

# Child Healthy Weight – Challenge Session

## Children and Education Scrutiny Sub-Committee

09/05/24



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## Chairs Forward

I am delighted to present this report which explores the issue of child healthy weight in Tower Hamlets. In delivering this challenge session the Children and Education Scrutiny Sub-Committee aims to ensure that all children in the borough are supported to achieve and maintain a healthy weight. Child healthy weight is an issue close to my heart, as a long-term parent governor and Councillor in Tower Hamlets I have seen first-hand the prevalence of child excess weight. The impact of excess weight on children's health and happiness is a key concern for me. I hope this review through our engagement with colleagues across the council and partners and community representatives provides clear direction to strengthen our approach to child healthy weight.

The findings from our session highlight the entrenched challenges in Tower Hamlets around healthy weight. We are an urban and heavily populated borough with high rates of overcrowding, deprivation and limited access to green and open spaces. Given the complex challenges we face locally it has been re-assuring to hear about the breadth of work on-going to support healthy weight in children. Colleagues presented a comprehensive action plan based on evidence and community engagement, aligned with national guidance and with associated evaluation frameworks. A clear prioritisation framework has been utilised to target actions.

Through this report the committee has sought to identify areas which can be further strengthened, aiming to build on the existing work. Lived experience highlighted some of the practical challenges in accessing schemes or projects, emphasising the importance of considering intersectionality and working to minimise the equality risks for those experiencing inequality across a number of protected characteristics. for example, a young Muslim woman with additional needs.

It has been a privilege to hear about the extensive work carried out by colleagues in schools and across the council to support children to live healthy lives. Our challenge session aims to maximise the impact of this work. Special thanks to our colleagues in Public Health for co-ordinating much of the preparation for the session. Further thanks to the many schools which hosted visits from the committee over the last year and to the Our Time Ambassadors for sharing their experiences.

**Councillor Bodrul Choudhury**

**Children and Education Scrutiny Sub-Committee Lead**



# Challenge Session Report

## High Level Recommendations

The recommendations outlined in this report respond to the complex factors associated with child excess weight.

The below diagram from Public Health England maps the complex factors which cause excess weight. The eight recommendations of the Children and Education Scrutiny Sub-Committee align to the factors outlined below focusing on food and food consumption, physical activity and psychology and culture.

The committee discussion and related recommendations recognise the wider impact of the local context and how this impacts on individual health. Recognising for example, the impact of the local built environment, exercise facilities and green spaces to make relevant and realistic recommendations.



<b>Theme One: Food</b>	
<b>R1</b>	Monitor the uptake of Free School Meals to identify and remove barriers and ensure <i>all children</i> can access these.
<b>R2</b>	Ensure that youth services meet our aims around healthy eating, including through their food offer, inclusion of physical activity and training for youth workers.
<b>R3</b>	Ensure children are engaged in food production from growing to cooking to eating, for example by co-ordinating work across schools and sharing best practice from the Healthy Families Programme.
<b>Theme Two: Physical Activity</b>	
<b>R4</b>	Work in partnership across the council and externally i.e., with schools to maximise children’s access to green spaces, exercise and sports facilities. Consider any opportunities which may arise through the in-sourcing of leisure services.
<b>Theme Three: Psychology and Culture</b>	
<b>R5</b>	Consider using food ambassadors to promote healthy eating and provide information on recipes which are culturally relevant. Understand that food and eating are individually and culturally specific and sensitive.
<b>R6</b>	Review existing social spaces for young people in the borough and investigate any levers the council has to provide or encourage the provision of social spaces for young people that are not food outlets. Continue efforts to make fast food outlets healthier.
<b>R7</b>	Ensure that children with Special Educational Needs and Disabilities can benefit from healthy food provision and access sports and exercise where there are additional barriers. Utilising tools such as EIAs to identify potential risks and barriers to this group.
<b>R8</b>	Research the needs of underweight children and those who may have eating disorders, especially being conscious of the potential impact of messaging on these groups.

