Southwark Child Obesity Joint Review

Report and recommendations

March 2012

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Executive Summary

Introduction

Southwark has very high rates of child obesity. This is an area of shared concern amongst local partners. Southwark's Shadow Health and Well Being Board has identified child obesity as an important local priority and Southwark Council is committed to the introduction of Healthy Free School Meals. The Children & Young People Partnership Board requested that a Joint Review be carried out, using a 'community lens', to better understand the complex picture facing our communities. The findings of the Review will inform further work.

The Review took place between September 2011 and March 2012. A Joint Review Group was established to steer the review comprising members of local communities, parents and representatives from local organisations (Southwark Council, local NHS and voluntary sector). Multi disciplinary events were held for our local communities, the voluntary sector and local professionals. There were focus groups held in children's centres, schools, with parent groups, youth councils and other community settings. Thirty Community Researchers were recruited to carry out interviews with their own communities.

At the heart of the problem of child obesity is energy imbalance but there are many complex inter-related factors which lead to this imbalance including biology, activity environment, physical activity, societal influences, individual psychology and the food environment. The aim of the Review was to better understand, from a 'community perspective', how these complex factors operate in Southwark in order to formulate recommendations that would help tackle the increase in child obesity in Southwark.

What were we told?

We know that in Southwark child obesity is more prevalent in our more deprived communities with the highest rates being in Walworth, Rotherhithe and Peckham. We also know that Black African, Black Caribbean and mixed race children are more likely to be obese. Rates of obesity rise as children get older and there is a slightly higher prevalence in boys than girls.

From their experience, frontline staff felt that children from low income families, from some BME groups particularly African and Caribbean families, children in families with complex needs, and children of overweight parents were more likely to be overweight or obese.

Awareness of the problem of child obesity in the borough was high amongst the frontline staff who attended the Joint Review events but lower amongst parents/carers and family members a proportion of whom were unsure if there was a problem with child obesity in Southwark. However, it is difficult to know from survey responses what people perceive as obesity and overweight in children and if some people only recognise obesity in a child when it is quite severe.

Parents/carers and family members understand that child obesity could have an impact on physical health but were less likely to know the range of impacts or specific conditions. Many parents/carers and family members however thought that there was likely to be an emotional and social effect on children with many specifying bullying, low self-esteem and not 'fitting in'.

Both frontline staff and parents/carers and family members thought the problem was caused by too much unhealthy food availability in Southwark and children and young people eating too much of it. Many people talked particularly about chicken and chip shops and other fast food outlets where food was cheap and accessible. Children and young people themselves viewed fast food and unhealthy food as desirable. For older children with their own money they talked about how cheap, convenient and accessible it was. A risk time for unhealthy eating seemed to be after school and weekends.

Parents wanted school meals and other food provided in schools to be healthy. Low income and lack of time due to long working hours was seen as a reason for families making unhealthy food choices. The provision of Free Healthy School Meals is an important part of the jigsaw to promoting healthier eating.

Both parents/carers, family members and frontline staff felt that many families were not motivated or interested in making changes to their lifestyle or taking more control over their child's eating or exercise habits. They felt that this could be because they did not think there was a problem or because there were other more pressing priorities such as their family's financial situation and their children's immediate happiness, behaviour and safety.

Parents/carers and children and young people themselves talked about the attraction of sedentary activities such as video games, TV, computers and social networking. Parents/carers and family members and young people felt that there were not enough affordable, attractive and age appropriate physical activity options in the borough.

People felt that educating and raising awareness with parents about risks of obesity, good nutrition and exercise was important. It was felt that parents often did not understand how much fat, salt and sugar were in foods. Frontline health staff felt some frustration that they did not always have the capacity to do this or that messages they delivered were sometimes not received well or that parents were not willing to make changes.

Many parents/carers and family members felt that schools, the NHS and Southwark Council could do more to educate parents in an interactive and appealing way. People also felt that community networks, community networks, faith groups and sport and leisure providers could do more.

Many frontline staff mentioned that there are a number of cultural norms and beliefs about weight, healthy eating and physical activity which are an ongoing challenge when tackling child obesity. The review heard that there were many misconceptions about the relative healthiness of foods amongst some families. Inappropriate infant feeding was highlighted as being a problem especially in some communities. Frontline workers also felt that some African and Caribbean families may see a bigger body size as desirable in babies and children and were therefore less likely to be concerned.

Community researchers felt that there were misconceptions about which traditional ingredients and foods were healthy and that people did not adapt their diets to take account of the more sedentary lifestyle in the UK particularly portion sizes. There also seemed to be an issue with children tending to reject traditional home cooked foods in favour of UK fast food and convenience food or eating it in addition to traditional home cooked food or as a fairly regular additional 'treat' food.

Consultation with frontline staff suggested that the implementation of the available guidance on child obesity can be improved.

Recommendations

Although the review group heard of good practice on child obesity, healthy eating and physical activity locally, they felt that there were some areas which can be strengthened. The review group developed ten recommendations. For each recommendation a number of actions are listed in the main report.

1. **Develop and communicate a strong vision on healthy weight to be shared across partners and communities at all levels.**

2. **This vision needs to be translated into consistent evidence based messages and actions at the frontline.**

3. **Joint working is key in every respect and there needs to be further assessment of how this can be better supported.**

4. **Southwark's local communities are richly diverse. Supporting and empowering our local communities to build positive and strong local health improvement networks is important.**

5. **There is a very strong association between disadvantage, deprivation and unhealthy weight. Strong action on the root causes of poverty and disadvantage must continue.**

6. **The physical environment and landscape is a major factor in promoting or inhibiting physical activity. The current improvements to parks, green spaces and the creation of safer routes for active travel (cycling and walking) are strongly supported and to be encouraged.**

7. **An unhealthy food environment, in particular the concentration of unhealthy fast food outlets in the relatively more deprived parts of the borough (Eg Walworth Road, Camberwell, Peckham and Queen's Road) 'normalises' unhealthy eating. The restriction of further fast food outlets and work to improve the quality of food at existing outlets should be encouraged.**

8. **Schools play an important role in promoting healthy weight. The introduction of Free Healthy School Meals is welcomed and provides as opportunity to engage with parents, governors, pupils and local communities on healthy eating within and outside the school using a 'whole school approach'.**

9. **Early life (ie a 'healthy start') has a strong impact on health e.g. infants, early years and maternity. There is further work to be done in strengthening work on maternal obesity and promoting healthy infant feeding.**

10. **Strengthen the commissioning of services for maternal and child and adolescent obesity and implementation of best practice.**

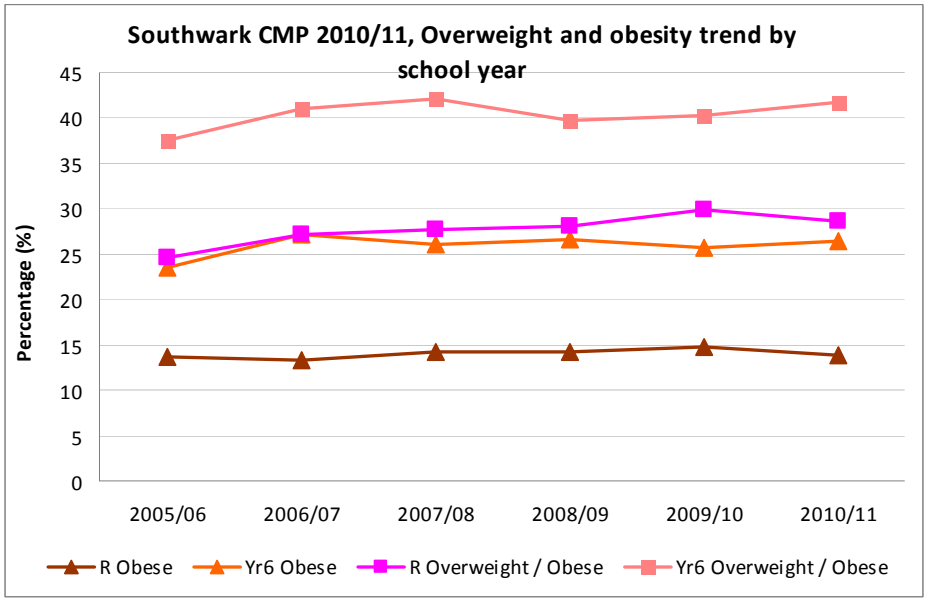
Introduction

What do we know about child obesity rates in the borough?

The National Child Measurement Programme which measures Reception Year and Year 6 children annually provides the best data on child obesity locally.

Southwark has very high rates of unhealthy weight amongst its children. Southwark had the highest rate for obesity nationally for Reception year (4 and 5 year old children) in 2010 and the highest nationally for Year 6 (10 and 11 year olds) in 2008 and 2009. Figures for 2011 show that whilst there has been a small improvement in Reception year, there has been a slight increase in Year 6 obesity. In 2011, Southwark once again had the highest rate of Year 6 obesity in the country.

Figure 1



Southwark reflects the national picture where there is a strong positive relationship between deprivation and obesity prevalence for children in each age group. Geographically, there are more overweight and obese children in some parts of the borough. These areas are also relatively more deprived. In 2011 obesity was highest in Walworth, Rotherhithe and Peckham with 24.4 %, 22.3% and 21.1% respectively. There were fewer obese children in Nunhead/ Peckham Rye and Dulwich with obesity rates of 17.1 % and 13.3% respectively.

Figure 2

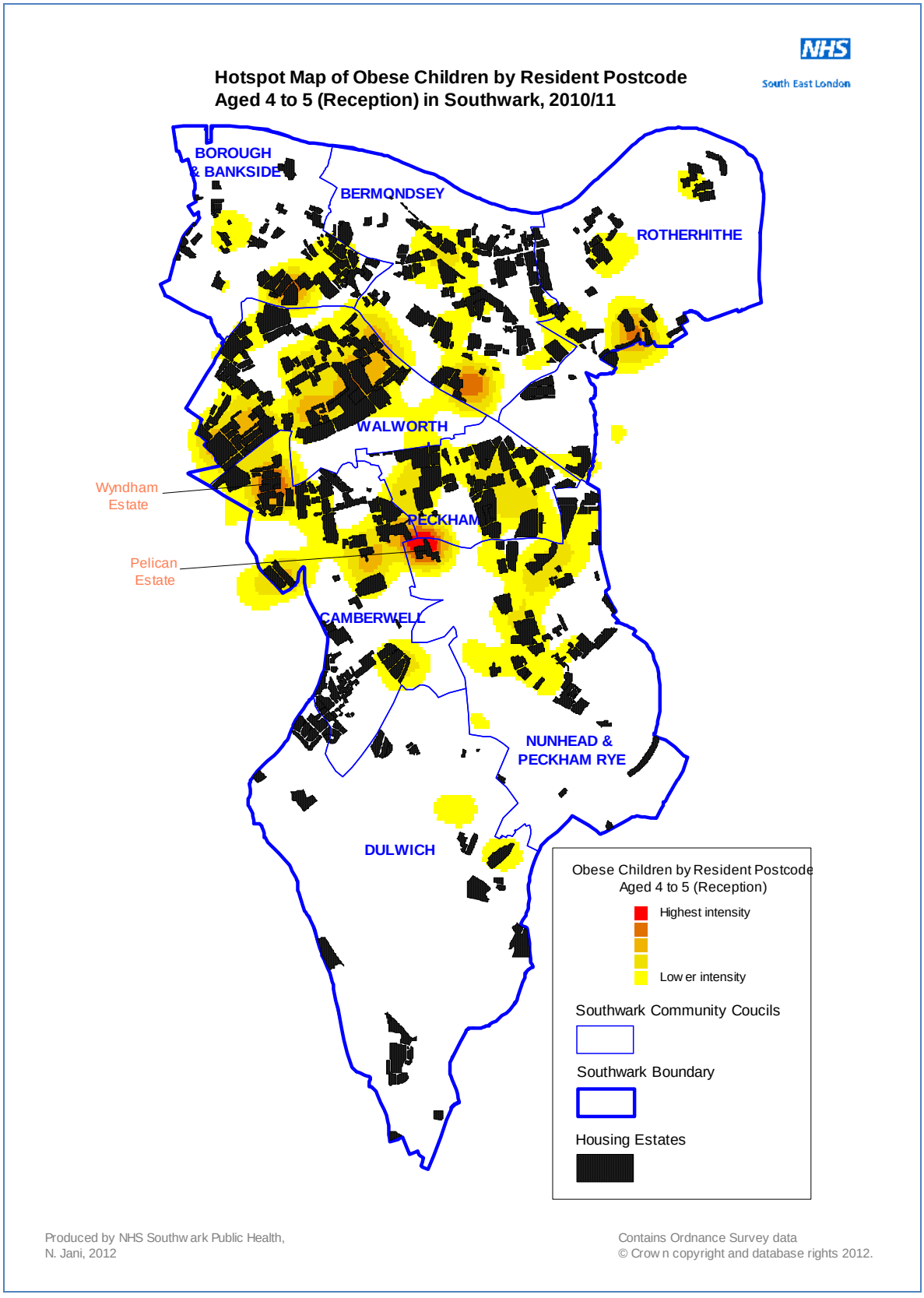

NHS
South East London
Hotspot Map of Obese Children by Resident Postcode
Aged 4 to 5 (Reception) in Southwark, 2010/11
BOROUGH & BANKSIDE
BERMONDSEY
ROTHERHITHE
WALWORTH
Wyndham Estate
PECKHAM
Pelican Estate
CAMBERWELL
NUNHEAD & PECKHAM RYE
DULWICH
Obese Children by Resident Postcode
Aged 4 to 5 (Reception)
Highest intensity
Lower intensity
Southwark Community Coucils
Southwark Boundary
Housing Estates
Produced by NHS Southwark Public Health,
N. Jani, 2012
Contains Ordnance Survey data
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Figure 3

