EAT YOUR GREENS

What parents say about improving their family's diet

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EAT YOUR GREENS

What parents say about improving their family's diet

"Picky children will tend to grow out of it as they get older and they get more HUNGRY!! If you only have relatively healthy food at home they won't crave the unhealthy options."

INTRODUCTION

The importance of healthy eating, the emphasis on the growing numbers of obese children, the pressure to take more exercise are all high on the government's agenda for parents with the messages delivered via a plethora of public health campaigns. Parents are under pressure as never before, and their responsibility for ensuring that their children eat healthy food and take more exercise join a long list of what it means to be a good parent.

But is this one step too far and are parents confident that they can deliver or are they feeling increasingly guilty as they battle with their picky eating children?

There has been a significant increase in the numbers of parents contacting Parentline Plus with concerns about their children's diet and the food choices that are available to them at home and school. Parents have shown a growing awareness of issues surrounding diet, behaviour and health but have real concerns about how to guide their children into making appropriate choices.

Not all parents have been supportive of the public health campaigns of recent years because they have experienced unease about being told what to feed their children along with a perception that eating healthier food is more expensive than their existing shopping choices. Parents have also expressed confusion about what they believe they should be doing and how to integrate any necessary changes into their already very busy lives.

Over the last few months Parentline Plus has

explored these issues with parents and young people in a number of consultations and has undertaken a literature review on what research tells us. The overall aim of all our research and consultations was to:

- Find out what influences parents' decisions about diet and exercise.
- Explore whether large scale public health campaigns on these issues are helpful or induce feelings of guilt or resentment in being told what to do.
- Assess how parents feel about healthy eating in schools and how that impacts on home food choices.
- Explore young people's own perception of their parents' food choices for them earlier in their childhood and how that has changed as they have grown up and in the light of various public health campaigns.

THE FACTS AND POLICY CONTEXT

One of the most pressing concerns is the increase in the proportion of children who are clinically obese from 9.9% of 2-10 year olds in 1995 to 13.4% of the same age range in 2004¹.

A further 14% of children aged 2-15 were estimated to be overweight in 2004². Children with at least one overweight or obese parent are at greater risk of becoming obese.

The government has concentrated on getting across how much we should be concerned about the statistics which show that 20% of children eat no fruit or vegetables and 56% of adults and half of all children do not take the recommended amount of exercise.

There is no shortage of information on the impact of food on health, especially how

food can affect the long term and short term health of children. Backed by a raft of academic research the government is bringing in the following measures:

- Taking the height and weight measurements of all pupils at state primary schools.
- Introduction of a voluntary code limiting the advertising of 'junk' food to children.
- The re-introduction of nutritional standards for school meals.
- A ban on the sale of 'junk' food and fizzy drinks in school vending machines.
- The introduction of a traffic light system of labelling on food packaging backed by the Food Standards Agency (FSA) and adopted by several food retailers.
- An increase in school sports' provision alongside partnerships with sports' clubs, professional football clubs and the VCS to increase physical activity among children.

1. THE LITERATURE REVIEW

We have looked closely at what research tells us about the role of parents in delivering long-term positive health outcomes for their children. The findings were very mixed. For instance, there are conflicting research projects regarding the importance of parents in helping their children to choose a healthy lifestyle, some saying that involving parents is helpful whereas others suggest that a more effective route is via schools.

The FSA have found that people are confused by the messages and find it difficult to know who to trust and how to prioritise which message to follow; for example in order to have a healthier heart should they reduce salt or buy cholesterol-reducing spreads³. The FSA also found that although the awareness of some messages is very high, such as 'Five A Day' portions of fruit and vegetables, and consumers claim to have made adjustments to their diets, there is still a lack of evidence that there is a national shift towards healthier lifestyles, especially among disadvantaged groups.

It is of concern to us that a recent highly complex Public Service Agreement, drawn up by several government departments following a report from the House of Commons Committee of Public Accounts⁴, on strategies to tackle childhood obesity, made no mention of the pivotal role of parents.

