Childhood Excess Weight

Introduction

England is one of the most overweight nations in the world; the majority of adults are either overweight or obese. The government document ‘Healthy Lives, Healthy People: A call to action on obesity in England’\(^1\) summarises the significant scale of the threat that excess weight (overweight and obesity) pose to our health and wellbeing, and to both the NHS and the economy as a whole:

‘Excess weight is a major risk factor for diseases such as type 2 diabetes, cancer and heart disease. Alongside the serious ill-health it provokes, it can reduce people’s prospects in life, affecting individuals’ ability to get and hold down work, their self-esteem and their underlying mental health’.

Overweight and obese children are more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood\(^2\). Nationally, almost a third of children are either overweight or obese and this trend is predicted to continue to rise if serious action is not taken by local services and partners\(^3\).

What is Excess Weight and Obesity?

The term ‘Excess Weight’ encompasses both overweight and obese. Although obesity is a clinical term, both overweight and obese are used to describe an accumulation of fat mass to the extent that it may be detrimental to health. Excess weight is commonly measured using the Body Mass Index (BMI), which is a measure that most people can use to check whether their weight is healthy for their height. BMI is calculated using the following equation:

\[
BMI = \frac{\text{Weight (Kg)}}{\text{Height (m)}^2}
\]

In children however, BMI has the potential to be less accurate and there is no single definition applied worldwide. In England, child BMI is measured at Reception Year (age 4-5 years) and Year 6 (aged 10-11 years) through the National Child Measurement Programme (NCMP), which is a government mandated requirement. In children, BMI values are given as percentiles (or centiles) plotted against a 1990 population sample reference curve\(^4\). Population (epidemiological) cut off values are shown below.
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<th>NCMP population monitoring</th>
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<td>BMI percentile</td>
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Clinical cut off values are different to the population monitoring levels reflecting the higher level of confidence required for individual measures. These are the cut-offs used for NCMP parental letters.

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<th>Clinical setting</th>
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Complications in measuring children at Year 6 (aged 10-11 years) include increasing muscularity and movement through puberty. However, insufficient evidence presently exists to quantify this effect.

**What are the causes of Excess Weight?**

For the majority of individuals, excess weight gain is the result of eating more calories than needed and/or undertaking too little physical activity to match calorie intake. Much public discourse exists regarding who is to ‘blame’ for childhood obesity. However, the processes behind this are complex and varied based on physiology, psychology, powerful marketing messages and the social settings we live in. The following diagram is taken from the Foresight Obesity Systems Map (2007) and broadly identifies the issues surrounding weight:

Level of need in the population

Childhood excess weight is influenced by genetics, gender, ethnicity and socioeconomic deprivation. Children most at risk are those with one or both parents that are overweight or obese.

Children with mental health issues have an additional level of need as they are more likely to lead unhealthy lifestyles, take little exercise, and become obese as a direct result of the symptoms and treatment associated with their illness. It is recommended that services are targeted in areas with high concentration of BME groups and in wards with high levels of socioeconomic deprivation¹.

Findings from the EarlyBird study⁵ suggests that over 90% of the excess weight in girls, and over 70% in boys, is gained before the child reaches school age, stressing the need for prevention and intervention before they reach this stage.
How does excess weight affect children?

Being overweight or obese in childhood has consequences for health and emotional well-being, in both the short and long term. Type 2 diabetes, previously considered an adult disease, has increased dramatically in overweight children as young as five, and referred to as ‘diabesity’. Raised blood pressure and cholesterol can also be identified in obese children and adolescents, and they may also suffer disturbed sleep and fatigue.

A systematic review of obesity and educational attainment asserted that obesity should not be understood solely as a health issue, because the most noticeable way that children are affected is in their social relationships. In addition, it was noted that many studies fail to adequately capture many of the potential causative factors that are likely to impact children and young people in schools that contribute to their lower educational attainment and this is something that should be considered when considering the experiences of overweight and obese children.

Overweight or obese children are significantly more likely to be victims of bullying, which is likely to have a negative impact for a period of years, lasting even after childhood and adolescence. In addition, obese children are more likely to become obese adults, who are more likely to be subject to social discrimination, including loss of, or lower earning power, adverse consequences on the wider economy from lost working days and increased benefits payments.