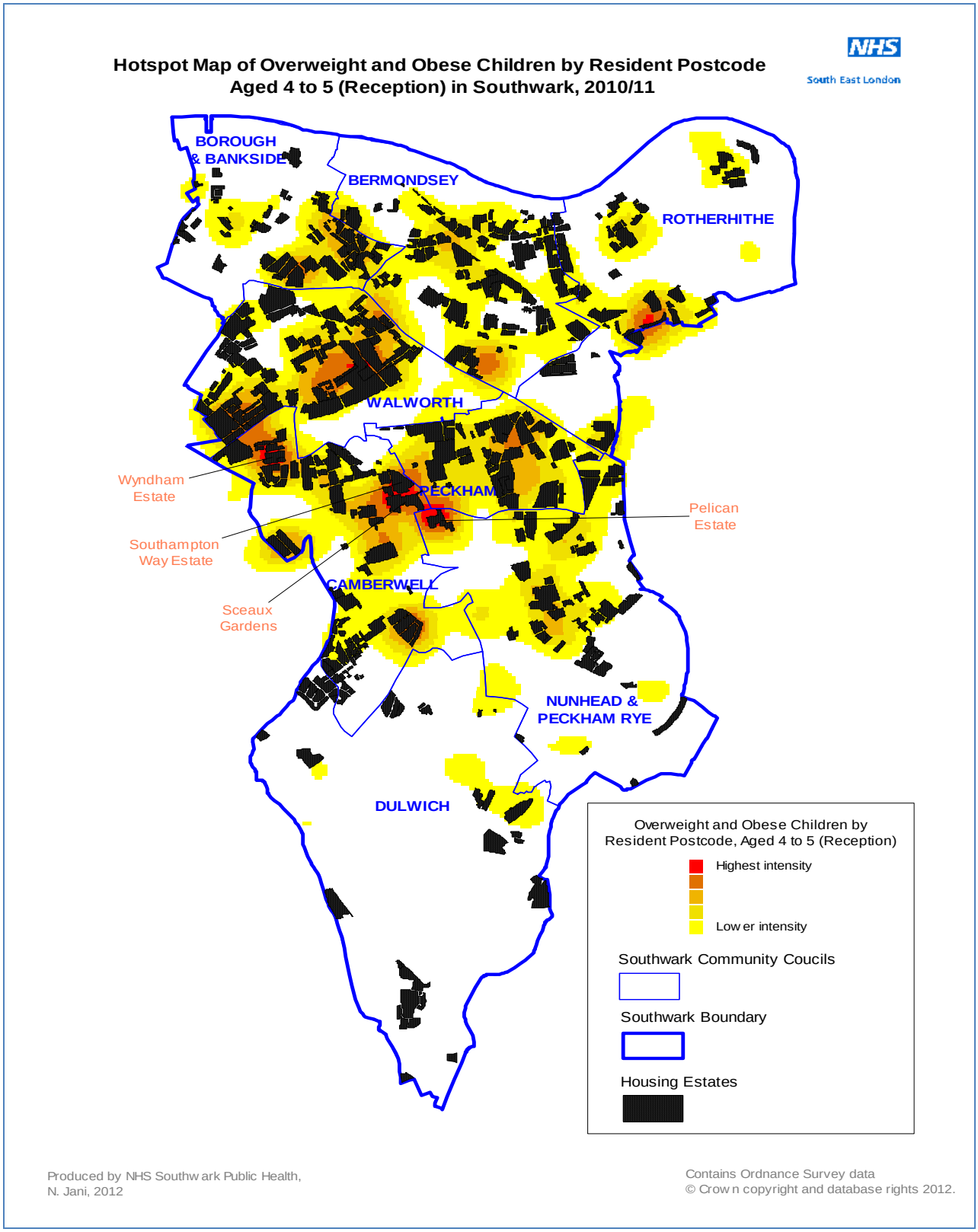
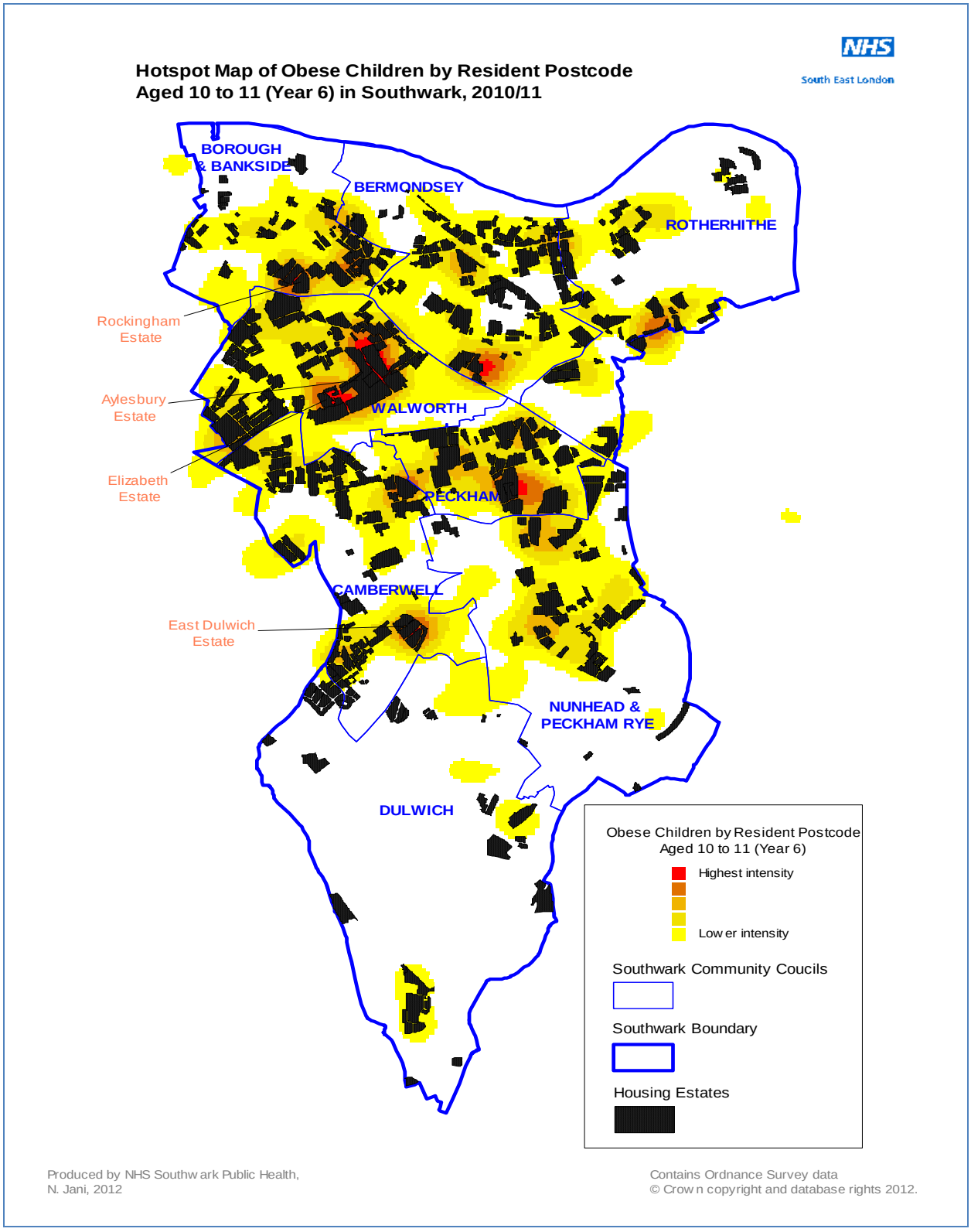

Hotspot Map of Overweight and Obese Children by Resident Postcode
Aged 4 to 5 (Reception) in Southwark, 2010/11
NHS
South East London
BOROUGH & BANKSIDE
BERMONDSEY
ROTHERHITHE
WALWORTH
PECKHAM
CAMBERWELL
NUNHEAD & PECKHAM RYE
DULWICH
Wyndham Estate
Southampton Way Estate
Sceaux Gardens
Pelican Estate
Overweight and Obese Children by Resident Postcode, Aged 4 to 5 (Reception)
Highest intensity
Lower intensity
Southwark Community Coucils
Southwark Boundary
Housing Estates
Produced by NHS Southwark Public Health, N. Jani, 2012
Contains Ordnance Survey data © Crown copyright and database rights 2012.

Figure 4


Hotspot Map of Obese Children by Resident Postcode
Aged 10 to 11 (Year 6) in Southwark, 2010/11
NHS
South East London
BOROUGH & BANKSIDE
BERMONDSEY
ROTHERHITHE
Rockingham Estate
Aylesbury Estate
Elizabeth Estate
WALWORTH
PECKHAM
CAMBERWELL
East Dulwich Estate
NUNHEAD & PECKHAM RYE
DULWICH
Obese Children by Resident Postcode
Aged 10 to 11 (Year 6)
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Lower intensity
Southwark Community Coucils
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Produced by NHS Southwark Public Health,
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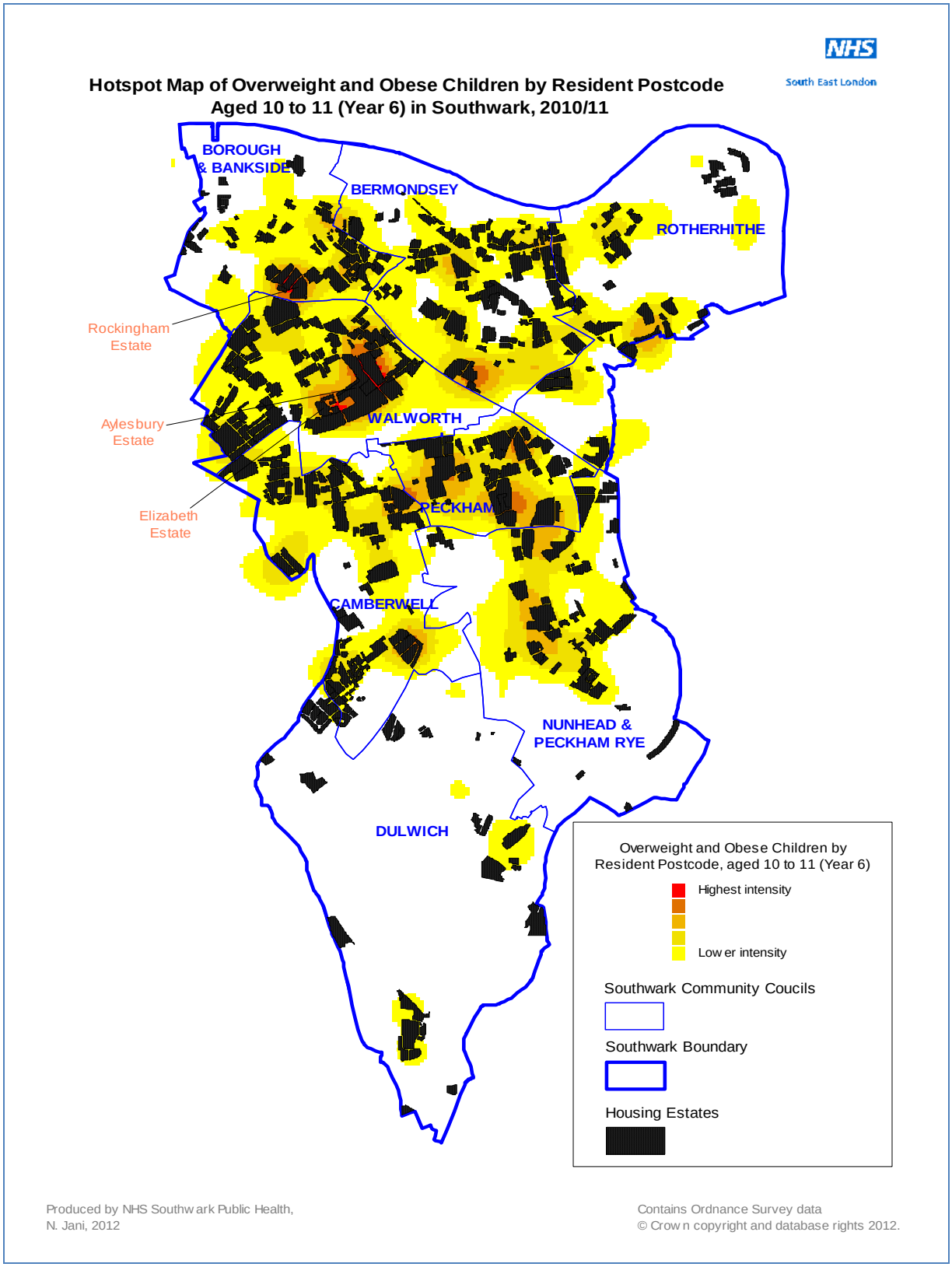
Figure 5



Nationally the National Child Measurement Programme reveals substantial variation in childhood obesity prevalence between ethnic groups. Children from most minority ethnic groups have a higher prevalence than White British children, although the patterns are different for boys and girls and for different age groups. Among Reception age children Black African boys and girls have the highest prevalence of obesity. In Year 6, Bangladeshi boys have the highest

prevalence, whereas among girls, those from African and Other Black groups have the highest prevalence.

In Southwark there is a similar association between childhood obesity and ethnicity. For 2011, rates for obesity were 25.3% for Black African children, 21.2% for Black Caribbean children, 20.7% for Mixed children and 15.2% for White British children. The ethnic dimension was also observed for previous years (2007/08, 08/09, 09/10).

In 2011 more boys in Southwark were obese than girls, as seen in previous years both locally and nationally. 15.3% of Reception age boys were obese compared to 12.3% of Reception age girls. 28.1% of Year 6 boys were obese compared to 24.7% of Year 6 girls.

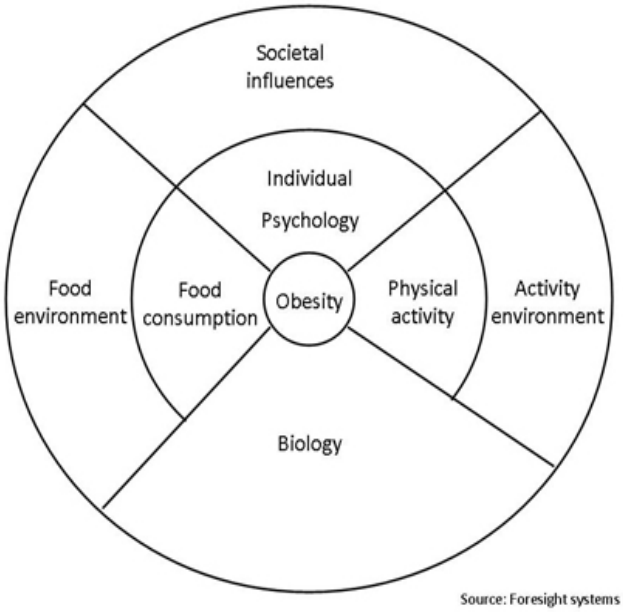
Reflecting the national picture, prevalence of obesity is significantly higher in Year 6 than Reception year children suggesting that children are putting on weight as they get older.

For more information on what the National Child Measurement Programme is telling us about the weight of Southwark's children, please see Appendix 1.

Risk factors and wider determinants of obesity

Deprivation, ethnicity, gender and age therefore may decide your likelihood of being an overweight or obese child in Southwark. However the determinants and risk factors for obesity are complex including biology, activity environment, physical activity, societal influences, individual psychology and the food environment (*Figure 6*)

Figure 6



Source: Foresight systems map, 2007

Current Work on Child Obesity in Southwark

Work on obesity in Southwark in recent years has been overseen by the Southwark Healthy Weight Strategy group. The strategy includes prevention through to treatment in adults and children (see Appendix 2 for a summary). Local work on prevention and treatment to date has been informed by evidence and national guidance for example NICE guidance (National Institute for Health and Clinical Excellence, 2006), Department of Health care pathways on obesity (Department of Health, 2006), *The Foresight report: Tackling Obesity: Future Choices* (Government Office for Science, 2007) and government strategies such as *Healthy Weight Healthy Lives* (Department of Health, 2008) and *Healthy Lives, Healthy People - a call to action on obesity in England* (Department of Health, 2011). The Change 4 Life campaign has been used in Southwark to engage families and has included work on the campaign for the West African community.

The Southwark Healthy Weight Strategy group has responded to the Mayor's plans for tackling obesity in London (Health and Public Services Committee, 2011) and helping to shape the Obesity Framework for London which will be part of the mayor's London Health Improvement Board work on child obesity.