Other research on this issue demonstrates:

- The cost-effectiveness of behaviour change interventions in children in relation to health outcomes is in many instances impossible to calculate because reducing fat or calorific value is not always beneficial to children⁵.
- If young children have opportunities to taste new foods they are more likely to accept them later but that giving rewards for consuming items such as 'healthy' drinks may be counter-productive⁶.
- Knowledge gains from interventions made in the pre-school setting tend to be greater than those derived from interventions delivered in home settings. However, supporting less advantaged mothers can enable them to improve their children's diets and change associated behaviours⁷.
- Involving parents in strategies to increase the consumption of fruit and vegetables worked better than schemes that worked with children on their own⁸.
- Children have clear ideas regarding the barriers to and facilitators of physical activity that they experience and researchers argued that more attention

should be paid to the contextual determinants of children's physical activity patterns. These are of particular significance in children at high risk of social exclusion (Brunton et al 2003 NICE p 52, see reference 5 for details). This point may have been rectified by the very recent publication of the UK's first randomised controlled trial of the effects of a project to tackle childhood obesity and sustain a healthier lifestyle⁹.

- Several research papers have highlighted that family support is a crucial factor to introduce and maintain healthy lifestyle choices for parents and for young children but when it comes to teenagers, the most effective programmes are run for adolescents without their parents present. The research pointed out that the effects of school-based interventions are likely to be greater in fifteen and sixteen year olds than in children, and are also more likely to be effective in young women than young men¹⁰.
- Media campaigns and celebrity endorsement were also found to be effective with adolescents¹¹.

The NICE document also warns that, 'Weight control and reduction programmes aimed at older children and young adults can have the undesired effect of causing (or precipitating) eating disorders in some young women and men'. (p 59)

2. WHAT PARENTS HAVE TOLD US

The consultations included an online survey on our website www.parentlineplus.org.uk that attracted 117 responses; a series of focus groups with parents plus a focus group with their teenage children. The focus groups were conducted in an inner city area with parents of teenagers aged 13 -17 who were still living at home. Both fathers and mothers took part in the focus groups and all those participating were from households with an income of less than £20,000 per annum. One group consisted of parents of girls whereas another was for the parents of boys. The focus group research excluded parents of teenagers who had a medical condition that affected their diet such as allergies or diabetes.

We also analysed data collected on the issues raised by parents contacting our services including Parentline - our free, confidential, 24 hour telephone line - and those using our email support service. The issues are also raised by parents using our online community services, posting notices on our message boards and submitting questions on the Q&A section of the website.

2.1 Parents of children aged up to twelve

Almost three quarters of the respondents to our web survey (73%) had children aged 0 -12, and as a consequence of that the strategies for encouraging their children to eat healthily are different from those used by parents of teenagers (discussed later in this report).

"They are happy to try and count up to five a day."

"My son has done topics at school and says sugar is bad for you or carrots are healthy but he doesn't really have an opinion about them."

These parents more or less split the shopping and cooking duties evenly between adults in the household and there was a noticeable trend towards the use of more fresh foods and raw ingredients rather than processed foods. Several parents commented that having a limited income has a negative impact on the choices that they were able to make.

"I try to use fresh produce wherever possible, though, as a single parent on

income support I do find this fairly expensive. Yet I would rather go without things myself... to ensure that my child is fed properly."

"I find lunchbox stuff the hardest because you know they need to eat but it makes you feel guilty when it is processed."

Parents are taking greater care about what they choose. For example, many parents told us that now they paid greater attention to labels on food packaging and chose healthier options such as low salt or low fat whenever possible. Food labelling systems such as traffic light colour codes - were explicitly mentioned by several parents who commented that it made them more aware of the nutritional content of foods before they bought them. Less than 20% of the parents had difficulties in buying healthy foods and, of the parents who did experience difficulties, the most often cited issues were that healthy foods in general, and fruit and vegetables in particular, were expensive and went off quickly.

The respondents felt that their children understood the need to eat healthily but still they wanted sweets and junk foods.

"They have a pretty good idea of what is good and what is bad for them, but still that doesn't stop them from wanting the bad things."

Over 61% of the respondents thought that their children were picky eaters and the most frequently refused foods were vegetables and fish. The foods that children preferred included pasta, fruit and chocolate.

Parents were largely positive about the changes in school meals. Parents felt better informed about the choices available to their children because of the regular distribution of school menus and the higher priority given to food in schools. However only just over half of the respondents' children actually ate the school meals, the rest of the younger children took packed lunches and some older children bought food outside school.