# 1. Introduction

## Overview

- 1.1. Nationally, the number of children with excess weight is a serious public health concern. Having excess weight in childhood has a range of negative impacts on both mental and physical health. For example, it is associated with poor emotional health, increased school absence, high cholesterol and blood pressure and the increased risk of becoming an overweight adult, which in turn leads to an increased risk of ill-health and premature mortality.
- 1.2. The prevalence of excess weight has significant consequences for the individuals affected, their families and the NHS. The cost for the NHS is high across England with health problems associated with being overweight costing the NHS in excess of £6.1 billion every year.<sup>1</sup>
- 1.3. There are also clear equality implications, with correlations between excess weight and poverty. For example, nationally the obesity rates for the most deprived 10% of the population are double that of the least deprived 10%. This is particularly significant for Tower Hamlets, a borough of contrasts with high levels of poverty. Over half of adults in the borough have excess weight and 42.7% of children aged 10-11 are classed as overweight or obese, higher than both London and England, at 38.8% and 36.6% respectively.
- 1.4. In contrast, at reception age (4-5 years old), 18.5% of children in Tower Hamlets have excess weight, slightly lower than both London and England at 20% and 21.3% respectively. This is the lowest rate of child excess weight recorded in the borough since measurement began in 2008. It should be noted however that across-the-board rates of excess weight increase steeply between reception and year 6. In fact, rates of excess weight almost double between reception and year six in neighbouring boroughs, as the below table demonstrates.

<b>National/Regional/NEL</b>	<b>Excess weight in Reception</b>	<b>Excess weight in Year 6</b>
<b>England<sup>1</sup></b>	21.3%	36.6%
<b>London</b>	20%	38.8%
<b>Tower Hamlets</b>	<b>18.3%</b>	<b>42.7%</b>
<i>Barking &amp; Dagenham</i>	24%	45.7%
<i>Havering</i>	22.6%	39.9%
<i>Newham</i>	21.9%	45.5%
<i>Redbridge</i>	18%	40.9%
<i>Waltham Forest</i>	18.5%	40.7%

### National Picture

- 1.5. Our depth of understanding of the issue locally, is in part due to a national programme designed to provide intelligence to support local responses to child excess weight. Across England the National Child Measurement Programme (NCMP) measures the height and weight of children in reception and year 6, since 2006-2007. It is a mandated service which provides robust local data to inform local responses to child excess weight. In addition, feedback letters were introduced in 2009-10 providing support and advice to parents and linking them to services where necessary. However this is not a mandated element of the programme.
- 1.6. This responds to insight which suggests that without clear data children’s excess weight may be overlooked by those with a duty of care for example, “Evidence shows that parents and even health professionals may struggle to identify overweight in children by sight alone, with half (50.7%) of parents underestimating their children’s overweight or obesity status.”<sup>1</sup> While the feedback letters may respond to this identified need, there are concerns about the impact of such an intervention on both parents and children. In particular the stigma or shame which might result and the potential detrimental impact of these feelings on the weight of children.

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<sup>1</sup> [Childhood obesity: applying All Our Health - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

- 1.7. Further national research questions the significance of individual-level behavioural changes in reducing child excess weight at the overall population level, highlighting the links to factors largely outside of individual control (such as child poverty) and suggesting that policy approaches such as soft drinks industry levies or extending access to free school meals might be more effective.<sup>2</sup> At a local level, work is underway in response to a number of these challenges. Through the challenge session we learnt about the roll out of Free School Meals (FSMs) in the borough and the local approach to the National Child Measurement Programme.

## 2. Review Approach

- 2.1. The review was led by Cllr Bodrul Choudhury, the Scrutiny Lead for the Children and Education Scrutiny Sub-Committee, and supported by Anna Murphy, Senior Strategy and Policy Officer. To inform the review, evidence was gathered through the challenge session with committee members, co-optees and partners across the council including, Public Health, Childrens and Leisure services. Further a number of site visits were carried out at schools across the borough with visits to the Town Hall from a key youth ambassadors forum.