There have been a number of small scale pieces of investigative and review work carried out locally in Southwark looking at the problem in the last two years including research on faith and obesity in Black African communities, a Southwark Council Scrutiny review of child obesity and sports provision, the Positive Deviance project and the RISE ethnographic research with families in Southwark living under conditions of deprivation (see Appendix 3).

The Review Process

Background to the review

Whilst work on prevention and treatment is happening in the borough overseen by the Southwark Healthy Weight Strategy group, rates of child obesity in the borough have remained persistently high (Figure 1, page 7).

For this reason, the Children and Young People's Board in June 2011 requested a review of child obesity in the borough to look afresh at the problem informed by a community perspective.

The aims of the review were:

- To adopt a 'community lens' to improve our understanding of how the most affected communities perceive unhealthy weight in children
- To gather ideas, opinions and beliefs from these communities
- To develop recommendations for the Children and Young People's Board which include how to:
  - Better target services to those most in need
  - Overcome the issues and obstacles facing our communities and schools
  - Meaningfully engage parents, carers and young people
  - Develop a consistent communications message
  - Establish a legacy that will sustain the work in Southwark

Areas for research

The Joint Review group wanted to find out:

- Who are the 'at risk' communities and families?
- Is there any awareness that there is a problem?
- What do people think are the consequences of children being overweight or obese?
- What do people think are the causes in Southwark?
- What are the roles for families and local organisations?
- What influence do people think cultural norms and beliefs have on child obesity?
- How well do frontline staff think good practice guidance on child obesity is being implemented locally?

The Joint Review Planning Group

The Joint Review Planning Group was established and met 4 times from September 2011 to February 2012 to oversee a process of engagement and information gathering, to analyse findings and develop recommendations. The group included parent representatives, representatives from community, voluntary and faith groups, health and education practitioners, a children's health commissioner, public health staff and Southwark Council staff from community engagement, sport and leisure and children's services.

How information was gathered from frontline staff and local communities

The planning group gathered information for the review using a variety of methods including focus groups, opportunistic conversations at events, an online survey and surveys undertaken by community researchers in the hotspot areas for child obesity in Southwark.

The group organised two events for frontline staff and one for community and voluntary groups working with children in the borough. Forty-four people attended the frontline staff event and twenty-nine people attended the community and voluntary sector event where they were asked about the topic from their perspective on child obesity.

At both events participants were asked to consider the cause of the problem, which families were most affected and to consider what could be done. Frontline staff were also asked to consider how far they believed guidance and best practice on child obesity were being followed in their area of work.

There were a further 10 focus groups with parents and carers, children and young people and community researchers. Thirty volunteers from schools, children's centres and local communities volunteered to talk to local parents and carers using a survey. An online survey was also promoted on local forums and web pages.

Engagement and Information gathering process

Events

- 44 Frontline staff working with children and families (from health, education, social and childcare)
- 29 Community and voluntary sector staff working with children and families

Focus groups and workshops

- 10 focus groups with parents, children and young people and community researchers

- Southwark Parents Participation Forum
- Southwark Youth Council
- Borough and Bankside Youth Council
- Parents at Goose Green Primary School
- Parents at Rye Oak Children's Centre
- Grove Park Children's Centre
- Children at St James the Great, Charlotte Sharman and Grange primary schools
- Community researchers

Community researchers

- 30 researchers conducted in-depth questionnaire surveys with 'at-risk' communities

Surveys

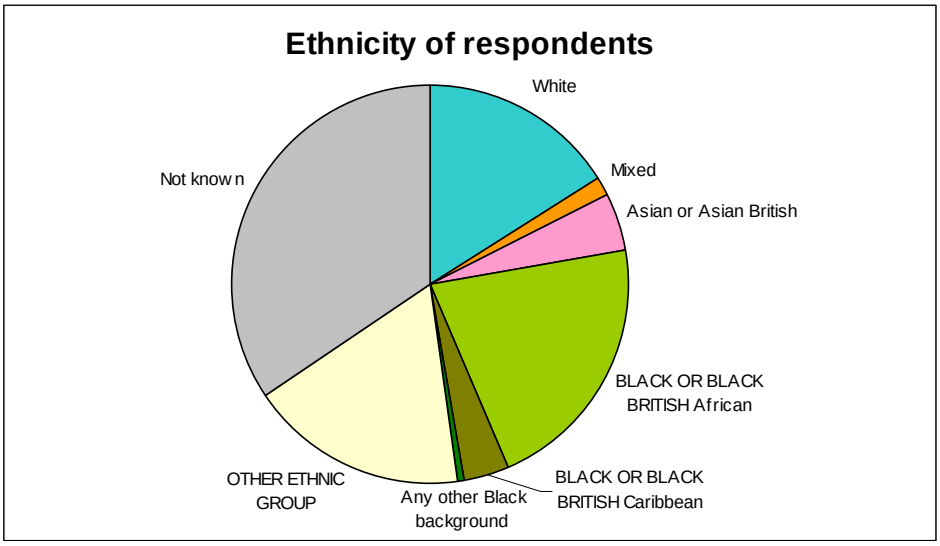
- 262 people completed surveys

Survey Respondents

In total, information was collected from 162 people using a survey. Most survey respondents were parents, carers or family members. We talked to people from the areas where child obesity was most prevalent in the borough. Postcode data collected in the surveys suggest that many of our respondents were from hotspot areas for child obesity in the borough i.e. Elephant and Castle, Walworth, Peckham, Camberwell and Bermondsey and Rotherhithe.

Ethnicity data was not completed by 34% of respondents. However, it appears that respondents were from a range of ethnicities reflecting the Southwark population (21.4% were Black or Black British African, 17.9% from 'Other Ethnic Group' and 10.7% were White British). Many of the respondents in the 'Other Ethnic Group' category were from Southwark's Latin American community.

Figure 7



How did we develop the recommendations?

- A first analysis of the data was undertaken by members of the public health team (see Findings).
- With help from a design company, Innovation Unit, a meeting was organised of some of the review planning group members to identify challenges and issues arising from the data. This was developed into an Obesity Insight Map (Figure 8).
- The wider joint review planning group was then invited to a workshop facilitated by Innovation Unit to look at the findings and insights and to develop propositions (Appendix 4) and recommendations (page 29)
- A small group of experts on obesity with experience of tackling obesity from a London borough, regional, national and international perspective were invited to give their opinions on the insights, findings and the emerging recommendations. The experts were: Mark Browne (Regional Public Health Group, London Food Board), Prof. Geof Rayner (City University, WHO and DH Advisor on Obesity), Gill Moffatt (Obesity Team, DH) and Cathy Shaw (Senior Public Health Strategist, Tower Hamlets Healthy Borough Programme)
- The Southwark Healthy Weight Strategy group and the Southwark Child Obesity Joint Review group were invited to refine the recommendations.

The review group's findings are summarised in this report, along with its final recommendations. Membership of the planning group and all those who contributed to its investigations are

detailed in the appendices along with National Child Measurement Programme data, an overview of the current healthy weight strategy and previous investigative work on child obesity undertaken locally.

Findings of the Joint Review

The Child Obesity Joint Review group members were keen to understand the picture in Southwark as viewed by frontline staff, parents and families.

- Who are the 'at risk' communities and families?
- Is there any awareness that there is a problem?
- What do people think are the consequences of children being overweight or obese?
- What do people think are the causes in Southwark?
- What are the roles for families and local organisations?
- What influence do people think cultural norms and beliefs have on child obesity?
- How well do frontline staff think good practice guidance on child obesity is being implemented locally?

Who are the families most at risk?

From their own experience, frontline staff in health, education and social care believed that the children at risk of obesity were those in low-income families, children of overweight or obese parents, children from African and Caribbean families, children from families in crisis or with complex needs, children in care, children of parents who are 'time poor' and children in families with English as a second language.

Is there any awareness that obesity and overweight in children is a problem locally?

Surveys and focus groups with frontline staff in health, education and social care showed that most were generally in agreement that child obesity was a problem in the borough.

However, whilst three times as many parents/carers and family members said 'yes' child obesity was a problem compared to those who said 'no', there were still a large number of parents who said they did not know. This may indicate they had not considered the issue because they do not feel their children are personally affected, do not feel they have the knowledge to identify at what point something constitutes a 'problem' or because they do not perceive many children in the borough to be overweight or obese.

There is some evidence that parents do not recognise when their child is overweight (Jones et al. 2009; West et al. 2008). This was also suggested to be the case by some local frontline staff. They felt that because many children in Southwark now fit into the overweight or obese category, a larger body size has become normalised in the borough. Whilst health professionals would identify unhealthy weight in children by measuring the child's BMI and plotting it on a centile chart, most people would make a judgment about the weight of a child based only on what they see.

It is possible that when we asked parents about child obesity and overweight they could have been visualising the very obese child at the extreme end of the scale rather than the many overweight or slightly obese children in Southwark who they may see as being of normal weight.

What do people think are the consequences of a child being overweight or obese?

We used surveys to ask people what they thought were the consequences of children being overweight or obese. The most common responses were 'health' (without specifying a particular

condition), emotional and psychological wellbeing (many respondents specified low self-esteem and confidence), social relationships and interactions (many specified bullying and social isolation) and related to quality of life (i.e. not being able to do things other children can do).

Some people mentioned one or more specific physical conditions which could arise from child obesity. The most commonly cited were lack of mobility, lack of energy, poor heart health, diabetes, high blood pressure and breathing problems.

It was clear that parents/carers and families seemed to believe that consequences for children are as likely to be emotional, psychological and social as they are to be related to physical health. However, once again it is difficult to know if respondents were visualising a very obese child rather than the many overweight or slightly obese children who may be less likely to experience emotional and social effects.

What do people think is causing the problem?

Parents/carers and family members

When parents/carers and family members were given a number of statements about causes of child obesity, the three statements with which they agreed most strongly and unequivocally were ‘Parents and carers do not know about the fat, sugar and calories in food they give their children’, ‘ There is too much unhealthy food on the high street and places where children go’ and ‘ Parents can’t afford to pay for activities which get their children active’.

From surveys and focus groups it is clear that many parents/carers and family members think children are eating too much unhealthy food. Many people talked about unhealthy fast food (mentioning chicken and chips in particular) and commented that unhealthy fast food was cheap, convenient and accessible to children and young people on the high street.

Low income and lack of time and/or long working hours were seen by many to be leading to families making unhealthy choices particularly regarding food.

Many people expressed the view that parents are not motivated or interested in healthy lifestyle enough to question their eating or exercise behaviour and that there is lack of education and awareness about what healthy lifestyle and healthy eating actually is. A number of people also mentioned parent/carers lack of discipline and control over their children’s food intake. Parents in the focus groups had many stories about unhealthy food being given to toddlers and the use of food to control behaviour.

Many people also thought that there were not enough affordable, attractive and age appropriate physical activity opportunities for children in the borough. Another common view was that children and young people themselves lack interest in physical activity options on offer and are often more attracted by sedentary activities such as video games, TV, computers and social networking. Some people talked about how safety was a consideration for parents who did not like their children going outside unsupervised.

Frontline staff

Frontline staff in health, education, social and childcare identified the same themes as parents/carers and families i.e. accessibility of unhealthy food, cash poor, time poor families, lack of parental interest and commitment to healthier lifestyle, lack of awareness and understanding of messages and lack of affordable activities.

However, the health staff also highlighted factors in child obesity which parents did not, including inappropriate infant feeding, people’s misconceptions about what is healthy for children, maternal and parental obesity and portion size.

Many staff also talked about socio-economic causes of obesity in the borough and the need to tackle poverty as a root cause. Some staff felt that obesity was just one symptom of deprivation and if it was not obesity it would be something else.

Staff also talked about the difficulty they faced in tackling myths and beliefs which are prevalent in some communities about appropriate feeding, desirable body size for babies, infants and children and the belief that obesity 'runs in the family'. Many mentioned how in some ethnic groups particularly African and Caribbean families, there is a belief that being bigger is desirable and therefore there is little incentive for behaviour change in eating and exercise. It was also mentioned that for many families food is linked to status.

Some frontline staff felt that whilst families blamed low income and lack of time for their family's unhealthier lifestyle, they felt it was often the case that the money and time families did have available was spent on other things and that families had no desire or motivation to do more activity or change eating habits.

Some staff also mentioned the difficulty in talking to parents about the problem because of the sensitivities of doing so. One member of staff said it was 'easier to talk about child protection issues' than obesity.

Children and Young People

Children and young people were asked about healthy eating and physical activity in focus groups. We talked to young people at two youth councils and children in year 5 in three primary schools in the borough.

When we asked youth councillors if they thought children in Southwark ate healthily they said they did not think they did or that most did not. For both the younger and older children, fast food was seen as affordable, exciting, fun, social, familiar and convenient.

The older children were very knowledgeable about the offers in fast food outlets in Southwark. They mentioned that there were meal deals specially for children and young people after school which were not available for adults. The young people commented that fast food was 'in your face' with 'three chicken shops in the space of five minutes' and that there weren't any of the healthier options in Peckham which you might see in a place like Victoria or Dulwich.

Young people also talked about affordability. Whilst they recognised that supermarkets sell healthier food like sandwiches, these were often seen as less interesting, less convenient to buy and in some cases more expensive. Chicken and chips is available for £1.30 in the borough.

Young people at Youth Council talked about school meals now being healthier though varied in quality and taste. Young people seemed to prefer fast food for taste. One of the young people said they did not eat at school but had a takeaway on the way home.

When we asked children in year 5 about what they were eating at different times of day, it seemed that the period between end of school and evening meal was the riskiest time for unhealthy eating. Children are regularly having unhealthy food and drinks at this time whether from shops, takeaways or given to them by their parents. Many children mentioned chicken and chips and coca cola or a sweet fizzy drink called KA.

When we asked the older children about barriers to physical activity, many of them mentioned that gyms were too expensive. They also thought that young people were often lazy and got on the bus for one or two stops. They said they liked the outside gyms in parks but that they were often full. The general view was that there should be more facilities to attract young people to be active such as more and better sports facilities and that there should be more supervised and organised activities which children could turn up to. School sport was seen frustrating if they

could not do the activities they wanted to do or there was not enough equipment. They thought that a lot of young people were too lazy to do exercise especially in winter and actually preferred video games, TV and computers.

For the younger children, how much physical activity they did was often dictated by parents or teachers. Children said that sometimes playgrounds lacked equipment and they were not given enough time doing fun physical activity within school. Parents were seen as the barrier to being more active after school. The children mentioned a wide range of activities they would like to do ranging from football to trampolining and dance. Many of the younger children were also excited by sedentary activities such as social networking, computers and TV which took up a lot of their time out of school.

What is the role of parents/carers and families?

Parents/carers and family members

In the surveys and focus groups we asked parents and carers what they thought they could do themselves to tackle child obesity.

Many said that parents and carers should provide healthier food for their children and educate themselves about healthy eating.

Many people also said that parents and carers should take more control or be more disciplined over what their children eat and ensure that they do more activity as a family or take their children to do activity. There was also a strong belief that it was the job of parents to educate their children about healthy lifestyle and be good role models.

Some people mentioned specific habits which parents and carers should introduce such as home cooking and eating as a family. A number of people pointed out that parents should prioritise healthy lifestyle, ask for help and pass on their knowledge about healthier lifestyle to other parents.

