Cancer Research UK response to the Committee of Advertising Practise’s (CAP’s) consultation on food and soft drink advertising to children

About Cancer Research UK

1. Every year around 300,000 people are diagnosed with cancer in the UK and more than 150,000 people die from cancer. Cancer Research UK is the world’s leading cancer charity dedicated to saving lives through research. The charity’s pioneering work has been at the heart of the progress that has already seen survival rates in the UK double in the last forty years. As the largest fundraising charity in the UK, we support research into all aspects of cancer through the work of over 4,000 scientists, doctors and nurses. In 2015/16, we spent £404 million on research. We receive no funding from the Government for our research, and of every £1 donated, 80p was available for investment in our core purpose.

2. One of our priorities is to significantly reduce the number of children who are overweight or obese. This is because obese children are five times more likely to become obese adults, placing them at risk of preventable cancers. More than four in ten cases of cancer in the UK are preventable – around 150,000 cases every year. Obesity is the single biggest preventable cause of cancer after smoking. Obesity is linked to ten different types of cancer, including two of the most common – bowel and breast – and two of the hardest to treat – pancreatic and oesophageal. Our research shows that if current trends continue, obesity could cause 670,000 cases of cancer over the next 20 years.

3. To this end, Cancer Research UK welcomes the opportunity to outline its position in relation to this consultation. We are grateful to the following experts in food and drink promotion for their expertise and input into our response: Professor Simone Pettigrew, Dr Emma Boyland, Dr Stephanie Chambers, PhD students Nathan Critchlow and Lauren White, Dr Frans Folkvord, and Professor Agnes Nairn.

4. Cancer Research UK believes CAP’s proposals are only a first step in addressing the growing concern of marketing foods and drinks high in fat, sugar and salt (HFSS) in non-broadcast media. We recognise the positive intentions to close the significant discrepancies between the current rules governing broadcast advertising of HFSS, and on non-broadcast advertising. A comprehensive response is needed to minimise children’s exposure to HFSS marketing in order to help reduce childhood obesity. These current proposals are only a small step in reducing children’s exposure to HFSS marketing and they must be strengthened. Whilst outside of the scope of this consultation, we also note that stronger rules are needed to close the current loopholes in the advertising of HFSS foods on broadcast media.

5. Cancer Research UK is also a member of the Obesity Health Alliance and the Children’s Food Campaign. We endorse the recommendations in their responses, which echo the calls of the public health community for comprehensive action.

1. a) Should the CAP Code be updated to introduce tougher restrictions on the advertising of products high in fat, salt or sugar (HFSS)?

6. Yes. We welcome CAP’s acknowledgement of the problem of obesity, and the recognition of the role of marketing as a cause of children’s obesity. In addition to support for tougher restrictions from Cancer Research UK and across the public health community, Ofcom recognises that ‘protecting children from harmful or inappropriate material on TV, radio and video on demand services is one of Ofcom’s most important duties and we take it very seriously’, while food industry actors have called to stop junk food adverts to children aged under 16. As such, we greatly welcome CAP’s conclusion that ‘there is a case
for regulatory change’ to protect public health and acknowledgement that self-regulation has not been effective to achieve public health outcomes.

7. This supports the case for tougher restrictions that are grounded in overwhelming evidence. HFSS marketing to adults and children is a critical influencer in the obesogenic environment. The evidence base, including ample systematic reviews and meta-analyses, is clear that commercial cues and exposure to junk food marketing has a substantial impact on increasing the amount of food that children eat, as well as what brands they prefer, and what types of food they choose to consume. Recent evidence from the WHO has found increases in the food energy supply (through caloric intake) alone are sufficient to explain increases in weight gain over recent decades, especially in high income countries. The World Health Assembly accepted findings of the Commission on England Childhood Obesity that underline the need to reduce ‘the exposure of children and adolescents to, and the power of, the marketing of unhealthy foods’, while the WHO note ‘food and drink marketing is a vast and increasingly sophisticated industry, and children are among its prime targets’.