### Site visits

- 2.2. Site visits took place at several schools, focusing on the roll-out of Free School Meals, and best practice in curriculum. A wide range of committee members attended the sessions and learnt about the lunch time arrangements, schools growing and preparing food and the outdoor and exercise facilities available.

School	Attendees
Bow School	Phillip Rice (Co-optee) Cllr Bodrul Choudhury Cllr Sabina Akhtar

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<sup>2</sup> Queen Mary University - Is a Government Programme to tackle childhood obesity doing more harm than good?  
<https://www.qmul.ac.uk/media/news/2023/smd/is-a-government-programme-to-tackle-childhood-obesity-doing-more-harm-than-good.html>



St Pauls Way Trust School	Joanna Hannan (Co-optee) Nafisa Ahmed (Co-optee)
Central Foundation Girls School	Cllr Shubo Hussein Cllr Bodrul Choudhury
Mayflower	Philip Rice (Co-optee) Asharaf Zaman (Co-optee)
Lansbury Lawrence School	Cllr Ahmodul Kabir Phillip Rice (Co-optee) Asharaf Zaman (Co-optee)

### SEND Ambassadors Forum

- 2.3. In addition to these visits, the Our Time, Young Ambassadors forum representing Young People with Special Educational Needs and Disabilities visited the Town Hall to talk about their experiences. They highlighted challenges accessing leisure provision including a lack of variety in activities available, especially split-gender exercise for women. Sharing barriers to accessing mainstream sport provision for example swimming as there is additional risk associated for members.
- 2.4. A further 30-minute session was held for members and co-optees to discuss recommendations. As part of the review, evidence was received from a range of officers, partners, and committee members, including:

Name	Designation
Cllr Bodrul Choudhury	Scrutiny Lead for the Children and Education Scrutiny Sub-Committee (CESSC)
Cllr Sabina Akhtar	Member, CESSC
Cllr Shafi Ahmed	Member, CESSC
Cllr Leelu Ahmed	Member, CESSC
Halima Islam	Co-opted member (CESSC)
Phillip Rice	Co-opted member (CESSC)
Asharaf Zaman	Co-opted member (CESSC)
Shiblu Miah	Co-opted member (CESSC)
Nicola Lawrence	Co-opted member
Assan Ali	Co-opted member
Katy Scammell	Associate Director of Public Health
Phoebe Kalungi	Public Health Lead – Children and Adolescent
Denise De-Goze	Schools and Families Team Manager
Robert Brownwell	Public Health Programme Manager
Tom Alexander	Leisure Programme Director
Dee Bleach	Headteacher Mayflower

- 2.5. The Sub-Committee was keen to scrutinise Tower Hamlets' whole systems approach to supporting child healthy weight, by:

- Understanding the current picture of child healthy weight in Tower Hamlets, through existing data
- Understanding what progress the borough has made to reduce levels of child excess weight
- Identify what other actions can be taken to reduce rates of child excess weight in Tower Hamlets
- Identify why children from some population groups may be less likely to be a healthy weight and any potential interventions

### 3. Findings

- 3.1. A wide programme of work has been delivered in Tower Hamlets under the umbrella of the Child Healthy Weight Action Plan. The action plan aims to take a whole-systems approach to promoting healthy weight for children through partnership working. The ambition of the plan is to create healthier places, settings and services in Tower Hamlets. Actions are organised across three themes: healthy places, healthy spaces, and healthy services.
- 3.2. Interventions included in the healthy places theme include a play programme creating spaces for children to play on estates and ensuring children with special educational needs and disabilities can access play. Work led by the regeneration team focused on schools and active travel and the food for health scheme supporting fast-food outlets to make healthier choices. The delivery of Free School Meals (FSMs) in primary and secondary schools and the in-sourcing of leisure services in the borough are key activities included in the healthy spaces theme. Finally, under the healthy services theme, healthy weight training has been offered to professionals and a variety of schemes aiming to make healthy lifestyles more accessible, for example promoting cycle or providing fruit and vegetables for families.
- 3.3. Two key interventions were highlighted which demonstrate local progress through innovative strategies to reduce levels of excess weight. Tower Hamlets has been the first area to introduce Free School Meals (FSMs) for all secondary pupils<sup>3</sup> and is piloting work on the National Child Measurement Programme (NCMP). This pilot includes both assessing the effectiveness of the NCMP and undertaking a quality improvement project