Frontline staff

Frontline staff expressed some frustration about some parents and families not recognising the problem in their children, lacking motivation or commitment to make changes and having entrenched unhealthy behaviours which they were unwilling to tackle. Frontline staff felt there was sometimes some difficulty in tackling myths about food and weight. It was also pointed out that some parents had a weight problem themselves which they did not acknowledge.

Role of schools and other educational settings

Parents/carers and family members

Parents/carers and family members thought that schools and educational settings had a role to play in encouraging healthier lifestyle. Many parents/carers felt that schools and other educational/childcare settings should provide healthy school meals, increase PE or physical activity during or after school, and educate children on healthy eating and healthy lifestyle. Some parents commented that free healthy school meals were a good idea.

However, as well as providing healthy food and exercise opportunities, many people thought that schools and other settings should also play a role in educating parents about the risks of unhealthy weight and involve parents in activities on healthy lifestyle.

The role of NHS and Southwark Council

Parents/carers and family members

Parents/carers and family members felt that it was the role of the NHS and local authority to raise awareness and promote healthy lifestyle. People felt they should have a role in educating parents, families and communities.

Many people felt that there should be more projects and activities about healthy lifestyle in the community and more free or low cost activities related to physical activity and healthy eating. Many people mentioned the need for more facilities and places which promote healthy lifestyle.

A number of people mentioned how they would like more restriction on unhealthy food outlets. Some parents/carers and families thought there should be more monitoring and health checks of children.

Who else can play a role?

People felt that there was a strong role for community networks and community centres, faith groups and sport and leisure providers. Some people also mentioned that libraries, food businesses, national government, media and colleges could play a role.

What influence do cultural norms and beliefs have on child obesity?

Frontline staff

Frontline health professionals were concerned that their advice often conflicted with parental traditional beliefs. Professionals working in early years felt that they had to challenge beliefs and norms particularly about infant feeding i.e. that solids in the bottle (such as cereals, porridge and maize) are good for a 'hungry' baby and help them sleep or grow better. Professionals felt they were battling against the marketing of products such as baby cereals which have become culturally acceptable and marketed as healthy baby food in some communities, for example Cerelac.

A number of the frontline workers also mentioned that some African and Caribbean families were likely to see a bigger body size as desirable and therefore do not have the motivation to make changes even when health professionals may suggest this. Staff working with morbidly obese teenagers noted that African families tended to seek help later and therefore more likely to be in poorer health when they accessed health services.

Staff said they also thought there was a problem with mixed cultural eating i.e. heavy traditional diets supplemented by unhealthy UK convenience and fast food.

Community researchers

To get a further perspective on the influence of culture on the problem of child obesity, we talked to some of the community researchers who had carried out the surveys with different communities.

Many of the researchers felt that there was often a lack of knowledge on healthy eating e.g. there were misconceptions about specific traditional food stuffs and drinks which were seen as healthy such as palm oil.

The researchers also thought that many people did not adapt the portion size and types of foods they ate to take account of a less active life in the UK. One of the researchers talked about walking five miles both ways to school in Nigeria as a child and therefore eating large portions.

He said that he had not adjusted his portion sizes to his more sedentary life in the UK. Latin American researchers also talked about how it was common for children to put on weight when coming to the UK which they felt was partly due to a reduction in physical activity (with the weather and safety being an issue).

Researchers also talked about the conflict between home cooked traditional food and UK convenience and fast food which children have been exposed to outside the home. Some researchers said that it was very difficult for parents to compete against this. For some families this has led to children being unwilling to accept home cooked meals and preferring Western style convenience foods. For many families there was a mixture of traditional home cooked meals and Western style convenience and fast food. For families who eat traditional foods at home, fast food could still be a fairly regular 'treat' food. The Latin American researchers felt that fast food was much more affordable in the UK compared to where they had come from and that families struggling with inconsistent childcare and work were tempted to buy more fast food and do less cooking from scratch.

Many of the community researchers also mentioned that there were often fairly regular social occasions which could be a time of indulgence and overeating.

The Latin American researchers were concerned that the Change 4 Life messages were not getting through to the Spanish speaking community and they thought resources on healthy weight and eating should be translated.

Views from frontline staff on how guidance on child obesity is being implemented

We summarised from available guidance a number of recommendations for different settings and staff groups and asked frontline staff to what extent they felt the guidance was being followed locally.

Early years and childcare

Staff in early years and childcare felt that whilst many settings did have food policies they were not well communicated. Some staff said they were not necessarily getting the content of policies across to parents especially those who did not understand English well. Staff felt there should be better cascading of policies within settings and better networking between agencies.

The group agreed that parents should be properly consulted on which physical activity would suit them as parents and also for their children as it needed to fit with their preferences, be affordable and fun.

Staff felt breastfeeding promotion was generally quite good although they felt more people could be trained to be peer supporters and to spread information amongst other families.

Staff felt that more training was needed on nutrition for early years and skills for tackling the issue with parents i.e. behaviour change skills such as motivational interviewing. There was also a consensus that services should be better sustained.

School community

Staff were satisfied that most school catering was now promoting health because of the nutrient standards for school food. Schools representatives noted that the universal free school meal programme seemed to be working well so far.

However there was concern that packed lunches were not as healthy and that lunch box policies were not being followed by parents. Some staff were concerned that parents reacted badly when challenged over unhealthy packed lunches. Staff said that whilst there were often policies

on healthy eating or food in the school, parents did not always follow them. It was agreed that written policies do not work as well as verbal interaction about policies with parents.

Staff said that parents/carers can be engaged on the topic of healthy food through events such as food events, health fairs or growing schemes at school. They felt however it was usually the more informed parents who got involved and that communication on the risks of obesity is not sufficient and not reaching those most at risk. Staff felt parental attitudes are difficult to tackle. Some people mentioned the need for shock tactics with parents.

Staff felt that the overweight or obese children often did not take part in PE or did not turn up to activities. Some felt that the PE curriculum was rigid and unexciting and needed to be a more positive experience for children. There were also some views that health and safety concerns can limit physical activity.

One focus group member mentioned how successful a recent cooking club for boys had been but the funding had ended. There was frustration that lack of funding meant things were often not sustained.

The group felt that there should be more training for staff on promoting healthy eating and physical activity although they recognised that there was often more focus on attendance and SATS in schools.

Health Professionals

Staff felt that obese children were not being identified by health professionals in primary care often enough but that services were such that they would be overwhelmed if they were to pick up all the obese children in the borough.

It was agreed that GPs were probably not picking it up unless the child had a co-morbidity. School nurses are doing it but their capacity has meant follow-up is very limited. When children reach a paediatrician it is often the case that they have not been helped earlier. People felt that there should be more intervention with children in primary care and there could be imaginative ways of raising awareness when families are in contact with health services e.g. activities in GP practices.

Staff felt more should be done from a very early age. Inappropriate feeding can start from the first year of life e.g. high energy weaning so that children are already an unhealthy weight by reception age. They felt it was better to deal with unhealthy habits before they become entrenched. Health visitors are trying to see children now at four months to advise on weaning. There was a concern that those at most need were not accessing the health professionals in early years settings.

Some professionals are still not aware of referral options e.g. how and when they can refer to a dietician and physical activity options in the borough. Professionals noted that health promotion support was not as good as it had been in terms of resources and leaflets going into surgeries and clinics.

It was felt that Southwark did not have enough paediatric community nutrition and dietetics and not enough community based interventions such as MEND. Lack of capacity was seen as hindering adequate follow-up. Short-term funding was also seen as a problem.

The group suggested that many health professionals themselves had a weight problem which may hinder them from tackling the issue, they agreed there was a need for more behaviour change skills training to help staff raise the issue and deal with sensitivities and low motivation of families about the issue. It was felt that more training opportunities and regular refresher training was needed for staff. However as well as training, people needed their jobs to change to give them more time and support to tackle the issue.

Before, during and after pregnancy and in early life

Frontline staff felt that there was not enough work with teenage girls who were likely to become mothers. It was suggested that the topic of unhealthy weight could be tackled in sexual and reproductive health clinics or by GPs or practice nurses. They agreed that a package or set of messages should be developed for this group and it was a missed opportunity. These views were expressed particularly in light of concerns regarding maternal obesity in pregnancy.

Many pregnant women do not get a referral to a dietician unless than are over 40 BMI. It was felt that there was a lack of clear responsibilities and protocol on how management of maternal obesity was shared between health visitor, midwife, obstetrician and dietician.

It was felt behaviour change skills should help staff to tackle the issue. It was noted that the UPBEAT research project locally has had some success with encouraging behaviour change.

Breastfeeding rates were seen by the group as quite good. The Baby Friendly Initiative was seen as a useful initiative even if it was seen as administratively heavy. Staff agreed that overfeeding with formula or mixed feeding was a problem and should be picked up and challenged as early as possible. There was concern that there were some mixed messages about bottle feeding. The group felt that there should be greater clarify about messages across agencies.

Staff felt that weight was not often addressed for women after childbirth due to lack of capacity of health visitors and midwives. They felt that very little was done to encourage women to exercise after birth. The group agreed that women likely to have more children should be targeted better post birth.

It was felt there should be more cross borough co-operation.

Social care, leisure, after school and wider children's services

Staff felt that sustained funding was often difficult to achieve and was a barrier to promoting exercise and healthy eating. It was noted that community sport was under pressure and not able to provide sufficient support on the required scale. It was pointed out that participation often takes time to build even if the resources are there. The group felt that there should be better promotion of activities which are in existence already.

The group discussed how the community and parents could run their own activities but that this was hampered by health and safety and child protection legislation as well as the need for venues and training of volunteers.

The group thought there was a need to dispel myths and raise awareness of healthy eating in the community and to tackle convenience and fast food culture. The group felt that parental education on this issue was key. People thought working with local business was a good idea but there was scepticism about how far this could go as the private sector was motivated by profit.

Conclusions emerging from the Review findings

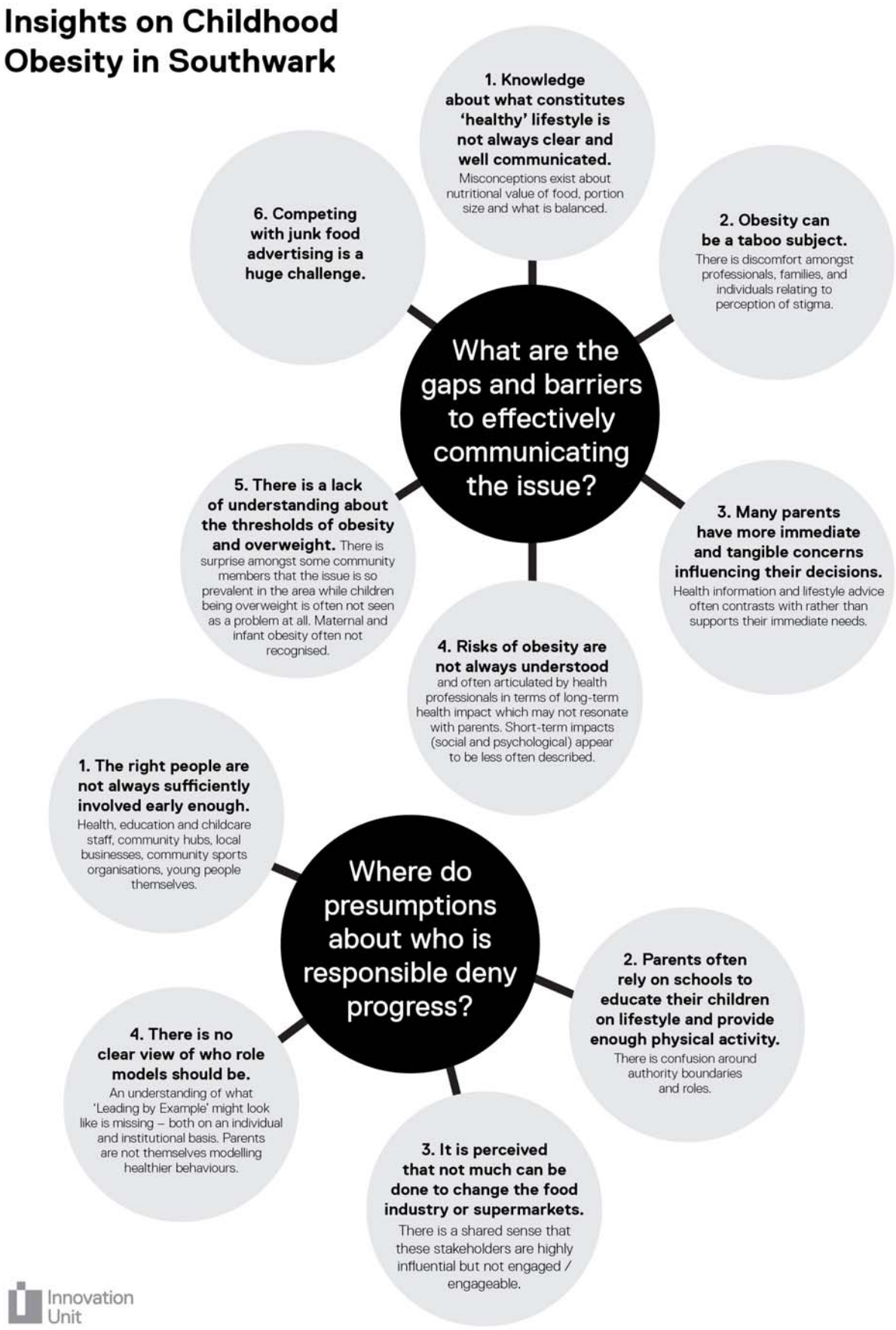
After the review group had collected views about child obesity from communities and frontline staff, a design company, Innovation Unit, developed the findings into an insight map (Figure 5) to help the process of developing recommendations.