Maternal Obesity

There is evidence that children born to overweight or obese mothers, tend to have higher birth weights, and become overweight children, and subsequently overweight adults. The Maternity Services Data Set (MSDS) has been developed and data will be collected monthly. The reports are available to read at http://www.hscic.gov.uk/catalogue/PUB19869. In July 2015, 25% of pregnant women who attended an appointment at Bedford Hospital were overweight and 16.6% were obese. For more information on the health risks of excess weight in pregnancy, see the ‘Adult Excess Weight’ chapter.
**What do we know?**

**Facts, Figures, Trends**

**National Prevalence**

Childhood obesity in the UK is amongst the highest in the world. The latest national figures indicate that in 2015/16, 9.3% of Reception year children (aged 4-5) were obese and 12.8% were overweight. In Year 6 (aged 10-11), 19.8% of children were obese and a further 14.3% were overweight. This means that over a fifth of 4-5 year olds and almost a third of 10-11 year olds are overweight or obese. This figures are also an increase on 2014/15 data.

**Local Prevalence**

The National Child Measurement Programme (NCMP) data 2015/16 in Bedford Borough revealed that 13.2% and 8.1% of children are overweight and obese respectively at year R; and 14.1% and 19.9% of children are overweight and obese respectively at year 6. It can be seen from the diagram below, that Bedford Borough is below the national average for excess weight in both year groups. However, it is above the East of England Excess Weight average.
These percentages equate to approximately 8,118 overweight and obese children (4,007 overweight, 4,110 obese) in Bedford Borough between the ages of 5 and 11 years.

The graph below shows trend data from the National Child Measurement Programme (NCMP) over a 8-year period (2008-2016):
The graph shows that in year R across Bedford Borough, there is a downward trend in excess weight, indicating that progress is moving in the right direction. In year 6, however, there is a slight upward trend in excess weight.

The chart below shows the most recent Excess Weight 3-year aggregated data for Reception year by ward, with a comparison to the Bedford Borough, East of England and England averages. Although Great Barford has the highest prevalence, this is not statistically significant in comparison to the Bedford Borough and England average.
The chart below shows the most recent Excess Weight 3-year aggregated data for Year 6 by ward, with a comparison to the Bedford Borough, East of England and England averages. The Confidence Interval for Cauldwell shows that the prevalence of excess weight is statistically higher than the Bedford Borough and England average.
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Dietary Consumption and Physical Activity

The National Diet and Nutrition Survey 2012-2014\(^1\) found that children aged 4-18 years are consuming well above the recommended amounts of sugar, saturated fat and salt\(^1\). Furthermore, it is recommended that children eat at least one portion of oily fish a week (140g). The survey found however that average consumption was well below recommendations.

The average number of portions of fruit consumed daily by age 15 in Bedford Borough is 2.44 (compared to 2.39 nationally). The average number of portions of vegetables consumed daily by age 15 in Bedford Borough is 2.65 (2.40 nationally). Although above the national averages, both these figures are significantly lower than the Government recommendation of ‘5 a day’. In fact, only 55.4% of 15 year olds in BBC meet the ‘5 a day’ guideline\(^2\).

Access to healthy affordable food is an essential component of achieving and maintaining a healthy lifestyle. A whole community approach can contribute to this by ensuring healthy food is grown and sold locally, enabling people to access growing spaces and teaching children how to grow and prepare food. Food security is when people have access to sufficient, safe and nutritious food to maintain a healthy and active life. This includes the physical availability of and economic access to food, as well as the nutritional knowledge and skills to prepare and cook healthy food. Food poverty occurs when people are unable to access or afford healthy food.

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\(^1\)Salt intake in girls aged 7-10 years is within recommendations
Eating meals outside of the home is becoming ever more frequent, with 1 in 6 meals being consumed outside of the home\textsuperscript{13}. Fast-food is energy dense, but nutrient poor, and the link between energy dense food and obesity is well documented. Foods purchased from fast-food outlets and restaurants are up to 65% more energy-dense than the average diet\textsuperscript{14}. An average meal from a fast-food chain is 1015 kilocalories\textsuperscript{15}, half the recommended daily calories for a woman (2000 kcals) in just one meal, and just under half for men (2,500 kcals), not to mention the high amounts of fat (42g), sugar (52g) and salt (2.9g). To burn off this meal, an adult would need to run for 1-2 hours\textsuperscript{16}. An average child’s meal contains 24g of fat (red traffic light) and 2.2 g salt (daily recommended maximum salt intake for a child aged 4-6 years is 3g salt). A child would have to run 1.5-2 hours to burn off this meal\textsuperscript{16}. However, surveys have found that only 21% of boys and 16% of girls aged 5-15 years are reaching the recommendation of 60 minutes a day of physical activity\textsuperscript{17}.