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<sup>3</sup> [Tower Hamlets first area to give free secondary school meals for all - BBC News](#)

to increase the local effectiveness. Through the NCMP pilot, local research has highlighted the need to improve NCMP communication with families. As a result, the NCMP materials have been co-produced with the community to ensure the language is both appropriate and understood. Further, a pilot is being run at five schools to improve support for children and families identified as being above a healthy weight.

### Theme One: Food

- 3.4. The first theme focuses on maximising children’s access to healthy food. National research has highlighted the positive impact that free school meals have had on Child Healthy Weight through the provision of free school meals for all primary children.<sup>4</sup> Four boroughs piloted free school meals for primary children including Tower Hamlets and saw reductions of child excess weight between 7% - 11%.<sup>4</sup> Building on this a commitment has been made as part of the roll out of FSMs to ensure that school food matches healthy food standards. Pre-implementation audits of food, on-going audits and evaluations have also been scheduled to accompany the process.
- 3.5. Through school visits and in conversation with teachers and parents, the committee heard about a range of challenges in the practical roll-out of the FSMs programme. Concerns were raised about portion sizes and queues with children complaining that they were hungry after eating or missing out on lunch due to queues and wanting to play. In turn concerns were raised that these challenges might make children more likely to frequent fast food outlets after school. As national research has demonstrated the significant impact of free school meals on cutting obesity our first recommendation focuses on ensuring all children can access these in practice.

**Recommendation 1: Monitor the uptake of Free School Meals to identify and remove barriers and ensure *all children* can access these.**

- 3.6. Through site visits the committee also heard about some of the potential solutions to these challenges. To support this recommendation, it is essential that monitoring of uptake is carried out across schools and analysed. The committee suggested that further to this Tower Hamlets should support schools to develop peer-support networks and ensure that learnings are being communicated between schools through tools such as workshops or guidance. Detailed solutions to be considered include

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<sup>4</sup> [Free school meals 'cut obesity and help reading skills' in England, study finds | Children's health | The Guardian](#)

extending lunch breaks or introducing an alternative and healthier school food offer across the day for example introducing after-school food in the same vein as a breakfast club. The report does note the operational challenges involved in extending a lunch break highlighted by colleagues at the challenge session. Finally, the committee asks that consideration should also be given to expanding the offer for sixth formers.

- 3.7. Aligned with the aspiration to have healthy food accessible for all children, the second recommendation considers other key services accessed by children in the borough. During the challenge session Public Health highlighted the work which had been done to provide training on healthy weight for professionals. This training supported professionals to recognise child excess weight, youth workers were not included in the initial roll out of this training. The committee highlighted the importance of youth workers in the borough and recommended that these colleagues be included in this training in the future. Complimenting this the food offer available through youth services should meet healthy food standards, and physical activity should be embedded into youth provision. The in-sourcing of these services may provide additional opportunities to complete this.

**Recommendation 2: Ensure that youth services meet our aims around healthy eating, including through their food offer, inclusion of physical activity and training for youth workers.**

- 3.8. At a minimum, youth service staff should be made aware of existing resources, for example the structured pathways Public Health has developed to support professionals who come across a child with excess weight, further utilising the online directory of services related to child excess weight and understanding pathways for signposting to other relevant services.
- 3.9. Through schools, and potentially through youth services, children should be supported to understand and take part in growing and cooking food. This is particularly important for children growing up in London who will have more limited access to and visibility of farms and livestock. Through site visits to schools the committee saw fantastic examples of vegetable gardens in school playgrounds, observed children learning about plants and heard about pupils learning about cooking through the curriculum.
- 3.10. At the challenge session, colleagues presented the positive impact of the Healthy Family Programme run by Tower Hamlets. The Programme includes 121 support, one-off sessions and a 5-week programme including activities such as a cooking workshop. Colleagues presented research which demonstrates that involving children in making choices about food, buying ingredients and cooking supports them to eat more healthily and try new things. Feedback on the Healthy Family Programme supported this research, with parents reporting that children were trying a wider range of food. In response to this the committee's recommendation focuses on expanding access to these kinds of activities.