2.2 Parents of teenagers

The consultations undertaken for this report showed a mixed picture. For example, some parents felt that their teenage children were more aware of the value of healthy eating whilst others said the opposite.

"We have always talked about eating healthily, now it's being talked about in schools, with peers and on TV - it's given our opinions street cred!! Our kids are pleased to be in the forefront of the debate using the knowledge they have been taught at home."

"My teenager thinks it is all boring and he is totally uninterested in eating healthily."

When discussing general influences on their teenage children, parents mentioned a wide variety of external influences such as the media, music, computer games, friends, sport and the internet but that peers held the most influence and parents felt that their own influence over their children was diminishing.

We were reassured by parents' strong feelings that they could and did influence what their children ate - even during the teenage years. Parents felt that they held greater influence over food choices because they had more control over what was purchased and how much spending money teenagers had.

In fact, overall, parents believed their teenagers to be in good general health and were little affected by smoking and alcohol. One parent dissented from this view because she felt that her son binged on food and drank too many fizzy drinks. All the parents in the focus groups felt that there was a clear link between diet, health and behaviour. For some this meant that their children became more active because food gave them energy. Whereas for others the effects were more negative, such as mood swings especially after consuming fizzy drinks.

However, when it came to the influence of 'lifestyle' there were many more concerns. All the parents recognised that teenagers had a more sedentary lifestyle and that it was harder for their children to lead a healthy life because there were fewer facilities and they had less freedom. The compulsive nature of television watching and playing computer games was also given as a reason for adolescents being less active.

"They sit in front of a TV or play with gadgets. It's all taking place in the bedroom."

Parents also recognised that working parents had less time to spend with their children and might give them money instead of time and care. Parents believed that these extra funds would give teenagers more power over what they ate. The parents were aware of the impact that food could have on their children's looks and believed that greasy and sugary foods were bad for skin and would disproportionately increase their child's weight.

The focus group of parents of girls were well aware that concern about looks and weight could impact adversely on what their daughters ate, even though only one had real reason to be concerned about this. Overall this was the only area where the parents of teenage girls and boys held different opinions.

None of the parents said they cooked separately for their teenagers, which meant

that the family ate 'together'. However, 'together' often meant that the same meal was eaten at roughly the same time, but in different places. Although parents made the decisions when it came to food choices, it was also clear that their teenagers had some influence on this because parents felt that there was no point in cooking a meal that teenagers would not eat.

"It's a joint enterprise - you reach a happy medium."

"You modify what you cook, but you don't do separate food."

Sometimes negotiation could mean that children ate 'well' during the week, but could indulge themselves at the weekend.

Most of these parents felt that if their children ate one good meal at home, usually in the evening, they had fulfilled their duty. Parents claimed not to be regular buyers of ready meals, although they felt that they could fall back on these when time was tight and ready meals were not generally thought to be a practical or cost-effective way of feeding a family. However there were some grey areas here such as pizzas and other 'snack' foods, which were not made at home or where meals used ready-made sauces and so on.

In general, parents tried to strike some sort of balance when making food choices for the family, which was regarded by the groups as a sensible and reliable approach.

"Too much of anything is bad for you."

"It's about moderation."

So they encouraged their children to eat foods that they considered good for them such as fruit, vegetables, fish, meat, dairy, eggs, wholemeal foods and water. They limited those they thought were 'bad' such as sweets, crisps, chocolate, fizzy drinks, fatty/fried foods, sausages and burgers.

Like the parents of younger children, price was also thought to be a key factor in food decisions and value for money was important. Some commented that food and money went hand in hand, and that good foods were expensive:

"Can you afford the good stuff?"

"Good food is expensive."

"It's about affordability."

Money was also regarded as a factor in teenage eating in that the more money their teenagers had, the more they had to spend on crisps, sweets and snacks. Some parents actively tried to control this, by restricting their children's spending power but others felt this was difficult to do:

"They have to have money to spend..."

"Money is about fitting in; they have to have some to fit in with their mates..."

2.3 Outside influences on teenagers' food choices

Peers

These parents believed that peers had little influence over what their children ate, although they could determine where they went and this could include food. Some of the parents believed that they had less control in general over their children once they became teenagers, but that in this area, peers did not necessarily take over. However, all agreed that it was virtually impossible to stop their children from eating crisps and sweets, and accepted this. They believed that they had to be relaxed about what their teenagers ate provided they still ate good meals at least once a day.