8. And these ‘targets’ are being influenced by marketing up and down the UK. Our recently published qualitative research with 8-12 year olds in England and Scotland show worrying real-world examples of the impact of marketing unhealthy food and drink advertising to children. It results in children pester ing their parents to purchase junk food and tempts them into eating unhealthy foods despite having a good nutritional knowledge. Marketing these products also delivers short, medium and long-term impacts: the immediate impact of adverts making children hungry, pester ing their parents after seeing an advert, and long-term recall of the adverts and desire for the specific products through reinforced cravings or cue-related cravings e.g. in the supermarket.

9. Our research saw children describe junk food advertising as ‘tempting’ and ‘addictive’, and say they could ‘lick the screen’. One boy said ‘you might be eating a piece of fruit, you might see the advert, and you might just throw it in the bin and ask your mum for money and leg it to the shop’. After watching a commercial for sweets, one girl said: ‘It makes you feel as if you’re happy and excited and it feels like you want to try it because the guy’s dancing in it because he’s eaten it and it tastes good’, while another stated ‘I asked my mum if I could have it and she said no and I was annoyed and I kept trying and she finally said yes and I got to go to the shops to get it’.

10. The impacts of marketing on the UK’s obesogenic environment have contributed dire consequences for child health. One in three children in England leave primary school overweight or obese, with similar rates across the devolved nations, whilst children in England from the most deprived communities are twice as likely to be overweight or obese as those from the least. An obese child is five times more likely to be obese as an adult, placing them at risk of preventable cancer and a host of other health conditions throughout their life.

11. As a consequence of health harms, the economic burden of obesity is staggering. An economic analysis has found the total economic burden of obesity to the UK at £47 billion in 2012 – more than armed violence, war and terrorism and second only to smoking. When these costs include reduced productivity and increased absence from illness, it does not make economic sense for productivity and employers, from advertisers to web developers, to have an obese population.

12. The support for evidence-based changes to HFSS product advertising is high among the public. Polling conducted by Cancer Research UK and YouGov found 69% of the public support reducing junk food advertising online, with just 18% opposition. Support is consistently high across England and the devolved nations.
b) Should CAP use the existing Broadcast Committee of Advertising Practise (BCAP) guidance on identifying brand advertising that promotes HFSS products to define advertising that is likely to promote an HFSS product for the purposes of new and amended rules?

13. Yes, but only with reform. Our concern remains about an HFSS brand using non-HFSS foods, or even no food cues, to build a relationship with child consumers. We welcome practical and enforceable guidance from CAP over how to enforce the principle that ‘a strapline, celebrity, licensed character, brand-generated character or branding synonymous with a specific HFSS product’ would be removed by the new and amended rules. We also believe restrictions should be extended on the use of characters and celebrities, given their impact on building brand relationships with children and encourage HFSS food intake, with research (in press) showing brand equity characters illicit the same positive response to food among children as licensed characters, which are restricted for this reason. Finaly, we support changing the wording from products ‘likely to appeal’ or ‘directly targeted’ to an audience, to include all exposure of children to marketing.

14. If emerging evidence demonstrates that advertising an HFSS brand without any HFSS food cue influences brand appeal or increased food consumption, there should be a commitment in the guidance to revise and reflect this in the BCAP guidance and the CAP code.

2. Should the CAP Code adopt the Department of Health (DH) nutrient profiling model to identify HFSS products?

15. Yes. It is vital that the Department of Health’s nutrient profiling model is used as an evidence-based model. We welcome CAP’s commitments in Annex 2 to maintain this model, and to recognise changes following the PHE review. However, we believe the updated model should be adopted automatically rather than consulted on, as is inferred in the consultation. To ensure consistency with the BCAP guidelines and set a level playing field for advertisers across all media, a version of the Department of Health’s nutrient profiling model must always be in place and used to determine which foods are HFSS.