What does it cost?

In 2008, obesity cost NHS Bedfordshire £98.8 million, and this figure was predicted to rise to £136 million in 2015\textsuperscript{18}. Estimated social care costs are difficult to quantify. However, nationally 70% of total health and social care spend is on long-term conditions attributable to excess weight and poor lifestyles (diabetes, cardiovascular disease, muscular skeletal disease, some cancers and mental health problems)\textsuperscript{19}. The wider cost to the economy is estimated to be closer to £27billion a year, once factors such as lost productivity and sick days are taken into account\textsuperscript{9}.
The majority of long term conditions will involve the provision of social care. Some of the social care costs for obesity related conditions such as stroke, diabetes, hypertension etcetera are likely to consist of:

- The provision of ongoing support including re-enablement
- The provision of personal non-clinical care (washing, dressing, cleaning, meals etc.)
- Developing a Personal Independence Plan (PIP – Disability living allowance)
- The blue badge scheme (disability mobility badge)
- Lost income due to lost working days due to illness and premature mortality
- The lack of ability to provide meaningful contribution to local community
- The carer becoming a recipient of care – care still required for person cared for plus themselves in addition
- Disabled Facilities Grants (DFG – walk in showers, stair-lifts etc.)
- The combined costs to Local Government and the NHS in primary and secondary care provide a strong justification for the costs associated with prevention and intervention of childhood obesity\(^{19}\).

**National & Local Strategies (Current best practices)**

**What can we do?**
To help make healthy living the easier choice, it is imperative that services within Bedford Borough Council work together to ensure an integrated service for the local population. This will help to ensure that children and families are not ‘lost to the system’, and that adequate support is given to those families who require it the most. We must ensure that we are providing meaningful opportunities (triggers) to engage families and support them to manage their weight.

Since there is evidence of a direct and indirect impact of various influences on weight (including physical activity, poverty, learning disability, healthy eating, educational attainment, transport, employment and relationship status), the excess weight agenda is wide, and is essentially ‘Everybody’s Business’. This means working together with a range of BBC departments and internal and external services such as:

- Planning and Development Management
- Environmental Health
- Transport
- Leisure and Culture
- Sport Development
- Parks and Green Spaces
- Education and Learning
Health and Social Care
Housing
Workplaces
Health Visitors
School Nurses
GPs
Bedford Hospital
CCG
Commissioned Services (e.g. BZ Bodies CIC).
Voluntary sector

In addition, this means ensuring that we are contributing and adhering to a range of national and local strategies and documents including:

- Bedford Borough Excess Weight Partnership Strategy
- BBC Public Health Strategy
- Healthy Bedford Borough Strategy
- BBC Children and Young People Plan
- Joint Health and Wellbeing Strategy
- Inequalities Report
- Early Intervention / Early Help Strategy
- Healthy Child Programme (0 – 5 years and 5 – 19 years)
- BBC Transport Policy
- Green Spaces Strategy
- Community Sports Partnership Plan
- County Sports Partnership Plan
- BBC Corporate Plan
- BBC Sustainable Community Strategy
- BBC Community Safety Plan
- BBC Sports Development Strategy
- Public Health National Indicator Outcomes Framework
- Sport England: Towards an Active Nation Strategy 2016-2021
- Department of Health – Update on the Government Approach to Tackling Obesity
- Healthy Lives, Healthy People: A call to action on obesity
- NICE Guideline PH42: Obesity: Working with Local Communities
- The National Planning Policy Framework (NPPF)

What is this telling us?

What are the key inequalities?
Whilst everyone is susceptible to obesity, levels are disproportionally higher in the lower socio-demographic, socially disadvantaged groups and some ethnic groups. Nationally, there is an almost linear relationship between obesity prevalence in children and the Index of Multiple Deprivation 2010 (IMD) decile for the area where they live. Child obesity prevalence in the most deprived tenth of local areas is almost double that in the least deprived tenth.

