

**A Healthier Scotland: Consultation on Creating a New Food Body**



RESPONDENT INFORMATION FORM

**Please Note** this form **must** be returned with your response to ensure that we handle your response appropriately

**1. Name/Organisation**

**Organisation Name**

Centre for Research on Families and Relationships

Title Mr  Ms  Mrs  Miss  Dr  Please tick as appropriate

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**3. Permissions - I am responding as...**

Individual

/

Group/Organisation

Please tick as appropriate

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate

Yes  No

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Yes, make my response, name and address all

(c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your **response** to be made available?

Please tick as appropriate

Yes  No

available

or

Yes, make my response available, but not my name and address

or

Yes, make my response and name available, but not my address

- (d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

Yes

No

## CONSULTATION QUESTIONS

We have responded to questions where we believe the research evidence gathered by the CRFR consortium is relevant. The basis for these responses are set out in the summaries of research below, which should provide context and reference for our responses. We urge the Government to make full use of these Scotland-based research findings on public nutrition.

### **1. About us - The Centre for Research on Families and Relationships**

The Centre for Research on Families and Relationships (CRFR) is a consortium research centre based at the University of Edinburgh, with partners at the Universities of Aberdeen, Glasgow, Glasgow Caledonian, Highlands & Islands and Stirling.

Our aims are to:

- Produce high quality, collaborative and inclusive research relevant to key issues in families and relationships.
- Act as a focal point and promote and facilitate a network for all those an interest in research on families and relationships.
- Make research more accessible for use by policy makers, practitioners, research participants, academics and the wider public.
- Provide a stimulating research and training programme to support others in their work on families and relationships.

Our consortium approach allows us to develop a multi-disciplinary work programme that reflects current issues and trends from across the country. Current themes are childhoods; inequalities across the lifecourse; health and wellbeing, including for example, dementia care; gender-based violence; evidence use, evaluation, innovation and participation.

Our Co-Directors are drawn from various schools within the University of Edinburgh and our Associate Directors from each of the consortium universities. We also have long-standing Associate Directors from other institutions who have strong disciplinary links with CRFR. All of our Directors offer academic expertise and guidance relating to our research strategy. We attract funding from a variety of sources including the ESRC, the Scottish Government, the Joseph Rowntree Foundation, the Leverhulme Trust, NHS Scotland, the European Union, the Big Lottery Fund and Scottish local authorities.

### **2. Research evidence on food, families and relationships**

Of paramount importance in devising the scope of a new body overseeing nutrition in Scotland is the need to make greater use of a wider breadth of research evidence, rather than focusing only on the nutritional information.

Family food practices are subject to a complex array of influencing factors, of which low-income is a significant player. Individuals may often be knowledgeable about healthy eating, but putting that knowledge into practice can be more challenging.

#### **1. Impact of low income on families and food**

##### **1.1**

- The combination of working long hours on low pay can make it difficult to provide healthy and nutritious meals for children. Families receiving income support do not receive free school meals during school holidays, meaning food costs rise.

- Managing low resources is stressful and time consuming and women are more likely to bear the responsibility. Parents spend a considerable amount of time searching for bargains and low cost essential items such as food.

Source and full references: *About Families: Parenting on a low income*, March 2012 <http://aboutfamilies.org.uk/topics/topic-3-parenting-on-a-low-income/> (CRFR Three-year knowledge exchange project)

## 1.2

- Low-income mothers had a sound knowledge of healthy eating practices, but were restricted in their choices by their financial and social circumstances.
- Many food types which parents are encouraged to feed their children, in particular fruit and vegetables were described as being expensive. This concern over costs was expressed by many of the women as a key reason for not always being able to buy 'healthy' food and was described by all as getting worse in the 18 months between the interview (2010-2012).
- The wider challenges some of the women faced also meant that concerns about nutrition and making 'healthy' food choices were not always being seen as the priority in their everyday lives