16. This is because a comparison of nutrient profiling schemes shows that government-led schemes, such as the Department of Health’s model, are significantly more effective than industry-led schemes. Here, the EU Pledge was the second least successful model at reducing exposure to foods high in fat, sugar and salt, only ahead of the established voluntary scheme in the USA. These two voluntary pledges share 11 signatories, while research has described signatories to the EU Pledge as having ‘a public image strongly based on products with appeal to children’. European research has also found nonconformity with the EU Pledge Nutrition Criteria of up to 95.9% on advertised food for children, showing the clear flaws and ease to circumvent this model.

3. There are existing rules in place relating to the creative content of food and soft drink advertising directed at children aged 11 and younger. Should these rules now be applied to advertising for HFSS products only?

17. No. These rules should continue to apply to all food and soft drink advertising to children.

18. We are particularly concerned about brands that produce a multitude of HFSS products, who advertise fruit and vegetables, or fruit and vegetable products to enhance their brand recognition and perceptions. We encourage CAP to seriously consider this, because evidence shows children perceive unhealthy food brands to have positive attributes, desirable user traits, personalities traits or use
symbolic information that associate with healthiness, incorrectly positioning HFSS brands as ‘healthy’ in children’s minds. This is further demonstrated when children are exposed to ‘healthy’ fast food meal bundle advertisements, their liking for fast food increases but their desire to make healthier choices does not.

19. This has clear and damaging consequences that increase a relationship between a child and HFSS products. Furthermore, research shows the influence of a celebrity endorser on food intake in children ‘extends beyond his or her role in the specific endorsed food commercial, prompting increased consumption of the endorsed brand even when the endorser has been viewed in a non-food context’. This suggests any relaxation of the rules would not increase the appeal of healthier alternatives, but could merely reaffirm the relationship between a HFSS brand and a child consumer. We are open to consider the marketing of non-branded fruit and vegetables to address this.

4. a) Should CAP introduce a rule restricting the placement of HFSS product advertising?

20. Yes. Exposure to continual and repetitive marketing on a daily basis over a lifetime, across multiple platforms and settings, leads to cumulative increases in energy intake and increasing obesity rates. To reflect changing media use among children and young people, it is important that strong restrictions are applied across all forms of non-broadcast media.

b) If a media placement restriction is introduced, should it cover media directed at or likely to appeal particularly to children:
   i) Aged 11 or younger?
   j) Aged 15 or younger?

21. We recommend the definition of children should be set at 15 or younger at an absolute minimum, and strongly support a definition of 17 or younger being adopted. There are three critical justifications for this. Firstly, the need to be consistent with the established principle of defining children as aged 15 or younger as a minimum in UK advertising regulation. Secondly, the unequivocal evidence base of the commercial influences of marketing on children up to early adulthood, which establishes why an increased age restriction is necessary. And thirdly, the need to comply with international child’s rights law that identifies children as anyone aged 17 or younger.

22. Ofcom and the Broadcast Committee of Advertising Practise (BCAP) consistently define a child as aged 5-15 when analysing children’s media use and literacy, alcohol exposure, and advertising guidance for scheduling and audience indexing. The Market Research Society defines a ‘child’ as any person under 16, with the vital aim ‘to protect potentially vulnerable members of society’. Despite article 2.1 of the CAP code acknowledging the practical need to ensure children understand the commercial intent of online marketing, Ofcom’s research has shown two-thirds of 12-15 years are unable to identify sponsored links or paid-for advertising on the Google search engine. This failure to protect children, coupled with the CAP code explicitly defining ‘a child is someone under 16’, it would be inconsistent to define the age of a child any lower for the purpose of HFSS product advertising.