Boys and girls in reception year from Black African, Black Other and Bangladeshi ethnic groups have the highest prevalence of obesity. Boys in Year 6 from all minority groups are more likely to be obese than White British boys; for girls in Year 6, obesity prevalence is especially high for those from Black African and Black Other ethnic groups.

**Tackling challenges in Childhood Obesity**

With the exception of age, gender, and ethnicity, many of the risk factors for obesity are modifiable and centre on healthy lifestyle changes, towards a healthier diet and more physical activity in everyday life. This requires more than just information alone. The three key elements that must converge at the same time in order for behaviour change to take place are:

- A trigger
- Motivation
- Ability

The challenge is to create an environment in which these three elements are present and this should be a starting point for commissioning of all services to prevent weight gain or manage weight. It is possible, through working with children and families, to impart the ability and even provide some trigger points. However, for action to take place, the trigger must be relevant to the real life of the individual or individuals involved. This will impact their level of motivation, so the challenge lies in finding a range of triggers that may initiate meaningful action in families.

Although overweight and obesity are clinical terms, they are now considered in society as offensive. This is particularly true of children who are overweight or obese as they are significantly more likely to be victims of bullying. This presents additional challenges in tackling obesity, as parents are reluctant to admit their child is obese and subsequently to seek assistance. Furthermore, it has been found that over 50% of parents underestimate their child’s weight status. The visual perception of excess weight in children is hard to recognise; take a look at the pictures below:
You might be surprised to know that all of the children in the pictures above are above the healthy weight range for their age and height. In general, our perception of what is a healthy weight for children has changed over the years, making it more difficult to spot. The most recent Health Survey for England (2015) found that 48% of mothers and 43% of fathers thought their obese child was ‘about the right weight’.

Typically, parents with an obese child fall into three broad categories:

- Parent does not recognise their child is overweight/obese
- Parent recognises their child is overweight/obese but avoids taking action in the hope that they will grow out of it, or ascribes the excess weight to being due to ‘genetics’ and therefore unalterable
- Parent recognises their child is overweight/obese and takes action

In addition, some children recognise that they have an issue with their weight and are discouraged by their parents or even medical professionals, who insist that they will ‘grow out of it’.

There is a common misconception regarding the genetic element of obesity and this can affect the response toward taking action (as described above). Although genes contribute to the way that the body reacts to diet and exercise, in the vast majority of cases, making lifestyle changes are effective tools in managing weight.

**What are we doing and why?**

A range of services are currently commissioned to prevent and manage excess weight in Bedford Borough. When these services are commissioned or developed, it is done so in accordance with the guidance developed by the Medical Research Council (2006) and the
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Standard Evaluation Framework for weight management interventions (2009)\(^{26}\). This enables Public Health to develop and evaluate complex interventions ensuring that an appropriate evidence base is used to justify its effectiveness and value for money. Where there is inadequate evidence to commission a service, or no service currently exists, services are developed and evaluated in order to ensure that action is being taken in the areas necessary whilst evidence is being collected\(^{27}\).

The following services are currently commissioned in Bedford Borough:

**BZ Bumps: Maternal Obesity programme** - delivering healthy living information and support to pregnant women with a BMI > 30. The programme provides information on nutrition as well as safe physical activity sessions, ante and post-natal. The programme recruits from midwifery at Bedford Hospital and the Luton and Dunstable hospital. This service is commissioned 2015-2019.

**HENRY (Health, Exercise, Nutrition for the Really Young)** – A universal group programme for 0-5 year olds and their families. It combines nutrition, physical activity, behaviour change and parenting skills. It has the most robust evidence base of all available interventions. BeeZee Bodies CIC staff run programmes in the Children Centres, alongside locally trained practitioners. This fills a gap of need within tier 1 in Bedford Borough, as Children Centres do not offer an equivalent of their own. Findings from the Earlybird study\(^5\) suggest that 90% and 70% of the excess weight in girls and boys respectively is gained before school, demonstrating the importance of offering weight management/prevention programmes in this age group.