The insights were grouped into:

- Complex issues relating to recognising, discussing and understanding weight
- Responsibility for tackling the problem

- The complex socio-economic, cultural and emotional factors at play in Southwark

Figure 8


Insights on Childhood Obesity in Southwark
What are the gaps and barriers to effectively communicating the issue?
1. Knowledge about what constitutes 'healthy' lifestyle is not always clear and well communicated. Misconceptions exist about nutritional value of food, portion size and what is balanced.
2. Obesity can be a taboo subject. There is discomfort amongst professionals, families, and individuals relating to perception of stigma.
3. Many parents have more immediate and tangible concerns influencing their decisions. Health information and lifestyle advice often contrasts with rather than supports their immediate needs.
4. Risks of obesity are not always understood and often articulated by health professionals in terms of long-term health impact which may not resonate with parents. Short-term impacts (social and psychological) appear to be less often described.
5. There is a lack of understanding about the thresholds of obesity and overweight. There is surprise amongst some community members that the issue is so prevalent in the area while children being overweight is often not seen as a problem at all. Maternal and infant obesity often not recognised.
6. Competing with junk food advertising is a huge challenge.
Where do presumptions about who is responsible deny progress?
1. The right people are not always sufficiently involved early enough. Health, education and childcare staff, community hubs, local businesses, community sports organisations, young people themselves.
2. Parents often rely on schools to educate their children on lifestyle and provide enough physical activity. There is confusion around authority boundaries and roles.
3. It is perceived that not much can be done to change the food industry or supermarkets. There is a shared sense that these stakeholders are highly influential but not engaged / engageable.
4. There is no clear view of who role models should be. An understanding of what 'Leading by Example' might look like is missing – both on an individual and institutional basis. Parents are not themselves modelling healthier behaviours.
Innovation Unit


What socio-cultural and emotional factors are at play?
1. Unhealthy food can play a central role in family life.
It is often used as a lever, from managing children's behaviour to expressing emotional connection. This can lead to unhealthy food habits and norms in families.
2. Eating junk food is a social activity for young people, particularly before and after school.
It is a positive bonding experience.
3. Young people enjoy junk food,
including the instant gratification factor, and buy into food industry messages about what is cool, pleasurable and exciting.
4. Cultural attitudes can shape perception of healthy weight.
Beliefs that being big is a sign of health in children often means that problems are unaddressed until a child becomes very obese.
5. Food behaviours and habits are influenced by cultural factors.
Unhealthier aspects of traditional diets may go unchallenged, there is little adaptation of traditional diets to life in the UK (e.g. portion size) and combination of traditional diets plus Western convenience and fast food may promote overconsumption.
6. Parents find it hard to say 'no' to children who want fast food.
Heavy marketing often means children will prefer fast food to home cooking. Parents don't always know what their children are spending money on.
What makes negative choices so attractive and easy?
1. Fast-food shops are everywhere in Southwark.
Alternatives are limited, less visible, less attractive, less affordable, less familiar, and less well-advertised.
2. Physical activities for young people are seen as prohibitively expensive or are off limits due to safety concerns.
Weather, lack of age appropriate activities and logistics required for multiple, differently aged children are also factors.
3. Sedentary activities are often preferred by children as well as parents concerned about their children's whereabouts.
Playstations/ Wiis are experienced as 'fun'; other activities don't have the same pull factor.
4. System barriers to community ownership of solutions reinforce dependency on statutory services.
CRB checks and health & safety concerns prevent communities from easily growing their own support networks.
5. "Fast" food is quick, convenient, and saves time particularly for those with long working hours.
Cooking is perceived as the opposite, and parents and children and young people don't always have the skills.
6.Healthy food is seen as costly for those on limited budgets.
Take-aways make calculating the cost of a meal easier.
Innovation Unit

Recommendations

Ways of working

The findings were considered at a workshop. At this workshop, ten recommendations were developed. Some of the principles underpinning the recommendations are shown pictorially in Appendix 4.

Recommendations

There were many examples of good practice on child obesity, healthy eating and physical activity locally. However, the review group felt that there were some areas which can be strengthened. The review group developed ten recommendations. For each recommendation, a number of potential follow up actions are highlighted.

1. Develop and communicate a strong vision on healthy weight to be shared across partners and communities at all levels.

It was acknowledged that child obesity was clearly a high priority amongst partners (there is sign up from the emerging Health & Well Being Board and the Children & Young People's Partnership Board). However, because of the complex multi factoral aspects of unhealthy weight, planning group members and experts emphasised the importance of ensuring that there is a strong vision that is communicated and shared.

There was a suggestion from one of the experts that child obesity and health should be part of the sustainability and environmental vision for the borough - a sustainable environment being vital for maintaining health.

Outcomes should be developed which are of value to both services and families and could also include outcomes related to wellbeing, happiness and quality of life as well as BMI.

Actions

- Ensure there is a strong vision with clear outcomes
- Ensure that the vision takes into account the complex multi factoral nature of unhealthy weight, including the sustainable environment
- Ensure that the vision is clearly communicated

2. This vision needs to be translated into consistent evidence based messages and actions at the frontline.

There is a lot of good practice taking place at the frontline and within local communities. However, inconsistencies in messages were also identified.

Actions

- Ensure effective implementation of healthy eating policies in early years settings

- Ensure consistent advice is given by the different professional groups engaged in child health and wellbeing

- Support different communities so that they promote consistent evidence based messages

- Ensure training is delivered in accessible formats to communities and frontline staff eg training days, lunch sessions and online training including promoting shared pathways, best practice and awareness of what's going on

3. Joint working is key in every respect and there needs to be further assessment of how this can be better supported.

Joint working on child obesity and information sharing can be improved between existing services. There is a need to create opportunities and mechanisms to bring service providers, community, voluntary organisations and influential individuals together to exploit all opportunities to promote healthy weight and healthier environment in Southwark.

Actions

- Quarterly lunch time network and briefing events were suggested perhaps focusing on key transition points in a child's or family's life when they are most receptive to change (eg pregnancy, early years, school entry and transition to secondary school)

- Review how the Healthy Weight Group functions

4. Southwark's local communities are richly diverse. Supporting and empowering our local communities to build positive and strong local health improvement networks is important, including engaging with community leaders on healthy weight.

Where possible interventions should be designed with communities so that they are relevant to their specific needs. This is particularly important so that different cultural groups can take ownership of the messages related to childhood obesity. There should be resources for people to develop their own targeted and localised solutions and opportunities to feedback on interventions and gaps in service provision.

Interventions need to take into account that many families do not prioritise healthy lifestyles and have other priorities and concerns rather than the long term health of their children e.g. their child's immediate happiness, safety, behaviour and education. Families should be supported to develop their own support networks around shared concerns where they can also be helped to understand the importance of healthier lifestyle and healthier weight as a factor in the immediate wellbeing of their children.

It is important for communities to self-access the assets available and to identify how these might be better leveraged to tackle the issue of childhood obesity, building on formal and informal activities already happening in communities. Parental capacity to spread knowledge across their networks should be built.

Actions

- Support influential community leaders who are key local levers for change to play an important role in disseminating knowledge and skills across communities. They should be

supported to develop the skills to deliver messages, to act as role models and lead community projects.

- Communicate information appropriately for different communities e.g. visually to avoid language barriers and peer to peer informal communication channels.

- Ensure messages are clear, tailored and easily understood in the context of people's lives e.g. what healthier eating and physical activity habits would look like for a busy, low income Peckham family.

- Incorporating messages about healthy weight, healthy eating and physical activity into existing parental education eg Use adult education and ESOL classes and syllabus as a means to engage target groups and non English speakers about healthy eating and physical activity.

- Co-design with communities, parents and children to develop interventions which take into account cultural and family norms, beliefs and knowledge and build on factors or 'hooks' which resonate with them e.g. faith, convenience, children's behaviour, immediate happiness and quality of life. Consider ways to incentivise and enable communities to develop interventions e.g small grants scheme.

- Peer education work with parents to help them understand the issue in their own life context, take control and dispel myths about food, exercise and beliefs about desirable body size for children.

- Develop practical tools to help families understand portion size and balance.

- Support communities, families and young people to self-organise own play, physical activity and healthy eating activities.

5. There is a very strong association between disadvantage, deprivation and unhealthy weight. Strong action on the root causes of poverty and disadvantage must continue.

- Lambeth and Southwark Early Years Healthy Weight Group to better promote and capitalise on provision of free Healthy Start vouchers for milk, fruit and vegetables amongst eligible families

- Continue to link healthy weight work with Southwark's Child Poverty Strategy

- Ensure that the wider determinants of health inequalities are considered strategically by the emerging Health & Well Being Board and embedded in the Joint Health and Well Being Strategy

6. The physical environment and landscape is a major factor in promoting or inhibiting physical activity. The current improvements to parks, green spaces and the creation of safer routes for active travel (cycling and walking) are strongly supported and to be encouraged.

- Continue to provide and promote outdoor gyms in the borough and continue to improve and promote playgrounds

- Safer Southwark and Children and Young People's Board should consult local parents on how to increase confidence in the safety of parks and play spaces.

- Transport team should continue to promote active travel and incentivise walking instead of bus use for short journeys

- Public health, environmental health, business support and regeneration should scope opportunities for working with local food business to offer or promote healthier food options e.g sponsorship of healthier shopping tours, deals on healthier food, promotion of fruit and vegetable markets.

- Increase opportunities for schools, children's centres and estates to engage in food growing.

- Local strategies need to more explicitly incorporate healthy weight concerns within work strand on sustainability e.g. food growing, promoting active travel

7. An unhealthy food environment, in particular the concentration of unhealthy fast food outlets in the relatively more deprived parts of the borough (Eg Walworth Road, Camberwell, Peckham and Queen's Road) 'normalises' unhealthy eating. The restriction of further fast food outlets and work to improve the quality of food at existing outlets should be encouraged.

- Use planning regulations to restrict the concentration of unhealthy food outlets e.g 400 metres from schools.

- Encourage more hot food takeaways to sign up to the Healthier Catering Commitment.

- Explore with schools and communities options for healthy eating opportunities after school to compete against the heavy marketing and meal deals of unhealthy fast food after school.

- Explore with the third sector, community groups and local activists how to create a strong consumer demand for healthier food and tackle unhealthy fast food culture

- Use local media and enlist support of London Health Improvement Board to better engage parents/carers and children in responding to unhealthy food environment, food marketing and its affect on their health.

8. Schools play an important role in promoting healthy weight. The introduction of Free Healthy School Meals is welcomed and provides as opportunity to engage with parents, governors, pupils and local communities on healthy eating within and outside the school using a 'whole school approach'.

- Ensure a whole school approach to healthy weight is maintained and enhanced i.e. involve pupils, parents and staff to develop a healthy environment, provide health education through the integration of health into PSHE and the core curriculum reinforced by healthy school policies. Schools should be encouraged to sign up to the upcoming London Healthy Schools Programme which will focus on healthy weight.

- Support the universal Free Healthy School Meals programme as a vehicle to encourage a whole school approach to promote healthier eating and healthier weight.

- Encourage and harness parent power to support schools actions on healthy weight e.g. through school gate interventions and parent activities

- Ensure schools work within their school communities and with health services to address the needs of children living in families at greatest health risk.

- Address gap in support to schools on meeting the nutrient based guidelines and adequate quality physical activity.

- Encourage sustainability and growing in schools e.g. Food for Life Partnership

9. Early life (ie a 'healthy start') has a strong impact on health e.g. infants, early years and maternity. There is further work to be done in strengthening work on maternal obesity and promoting healthy infant feeding.

- Promote implementation of NICE and RCOG guidance on managing maternal obesity

- Promote the implementation of NICE guidance on physical activity, nutrition and obesity amongst frontline health, social care, education, childcare and other staff.

- Health visitors should develop a peer education project to tackle culturally rooted inappropriate bottle feeding and weaning and myths about appropriate weight gain in infants.

- Establish a network of local people within the community who can share information on healthy weight in pregnancy, infant feeding, breastfeeding and good nutrition in early years particularly targeting at risk parents who do not engage with activities and services.

- Southwark Community Services should implement the Baby Friendly Initiative in Southwark.

- Support early years settings to meet the voluntary food and drink guidelines for early years settings (Eat Better Start Better) including encouraging settings to better enforce healthy eating policies.

10. Strengthen the commissioning of services for maternal and child and adolescent obesity and implementation of best practice.

- Ensure that more children identified as obese are offered an evidence based, family based multi-component treatment programme such as MEND (which is currently commissioned through short term funding)

- Increase capacity of the school nurse team to ensure children in reception and year 6 who are identified each year by the child measurement programme are followed up and offered a brief intervention or referral to a child obesity intervention

Next Steps

The findings and recommendations contained in this report will be considered at the Southwark Healthy Weight Strategy Group, the shadow Health and Wellbeing Board and the Children and Young People's Board.

The emerging Health and Wellbeing Board has already identified child obesity as one of the local priorities and the review will help to inform the next steps in developing the borough's Health and Wellbeing Strategy.

The Southwark Healthy Weight Strategy group will also consider how the current strategy can incorporate and take forward the review recommendations.

Appendices

Appendix 1

National Child Measurement Programme (NCMP) 2011
Southwark key facts

Southwark has very high rates for children of unhealthy weight: highest nationally for Year R (4 and 5 year olds) in 2010 and highest nationally for Year 6 (10 and 11 year olds) in 2008 and 2009. The figures from this year show a small improvement in Year R obesity figures and a slight increase in Year 6. (Total Southwark pupils measured = 4,942, coverage 91.4%)

The National Child Measurement Programme (NCMP) 2011 shows:

- 13.8 % Year R obese, 1% decrease from last year (England 9.4%, 0.4% decrease)
- 26.4 % Year 6 obese, 0.7% increase (England 19%, 0.3% increase)
- 28.6 % Year R overweight and obese
- 41.8 % Year 6 overweight and obese (Figures 1 and 2)

Figure 1. Overweight and obesity rates (%) in Reception year

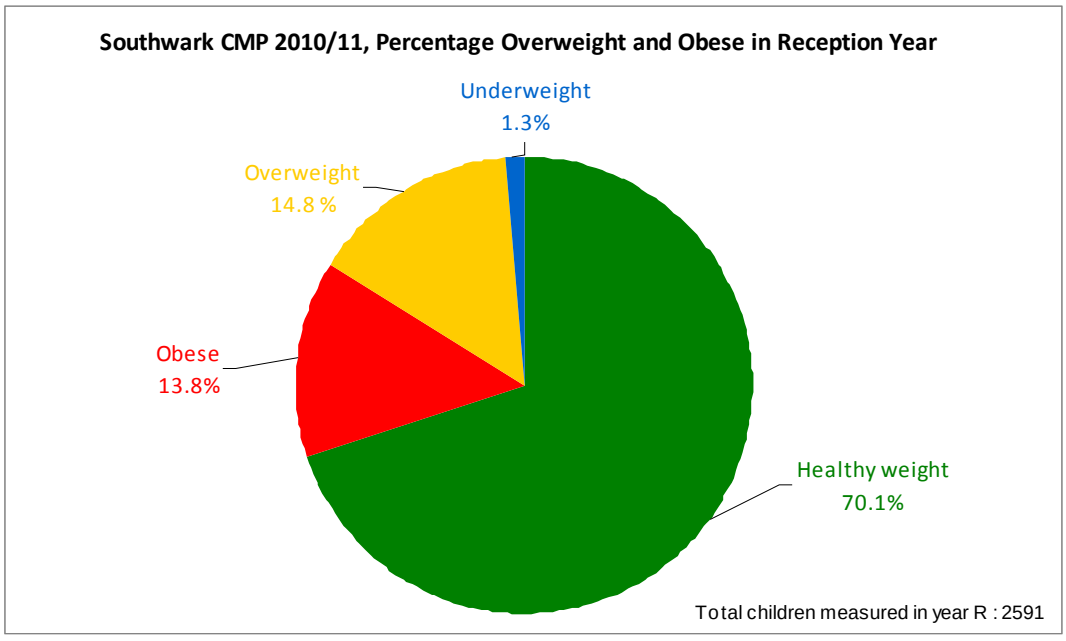
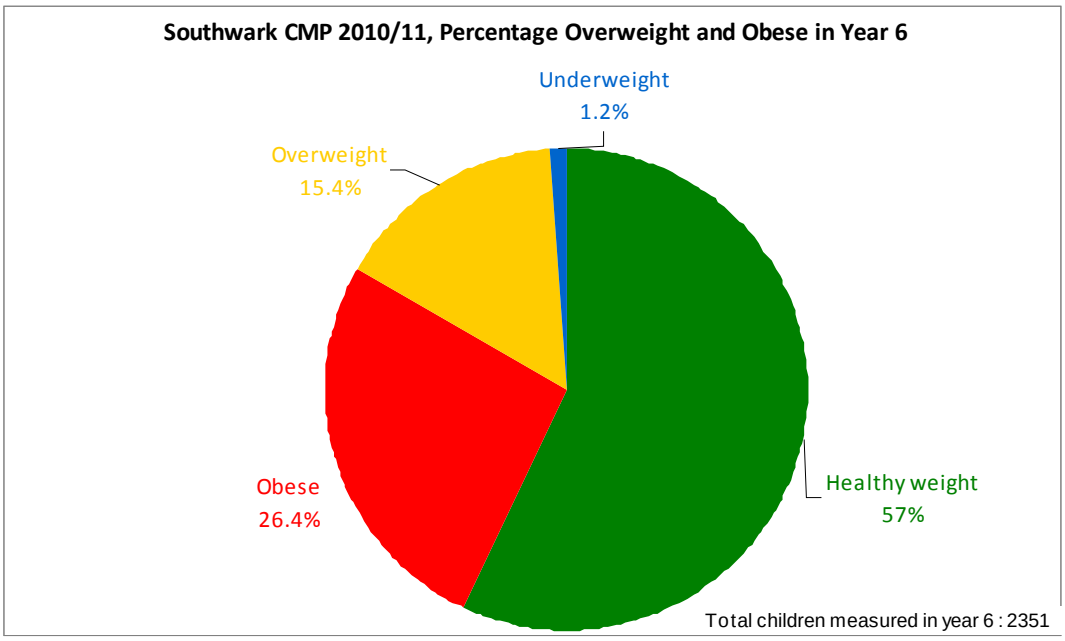


