

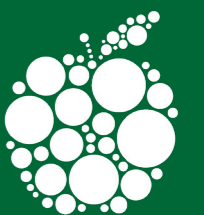
A NEGLECTED GENERATION:

Reversing
the decline
in children's
health in
England

JUNE
2024



Election '24
Nourishing
the Nation



The Food
Foundation

INTRODUCTION

This election year marks a crucial juncture when we evaluate our national priorities: few would argue against the health of our children being high up the list. However, to date, children's dietary health has not been taken sufficiently seriously. Policy in this area has been lacklustre and wholly insufficient to address the severity of the problem. This report charts the disconcerting deterioration in children's health and wellbeing that we've seen in the 21st century as a result.

Crucially, the report not only highlights a deeply worrying increase in conditions driven by calorie dense diets such as obesity and type 2 diabetes, but also highlights the equally concerning and substantially less talked about results of poor-quality diets and undernutrition, which are increasingly impacting on our children and often paradoxically co-existing with obesity.

These findings raise fundamental questions regarding the nutritional quality of food that children are eating, in addition to wider socio-economic forces that shape the conditions for the optimal growth and development of young children. For all children to thrive and grow up healthy, it is essential they have access to a diet that provides all the essential nutrients.

What is so deeply troubling about the health problems highlighted in this report is that they are largely preventable. No child needs to suffer in this way if they are simply able to have a basic right of access to healthy food. All children should be able to eat in way that fuels their bodies and minds, giving them sufficient calories and nutrients to be free from hunger and diseases of



nutritional deficiency, while being protected from the bombardment of ultra-processed, highly sugary and salty foods that most often contribute to excess calorie intake but lack vitamins, minerals, fibre, healthy fats and quality protein.

However, whether due to shocking levels of poverty and deprivation resulting in food insecurity, or aggressive promotion of cheap junk food by the food industry, our children are living in an environment that makes feeding them healthily an almost impossibly difficult challenge. While this is not a new issue, the cost-of-living crisis has intensified the struggle for many families in recent years.

But taking action now can reverse the current trajectory. Failure to do so will lead to a generation burdened throughout their lives by diet-related illness and the consequences that brings with it: the mental health impact of living with disease, an overwhelmed healthcare system that is unable to treat people effectively, and economic inactivity that weakens GDP.

We need strong leadership to move us towards a shared vision of a better food future. The upcoming election is an important opportunity for policymakers to rise to the challenge and step up their ambition. We need strong, preventive health policies that can improve access and affordability to nutritious food and shape healthy food environments. By recognising the importance of the food system in shaping our nation and its power to improve our children's health, they can carve a path towards a future where food is a source of pleasure and prosperity for all.

Children's Health Trajectory KEY STATISTICS



The **height** of 5 year olds has been **falling** since 2013 PAGE 3

Obesity among 10-11 year olds has **increased by 30%** since 2006 PAGE 4



Type 2 diabetes among **under 25s** has **increased by 22%** in the past 5 years PAGE 5

Babies born today will enjoy a year less good health than babies born a decade ago PAGE 6



