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# Foreword

**The Five Year Forward View calls on health systems to develop ‘innovative approaches to improving health and wellbeing’ and to be ‘a more activist agent of health-related social change’ recognising the rising disease burden and financial pressures faced by the NHS.**

So what does that really mean? It means looking beyond ill health towards tackling the causes of ill health in local communities. It means doing things differently, thinking about the most impactful ways of supporting behavioural change and where that’s not possible, shaping the lived environment so that people are enabled to make more healthy choices. It means giving ourselves permission to shine a light on the injustice of health inequity and the impact of hazards to our health such as air pollution, lack of green space for getting active or over promotion of unhealthy food options. It means we need a change in the way we lead for health.

Healthy London Partnership’s prevention programme was established by CCGs and NHS England in London to support that change. In year one the programme has placed a significant focus on childhood obesity. London has a worse record on childhood obesity than New York, Madrid, Paris and many other global peer cities. 1 in 4 children in Year 1 of primary school are overweight or obese and this rises to 2 in 5 by the time they start secondary school. This is storing up additional burden of future illness and demand on the health system. Childhood obesity is a normal response to an abnormal environment.

Healthy London Partnership has been working with three neighbourhoods in London to examine what more can be done to tackle childhood obesity as part of our Healthy Communities project. We wanted to better understand the drivers that are prompting people towards less healthy choices and generate innovative ways of supporting more healthy choices. We wanted to capture our learning so that it can be shared with other CCGs and local government. We needed expertise in human-centric design and behavioural insights so we partnered with UsCreates.

We’d like to share this work with you as it develops and hear about similar projects you might be leading from across the Capital.

Here, we are pleased to present Healthy Communities: Stage One Report which sets out what we have learnt since launching this project in February 2016. In stage one we did extensive insight gathering and community asset mapping. We then developed new ideas for tackling childhood obesity and re-framed existing interventions to increase their impact. In our next report we will be able to share further details on the best ideas, how these have been tested and what results they are achieving.



**Yvonne Doyle**

Regional Director, London Region, Public Health England



**Sarah Price**

Chief Officer and CCG SRO for HLP Prevention Programme, Haringey CCG



**Joanne Murfitt**

Director of Public Health Commissioning, London Region NHS England

This project has been delivered by the Healthy London Partnership’s Prevention Team & UsCreates in partnership with London CCGs, NHS England, PHE England, local government and the GLA. For further information on Healthy London Partnership’s Prevention Programme contact Jemma Gilbert, Programme Director for Prevention and Improvement ([jemma.gilbert2@nhs.net](mailto:jemma.gilbert2@nhs.net))

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*“Working with three sites across London with the most challenging levels of childhood obesity has given us a real insight into the complexities of this problem at a community level. The communities in which we have engaged, including schools, mosque leaders, local businesses and parents and children, are excited and motivated to take back control to tackle this challenge locally. A series of innovative ideas have been co-produced with the communities which will eventually be led by the communities to make local initiatives the most impactful they can be. In turn, we hope to empower local communities to support their children (and themselves!) lead healthier and happier lives.”*

Sally Prus, Prevention Team, Healthy London Partnership

*“Tackling child obesity is a local priority as outlined in Haringey’s corporate plan (2015-18) and the Health and Wellbeing strategy (2015-18), where schools, communities and shaping the built environment all play a vital role.*

*The Healthy Communities project, sponsored by the Healthy London Partnership, has provided a useful vehicle to explore the complex issue of child obesity in more depth with local schools, children and young people and families to gain their valuable insights. We are excited to enter into the next phase of the programme and exploring how we can help support schools and communities further in shaping their built environment and behaviour changes through innovative and multi-organisational partnership design ideas.”*

Debbie Arrigon (Site Lead) Public Health Commissioner Haringey, Healthy Schools

*“Working with HLP and Uscreates has been a fantastic opportunity for Hackney Public Health to really focus on the complexities around the wider determinants of health such as deprivation and housing and its effect on poor health outcomes – mainly obesity.*

*We look forward to Phase Two which could lead to innovative approaches to address barriers to healthy eating as well as the scope for developing a social enterprise in Hackney.”*