23. As well as the example of children aged over 12 not being aware of online marketing, the evidence shows food marketing has a clear impact on children aged above 12. Particularly telling is the evidence covered in the University of Glasgow’s submission, which shows the harmful exposures of junk food marketing to children aged 12-14 years old. Internet advertising exposure has been associated with increased consumption frequency of HFSS foods among children aged 14, as well as their parents.
study with 15 year old children has also shown these older teenagers were unable to recognise the commercial intent of marketing communications, and are unconsciously influenced by them.56 Swedish research, also with 15 year olds, found children were largely unaware of online advert exposure and that food adverts had the highest impact compared to all other product categories.55 Australia, which uses a definition of children aged 12 or under alongside an audience index, has found that 13-17 year old children are exposed to the same level of alcohol marketing as adults – essentially rendering an age restriction of 11 and under ineffective to reduce children’s exposure to marketing.56

24. It is frequently argued that education to raise advertising literacy makes children less susceptible to the effects of advertising. However, as well as the above research, reviews of empirical research does not provide convincing evidence for this view, finding that children are unlikely to be able to use advertising knowledge as a critical defence, and different persuasive techniques such as argumentation are used to undermine advertising literacy.57 58 Even as age brings some moderate development of cognition to evaluate advertising more critically, the persuasive intent of advertising still has a clear impact on those 15 and under and may not be fully understood until late adolescence and early adulthood.59 60

25. As well as ensuring consistency, there is a strong case that this age should be even higher. Beyond a definition of aged 15 or younger, Ofcom have also previously considered a child to ‘mean children aged 17 or younger’.61 The UN Convention on the Rights of the Child, which has been ratified by the UK, defines a child as ‘every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier’.62 Failure to protect under-18 year old from excessive food and drink advertising risks falling foul of Article 3 of this Convention, that ‘the best interests of the child shall be the primary consideration’63 It also may not put a child’s best interest above commercial intent, in conflict of the European Charter of Fundamental Rights, where children ‘have the right to such protection and care as is necessary for their wellbeing’ and that ‘in all actions relating to children, whether taken by public authorities or private institutions, the child's best interests must be a primary consideration’.64 We advocate a child’s rights approach as enshrined by The Sydney Principles, which notes the merits of restrictions to those aged 17 and under.65

26. Specific to the UK, The Bailey Review of the Commercialisation and Sexualisation of Children conducted for Government in 2011, gives the ambition that ‘the regulations protecting children from excessive commercial pressures are comprehensive and effective across all media and in line with parental expectations’.66 This comprehensive review, which used a definition of children as those aged 5-16, finds that ‘while adults may understand that companies might look to ‘push the boundaries’ when advertising to them, children are especially vulnerable and need to be given special consideration’.

27. There is an unequivocal evidence base of the commercial influences of marketing on children aged up to early adulthood, to identify children as anyone aged 17 or younger in conjunction with international law, and an established principle of defining children as aged 15 or younger in UK advertising regulation. We therefore recommend the definition of children should be set at 15 or younger at an absolute minimum, and strongly support a definition of 17 or younger being adopted. It is important that there are no inconsistencies between this new rule (15.18) and sections of the code applying to ‘pre-school or primary school’ children.

5. It is often straight-forward to identify media targeted at children. Where media has a broader audience, CAP uses a ‘particular appeal’ test – where more than 25% of the audience are understood to be of a particular age or younger – to identify media that should not carry advertising for certain products media. Should the CAP code use the 25% measure for the purpose of restricting HFSS product advertising?
28. No. We have four main concerns with these principles. Firstly, we have serious concerns about how an index is monitored and enforced. Secondly, the measure is a proportion with no absolute limit that is inconsistently high compared to other audience indices. Thirdly, we do not think an audience index is appropriate without a supporting model to address the placement and promotion of HFSS advertising. And finally, we are concerned that placing the responsibility on the advertiser to demonstrate exposures leaves room for interpretation and inconsistency, and call for improved access for the public health community to industry data to appraise this.

29. We have concerns about how this measure would offer enforceable protections. Taking the example of IP addresses, which provides one numerical identifier for each computer or electronic device, rather than a record of the individual users of a device. This could allow for repeated exposures of HFSS marketing to children, without a clear explanation of when an audience index threshold would be broken.