Source: *Food and finance: mothers' food practice with young children on low income* CRFR Director, Dr Jeni Harden, Research Briefing 3 (Forthcoming) and *Food practices among mothers of young children* <http://edubuzz.org/equallywell/files/2012/03/Food-practices-among-mothers-of-young-children-a-preliminary-report.pdf>

## 2. Food practices, rights, emotions and looked after children

Research by CRFR associate director Sam Punch, at the University of Stirling has investigated how giving and sharing food functions as symbols of affection, but is also used to express power, control or resistance to authority. Investigations into the food practices of children and carers in residential care settings reveal tensions between balancing a children's rights agenda with a concern to care and protect in relation to ensuring good health through appropriate nutrition and eating habits.

Punch, S., McIntosh, I. and Emond, R. (2010) 'Children's Food Practices in Families and Institutions', Special Edition of *Children's Geographies*, 8 (3): 227-232. <http://www-surveillance-and-society.org/ojs/index.php/journal/article/viewFile/toast/toast>

Punch, S., McIntosh, I. And Emond, R. (2012) "You have a right to be nourished and fed, but do I have a right to make sure you eat your food?": Children's Rights and Food Practices in Residential Care', *International Journal of Human Rights*, 16(8): 1250-1262. <http://www.tandfonline.com/doi/abs/10.1080/13642987.2012.728858#.UZyDJ7WcdBk>

<http://www.iriss.org.uk/resources/use-food-and-food-practices-residential-care-scotland>. This work is continuing through a partnership project – with more details here: <http://blogs.iriss.org.uk/food-for-thought>

## 3. Growing up in Scotland study [www.growingupinscotland.org.uk](http://www.growingupinscotland.org.uk)

GUS follows the lives of thousands of children right across Scotland from infancy through to their teens. As one of the largest studies ever done in Scotland it provides information to help develop policies and plan services for children and their families.

CRFR associate researcher Valeria Skafida, University of Edinburgh, looked at different aspects of family meals drawing upon data from the Growing Up In Scotland study. Whether children ate the same food as their parents or not had the biggest impact on children's diets. This was true regardless of the families' backgrounds.

- Young children who eat the same meals as their parents are far more likely to have healthier diets than those who eat different foods.
- Children who rarely or never eat the same food as their parents had the poorest diets, compared with children who do.

<http://www.cfr.ac.uk/family-meals-research-in-news/>

Three GUS reports have examined families' food, eating and activity. Key extracts from these reports are copied below and the full reports are online. <http://www.cfr.ac.uk/gus/publictopic.html#33>

Sweep 2 Report, Chapter 4 'Food and Eating'

<http://www.scotland.gov.uk/Publications/2008/02/12135003/0>

Sweep 3 Report 'Food and Activity'

<http://www.scotland.gov.uk/Publications/2009/01/21085143/0>

“those children whose mothers had higher educational qualifications and who knew a lot about healthy eating, as well as children in managerial and professional households, were more likely to be eating a wider variety of fruit and vegetable on the average day. A more worrying finding though, was that consumption of unhealthy sugary and salty foods was also high, with almost half of children eating sweets or chocolates once a day or more often and 43% drinking sugary soft drinks once a day or more often, and again this was heavily patterned by socio-demographic factors.

“While almost all children had eaten a meal prepared with fresh ingredients in the last week, 32% had eaten a takeaway meal, such as Chinese food or fish and chips, and 26% had eaten a fast food meal, such as McDonald's. Again, this was seen to be socially patterned, with almost twice as many children in the most deprived areas having eaten a fast food meal in the previous week (36%), compared with 20% in the least deprived areas”

Sweep 6 Report 'Overweight, obesity and activity'

<http://www.scotland.gov.uk/Publications/2009/01/21085143/0>

“The strong association between mother's own overweight and that of her child (well established elsewhere) and the importance of other parental factors suggest that interventions to reduce child overweight and obesity may be most successful if they treat the family as a unit, rather than focusing exclusively on the child's weight problem. Improving a mother's recognition and concern for her child's overweight is likely to be only a first step in tackling the problem, as greater awareness may not translate into better weight management without addressing other aspects of parental behaviour. For children's weight control, these appear best targeted through improving dietary practices and overall parental supervision.”