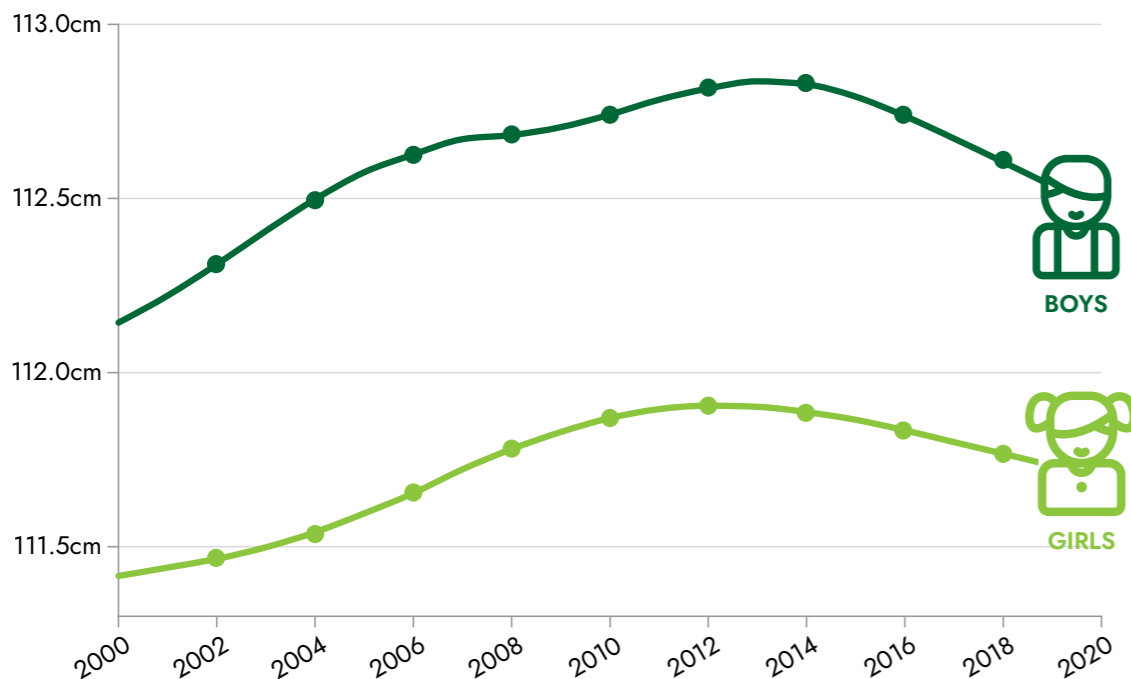
CHILDREN'S GROWTH



The height of 5 year olds has been falling since 2013.



AVERAGE HEIGHT OF CHILDREN AT AGE 5 IN THE UK



Source: NCD RisC

Data from the Non-Communicable Diseases Risk Factor Collaboration paints a stark picture: in the UK, the average height of children aged 5 was progressively increasing year on year up to 2013, but then it reversed¹ with the average height of five year-olds now declining. This has coincided with the introduction of austerity measures pointing to a possible explanation. Moreover, although more recent data isn't yet available, the cost-of-living crisis over the past three years is highly likely to have exacerbated the situation.

While short height is not inherently problematic, linear growth is representative of broader development of a child, and therefore, these disturbing findings are indicative of wider health and well-being repercussions.

It is well known that our genes and ethnicity influence our height, but the impact of modifiable environmental factors are often overlooked in the UK. At younger ages and at a population level, changes over time are more likely to be indicative of these environmental factors like nutrition, stress, infection and poverty, rather than genetics. Essential nutrients like zinc (needed for protein synthesis, cell division and growth hormone production) and calcium, phosphorus and magnesium (needed for bone development) are integral to children reaching their full growth potential^{2,3,4}. However, between 2008-10 and 2016-2019, children's consumption of some key micronutrients from food decreased such as calcium (4%), zinc (3%), vitamin A (18%), folate (12%) and iron (6%)⁵.

Another concerning factor is that international data show that children in the UK are on average shorter than those in nearly all other high-income countries by age 5 with boys in the UK ranked the shortest and girls second shortest⁶. In the Netherlands, children are as much as 7cm taller than those in the UK by age 5 - a substantial difference at such a young age. On top of that, in the Netherlands the upwards trend in average height is continuing. In other words, this decline in the UK is not being seen everywhere.

Troublingly, not reaching full height potential is more prevalent among the most deprived children. Previous analysis from our Broken Plate report shows that the most deprived children are on average up to 1.3cm shorter than the least deprived in the UK by age 10/11 years⁷.

To reverse this trajectory, it is paramount that greater action is taken by government to ensure all children, particularly those on lower incomes, are getting sufficient intake of nutritious food to allow them to grow up healthy and reach their full potential.