**Recommendation 3: Ensure children are engaged in food production from growing to cooking to eating, for example by co-ordinating work across schools and sharing best practice from the Healthy Families Programme.**

- 3.11. While the Healthy Families Programme targets specific groups of children and parents, the committee recommends that learning from the programme be broadened for wider access. Where much of the work on healthy food has focused on primary schools, following the first year of universal free school meals in secondary schools there may be opportunities to build in learning from these programmes. For example, utilising curriculum lessons such as food technology to engage children in growing and cooking food. One Committee member highlighted the significance of flipchart recipes in developing their own cooking skills, breaking down ingredients (and cost) and recipes demonstrating that tasty food can be both healthy and affordable. In summary, consider innovative approaches to food and eating, building and making them accessible through schools and other services to as wide a range of children as possible.

## **Theme Two: Physical Activity**

- 3.12. The second theme focuses on maximising children's access to physical activity. In such a densely populated area, with high rates of overcrowding and air pollution access to safe spaces for exercise and especially green/outdoor space is a challenge. The fourth recommendation responds to this context, suggesting a focus on access to exercise.

**Recommendation 4: Work in partnership across the council and externally i.e., with schools to maximise children's access to green spaces, exercise and sports facilities. Consider any opportunities which may arise through the in-sourcing of leisure services.**

- 3.13. Colleagues in leisure presented on existing work to identify and map sports assets in the borough as part of the leisure needs assessment. It is expected that the outcome of this mapping will find a deficit in local assets. However, it will support to understand by how much and the possible actions needed to remedy this deficit. The committee supports this approach and through school visits was impressed by the sports assets located in schools, i.e. pitches and playgrounds.
- 3.14. The committee suggests working closely with schools to understand how to overcome barriers and make such spaces accessible outside of school hours for both children and their families. The committee also recommends working with neighbouring councils to access resources which may be lacking in Tower Hamlets. Through site visits the committee heard about barriers to accessing existing sports facilities due to maintenance issues or adults being given preferential use. For existing facilities, the committee suggests a review of maintenance and of any policies or guidance on the prioritisation of use.
- 3.15. Additionally, the in-sourcing of leisure services will provide specific opportunities to meet the needs of the borough's children and families, for example the provision of free activities like school holiday swimming. The council and its partners should also explore whether privately owned gyms and other sports facilities in the borough can support with this agenda, for example water sports and climbing facilities. Finally work in Public Health should be joined up with and contribute to other council work focused on green spaces, for example, work in planning focused on gender-inclusive

design, which concluded with the importance of a network of green spaces for women's safety.

### **Theme Three: Psychology and Culture**

- 3.16. Our final theme focuses on some of the most complicated factors in child excess-weight: psychology and culture. Through discussion the committee highlighted the importance of culturally sensitive messaging proposing the use of food ambassadors or role models to share key messages around food and lifestyles. One scrutiny member shared their own personal testimony, talking about how their experience of migration and cultural upbringing played into their experience of eating and excess weight. Highlighting that interventions designed to reduce their weight were not well understood by their parents and had no impact on reducing their weight or promoting a healthy lifestyle for this individual.