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1: Should the scope of the new food body extend beyond the current scope of the FSA in Scotland? If yes, what specific extensions of scope would you suggest, and why?

- Comments

2: Should the new food body and the Scottish Government continue the arrangements for independent and partnership work on diet and nutrition set out in Annex A? If not, what changes would you suggest, and why?

- Comments

3: Are there any additional roles, responsibilities or functions in respect of diet and nutrition that you think the new food body could take on to help deliver an improvement to the health of the people in Scotland? Please give details and reasons.

- Findings from 'About Families' and 'Growing up in Scotland' reveal clear inequalities in diet according to socio-economic status (see above). Measures such as free and low-cost school meals attempt to redress some of these inequalities by alleviating low-income and providing a healthy meal for all children.
- Might there be scope for this new body to investigate the quality of school meals across Scotland and provide leadership in making the most of this opportunity for all children to gain equal access to high quality food?
- The absence of support for food during the schools holidays for children who access free school meals could be addressed. This could be considered in conjunction with other policy areas such as the provision of out of school care or holiday clubs.

4: What steps do you think could be taken to ensure the new food body is able to access the best available independent expert advice it needs to underpin its work on food safety and public health nutrition in Scotland? Please give reasons.

- Comments

5: Do you consider that the new food body should focus its research and surveillance activities on issues that are particularly pertinent to Scottish citizens or should it also contribute to science and evidence programmes on wider issues which have relevance to the UK as a whole? Please give reasons.

- While it is clear that Scotland has particular challenges to overcome, this should not preclude learning from or contributing to understanding of food-related issues that are UK or international in scope. This either/or situation need not exist. In focusing on high quality research, knowledge exchange, policy and practice in a particular environment – Scotland – and focusing on making a positive impact, the new body would be contributing the knowledge of a wider audience outwith Scotland. Equally, in order to achieve local impact it is likely that policy should draw on research from countries other than Scotland.

6: Do you agree that the new food body should be responsible for the coordination of all Scottish Government funded research on food safety and public health nutrition? What steps could be taken to raise the profile of the new food body as a research funder across the UK and beyond? Please give reasons.

- If a new body is to succeed in funding research that has impact on issues of food safety and public health nutrition it needs to work in collaboration with partners already investigating in this area in a broader way. This might mean making connections with organisations such as CRFR, which do not focus solely on issues concerning public nutrition but have access to expertise on related issues of food practice, sociological analysis, or knowledge exchange (see above for examples).
- CRFR's main premise for a 3-year knowledge exchange programme 'About Families', was that absence of research was not the main barrier to improved practice. Lack of understanding of existing research and understanding in how to apply that to practice was a bigger concern, which the project addressed through making research more accessible and working with individual organisation to plan action in light of research findings.

- While it may be important for a new body to fund more research, existing research may well be poorly known, understood or implemented. A new body should champion the practice of knowledge exchange in the area of food safety, but particularly in public health nutrition. Involvement of users in discussion of existing research in relation to their own experiences may also expose under researched areas.
- We encourage you look at the final reports of the About Families knowledge exchange project to consider the impact made to frontline services and families' lives by making better use of existing research and to reflect on how this kind of approach might bring about greater impact on the issue of public health nutrition. [www.aboutfamilies.org.uk](http://www.aboutfamilies.org.uk)

7: Do you have any further suggestions for how the new food body could establish a strong independent evidence base for food safety, food standards and nutrition policy? Please give reasons.

- Comments

8: Do you consider that the new food body would require any further statutory powers, in addition to those that the FSA already has, to equip it to deal effectively with incidents such as the recent horse meat substitutions, and to prevent such incidents happening? Please give reasons.

- Comments

9: Do you have any further comments about how the new food body might ensure that it can deal effectively with contraventions of food standards and safety law? Please give reasons.

- Comments

10: Should the new food body take on any roles and responsibilities not currently fulfilled by the FSA in Scotland? If yes, please give details and reasons.