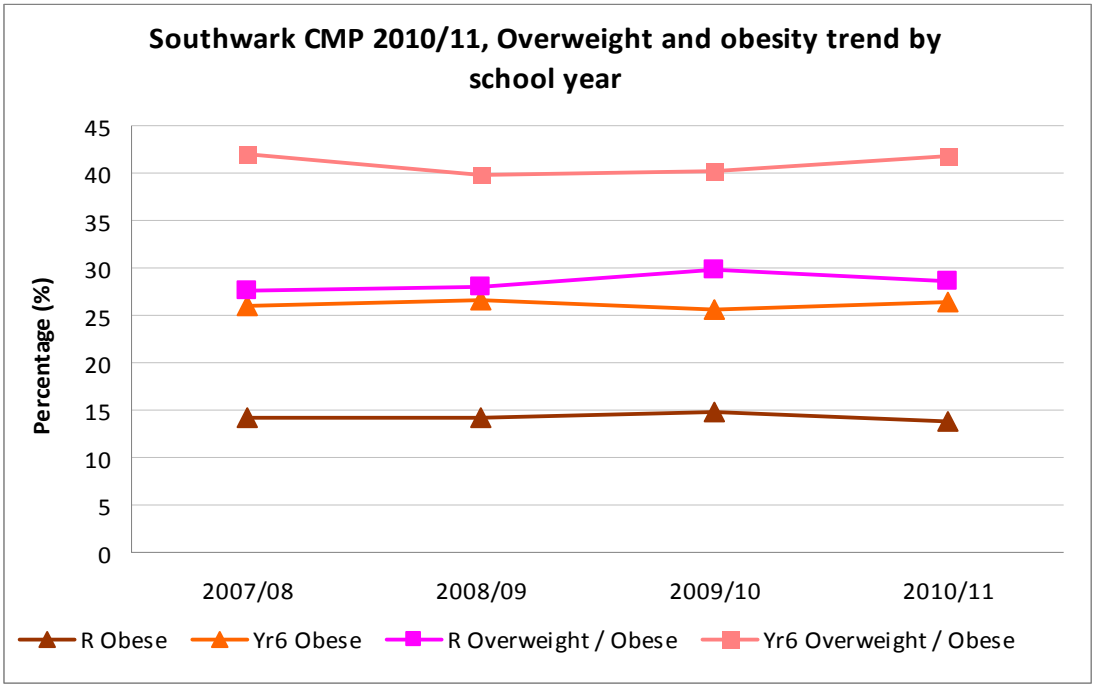
Figure 2. Overweight and obesity rates (%) in Year 6



The overall childhood obesity trend over five year period shows:

- Year R - decrease of 0.5 % between 2007/08 and 2010/11 with small statistically insignificant annual variations
- Year 6 – increase of 0.4% between 2007/08 and 2010/11 with small statistically insignificant annual variations (Figure 3)

Figure 3. Overweight and obesity trends by school year from 2007 to 2011

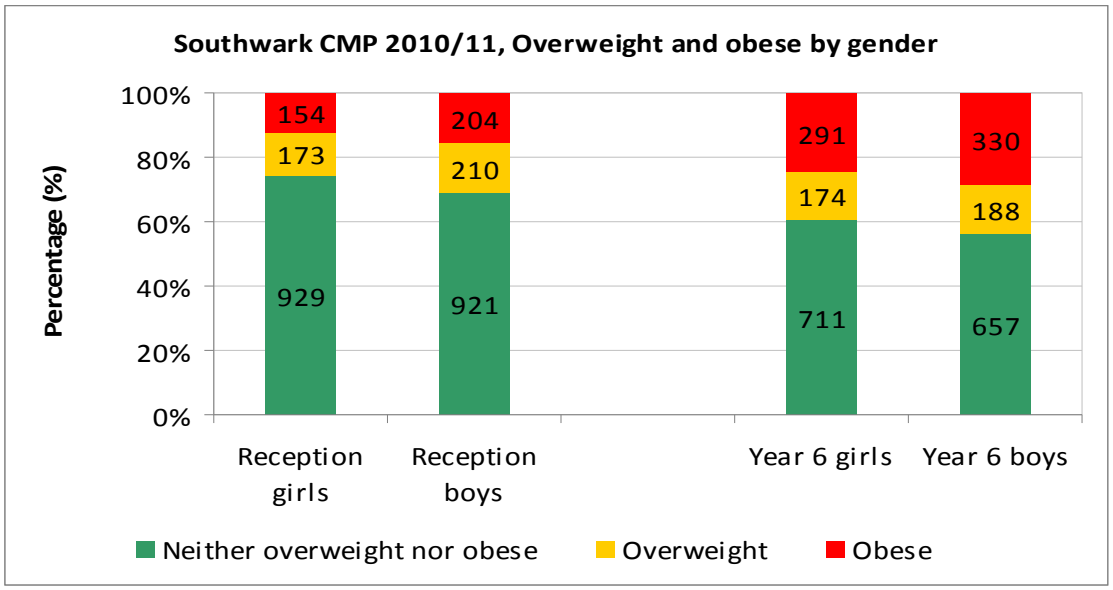


In 2011 more boys were obese than girls, as seen in previous years both locally and nationally:

- 15.3% of Reception age boys were obese compared to 12.3% of Reception age girls.

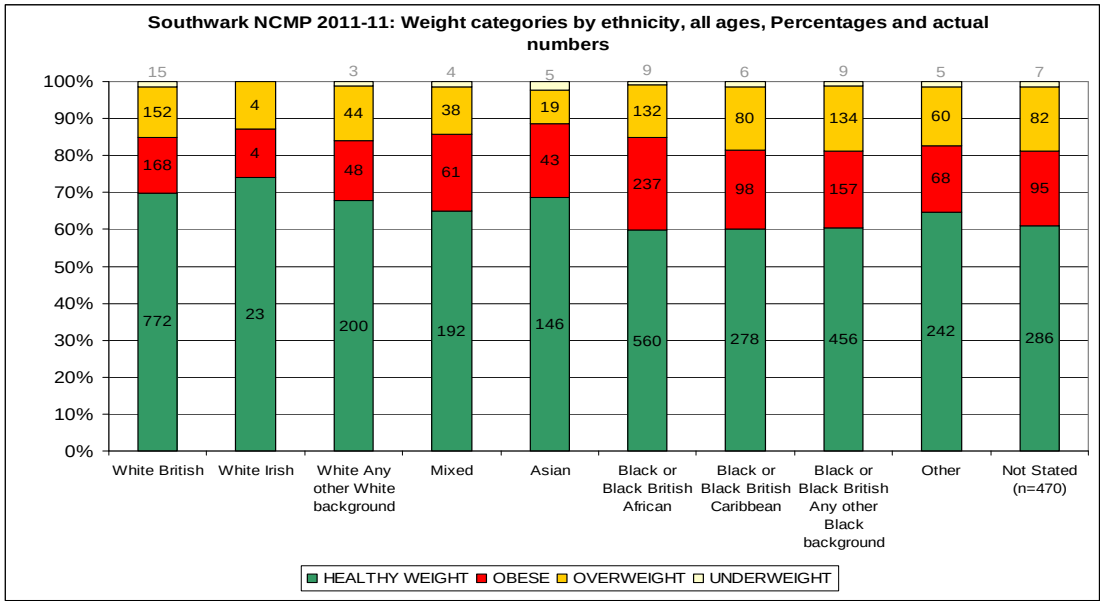
- 28.1% of Year 6 boys were obese compared to 24.7% of Year 6 girls (Figure 4)

Figure 4. Overweight and obesity rates by gender



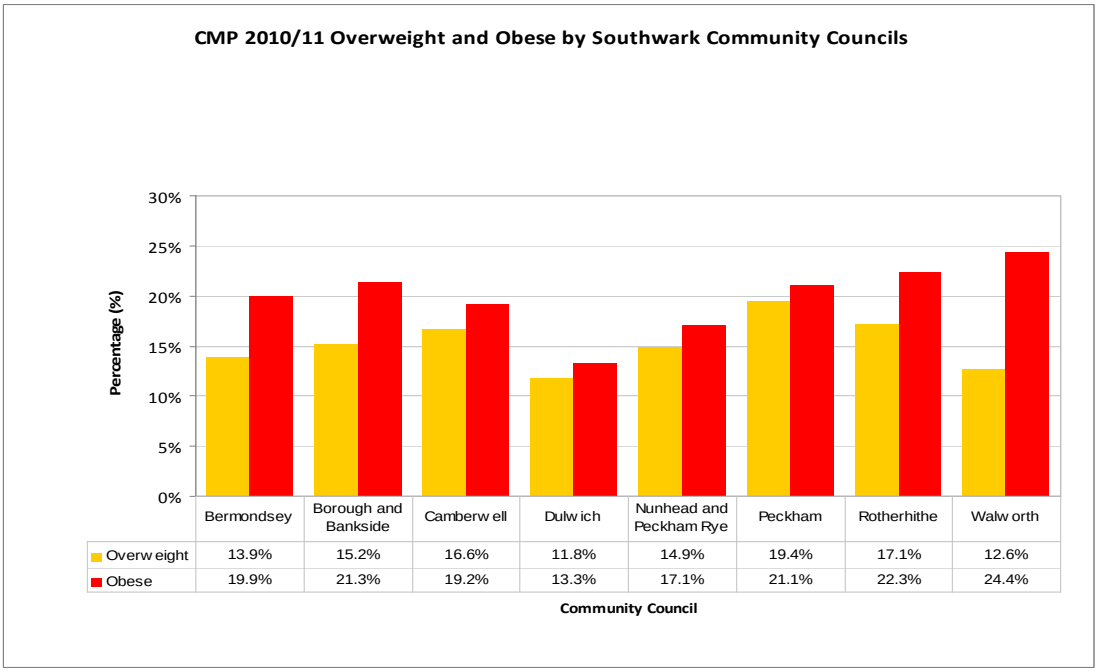
There is an association between childhood obesity and ethnicity: 25.3% obese Black African, 21.2% Black Caribbean, 20.7% Mixed and 15.2% White British. (Figure 5). The ethnic dimension was also observed for previous years (2007/08, 08/09, 09/10).

Figure 5. Overweight and ethnicity rates by ethnic background



Geographically, there are more overweight and obese children in some parts of the borough. These areas are also relatively more deprived. In 2011 obesity is highest in Walworth, Rotherhithe and Peckham with 24.4 %, 22.3% and 21.1% respectively. There were fewer obese children in Nunhead / Peckham Rye and Dulwich with obesity rates of 17.1 % and 13.3% respectively (Figure 6).

Figure 6. Overweight and obesity rates (%) by Community Council area in 2011



Approximately three quarters of our schools have higher than national averages of overweight and obesity. (Figure 7 and 8).

Figure 7. Percentage of Reception year obese pupils in Southwark schools, 2010-11

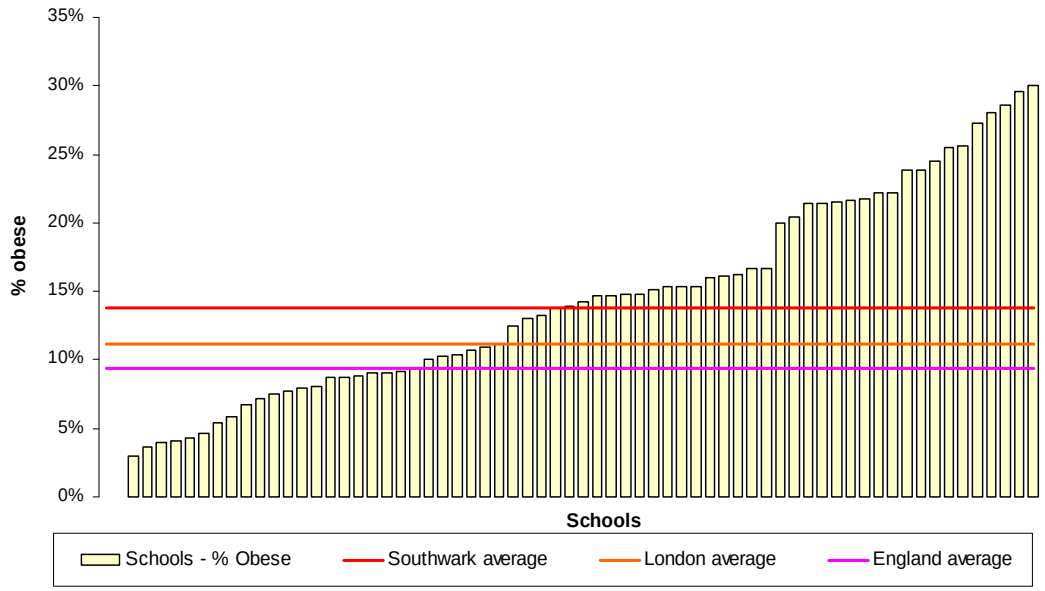
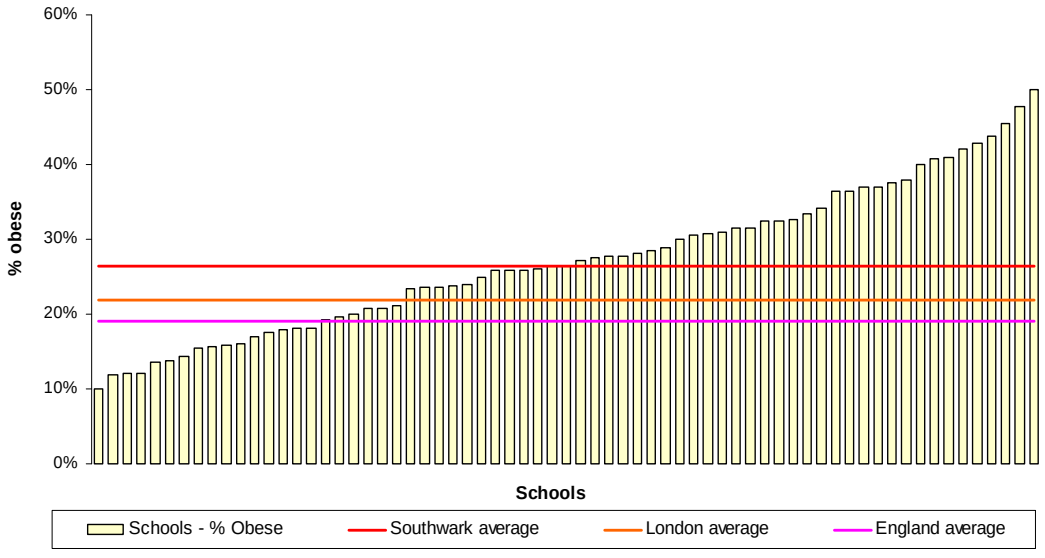