**Recommendation 5: Consider using food ambassadors to promote healthy eating and provide information on recipes which are culturally relevant. Understand that food and eating are individually and culturally specific and sensitive.**

- 3.17. Due to the significant Bangladeshi population in the borough, the committee suggests considering culturally appropriate role models, such as Nadia Hussein for example, to share information about cooking and healthy eating. Considering organisations such as the Youth Council or Care Leavers Council which may have opportunities to influence or promote messages to children and young people. The committee suggests that public health and colleagues take an approach that recognises how our own experiences impact on health, food and eating and undertake self-reflective practice when crafting narratives or messages. A key part of this is understanding the relationship between deprivation and excess weight and, embedding an approach which educates professionals who may not be experiencing this deprivation on how to engage with empathy and understanding.
- 3.18. Public health presented evidence of the clustering of unhealthy fast-food outlets in areas of deprivation. Through a discussion around the prevalence of fast-food outlets committee members articulated the popular culture significance of chicken shops as a social space for young people. This is particularly significant in a borough with such high levels of overcrowding where children and young people may have more limited space to socialise or play in their own homes.

**Recommendation 6: Review existing social spaces for young people in the borough and investigate any levers the council has to provide or encourage the provision of social spaces for young people that are not food outlets. Continue efforts to make fast food outlets healthier.**

- 3.19. Consider through partnership working any levers that the council may have to provide alternative social spaces for children and young people, or to encourage through advertising or partnership such spaces. Where this is found to be challenging, or in parallel, continue the work to ensure fast food outlets are as healthy as possible, for example through the Food for Health<sup>5</sup> scheme and work to ensure licenses are not granted within a certain distance from a school.
- 3.20. The final two recommendations focus on groups of children who may have specific needs in terms of the work discussed above. The first of which focuses on the experiences of children with special educational needs and disabilities. Through the committee's engagement with the *Our Time* Ambassador's forum for young people with special education needs, the committee learnt about some of the barriers to exercise for young people with additional needs.

**Recommendation 7: Ensure that children with Special Educational Needs and Disabilities can benefit from healthy food provision and access sports and exercise where there are additional barriers. Utilising tools such as EIAs to identify potential risks and barriers to this group.**

- 3.21. Young people explained that risk assessments were sometimes a barrier to exercise and limited the variety of sports they were able to participate in. For example, young people shared personal testimony about being prevented from taking part in swimming as support wasn't available to manage the associated risk. The young people also highlighted the intersectional nature of these challenges explaining the difficulties a young Muslim woman with additional needs might face in accessing women's only sport provision.
- 3.22. Standard interventions on healthy weight may not meet the needs of all children, for example neurodiverse children may have needs around food or may struggle to eat fruit and vegetables. Through school visits the committee heard about schools tailoring eating arrangements for specific pupils with chefs cooking bespoke meals to meet the needs of individual children. Also, schools provided examples of children eating in a separate lunchroom to manage their eating environment.
- 3.23. The committee recommends that these local arrangements are mapped, and best practice shared across the borough to ensure consistency. Public Health highlighted on-going work, including a joint strategic needs assessment (JSNA) focused on health and wellbeing of children with

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• <sup>5</sup> [Food for Health award holders \(towerhamlets.gov.uk\)](https://towerhamlets.gov.uk)

special educational needs and disabilities. The committee suggests that these concerns are included within this work, considering the exercise and food needs of this group with a particular focus on intersectionality. Finally promoting the use of EIAs and corresponding action plans to identify and minimise risks to children with additional needs accessing services designed to support healthy lives.

- 3.24. Finally, through our focus on child excess weight the committee recommends that conscious effort is made to understand the needs of and ensure messaging is not detrimental to underweight children.

**Recommendation 8: Research the needs of underweight children and those who may have eating disorders, especially being conscious of the potential impact of messaging on these groups.**

While there is less prevalence of underweight children in Tower Hamlets, the committee recommends that further research should be carried out on the needs of this group. There are a range of factors linked to children having low weight and different causes of low weight require different interventions. Eating disorders in children are increasing and the committee are concerned about the needs of this group. Poverty and the cost-of-living crisis may also be linked to low weight through food insecurity. The committee notes that poverty may be linked to both excess and low weight in children and recommends that the range of factors linked to low weight should be investigated. This additional research should be used to ensure that any activity around excess weight does not risk a detrimental impact on these groups and, further, to identify any actions to support these additional groups. The committee is concerned about the needs of all underweight children and suggests a focus on inclusive healthy weight messaging that can meet the needs of all children across the weight spectrum.