Henry Muss (Site Lead) Public Health Officer - Hackney Council

*“It was wonderful to see the co-design led by Healthy London Partnership and Uscreates take shape within the Cubitt Town Junior School community. The strong engagement work formed new connections within the local community and other outside communities and strengthened their confidence in voicing new ways of thinking and planning.*

*The process of design enabled people and the wider stakeholders to turn their aspirations into a range of practical ideas for stepping over the barriers to making healthy lifestyle changes. We are looking forward to Phase 2 where we get to see how this design process will improve healthy eating and physical activity with an engaged and enthusiastic community.”*

Ashlee Mulimba (Site Lead) Public Health Strategist - Tower Hamlets Council

# 0. SUMMARY REPORT



# Executive summary

**Healthy Communities was commissioned by Healthy London Partnership (which brings together London's 32 Clinical Commissioning Groups and NHS England) to support children and families in London to get more active and to eat healthier. The Healthy London Partnership (HLP) aims to solve health and care challenges faced by the capital, to make London the world's healthiest global city.**

HLP worked in partnership with Uscreates, a design agency specialising in health and wellbeing, to run an initial 100-day co-design process. This process employed the Design Council's Double Diamond, a methodology converging and diverging from 'discovery' to 'delivery' to provide rapid, actionable, innovative and insight-driven solutions (to be differentiated from academic research methodologies).

Three local communities took part in the project, with the geographical scope of enquiry and design set at 400 metres around each of the three sites:

- ♥ Fellows Court Community Centre in Haggerston ward
- ♥ Cubitt Town school in the Isle of Dogs
- ♥ Crowlands school in Seven Sisters

## Background

Childhood obesity rates are higher in London than the rest of the country, and levels are worse than comparable global cities such as New York. One in five children are classed as very overweight by the time they leave primary school and two in five start secondary school overweight or obese.

Obesity is a pressing and growing problem that is being addressed in multiple ways. The Government's obesity strategy is due for release in summer 2016, Public Health England's report calls for measures to reduce sugar intake, a Sugar Tax is due for implementation in 2018 to reduce sugary drinks consumption and Healthy London Partnerships have all commissioned a London-wide conversation on obesity.

These examples represent just a selection of the preventative work going on. Healthy Communities is the opportunity to harness the value of human-centred design thinking and behavioural science to impact on this important growing issue.

## Project aims:

- ♥ To support efforts to tackle overweight and obesity levels, and promote healthier living

## Project objectives:

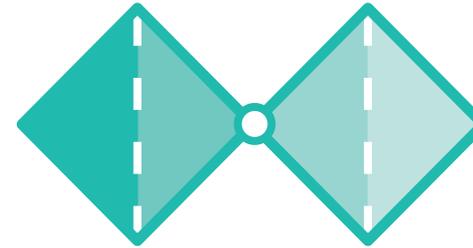
- ♥ Develop a detailed understanding of behavioural and social factors influencing childhood obesity in three communities across London
- ♥ Develop a process to increase community-led solutions and build upon existing initiatives

## Report structure:

The following pages provide a standalone summary of the project, which surfaces top level themes, insights and activity. Further detail is then provided within the main body of the report which mirrors the project's structure: Discovery Phase; Define Phase; Develop Phase; and Delivery Phase.