HENRY DIMBLEBY, AUTHOR OF THE NATIONAL FOOD STRATEGY INDEPENDENT REVIEW



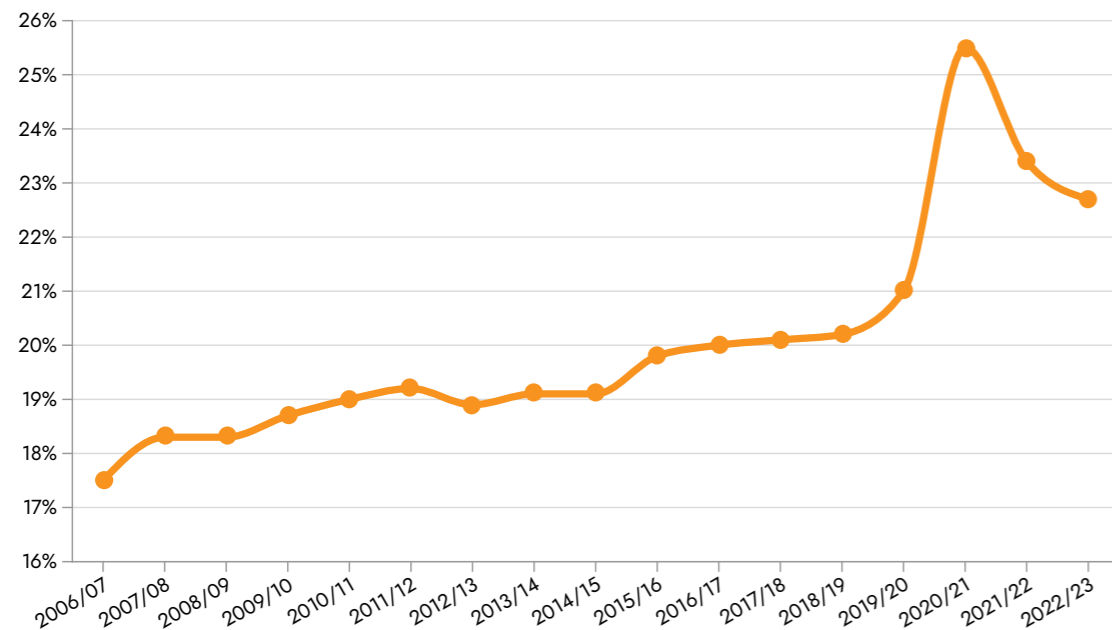
“The decline in children’s health shown clearly in this report is a shocking and deeply sad result of the failures of the food system in the UK. We need the next Government to take decisive action to make healthy and sustainable food affordable, stop the junk food escalation and to realise that investing in children’s health is an investment in the future of the country.”

CHILDREN'S WEIGHT



Obesity among 10-11 year olds has increased by 30% since 2006.

OBESITY LEVELS IN CHILDREN AGED 10-11 YEARS OLD IN ENGLAND



Source: National Child Measurement Programme

With over 1 in 5 children living with obesity by the time they leave primary school⁸, obesity is one of the most pressing public health challenges facing the current generation of children with repercussions that could follow them into adulthood. Approximately 80% of adolescents with obesity go on to have obesity as adults⁹. Childhood obesity can have a devastating impact on mental health due to stigma and bullying, and is associated with higher levels of depression¹⁰. Additionally, it increases the risk of unpleasant long term complications including hypertension, hypercholesterolaemia, type 2 diabetes mellitus, amongst others¹¹. Preventing the development of these conditions would alleviate some of the heavy pressure on the NHS. Analysis published at the end of 2023 found obesity costs the UK an estimated £98 billion per year¹² and the combined healthcare costs and the impact on the labour market of overweight and obesity reduces the UK's GDP by 3.4%¹³: a substantial drag on the government's aim to grow GDP by 2.5% annually.

Furthermore, the prevalence of childhood obesity is significantly higher in the most deprived fifth of the population, who are more than twice as likely to experience obesity compared to the least deprived fifth¹⁴. Although often considered paradoxical, the co-existence of obesity and food insecurity arises as families on low incomes are often reliant on cheap, high calorie foods to feel full and are less able to afford the foods required to prevent nutritional deficiencies. This disparity underscores that efforts to improve the health of our children will only be effective if they directly tackle these inequalities and help the poorest children in society to eat well. The food

system is not designed to help anyone eat healthily, but it makes healthy eating even harder for those on low incomes, particularly as the cost-of-living crisis has taken hold and food prices have risen drastically pushing a healthy diet further out of reach for many.

Despite the publication of 14 government strategies to tackle obesity between 1992 and 2020 containing 689 policies, no progress has been made¹⁵. The repeated failure of plans and strategies, many of which have heavily focused on individual responsibility, highlights the need for a different and more daring approach. Increasingly it is being recognised that social and commercial determinants of health are in fact much greater drivers of poor diets than lack of knowledge on nutrition, cooking and budgeting. Rather than 'nannying' citizens, government intervention to improve the affordability and availability of healthy foods can empower people to make genuine choices. Such interventions would help prevent the need for more invasive and drastic measures like weight loss surgery or lifelong appetite-suppression medication. Much lower levels of obesity are seen in the most affluent groups, but childhood obesity remains a problem across all socio-economic groups. Policies must therefore seek to address all the drivers of obesity with a particular focus on addressing the challenges of eating a healthy diet for people living on a low income, in order to reduce the stark inequalities.