Schools

Most of the parent respondents believed that the school or college had little influence over their teenagers' eating habits. Not all of their teenagers ate the food provided at their school/college, but more importantly it was because the family felt that the food provided was inferior to home. Despite this, there was also a feeling that school/college food was moving in the right direction and currently suffering from teething troubles with a new 'system' after the reintroduction of healthier meals.

The picture from parents therefore is that schools are trying to provide better/healthier meals, but had not quite cracked the new methods of cooking and provision that went with it. There was also widespread recognition of other steps being taken to encourage children to eat well such as the removal of vending machines and reduced access to sweets and snacks and restrictions on children leaving school to buy food elsewhere.

Some believed this was evidence of schools/colleges responding to what parents wanted, which included better nutrition and more sport in general, parents believed they were doing a better job. They also had little idea of what was actually being taught in school on the subject of food and nutrition, and so could not be influenced by this. That said, parents did think that food and nutrition were important subjects for the schools to cover and that more was being taught although they also believed that it needed to be covered in both theoretical and practical terms for it really to sink in.

It is important to note that the focus groups took place just a term after new nutritional standards for schools were introduced.

Nutritional information and influence When the parents were asked where they got their information from about food, it was

clear that the media was highly influential. Although it was difficult to pinpoint the precise effect on behaviour, the media and government campaigns appear to have affected the climate of opinion towards the importance of food to good health.

Parents cited TV, magazines and celebrities as key influences, and there was a general feeling that the media had really picked up the subject of healthy eating. Jamie Oliver was thought to be a good influence and someone who had geared schools into action - he was regarded as a believer in the importance of food, good food, and 'decent hot meals'.

A number of specific food programmes were also mentioned, most notably 'Honey we're killing the kids' and 'You are what you eat'. 'Lazy Town' (a programme targeted at very young children) was also thought to be a good advocate of exercise, while the cookery programmes were thought to be a further influence on their children, especially those that are scheduled for late afternoons when the children come home from school. Parents also thought these programmes were good for them too, because they gave ideas.

However some aspects of the media were thought to be a bad influence, particularly celebrities. Victoria Beckham was singled out for being a bad role model for young girls, while Gary Lineker was criticised for promoting crisps. When asked about other messages about food and healthy eating, the 'Five A Day' campaign was the only one that appeared to have made a real impact. Parents also felt that the 'Five a Day' campaign had an influence on their teenagers, who were aware of it as well. It was thought to be a simple message that everyone could work towards and was recognised as a government message. The food labelling traffic light system was also mentioned, although some parents were less clear about what this meant.

"It's easy to remember. It's for processed foods, tells you if there's too much stuff in it."

"They haven't explained it. I'm not sure what it relates to."

In general, there was very little resistance to government messages; these parents believed there was a genuine need for the government to do something, given their perceptions of the nation's health and they felt there were parents who did not feed their children well who needed to know what to do.

Some parents believed that eating more healthily was becoming fashionable among teenagers and that brands such as McDonalds were being rejected as a result. Although parents felt that there were many features of today's society that conspired against good health, they also felt that attitudes were changing. So while they believed that this generation was less healthy than the last, they thought that the next generation would be healthier than this.

"They're less healthy, but attitudes are changing."

The main factors in this turnaround were recognition of the importance of sport and exercise and better understanding of healthy eating. Some also believed that the Olympics would provide a national spur to make healthier lifestyle choices.

3. WHAT TEENAGERS TOLD US

3.1 The influence of parents

In our teenage focus group, we learned that they thought parents were their most reliable source of support. They said:

"Friends might be jealous."

"Parents aren't going to harm you."

Like parents, they rated their overall health as good because they believed they ate well and got some exercise. In general, they thought that good health stemmed from a balanced diet, exercise, enough sleep and fresh air; they also recognised that smoking and drinking were not good for their health.

Although most claimed they knew how to cook, it was clear that these skills were fairly limited. As part of the research design, we chose teenagers who all ate meals at home. Half also ate the food provided at school or college, while the rest took a packed lunch or ate out. While there were mixed views about the standard of the food provided at school, none complained about the food provided at home. Teenagers confirmed that parents responded to their preferences and cooked meals that they liked and these were either eaten with their parents, or in their room.