**National Child Measurement Programme (NCMP)** – A mandatory national programme. The school nursing team measure all children in reception year and year 6. It allows a targeted approach to obesity services in wards with high childhood obesity levels.

**Making the Most of Me (MMoM)** – An outcomes based package of work which delivers positive changes in attitude, understanding, behaviour and aspirations towards healthy lifestyles of year R pupils and year 4 pupils. The aim of the programme is to increase the number of portions of fruit and vegetables consumed, decrease consumption of high fat, sugar and salt foods, increase the amount of time spent being physically active/reduction in time spent being sedentary, parental confidence in managing their child’s eating behaviour and parental nutritional knowledge.

After successful delivery in schools in wards with higher obesity levels, the programme was developed into a ‘train the trainer’ programme for school staff teaching reception year and year 4. Schools are trained and equipped fully with units of work, lesson plans and resources.
The pilot showed that 15% of respondents had increased age appropriate physical activity and healthy eating (self-reported), and 20% had a greater awareness of what constitutes a healthy weight in children and how to recognise this.

**Bikelt Officer** – Public Health have commissioned a Bikelt Officer from Sustrans to work with selected schools in the Borough. Overall 119 activities took place in ten schools during the 15/16 school year, with a total of 13,413 interactions with children. The most popular activity was the scooter skills training. In the school year 2016/17, the Bikelt officer will work with four new schools, whilst continuing to support four schools at a distance. Six schools will be supported at a similar level as last year.

**Whole School Reviews** – Schools in Bedford Borough complete ‘Whole School Reviews’ every 2 years to demonstrate the health and wellbeing provision across their whole school community, and identify any gaps.

**BeeZee Bodies 5-15 years** – A 17-week referral programme for families with a child on or above the 91st centile for BMI. BeeZee Bodies deals with individual, personal and family issues that surround the issue of weight, and targets those in deprived wards and from BME groups where the need is greater.

The programme is designed in accordance with the relevant guidance in developing and delivering a multidisciplinary weight management programme. The breakdown of how BeeZee Bodies meets this guidance is available on request.

The BeeZee Bodies programme continues to achieve significant decreases in both BMI and BMI Z-scores in participants, across all age groups.

BeeZee Bodies aims to deliver improvements in:

- BMI and waist circumference
- Self-efficacy
- Eating behaviours
- Self-perception
- Body image

“My 6 year old son and I have just completed a 17 week programme and it has been brilliant. We have learned lots from quantity, nutrition to portion sizes and choices. My son understands the importance of exercise and has made many new friends. If anybody is reading this and gets a chance to be part of
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#### 0-19 Team Training

“BeeZee Bodies CIC delivers training to the 0-19 team in order to increase the confidence of the team in raising the issue of weight and awareness of available referral options. The need for this training was identified by the 0-19 team leads and Public Health’s 0-5 service review.”

#### Cook and Eat Workshops for Vulnerable Groups

“Public Health commission cook and eat sessions for groups at most need, such as young mums and men living alone. By the end of the programme (typically 6 weeks), participants have developed cooking skills and knowledge around healthy eating, increased their awareness and consumption of fruit and vegetables, reduced salt, sugar and saturated fat in their diet, increased confidence in preparing well balanced meals on a budget, improved social skills and increased confidence and self-esteem.”

#### Bedford Borough Excess Weight Partnership Strategy

“A range of childhood obesity prevention and intervention services are in place (as described above). However the causes of excess weight are complex and multifactorial, and wider determinants including the so-called ‘obesogenic environment’ must also be addressed. These are the processes behind excess weight, which are complex and varied based on physiology, psychology, powerful marketing messages and the social settings we live in.”

Tackling excess weight requires a ‘whole systems’ approach, creating strong links with other directorates, and internal and external services such as Environmental Health, Planning, Transport, the 0-19 team and the voluntary sector. These plans are formalised in the Excess Weight Partnership Strategy 2016-2020 [L:\PublicHealthBedfordBorough\Children and YP\Catherine\EW Implementation Plan\BBC Excess Weight Partnership Strategy.pdf](http://example.com). A Countywide Excess Weight Strategy Implementation Group meets twice a year.