JAMIE OLIVER, CELEBRITY CHEF AND FOOD CAMPAIGNER



“Decades of government neglect has meant kids are suffering from more obesity-related illnesses, leading to average heights shrinking and living shorter lives – they’re not being given the chance to be happy, healthy people. And they deserve so much more than that. We need to reverse this trend if we’re to have the healthiest generation of kids, and to do that we need to take a serious look at the food that fuels us. And right now, it’s not pretty. There’s no silver bullet to fix this, which is why we need a comprehensive approach that doesn’t just tinker around the edges but revolutionises the rules and fundamentally improves the quality of food across the board. The leader who understands this and gets serious about child health will be the person who turned the tide” on obesity – and won..”

ADOLESCENT TYPE 2 DIABETES



Type 2 diabetes among under 25s has increased by 22% in the past 5 years.

Type 2 diabetes is one of several diseases that can arise as a medical complication of obesity. Historically, it was known as adult-onset diabetes, but the child obesity epidemic led to type 2 diabetes increasingly being diagnosed in younger people. The first cases of adolescent type 2 diabetes were diagnosed in the UK in 2000¹⁶ and have increased substantially since then with levels tripling between 2017/18 and 2021/22¹⁷.

Long term, diabetes can lead to high blood glucose levels which damage nerve cells resulting in nephropathy (kidney damage), retinopathy (potentially leading to sight loss), and neuropathy (often necessitating amputations to remove damaged tissue)¹⁸ In fact, nearly 9,600 diabetes-related amputations are currently carried out on average per year – an increase of 19% in the last six years¹⁹.

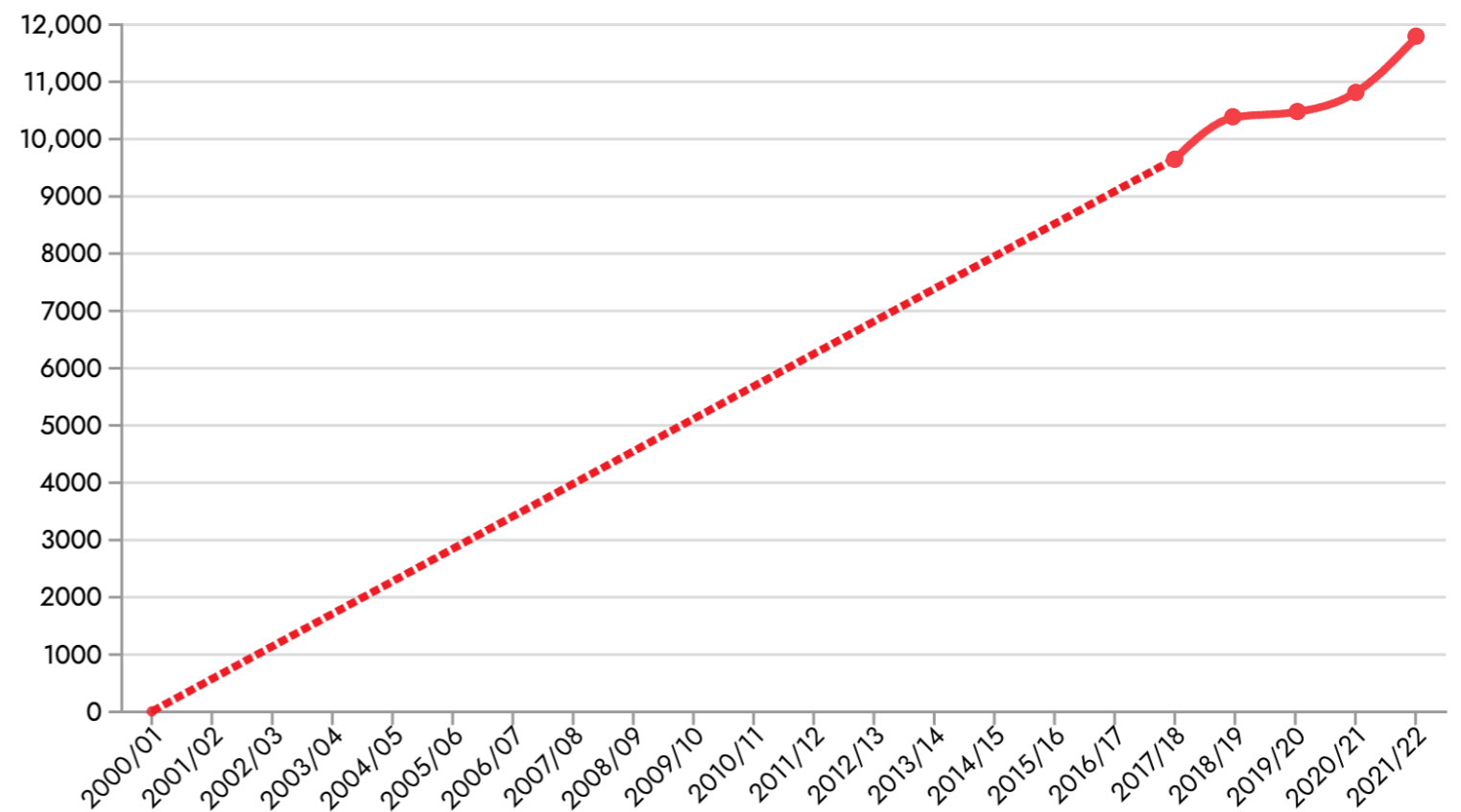
The rise in diet-related diseases in recent years affects not only the quality of life that millions of people can enjoy in their later years, but also the economy. According to the ONS, almost 3 million working-age people are economically inactive because of long-term sickness²⁰. Research from IPPR indicates that areas with higher levels of obesity also have higher economic inactivity rates²¹, and people with obesity are twice as likely to take time off work due to complications such as diabetes, as well as depression, heart disease and musculo-skeletal disease²². This may be due to obesity-related conditions preventing people from being able to work and due to people who are not in work being less able to afford healthy food, creating a vicious cycle that makes it harder for them to get back into work.