3.2 Schools

The participants were all unanimous that they definitely did not listen to the school, although that could depend on the teacher. They did not feel that the school or college was an influence, in that the food was inferior to home and nutrition was not well covered. However, they were well aware of the changes that had happened in schools and the intention to provide healthier choices.

3.3 Body image

Teenagers talked more of the impact of food and health on how they looked. They saw a simple relationship between over-eating and being fat, and also a relationship between good foods and good looks. For most, the clearest link between food and looks was its effect on the skin. Teenagers believed that some foods, notably greasy ones, could lead to spots and that there was a link between food and mood. Like their parents, they had noticed that sugary drinks could give them a 'high', while fatty or rich foods did not make them feel good.

These teenagers were aware that the nation was getting fatter, and that today's lifestyle was implicated in this:

"There are more fat little children."

"Fast food, PCs, no exercise and TV equals fatter kids."

They believed that children were less likely to get any exercise outside and that in general, there wasn't as much for teenagers to do. Teenagers also agreed that their parents decided what they ate, either because parents provided meals for them, or because teenagers put together meals from the food that was available to them. They claimed not to have 'discussions' with their parents about food, but to hear 'soundbites' of what they should and shouldn't do:

"Drink more water."

"Drink smoothies."

3.4 Nutritional knowledge and influence

Teenagers in our research claimed to eat few meals outside of the home or school/college, although they clearly did snack, including grazing on the food set out in the room where the focus group took place. However, snacks seemed to be viewed as incremental to the other things they ate, and in that sense, did not count nutritionally.

These teenagers had a similar appreciation to their parents as to what they felt were 'good' foods and what were 'bad'. 'Good' foods were primarily meat, fish, fruit, vegetable and dairy products such as milk and yoghurt. 'Bad' foods were fast foods, fizzy drinks and sugary foods including sweets and chocolate. None of these teenagers claimed to be fans of fast foods and several said they didn't touch them. This was primarily because they did not trust the meat and they claimed that their food choices were not influenced by their peers.

Some of these teenagers ate breakfast at home and some did not, eating at school/college or on the way there. While they recognised that eating breakfast was supposed to be a good thing and could help them to concentrate, there were also issues of time and appetite.

3.5 Media and other outside influences

It was clear that the media was a significant influence on teengaers. Girls felt that the link between looks and food was well covered by a series of magazines which correlates with the FSA's link with Sugar magazine mentioned by Deirdre Hutton in 200612. Both girls and boys were familiar with programmes such as 'You are what you eat', 'Honey we're killing the kids' and 'Fat men can't hunt', although they would not necessarily choose to watch these. They believed that celebrities were an influence, but not necessarily a good one, and some celebrities could take things too far. Like the other groups, Jamie Oliver was thought to be good influence, particularly for children.

While teenagers were familiar with the 'Five A Day' campaign, it did not appear to have got through to them in the way it had to parents. None was really sure where the message came from, and teenagers thought it was harder to do. They were also aware of the need to drink water, reinforced by commercial campaigns (e.g. advertisements for flavoured, sweetened waters) but as with 'Five A Day', were not sure if they lived up to this or not.

CONCLUSION

This research shows that government messages have a long way to go before they are fully understood and acted upon. Yet over and above the increasingly high profile for issues around healthy eating, exercise and obesity, parents are well aware of their influence on bringing up their children to be healthy. In fact they are telling us that this is a given in terms of their responsibility as parents.

However income, social deprivation and generational influences all have negative impact on the level of change that some families have to make. Over and above this, there are many outside influences that conspire to make this an increasing challenge, especially when it comes to teenagers. Parents emphasised the lack of places for children to go to play or exercise, the increased availability of computer games and TV and the decrease in sport at school all of which contribute to a less active lifestyle. The teenagers in the focus aroups also supported the view that no-one 'just plays out' because of concerns about traffic, stranger danger and teenagers being perceived as nuisances by other people. Another factor is the marketing of particular foods at children and young people which influence their choices.

"They would like to disagree [with eating healthily] and go to the burger bars -it's the toys!"

