who published the report 'Turning the Tables' (School Meals Review Panel, 2005) and a series of significant recommendations. The School Food Trust, now the CFT, was set up to make these changes happen. Not an easy task. Why?

Behaviour change

There is a growing understanding about behaviour change, especially in relation to doing what is good for you, as opposed to what is easy to do. If, as adults, we find it hard to choose a balanced healthy meal, even when we know the facts, how much harder is it for children? We know that it is hard for them to think about long term consequences of their actions – this is a skill we develop with age. Yet in this era of advertising and marketing, young people expect variety, and the chance to make choices which both reflect and project their self-image. So the challenge was to devise a system that allowed for choice but steered young people towards better food and better food habits - a change in behaviour for young people, but interestingly a bigger change for the adults who influence what they eat. We found an intricate web of activities that influence what young people eat – a whole system – that needed to evolve, just as is the case in most significant changes.

The first challenge was what degree of regulation should underpin the changes we needed to make. Left entirely to market forces, cost and price had become the dominating factor and children were being fed the cheapest possible food in many places - highly processed, requiring no more preparation than opening a plastic bag from the freezer and heating the products to serve. Some schools and caterers that cared about food – being the key phrase - had not followed that route and had shown that children are indeed happy to eat healthy food, but most had not. So some form of baseline was required to ensure adults who were feeding children did so to an agreed quality standard, and so a series of food and nutrition standards were developed to form a basic legal framework. These had to be robust but simple to operate – harder than it sounds.

The burger challenge

It is possible to make a very healthy burger (good for protein), and put it in a wholemeal bun (good for fibre) and add some salad (good for vitamins) - so clearly burgers should not be banned in schools. But should children eat a burger for lunch every day? No – for two reasons. Firstly: a varied diet is essential to ensure that our nutritional requirements are met. So the regulations had to be designed to require schools to offer a variety of foods over the week. And two, if children were told that their school was offering healthy food, and they could have a burger everyday, they might think that burgers were always healthy and hence eat them every evening too – often from high street take-aways, very few of which produce a healthy version. Hence the decision to prescribe how often you can serve burgers and similar products were included in the legislation.

There then followed a major change programme to alter the attitudes of many adults: the food suppliers and retailers - used to marketing what they liked to young people and indeed using children to engage adults, such as in the many chains that offer children's 'boxes' with items to collect; the caterers, used to serving processed food; school cooks, who had lost the ability to cook for large numbers; school builders and designers, to create kitchens where staff could actually cook, and dining rooms where young people wanted to eat; head teachers, who had mostly assumed that catering was something the local government came in to do and not really a key element of school life; and teachers and parents – key role models in a young person's life, many of whom eat very poorly and had no idea about good nutrition.

We used a whole range of activities to change behaviours and attitudes, involving social marketing techniques: in essence, applying classic marketing approaches which influence our purchasing behaviours to influence actions to lead to changed social outcomes – i.e. children eating better. Underpinning this - and in many ways still unresolved - is the question: at what age should young people be allowed to

make food choices for themselves? There are those that argue for supplying healthier food alongside the sticky buns and chocolate bars and leaving the choice to the child. Others say that school is a place to steer good learning and good habits: after all we don't allow children to miss their maths lessons, behave badly to peers and teachers, or smoke in school. At what stage in our development are we old enough to make "good" choices about food, ones that accommodate short-term need with longer term impact?

Making a difference

In the meantime, it is worth noting that the standards and changes are making a difference to what children eat. Robust research into changes in food consumption in primary schools (Children's Food Trust - Primary school food survey, 2009) and secondary schools (Children's Food Trust - Secondary school food survey, 2011) has shown that while there is still a way to go, children who have school meals are eating far less salt, fat and sugar in school; more fruit and veg; and more water instead of sugary drinks. Menus are healthier, and the confectionary, crisps and sugary pop have almost completely disappeared. We have shown that learning behaviour improves after a good lunch experience (Children's Food Trust, 2009). Any parent or teacher will tell you this is true, but our studies have shown that children are more focused and able to learn in the afternoons after a healthier lunch in a more pleasant dining environment. In primary schools, children are three times more 'on-task' with their teachers after a better lunchtime; in secondary schools those behaviours increase by around 18%. Finally, recent work, reviewing a pilot to give meals for free to all children in primary schools in two boroughs, also showed an improvement in pupils' attainment. Children in the pilot schools made up to two months more progress than their peers without the free meals, and the improvement was particularly strong amongst pupils from less affluent backgrounds. Interestingly, the children were also less likely to report eating foods like crisps, whilst parents reported positive effects on fussy eating. Food for thought!

As can be seen from the experience of the CFT, there are a number of competing influences, differential agendas and interests that need to be reconciled in order to achieve meaningful and structural change over issues of child health. Regardless of the specific health issue, developing an awareness of this complexity, an understanding of the importance of empowerment and disenfranchisement and sensitivity towards sometimes divergent opinions, lies at the heart of educating the next tranche of young people entering the health professions.

It is these very matters that the students at the University of Exeter will be faced with next summer (2013), so that they can answer the key question of "should we be giving children choices about their health"?

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