

Cyflwynwyd yr ymateb i ymgyngoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol ar Atal iechyd gwael - gordewdra](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Prevention of ill health - obesity](#)

OB05 : Ymateb gan: Institute for Social and Economic Research -University of Essex

| Response from: Institute for Social and Economic Research -University of Essex

Health and Social Care Committee Consultation: Prevention of ill health – obesity

Evidence submission from the Institute for Social and Economic Research,

University of Essex

About this submission

The Institute for Social and Economic Research at the University of Essex specialises in the production and analysis of large-scale longitudinal data and produces high quality quantitative research.

We are submitting evidence on the difference that offering **universal, free, healthy school meals make to children's obesity levels**. These are findings from Professor Birgitta Rabe's and Dr Angus Holford's recent studies evaluating Universal Infant Free School Meals for all reception to year 2 children (infants) in England, and more recently, for all primary school children (reception to year 6) in four London boroughs.

These findings are informative about the likely impacts on obesity prevention, of the Universal Primary Free School Meals scheme currently being rolled out in Wales.

The evidence on the impacts of UIFSM has been **peer-reviewed and published** in the high-ranking *Journal of Public Economics Plus*. These research projects were funded by the Nuffield Foundation, as part of the research agenda of our Economic and Social Research Council (ESRC) Research Centre on Micro-Social Change.

1. Key findings

- 1.1. Offering free school-provided meals on a universal basis in England **reduced reception children's obesity rates by 7%.**
- 1.2. This makes UIFSM **more effective than other school-based initiatives** on children of this age, like running the Daily Mile or healthy eating messages.
- 1.3. UIFSM **benefited children in a wide range of schools** – a **reduction of BMI** was statistically significant in all but the most deprived and most affluent fifth of schools.
- 1.4. Looking at universal free school meals piloted in four London boroughs we found obesity levels were reduced by 7% to 11% among reception children. For children in year six (age 10-11), who had been given free school meals for their entire time in primary school (since age 4), there was a 5-8% reduction.
- 1.5. We found similar impacts on Reception children, of the two distinct Universal Free School Meal policies (UIFSM and Local Authorities' own schemes), using different research designs. This strengthens the evidence that the benefits to Reception children are causal and robust.

2. About our research

- 2.1. Both research projects were large scale quantitative longitudinal research studies that studied the impact of the policies of providing children with calorie controlled healthy school lunches by looking at children's body weight changes over time, using data from the National Child Measurement Programme (NCMP). (The studies also looked at other outcomes from the policy including attendance and attainment and family expenditure on food).

3. Impacts of Local Authority Universal FSM schemes for primary schools

- 3.1 Our most recent study, *The impact of Universal Free School Meal schemes in England* (published February 2024) looked at four London boroughs, Newham, Tower Hamlets, Islington, and Southwark, who extended free school meals to all primary school children between 2009/10 and 2014/15. We compared outcomes for these children against those in Greater London, and those in the rest of England, who had not received universal school meals throughout primary school.

We found that:

- 3.2 In Reception, entitlement to UFSM reduces obesity prevalence on average by approximately 1-1.5 percentage points (from a base of 14% in the treated local authorities). This represents a 7-11% reduction in obesity prevalence.
- 3.3 In Year 6, obesity prevalence is reduced on average by approximately 0.6-1.2 percentage points (from a base of 25%). This represents a 2-5% reduction in obesity prevalence.
- 3.4 Effects are smaller in Year 6 than in Reception, despite Reception children all having received UFSM for less than a year at the time of weight measurement, while Year 6 children received UFSM between less than a year and up to seven years, depending on when UFSM were introduced in their local authority. This is consistent with bodyweights being harder to shift for older children.
- 3.5 The effects of UFSM on Year 6 children are biggest (1.2- 2.1 percentage point reduction in obesity) for those who received UFSM throughout primary school, from reception onwards. This represents a 5-8% reduction in obesity prevalence.
- 3.6 The beneficial impacts of UFSM did not extend to the schools with the highest pre-existing obesity prevalence. This indicates that additional support will be needed in more challenging environments.

4 Impacts of the national Universal Infant Free School Meal policy

- 4.1 Our earlier study published in 2022, [The Impact of Universal Infant Free School Meals](#), looked at children's outcomes following the introduction of the Coalition Government's 2014 policy for Universal Infant Free School Meals for all children from reception to year 2 in English primary schools. We compared the change in children's bodyweight over the school year between children who had not had free school meals, against outcomes for those who were receiving them, to see if the policy had made an impact.

We found that:

- 4.2 Making high quality school meals free on a universal basis reduces children's bodyweight throughout the first year of school (in reception), reducing the proportion obese by 0.7 percentage points from a base of just under 10%. This represents a 7% reduction in obesity rates.
- 4.3 Making high quality school meals free on a universal basis brings more children into a healthy weight range, by 1.1 percentage points from a base of 76%. This represents a 4.6% reduction in the prevalence of children not being of a healthy weight.

4.4 Children's BMI dropped in schools from across all demographics (we measured this as the proportion of students registered for FSM), apart from in the schools with the very most and least affluent populations – meaning additional interventions might be helpful in reducing obesity there.

References:

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