The public health campaigns are having a mixed impact. The well established 'Five A Day' campaign is well recognised and parents and young people alike monitor their intake of fruit and vegetables. Other campaigns have yet to become firmly established in families - for example more explicit food labelling has been noted by some, but not all, families in our research.

It is significant however that parents and

young people recognise that the government has a duty to address the national issues about diet and health and largely regard the campaigns as reminders to help them make sensible choices.

RECOMMENDATIONS

- It is imperative that parents are acknowledged as the key influencers in the healthy choices of their children and are more engaged and involved in the public education campaigns developed to get healthy eating and exercise messages across.
- Parents need universal access to information, advice and support and accurate and relevant signposting when they are worried about their child's health and weight. Measures such as programmes to tackle obesity need to be designed with utmost sensitivity in order to avoid reinforcing stigmatisation¹³.
- Information, advice and support should be developed and channelled through more generalist parent and family support organisations both locally and nationally and all such material should be tested with parents.
- Sustained outreach is needed to get the messages across to the most disadvantaged - living in poverty with little or no confidence in how to change generational eating habits. In this context, fun, interactive, confidential interventions that fit into existing family routines have been found to have a greater long-term impact on improving family lifestyles¹⁴.
- The media must take responsibility for the potentially detrimental effect that sensational headlines can have in increasing parental guilt and branding them as failures.

- Although many parents have told Parentline Plus they want to ensure they cook healthy meals and try to control what their children eat, the cost of doing so is a real challenge. Public education via a range of routes, about how to eat well on a low budget needs to be more innovative and engaging.
- There are very real concerns about the negative impact of food advertising and government must be seen to control and crack down on such advertising in a more overt way.

REFERENCES

- Committee of Public Accounts, 2007, HC157 Tackling Child Obesity-First Steps, Eighth report of Session 2006-07 The Stationery Office: London
- 2. National Institute for Health and Clinical Excellence (NICE)/ National Collaborating Centre for Primary Care (NCCPC), 2006, Obesity: The prevention, identification, assessment and management of overweight and obesity, NICE: London
- 3. Hutton, D., 2006, *Public Health: the case for early intervention,* Speech made by Chair of Food Standards Agency and Vice Chair of the European Food Safety Agency, 26th July 2006, at Prime Minister's Healthy Living Lecture: London
- 4. Committee of Public Accounts, 2007, HC157, Tackling Child Obesity-First Steps, Eighth report of Session 2006-07, The Stationery Office: London
- 5. Tedstone, et al., 1998, Hider, 2001, in NICE, 2007, p52, National Institute for Health and Clinical Excellence 2007, Synopsis of the Evidence on Behaviour Change Programme, NICE: London
- 6. Tedstone, et al., 1998, NICE, 2007, p53, (see reference 5 for details)
- 7. Tedstone, et al., 1998, NICE, 2007, p53, (see reference 5 for details)
- 8. Ciliska, et al., 2000, NICE, 2007, p53, (see reference 5 for details)
- 9. http://www.mendprogramme.org/cmsfiles/29942/61027/MEND_release_final_22Apr07_(1).pdf
- 10. Stuart, et al., 2005, McLean, et al., 2003, Shepherd, et al., 2001, NICE (see reference 5 for details)
- 11. Ciliska, et al., 2000, Shepherd, et al., 2001, Stuart et al., 2005, NICE pp 57-59 (see reference 5 for details)
- 12. Hutton, D., 2006, Public Health: the case for early intervention, Speech made by Chair of Food Standards Agency and Vice Chair of the European Food Safety Agency, 26th July 2006, at Prime Minister's Healthy Living Lecture: London
- Drinkwater, C., 2005, Commissioning Obesity Services: PCTs' Services and Strategies, ref:5266, London: NHS http://www.networks.nhs.uk/uploads/2005_Nov/Obesity_services_final.pdf
- 14. Hillsdon, and Thorogood, 1996, NICE, 2007, p 68 (see reference 5 for details)

Parentline Plus is a national charity and a leading organisation in the development and delivery of support for parents and families. We work to recognise and to value the different types of families that exist and to shape and expand the services available to them. We understand that it is not possible to separate children's needs from the needs of their parents and carers and encourage people to see it as a sign of strength to seek help. We believe it is normal for all parents to have difficulties from time to time.



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