Importantly, type 2 diabetes is entirely preventable. While genetic predisposition plays a role, obesity accounts for 80-85% of the overall risk of developing diabetes²³.

Therefore, policy intervention to support all children to eat a healthy diet is a critical step to reversing the incidence of type 2 diabetes, increasing the country's economic growth and preventing further declines in economic inactivity, as well as creating savings for the NHS.



TYPE 2 DIABETES IN YOUNG PEOPLE IN ENGLAND AND WALES



Source: The first cases of type 2 diabetes were diagnosed in 2000: Ehtisham and Barrett, The emergence of type 2 diabetes in childhood · More recent data is available from 2017/18 onwards: [National Diabetes Audit](#), [NHS Digital](#).

LORD JAMES BETHELL, CONSERVATIVE PEER IN THE HOUSE OF LORDS



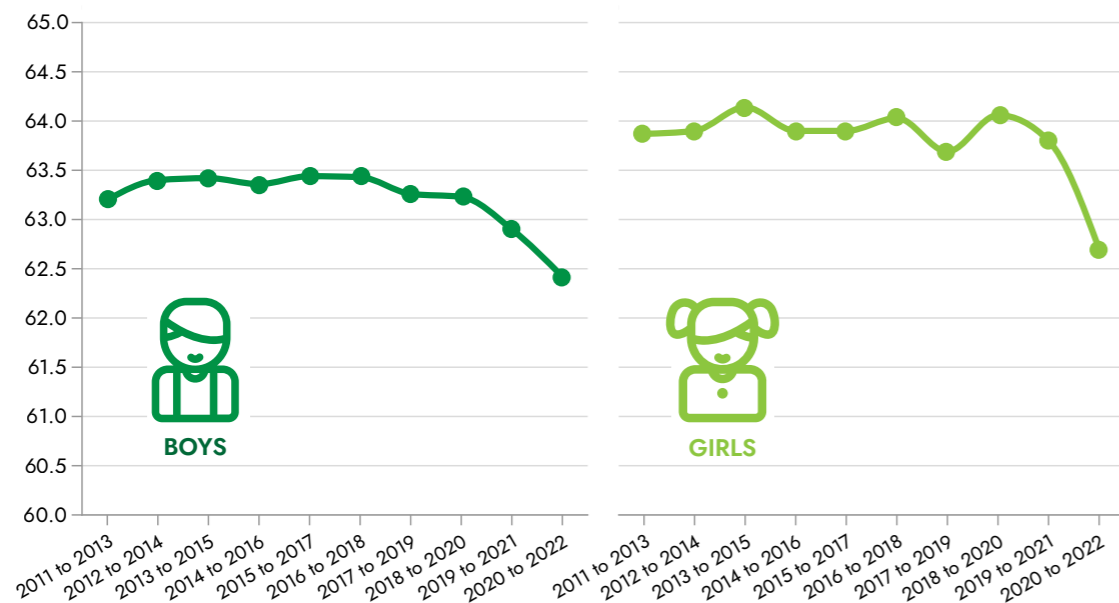
“The health of the nation is going backwards and food plays a central role in this decline. It’s costing us a fortune, in money and happiness, so it’s time to act. This powerful report gives a clear account of the impact of poor food and bad eating habits on the children of Britain. Any new government should take the lessons to heart and immediate swing into action so we can change direction away from illness and towards a healthier, prosperous nation.”