30. We note concerns about self-reported age verification being ineffective, with research into the marketing of snus (a form of oral tobacco) across the European Union finding this method ‘inadequate’, further demonstrated by international research on children purchasing tobacco despite verification.67 68 The ASA has also found children register on social media using a false age, frequently exposing them to inappropriate advertisements.69 We share the sentiment of the ASA’s Chief Executive: ‘On the face of it, our survey suggests that advertisers are sticking to the rules but children aren’t. But before we all lay the blame with parents and guardians, we need to be honest: if advertisers and social media companies know that children say they’re older than they are, don’t they have a crucial part to play too?’

31. We request clarity on what basis the figure of 25% was decided, particularly given a TV programme ‘of particular appeal to children’ is deemed to attract an over-represented audience of children by 20% compared to the total.70 If an audience index has to be used, it should be used alongside another verification tool to restrict HFSS advertising, and the threshold must be reduced significantly. We do not believe CAP has made the case that an audience index is the most effective way to comprehensively reduce children’s exposure to junk food advertising.

32. Considering the full range of non-broadcast avenues under CAP’s remit emphasises the flaws of using an audience index driven by proportion rather than absolute numbers. For example, the CAP Code covers static and interactive billboard in Transport for London premises. Considering up to 4.8 million passenger journeys are made per day, the proposed audience index would mean up to 1.2 million journeys could be made by children with exposure to HFSS advertising without the proposed restrictions applying.71 Building on this concern, our previous submission to CAP noted the example of alcohol advertisements in Skyfall.72 Here, only 12% of viewership were under-18s but the film reached almost one-fifth of the UK population. This emphasises the cumulative impact of individual exposures: a UK population of 63.7 million in 2012 means that in excess of 1.5 million children could have been exposed to these adverts.73

33. We believe that CAP’s current audience indexing proposals are inappropriate, and offer the following solutions. One option for a dramatic upgrade is following Quebec’s approach to advertising. To determine whether an advertisement is directed at children, it must take account of: a) the nature and destination of the product advertised, b) the manner of presenting the advertisement, and c) time and place it is shown.74 Secondly, we strongly recommend CAP consider Finland’s approach to restricting alcohol marketing to children.75 Here, all advertising and sales promotion of alcoholic beverages are
prohibited if they involve taking part in a game, lottery or contest, if they involve an information networking service, if they include any textual or visual content produced by consumers, or content that is intended to be shared.

34. While we do not believe it realistic to apply these principles across all advertising categories, we recommend applying them in the UK to HFSS products and brands associated with the production, promotion or sale of HFSS products. As a result, under our proposal foods and drinks defined as less healthy under the Food Standard Agency’s nutrient profiling system should not be allowed if they meet the criteria detailed above, including taking part in a game, lottery or contest, or if they involve text or visual content shaped by consumers, or content intended to be shared or commented on by consumers. This also addresses user-generated branding and audience interaction, which we would like to see CAP understand the impact of.

35. Finally, our ability to suggest improvements is impaired by the fact that civil society organisations are not privy to industry data, without an extremely costly investment that detracts from other charitable activities. Because the current proposals place responsibility on the advertiser to demonstrate compliance, the public health community must be granted access to data in an open-access, publicly available way to scrutinise children’s exposure to marketing.

6. Should CAP apply the placement restriction on HFSS product advertising to all non-broadcast media within the remit of the Code, including online advertising?

36. Yes, and it is crucial all non-broadcast areas are covered within the CAP Code. HFSS products are widely promoted online, exploiting a loophole where TV adverts for such products are restricted. This leaves us with serious health and ethical concerns that children’s food choices are being influenced subconsciously, in direct violation of CAP Code article 2.1 which states that ‘marketing communications must be obviously identifiable as such’. A review of the influence of social media for the European Commission found ‘children are exposed to a number of problematic practises in online games, mobile application and social media sites’ and that the various marketing techniques used are not always transparent to the child consumer, yet have a significant effect on children’s behaviour.