The following joint projects are currently underway:

- The development of a Supplementary Planning Document with Planning Policy and Development Management to include Health Impact Assessments (HIA) in new development applications.
- A ‘Healthier Options’ Food Award scheme for existing and new food businesses in partnership with Environmental Health.
- A School Travel Accreditation Scheme with Transport Policy
- A Healthy Children’s Setting Accreditation Scheme in partnership with Early Help.
- A Nutrition and Dietetics (Bedford Hospital) review of food available across the Trust.
**Bedford Borough Sports Development Team** - aims to provide quality opportunities at all levels of sport, promoting sport as an activity that enables individuals to develop their own performances to their maximum potential, whilst highlighting the personal and social benefits of a healthy lifestyle. Sports development is concerned with increasing sporting opportunities for ALL members of the community:

- Summer Sports Courses: Children and young people (4-18):
- Just Turn Up Affordable community sessions: Children and young people (14-30 years)
- No Limits - Disability sports sessions
- Mindful Sport - Social physical activity sessions for mental health and wellbeing.
- The Aquathon and junior triathlon.
- Increase awareness and referrals to BeeZee Bodies programmes.

**What are the unmet needs/ service gaps?**

Access to high quality, healthy, affordable food is not universally available to the whole population. Furthermore, many families lack the skills required to plan and prepare healthy balanced meals.

Accessibility to open play areas and opportunities to use active transport are not universal.

**Recommendations for consideration by organisations i.e BCCG, General Practices, Local Authority, Public Health and other providers e.g. SEPT, Bedford hospital**

There are a range of childhood obesity prevention and intervention services. However, the obesogenic environment that Bedford children and young people live in must also be addressed.

It is important to work collaboratively to:

- Continue to tackle the obesogenic environment, by creating strong links with other partners/directorates to implement projects that tackle the environment.
- Monitor the Excess Weight Partnership Strategy through the County-wide Implementation Group.
- Be mutually accountable for obesity prevention from Health & Well Being (HWB) Board level downwards.
• Deliver training to enable school staff and health visitors to discuss overweight and obesity confidently as brief intervention advice and signpost to services.

• Deliver social marketing to enable parents to recognise childhood obesity and, thereafter, have the confidence and knowledge to act appropriately.

• Support and deliver social marketing interventions to influence positive health behaviour in target geographical locations (including Change4Life).

• Support active travel, physical activity schemes, and School Games Officers (SGOs).

• Encourage Breastfeeding in the Borough by working with Environmental Health to integrate the ‘Baby Friendly’ award scheme with the ‘Healthier Options’ food award scheme for food businesses.

• Increase access to healthier foods by creating a Food Partnership and commissioning universal Cooking Skills and Growing and Allotment projects.

• Encourage schools to integrate physical activity into the school day through initiatives such as the Golden/Daily Mile.

• Monitor commissioned ‘Bike It’ programme contract to ensure KPI’s and targets are met.

• Support wider Early Years and School establishments (nurseries, clubs) to provide healthy balanced meals and snacks and opportunities for physical activity.

• Continue to use Public Health Intelligence including NCMP data to target resources and implement effective interventions.

• Continue to share and learn from best practice from the East of England and across the country through relevant networks and events.

We should continue to focus on areas of deprivation and in high BME wards in order to reduce the inequalities gap that presently exists, by ensuring that culturally appropriate social marketing is taking place, alongside the targeted interventions mentioned above. In addition, we should look to explore other high risk groups, for example, those with learning difficulties.
Summary

Childhood excess weight is caused by a complex mix of personal, familial, societal and environmental factors. In order to tackle childhood excess weight in Bedford Borough, we should continue to commission services to prevent and manage excess weight, and at the same time, take a ‘whole systems’ approach which recognises that tackling excess weight is ‘Everyone’s Business’.

“The word I think sums up [...] for me and which I associate with the programme is “sustainable”; to build the lessons we have learnt into our individual lifestyles to create something unique which works for us, that we can sustain because it fits into our lives and gives us control. That it is not about “flash in the pan” diets as there is a much bigger picture to look at, which encompasses so much more, full of positivity, confidence, good choices, a healthier lifestyle and most of all making these changes sustainable” (A family who attended a Family Weight Management Programme)

This section links to the following sections in the JSNA:

Adult Excess Weight

References


15. http://www.mcdonalds.co.uk/ukhome/meal_builder.html