- Comments

11: Please tell us your views about these suggestions for changes to the delivery of official food and feed controls. Do you think that the new food body should work in a different way with local authorities? Please give reasons.

- Comments

12: Do you have any views on how the new food body should assure delivery of official controls and meet the relevant EU obligations? Please give reasons.

- Comments

13: Are there any additional or alternative relationships that you would suggest that would help the new food body achieve the Scottish Ministers' objective of longer, healthier lives for the people of Scotland? Please give details and reasons.

The new body should make the most of existing and continuing research on food (for example the Scottish Health Survey, Growing up in Scotland, HSBC (Health Behaviour of School-aged Children), but should make connections with those who have experience in engaging users in research. It should emphasise the fact that those currently not experiencing good nutrition are expert in their lives and can provide insight into the barriers to health eating (eg Harden' study, above), and then finding ways to removing those barriers.

14: Do you have any suggestions about how the new food body can engage effectively with consumers, both in developing policy and providing information and advice?

- The recent high level of press coverage of Valeria Skafida's research findings on the importance of children eating the same food as their parents (see above) highlights the public interest in how best to ensure children gain the best start nutritionally. However, the media interest testifies to the controversy of these findings as they appear to counter assumptions or even policy messages about the importance of families eating together at one family meal. This suggests that food and eating habits is an area that consumers are both interested in discussing and reflecting on, but is one where there can be conflicting and confusing messages.
- Growing up in Scotland study finds that fewer mothers in lower socio-economic groups report 'knowing a great deal' about healthy eating. This suggests either a lack of knowledge, or a lack of confidence about that knowledge.
- Interviews with low-income mothers (Harden, see above) suggest, in contrast to GUS findings, that women are knowledgeable and frequently reflect on the issue of healthy eating but find it difficult to put knowledge into practice. In addition to the main restriction of having a low income, many mothers expressed difficulties with managing children's choice or 'fussiness', or exercising control over food intake. Many encouraged or insisted their children eat more healthily than themselves.

These findings suggest that more attention should be paid to:

- access to affordable nutritious food
  - the fact that other stresses, such as mental health, take priority over decisions about healthy eating
  - supporting parents' in dealing with the experience of young children's eating habits
  - providing advice and services for parents on the issue of their own diet in relation to the longer term implications for themselves and for their children – supporting a whole families' approach rather than focusing on children only.
- A new food body should recognise that many consumers have high levels of knowledge and opinion about eating well, but find it difficult to put that knowledge into practice because of the restrictions of a low income and the impact of other more pressing concerns (eg mental health, poor housing, disability).

Issuing factual advice about food choices is not enough to make a difference to people's behaviour. These different findings all suggest that to have an impact on behaviour more fundamental changes are required such as:

- increased incomes
- increased supply of affordable healthy food
- alleviation of competing health and mental health concerns
- support for parenting (from childcare and free school meals to parenting strategies)
- support for whole-family approaches to food rather than targeting particular members
- space for discussion and debate

This list suggests a range of possible additional supporting partners including welfare advice, housing and town planning, businesses, parenting support (Eg health visitors, early childhood education and care, schools, out of school care).

- Parents' attitudes to their children's health, food and physical activity gained through the **Growing up in Scotland** study should be used to inform policy and practice (see above). In particular, the report looking into obesity and overweight concludes that whole family support may be more appropriate than focusing on children exclusively

- **Looked after children** have particularly poor outcomes in Scotland. The studies undertaken by Dr Samantha Punch at the University of Stirling (list above) should influence national strategies for supporting an improved diet, health and wellbeing for this group of children and young people.

15: Do you agree with the suggested approach to ensuring the new food body's independence from Government and the food industry? Do you have any further suggestions for how the new food body could best establish and maintain its position as an arms length part of Government? Please give reasons.

- Comments

16: Do you have any further comments, or suggestions, on the creation of a new food body for Scotland that are not covered by any of the previous questions?

- Please see the outline of research findings above.