HEALTHY LIFE EXPECTANCY AT BIRTH



Babies born today will enjoy a year less good health than babies born a decade ago.

HEALTHY LIFE EXPECTANCY AT BIRTH IN ENGLAND



Source: Office for National Statistics



Data from the Office for National Statistics shows that healthy life expectancy at birth has dropped by approximately a year over the last decade²⁴. This trend in healthy life expectancy is a further powerful indicator that a future government must do more to better protect the health of our children. Healthy life expectancy at birth is a measure of the average number of years babies born this year are predicted to live in a state of 'good' general health. It provides an estimate of not merely how long people will live, but how long people will live without health issues lowering their quality of life. In the longer-term, the increase in people living more years in poor health puts greater pressure on the social care system, which is currently in crisis as the increasingly aging and less healthy population become more dependent on care.

Yet again, healthy life expectancy is an area displaying shocking inequalities. Women in the most deprived tenth of the population can expect to live 19 fewer years of life in good health than the least deprived tenth, and similarly men experience an 18-year difference on average²⁵.

While this illustrates a worrying reality, healthy life expectancy can be improved and this trajectory

reversed. Several remedial factors influence healthy life expectancy including nutrition, housing, air quality, job stability and the broader environment²⁶. Global Burden of Disease data provides evidence that obesity and dietary risk factors (including eating too little fruit, veg and fibre) are the leading cause of disability in the UK, with the number of years spent living with disability due to excess weight having double since 1990²⁷. Therefore, ensuring people can access affordable, healthy food is crucial for improving years spent in good health.

Ultimately, our children deserve to be born into circumstances where they can grow up healthy and live fulfilling and prosperous lives, unimpeded by preventable disease. It is imperative that prioritising children's health is urgently prioritised to deliver this.

MICHAEL MARMOT, DIRECTOR OF THE UCL INSTITUTE OF HEALTH EQUITY AND PROFESSOR OF EPIDEMIOLOGY AND PUBLIC HEALTH



"We used to think of the combination of undernutrition and obesity as a feature of low and middle income countries. We are now seeing it in Britain in 2024, a devastating effect of poverty."

Over a century of history has led us to expect continuous improvements in health. Over the last dozen years that has changed. Healthy life expectancy has declined. Quite simply, people's fundamental human needs are not being met."



REVERSING THE TRAJECTORY

A more nourishing and more sustainable food system can underpin a healthy and prosperous society, but it needs bold policies and policymakers to make it happen. It's time for visionary leaders to make this a reality.

The data in this report paint a worrying picture regarding the current health status of our children and the worsening trajectory that they are facing. However, our politicians have the power to turn this around.

This election marks a pivotal moment for change. We challenge all political parties to commit to take action to ensure that all children can grow up healthy and well nourished.

Find out more about how to reverse the trajectory on children's health visit:

 **Election 2024:**
Nourishing the Nation

GORDON BROWN, FORMER PRIME MINISTER



“When the height of 5 year olds has been falling since 2013, and we’re learning babies born today will enjoy a year less good health than babies born a decade ago, every mother and father in the land will be concerned and shocked at what is happening to children through lack of nutrition living through the hungry 2020s in food bank Britain.”



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ABOUT THE FOOD FOUNDATION



The Food Foundation is an independent charity working to address challenges in the food system in the interests of the UK public. Working at the interface between academia and policymakers (parliamentarians, civil servants, local authorities, business leaders) we use a wide range of approaches to make change happen including events, publications, media stories, social media campaigns and multi-stakeholder partnerships. We also receive extensive direct input from the public to ensure their lived experience is reflected in our policy proposals. We collaborate with many partners on a range of different thematic areas, liaising with academics to generate evidence and campaigners who can drive change. We are independent of all political parties and businesses, and are not limited by a single issue or special interest.

Visit: foodfoundation.org.uk

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