Figure 8. Percentage of Year 6 obese pupils in Southwark Schools, 2010-11



Produced by Public Health Department
16th December 2011

Southwark Healthy Weight Strategy

Strategy	Aim	Interventions	Target Groups	Delivery Settings	Links
STRAND 4 Effective treatment of unhealthy weight	**Personalised advice and timely access to effective, evidence based treatment**	**Brief interventions in primary and secondary care Community based treatment programmes Pharmacotherapy Morbid obesity MDT Bariatric Surgery**	Adults and children at risk of weight related morbidity Adults BMI >27 Children 98th centile	Secondary Care Primary Care Community	
STRAND 3 Targeting those at risk of unhealthy weight	**Addressing unhealthy weight in groups most at risk**	**Campaigns Increasing awareness and skills Targeted interventions**	At risk BME communities People with disabilities Mental health users People giving up smoking Older people	Primary Care Community settings – Neighbourhoods Workplaces Faith groups Community networks Care providers	
STRAND 2 Shifting the curve of overweight and obesity	**Reducing the overall prevalence of overweight and obesity in the general population**	**Healthy public policy to increase physical activity and healthy eating**	Whole population	Community settings - Neighbourhoods Workplaces Schools Community networks	Physical Activity Strategy Children and young peoples plan (CYPP)
STRAND 1 Early intervention and prevention (peri-natal and early years)	**Preventing overweight and obesity pre conception, ante and post pregnancy and in early years Preventing low birth weight and undernutrition**	**Healthy Pregnancy advice Breastfeeding and weaning support Weight management pre, during and post pregnancy Healthy eating and physical activity for early years**	Women pre-conception Pregnant women Parents/carers Infants and under 5s	Childcare settings Childrens centres Community Primary and secondary care Maternity units and community based midwifery	Breast Feeding strategy Infant Mortality strategy Children and young peoples plan (CYPP)

Underpinning actions for all strands:

Developing skills of the workforce and building capacity
Effective governance arrangements
Effective partnerships

Strand 4 : Effective Treatment of overweight and obesity

Lead: Christine Nolan
Supporting officers: Kasia Juralowicz

Areas of work:
Supporting NHS health checks
Mapping obesity care in the borough
Commissioning of weight management in the community
Monitoring prescribing
National Child Obesity Programme follow-up

Partners:
Business Support Unit
GP Commissioners
Health professionals in primary care
Kings/GSTT specialities – dietetics, MDTs, bariatric surgery colleagues
Community based providers (MEND, HELP, Commercial slimming organisations)

Strand 3: Targeting those at risk

Lead: Rosie Dalton Lucas
Supporting officer: Kasia Juralowicz

Areas of work:
West African Change4life campaign
Learning disabilities
Mental health users

Partners:
Local faith groups
Council Community Engagement Team
LD and MH teams and commissioners
User groups

Strand 2: Shifting the curve of overweight and obesity

Lead: Jin Lim
Supporting officers: Sonia Sharma, Sylvia Livett, Paul Stokes

Areas of work:
Change4life campaign
Universal Free School meals project
Healthier Catering Commitment
Schools work - PSHE
Community sport and physical activity
Active travel, parks and planning

Partners:
School nurse teams
Environmental health
Planning
Transport
Children's Services
Schools
School Sports partnership
Community and voluntary groups

Strand 1: Early intervention and prevention – Peri-natal and early years

Leads: Neil Gordon-Orr and Barbara Hills
Supporting officer: Tejal Lovelock

Areas of work:
Food guidelines in early years (Eat Better, Start Better)
Breastfeeding support and promotion
Advice in pregnancy
Healthy weaning
Healthy weight in early years

Partners:
Children's centres nutrition team
Children's Services
Midwives
Health visitors and Breastfeeding teams
Parents groups

Appendix 3

Recent local investigative work on topic of unhealthy weight and physical activity

The Positive Deviance Obesity Project - 2011

Local volunteers used the 'Positive Deviance' methodology to identify people and behaviours which deviate positively from the norm regarding child obesity. The project found that those people who deviated positively from the norm had a number of characteristics:

- PD parents/carers had clarity of motivation and were conscientious leaders of their children and their health
- They were proactive in approaching knowledge from a range of sources other than medical practitioners
- They used free or discounted Council resources where available
- They interacted through physical activity with their children at least three times a week to stimulate health and child development
- Were prepared to spend £10 or more per week for children's activity even when on a low income
- They were on stage 4-5 of the behaviour change model cycle (Prochaska and DiClemente) compared to parents/carers who exhibited the 'norm' and were constantly on stage 2-3 of the same model.

Southwark RISE project – 2009

Southwark RISE project was an ethnographic research project with families in order to connect strategic policy making in public services with everyday lives of families living under conditions of deprivation.

Summary of research themes found during the RISE ethnographic research

1. Service providers are reactive and not joined-up
2. Opportunities for training, volunteering and giving are sources of pride
3. A narrow understanding of council services leads to poor service utilisation
4. Not providing control can cause inaction
5. The presence of youth fear limits life chances
6. Interactions with public services are characterised by lack of trust
7. Instances of low-level depression, low self-esteem and problematic relationships are pervasive
8. Informal communication channels are surprisingly effective

Co-design ideas
The project developed a number of co-design ideas including:

Support at the community and group level. Through empowering existing social structures individuals and families are enabled to engage with self supported networks that are established, demonstrate natural affinities, and trust and experience similar issues

Support the exchange of information and experiences between people. Local knowledge and the experiences of people who have 'been through it' before are invaluable. Families are looking for opportunities to connect and share online and offline

Support easy access to information through familiar channels and the exploration of options. There is a great deal of value for individuals in using routine locations (such as schools), people and familiar resources for finding information and news. Additionally being introduced to new options via trusted sources is ideal as they are likely to know them best

Support individuals to create tailored solutions through resources that allow them to organise, manage and deliver themselves. It's not about fishing for families but showing them how, where the fish are, who is doing it, what bait to use and letting them get on with it.

Support the creation of new service roles. In describing the kind of support that they were seeking families combined existing staff roles and defined new roles for the people who would deliver them. These roles felt more consistent with the context of the family able to evolve in response to life developments and to offer resources that empower

Research on Faith and Obesity Reduction Using A Social Marketing Approach

Ethnic Health Foundation (January 2011)

Conclusions of research:

- In the selected communities there are traditional values attached to obesity that mean that healthy living messages are sidelined or only partially taken on board
- Mainstream social marketing such as Change 4Life has a limited effect on this audience
- Visual media had a much stronger effect on the audience than text-based flyers, and the audience were much more likely to respond positively towards them.
- The audience seems to respond better to stronger and powerful messages (such as the impact of an unhealthy lifestyle on health) rather than positive encouragement.
- Although faith plays a role in enabling members of the congregation to embrace a healthy lifestyle, it is not enough to motivate them to make lifestyle changes.
- The research also showed that the faith setting has the potential to be very significant in engaging Africans (particularly West Africans) in effective health improvement interventions. The structures of a faith setting, with pastoral oversight and direction, and community engagement, mean that it could be an effective way to undertake health promotion.

Recommendations from Review of childhood obesity and sports provision for secondary and primary children by the Education and Children's Services Scrutiny Sub-Committee (November 2011)

Early Years prevention

4.1 Implement NICE guidance (2010) for maternal obesity 'Weight management for before and after pregnancy'. Local authority leisure and community services should offer women with babies and children the opportunity to take part in a range of physical or recreational activities, that are affordable, accessible, with provision made for women who wish to breastfeed and, where possible, crèche provision

4.2 Develop and implement consistent healthy eating and physical activity policies across Southwark Children's Centres and other early year's settings including child minders, private and voluntary nurseries that promote breastfeeding and ensure compatibility with the Early Years Foundation Stage Framework and Caroline Walker Trust nutrition guidelines.

4.3 Develop and carefully promote courses using professional chefs on cooking, shopping and nutrition through aspirational marketing to appeal to parents and carers in Sure Start Children's Centers and other early year's settings.

4.4 Encourage all nursery staff, including catering staff, to attend under 5's physical activity and nutrition training to support implementation of policies. Extend also to anyone caring for a child under 5.

4.5 Implement the 'Eat better, Start better' or HENRY programme in Sure Start Children's Centres, and other early year's settings, and ensure it is embedded in early years practice.

4.6 Develop initiatives which target parental obesity of both mothers and fathers as a priority

4.7 Undertake a pilot early years local weighing programme with a children's centre. Build on the Health Visitor practice of weighing children at 2 years and use this as a way of particularly targeting at risk parents and children and then signposting them to nutritional and exercise advice & programmes.

Schools and the Universal Free School Meal

A Recommendations for schools

4.8 Ensure a whole school approach to implementing the universal free school meals programme by involving all staff, children, parents, governors and the wider school community in developing a plan.

4.9 Promote the uptake of school meals and nutrition based standards by working towards, or achieving, at least the Bronze Food for Life award and ideally the Silver award.

4.10 Ensure that all primary and secondary school meals are nutritious and tasty at the point of delivery. Promote training for governors, who have responsibility for school meal provision

4.11 Promote health literacy in schools throughout the curriculum, including PSHE classes.

4.12 Make links between growing food, urban agriculture and nutritional education. Connect with local allotments and city farms. Grow food at the school.

4.13 Increase the quantity and quality of sport and physical activity throughout the school day including curriculum, lunchtime and after school.

4.14 Provide at least 3 hours of sports provision and that includes a 45 minutes of constant cardio-vascular movement, through developing in house expertise or via Southwarks ‘Superstar Challenge’. Time spent travelling to and from the activity should not be counted

4.15 Invest in training staff in coaching skills, through in house expertise, linking with outside expertise or via the Bacon’s partnership

4.16 Encourage active and outdoor play in schools during playtime.

4.17 Improve links with voluntary sports clubs and consider providing free or subsidized space and championing their activities

B Recommendations for the Local Authority and partners to support schools

4.18 Provide an option for schools to buy in the 'Superstars Challenge' integrating the 'Superstars Challenge' with the free school meal offer may be an ideal opportunity to embed this initiative in schools.

4.19 Provide training for governors, who have responsibility for school meal provision, in ensuring tasty meals at the point of delivery, meeting high nutritional standards and an increasing uptake of school meals.

4.20 Promote the Food for Life standards to all schools.

4.21 Provide an option for schools to buy in coaching from Bacon's College to enable teachers to gain the skills to become effective coaches and understand health literacy.

4.22 Work with Bacon's College to ensure that the learning developed by the Bacon's Partnership Health and Wellbeing programme on health literacy is captured and available for schools to utilize though a pack, Inset day, or other suitable method.

4.23 Continue to maintain investment in MEND (Mind, Exercise, Nutrition, Do-it!) programme so that children can be referred to this from the child weighing programme, and in other ways

4.24 Promote partnership work between sports clubs and schools.

4.25 Promote active travel - ensuring every school has a healthy travel plan that encourages active travel i.e. walking and cycling to school

4.26 Provide pedestrian and cyclist training for schools

4.27 Promote a greater understanding of health through the child weighing programme. Consider screening more effectively for metabolic health by working with school nurses to develop other measures, such as waist measurements. Seek to create a dialogue on this.

4.28 Provide schools with details of urban agriculture opportunities including links to allotments and city farms and information on how to link this to nutritional education and physical activity.

4.29 Evaluate the Universal Free School Meals programme effectively. There is an international and national need for research that helps identify effective methods to reduce health inequalities and childhood obesity; and that tracks the cost and outcomes of programmes.

Nutrition

4.30 Create a healthier environment for our children and young people by restricting the licensing of new hot food takeaways (A5) that sell low nutrient, calorie dense food e.g. within 400m boundary or 10min walking distance of schools, children's centres, youth-centered facilities. High concentrations of fast food outlets are currently in Peckham town centre, Queens Road Peckham, Walworth Road.

4.31 Support the development of a greater diversity of local food outlets that sell healthy food, particularly near schools after school so children have better options.

4.32 Restrict or place conditions on the licensing of cafes and other food outlets that mainly or exclusively sell food high in calories and low in nutrients. Consider particularly rigorous conditions when outlets are near schools and open during lunch hour or after school.

4.33 Use planning and other methods at the local authority's disposal, to promote the establishment of businesses that make available healthy food. For example groceries, market stalls, food cooperatives and supermarkets that sells fruits and vegetables, whole foods etc.

4.34 Redefine food safety standards to reflect current threats to health and use environmental health officers to promote healthier eating

4.35 Set high standards of nutrition in public spaces e.g. schools, offices, sports centers, day centres and libraries.

Urban agriculture

4.36 Promote urban agriculture, for example allotments and city farms. Use the planning process and spatial documents to help this.

Physical activity and sport

4.37 Continue with the Southwark Community Games wider programme. Ensure it is additionally targeted at very precise areas of population in local neighbourhoods

4.38 Continue to use the LBS Olympic brand to promote physical activity and sport

4.39 Collate information on Southwark wide provision of sports and physical activity and publish this widely. Ensure the public can easily access information on provision by Southwark Council, leisure providers, voluntary clubs and private sector providers. Enable this to be accessed on the website and through other portals, using available resources. Link with the LBS Olympic brand

4.40 Continue to support the capacity of voluntary sectors organizations and facilitate partnership building, within available resources. Help champion local sports clubs.

4.41 Priorities the maintenance and provision of sports facilities in parks and green spaces, particularly green spaces in deprived areas. Where possible increase the provision of outside gyms and other sports facilities. Ensure good urban design so that spaces feel safe and are located near transport hubs.

4.42 Maintain Peckham Pulse to a high standard

4.43 Promote a diverse range of sports, particularly for women.

4.44 Ensure that Fusion invests in lifeguard training for women, as a priority, so it can ensure it only uses female lifeguards for its women only swim sessions. Once this has been achieved Fusion should promote this widely.

4.45 Ensure universal sports provision is accessible for disabled people

4.46 Ensure planning applications for new developments always priorities the need for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life.