37. It is vitally important that online advertising is not the only area effectively covered, and that there are no exemptions across all non-broadcast media. Public Health England’s mixed-methods review of the evidence behind reducing sugar consumption clearly shows ‘children are exposed to a high volume of marketing in many different forms, and that these affect food preference’ and that ‘all forms of marketing consistently influence food preference, choice and purchasing in children and adults’.

38. There is a clear case for removing online games where HFSS food or drink products are promoted across all non-broadcast platforms. Playing a game can impair a child’s cognitive ability and affect behaviour, limiting their ability to critically analyse content, even if they do not understand they are exposed to advertising or branding. International evidence shows playing an advergame promoting energy-dense snacks contributes to increased caloric intake in children, by influencing food choices, brand recognition and intentions to pester. Multiple systematic analyses of international food marketing websites shows such games overwhelmingly promote either HFSS products, that they overrule the impulse to refrain from eating, and that children are more likely to eat the same advertised snacks than those who played a game with non-food products. Lack of understanding of cognitive intent is also a clear problem. American research saw only one child of 112 spontaneously identify an advergames game’s purpose was to sell cereal, whilst a study on another cereal advergame from Australia saw low awareness that the game was made by a food producer.
39. As with any innovative, disruptive and diffusive technologies, taking a case-by-case approach to restrict particular formats of marketing to children is not an adequate protection for public health. One form of HFSS marketing is replaced by another: advergames are replaced by new mobile apps. This reason underlies our support for the Finland model, to comprehensively reduce marketing exposure to children across the Code, and offer a case-by-case approach to new technologies.

40. We encourage CAP to engage with the evidence base on the impact of HFSS marketing to children, including the systematic reviews and meta-analyses we have submitted in this consultation, as the basis for action. CAP should look wider than their literature review on research on online food and beverage marketing to children, which we have significant concerns with. 91 It is unclear if this review has been peer-reviewed, whilst it also makes a number of short-sighted conclusions, including that ‘there is however a lack of evidence to show the long term effect of advergames of children’s eating habits’, despite advergames being a recent phenomenon where it was impossible to show long term impact at the time. 92 Instead, we share the following sentiment in the report that: ‘put simply, it may be that people are trying to sell us things without us recognising that this is what they are doing’.

7. Further comments

41. Sitting across all the points in this consultation, CAP are committed to ‘good regulation’ that is ‘transparent’ and ‘evidence-based’.93 Comprehensively reducing the number of HFSS adverts that children see online would be good regulation that is great for child health. As noted in paragraph 39, it would be extremely disappointing of CAP to directly contradict this commitment without engaging the established evidence, including that submitted in this response and from others in the public health community.

42. We are concerned about ASA’s complaints process. We have significant issues with the reactive mechanisms, particularly when considering non-broadcast advertising cycles are typically much shorter and targeted than broadcast. We note a comment by the UK Advertising Association that the ‘all-time number-one complained about ad in the UK was for Kentucky Fried Chicken, and the reason was that people in the commercial were speaking with their mouths full’, and pose this has less to do with British etiquette and more with the labyrinthine process of successfully upholding a complaint.94 Effectively holding the food and drinks industry to account will be impossible without an efficient, proactive complaints process – rendering redundant CAP’s potential for good work.

43. For any further information relating to this response, please contact Dan Hunt, Policy Adviser at Cancer Research UK at daniel.hunt@cancer.org.uk.
References

1 Registered charity in England and Wales (1089464), Scotland (SC041668) and the Isle of Man (1103). Registered as a company limited by guarantee in England & Wales No.4325234. Registered address: Angel Building, 407 St John Street, London EC1V 4AD
5 Faculty of Health Sciences, School of Psychology, Curtin University
6 Institute of Psychology Health and Society, University of Liverpool
7 Institute for Social Marketing, University of Stirling
8 Institute of Health and Wellbeing, University of Glasgow
9 Faculteit der Sociale Wetenschappen, Radboud Universiteit
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52 Via personal correspondence and evidence provided in a separate CAP submission.


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