4.47 Ensure pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads.

4.48 Plan and provide a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity; particularly in deprived areas.

4.49 Ensure public open spaces and public paths can be reached on foot, by bicycle and using other modes of transport involving physical activity.

4.50 Promote walking and cycling and other modes of transport involving physical activity in spatial planning documents; particularly in deprived areas.

4.51 Incorporate active design codes in neighbourhood planning, housing strategies and building codes

Working with residents at greater risk

4.52 Enhancing healthier eating knowledge and behaviour amongst at risk populations, working with relevant geographic and ethnic communities.

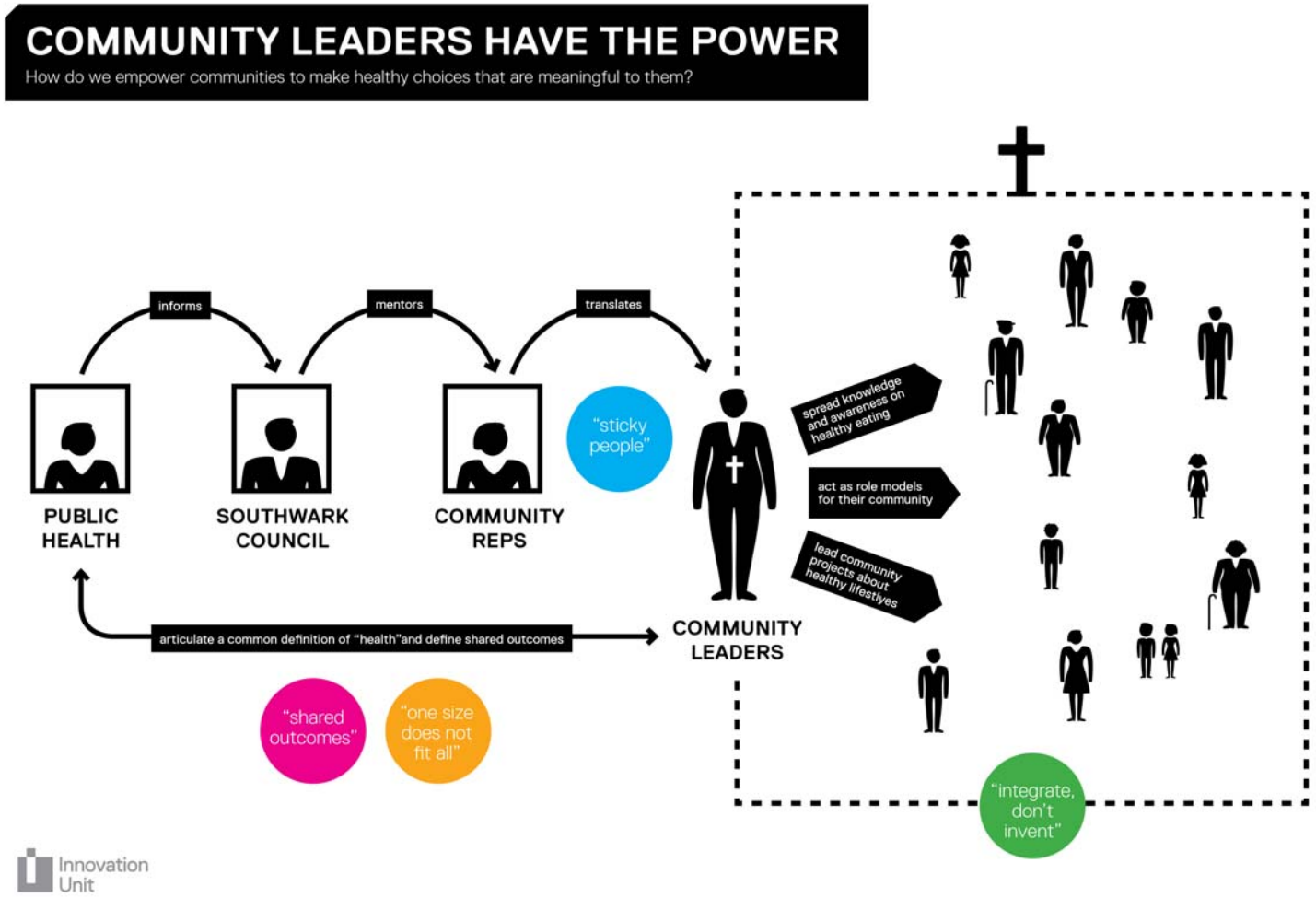
4.53 Supporting people with learning disabilities and mental ill-health, as well as the carers and staff that work with them to encourage healthy eating and physical activity.

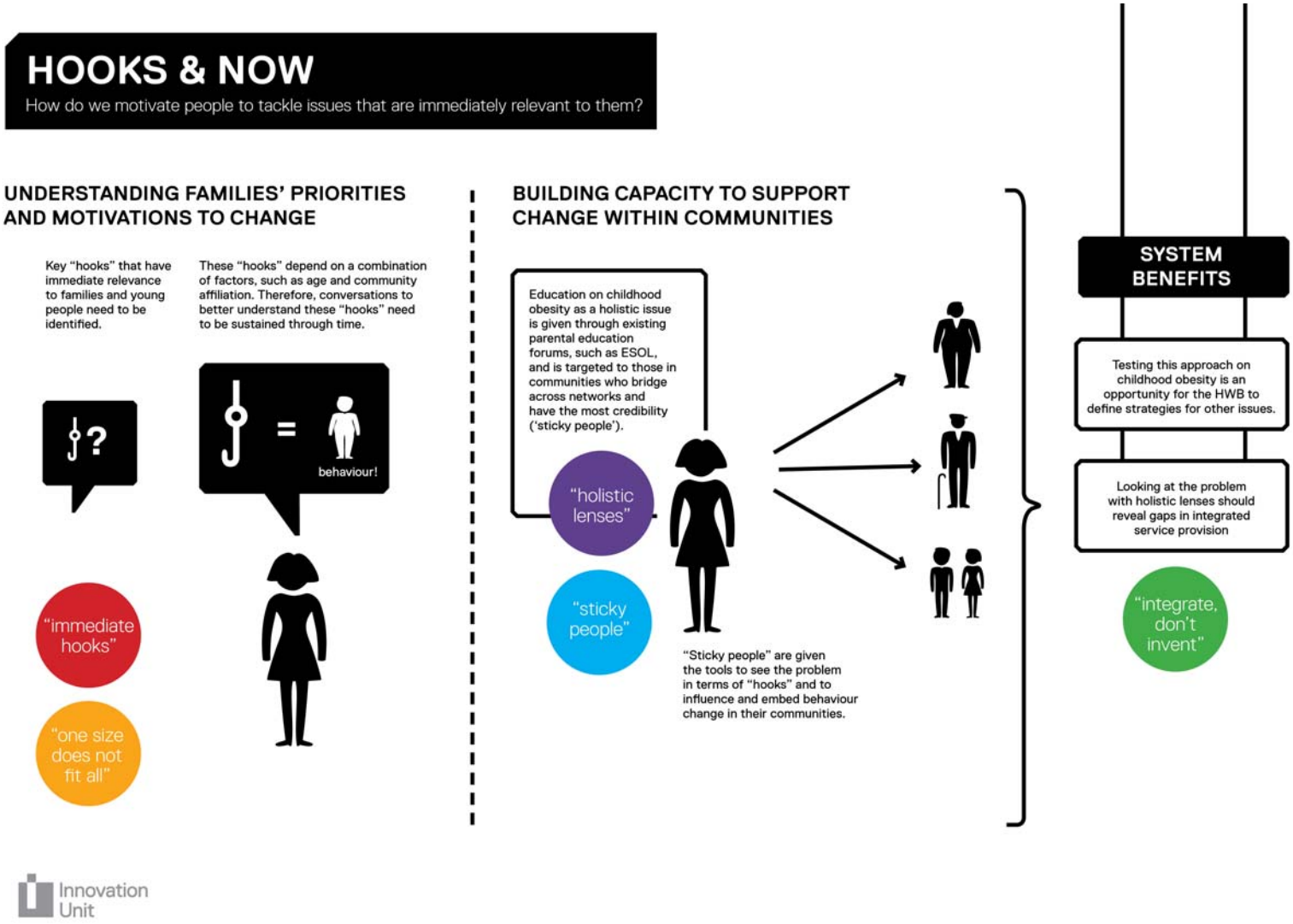
Working with the whole population

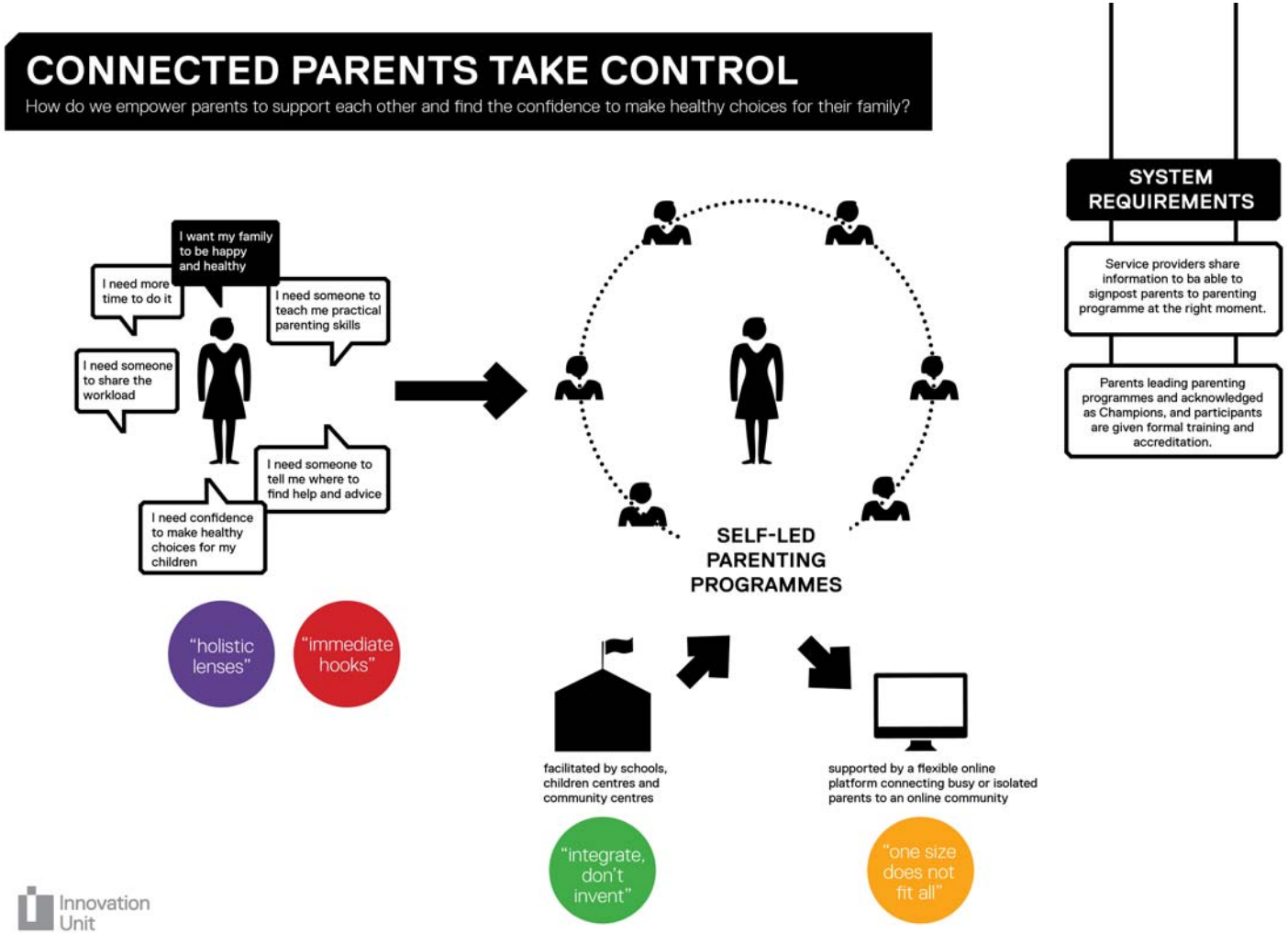
4.54 When refreshing Southwark's Healthy Weight strategies consider evidence from the whole community approach, from France, EPODE (‘Ensemble, Prévenons l’Obésité Des Enfants’, or ‘Together, Let’s Prevent Childhood Obesity’) and incorporate that where relevant and possible.

4.55 Ensure that links between Southwark’s ‘Healthy Weight Strategy’; Physical Activity Strategy and Food Strategy are made so that initiatives are mutually strengthening.

Appendix 4
Propositions developed by the review planning group and Innovation Unit




HOOKS & NOW
How do we motivate people to tackle issues that are immediately relevant to them?
UNDERSTANDING FAMILIES' PRIORITIES AND MOTIVATIONS TO CHANGE
Key "hooks" that have immediate relevance to families and young people need to be identified.
These "hooks" depend on a combination of factors, such as age and community affiliation. Therefore, conversations to better understand these "hooks" need to be sustained through time.
?
=
behaviour!
"immediate hooks"
"one size does not fit all"
BUILDING CAPACITY TO SUPPORT CHANGE WITHIN COMMUNITIES
Education on childhood obesity as a holistic issue is given through existing parental education forums, such as ESOL, and is targeted to those in communities who bridge across networks and have the most credibility ('sticky people').
"holistic lenses"
"sticky people"
"Sticky people" are given the tools to see the problem in terms of "hooks" and to influence and embed behaviour change in their communities.
SYSTEM BENEFITS
Testing this approach on childhood obesity is an opportunity for the HWB to define strategies for other issues.
Looking at the problem with holistic lenses should reveal gaps in integrated service provision
"integrate, don't invent"
Innovation Unit


CONNECTED PARENTS TAKE CONTROL
How do we empower parents to support each other and find the confidence to make healthy choices for their family?
I want my family to be happy and healthy
I need more time to do it
I need someone to teach me practical parenting skills
I need someone to share the workload
I need someone to tell me where to find help and advice
I need confidence to make healthy choices for my children
"holistic lenses"
"immediate hooks"
SELF-LED PARENTING PROGRAMMES
facilitated by schools, children centres and community centres
supported by a flexible online platform connecting busy or isolated parents to an online community
"integrate, don't invent"
"one size does not fit all"
SYSTEM REQUIREMENTS
Service providers share information to ba able to signpost parents to parenting programme at the right moment.
Parents leading parenting programmes and acknowledged as Champions, and participants are given formal training and accreditation.
Innovation Unit

Appendix 5

Contributors to the Review

Child Obesity Joint Review planning group membership

Christine Nolan-Bertuol	Senior Health Promotion Specialist Southwark
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Prof. Geof Rayner	City University, Government and WHO Advisor on Obesity
Gill Moffatt	Policy Lead, Obesity Team, Department of Health
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Wider contributors to review's investigations

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Parents at Southwark Parents Participation Forum
Southwark Youth Council
Borough and Bankside Youth Council
Parents at Goose Green Primary
Parents at Rye Oak Children's Centre
Grove Park Children's Centre
Children at St James the Great, Peckham
Children at Charlotte Sharman Primary School
Children at Grange Primary School
Parents at Migrants Day event, Elephant and Castle

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