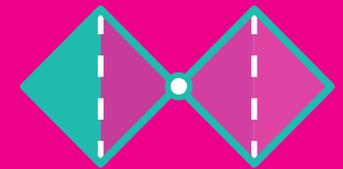
# Introduction

## 100-day double diamond process



Discover - Pg. 21	Define - Pg. 104	Develop - Pg. 108		Deliver - Pg. 131
<p><b>Insight into the problem</b></p> <p>Literature and practice review, and insight gathering activity to diagnose problems in the three sites (hereafter referred to as diagnostic tool)</p>	<p><b>The area of focus</b></p> <p>Using the COM-B, CHES, and ISM models to help define the focus</p>	<p><b>Idea generation</b></p> <p>A series of co-design workshops with parents, children, community and council stakeholders to generate ideas</p>	<p><b>Prioritisation of solutions</b></p> <p>Prioritising the ideas using a gaps analysis, validation with sites, and cross referencing against primary and secondary research</p>	<p><b>Prototyping of solutions</b></p> <p>Prioritised ideas tested rapidly on desirability, viability and feasibility to inform further development</p>
<ul style="list-style-type: none"> <li>♥ Observation tours</li> <li>♥ Ethnographic-style immersive interviews</li> <li>♥ Professional interviews</li> <li>♥ Food diaries</li> </ul>	<ul style="list-style-type: none"> <li>♥ Local barriers / challenges and areas of opportunity</li> </ul>	<ul style="list-style-type: none"> <li>♥ Ideas address challenges</li> <li>♥ Shortlisted ideas</li> </ul>	<ul style="list-style-type: none"> <li>♥ <b>RAG prioritisation scoring:</b> innovation, potential impact, replicability, cost, sustainability</li> <li>♥ <b>Gaps analysis:</b> What is happening out there? What's working well and less well? Innovation gap?</li> </ul>	<ul style="list-style-type: none"> <li>♥ Proposed idea lenses based on gaps analysis to address local challenges</li> <li>♥ Storyboards and initial service</li> <li>♥ Learning and recommendations</li> </ul>

# Discover Phase Summary



**The discover phase consisted of a literature review, and a diagnostic process which included ethnographic in-depth interviews, food and activity diaries with parents, children and key stakeholders, as well as observational tours of the three project sites.**

## Existing evidence review insights

The literature review had a particular focus on prevention, and evidence was organised through the COM-B model (Michie et al., 2011); of behaviour change which categorises factors in the following groups: Capability and knowledge; Opportunities and barriers; Motivations and choices. Key insights unearthed by the literature review within these categories are:

### Capability and knowledge:

- ♥ Parents often perceive a happy child as a healthy child, but this can lead to unhealthy behaviours as their focus is on their child's enjoyment as opposed to their weight (HM Government, 2008)
- ♥ Parents who are not physically active are less inclined to encourage their children to be active, lacking the confidence and capability to undertake physical activity regularly themselves (HM Government, 2008)

### Opportunities and barriers:

- ♥ Affordability is a barrier for parents with low levels of income, found in all three boroughs, who are less likely to travel to buy fresh food and more likely to perceive out of school physical activities as prohibitively expensive (HM Government, 2008; Morgan Stanley, 2014)

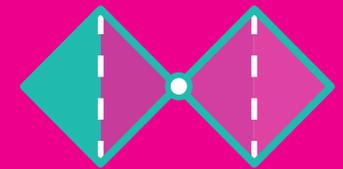
- ♥ From an environmental point of view the proximity of fast food outlets is linked to increased prevalence of obesity (Dunton et al, 2009). This is a particular challenge in Haggerston which was identified as having a proportionately high number of outlets in the borough (Hackney HLP Proposal, 2016)
- ♥ Research demonstrates that lack of access to outdoor play areas, high levels of traffic, a higher density of fast food outlets and convenience stores, and living near a subway or tube station are all linked to higher BMI in young people (Dunton et al, 2009)

### Motivations and choices:

- ♥ Some parents in ethnic minority groups such as British Asian – which is the predominant ethnic group in Isle of Dogs – place a low priority on physical activity in comparison with education (HM Government, 2008)
- ♥ Cultural differences can affect how food is prepared – strong family and cultural identities can lead to the motivation to continue cooking in traditional ways, and the potential health impacts are not considered (HM Government, 2008; Morgan Stanley, 2014)

[Click here to go to the full existing evidence review - page 21.](#)

# Discover Phase Summary



## Diagnostic tools insights

Over 100 children and parents participated in diagnostic tools, either completing food and activity diaries, taking part in a short survey interview, or an ethnographic in-depth interview. The Healthy Foundations Lifestage Segmentation Model (2010), was used to segment those who participated in the diagnostic tool activity into the groups of Fighter, Thriver, Survivor and Disengaged, based on their motivations and opportunities for a healthy lifestyle.

At a wider level, professional interviews explored the local challenges with school staff, from headteachers to parent liaison officers, social influencers such as GPs and community providers, and individuals working on the policy environment around each site. Over 30 individuals contributed, for more details please see appendix 8 for more stats on project participation.

**Summary descriptions of insight into the barriers to staying healthy, and possible areas and factors for solutions, are organised per site on the following pages.**

**For in-depth insights on each stakeholder group click on relevant page number:**

**Individual child behaviour (including food and activity diaries ) page 46.**

**The parent's perspective - page 68.**

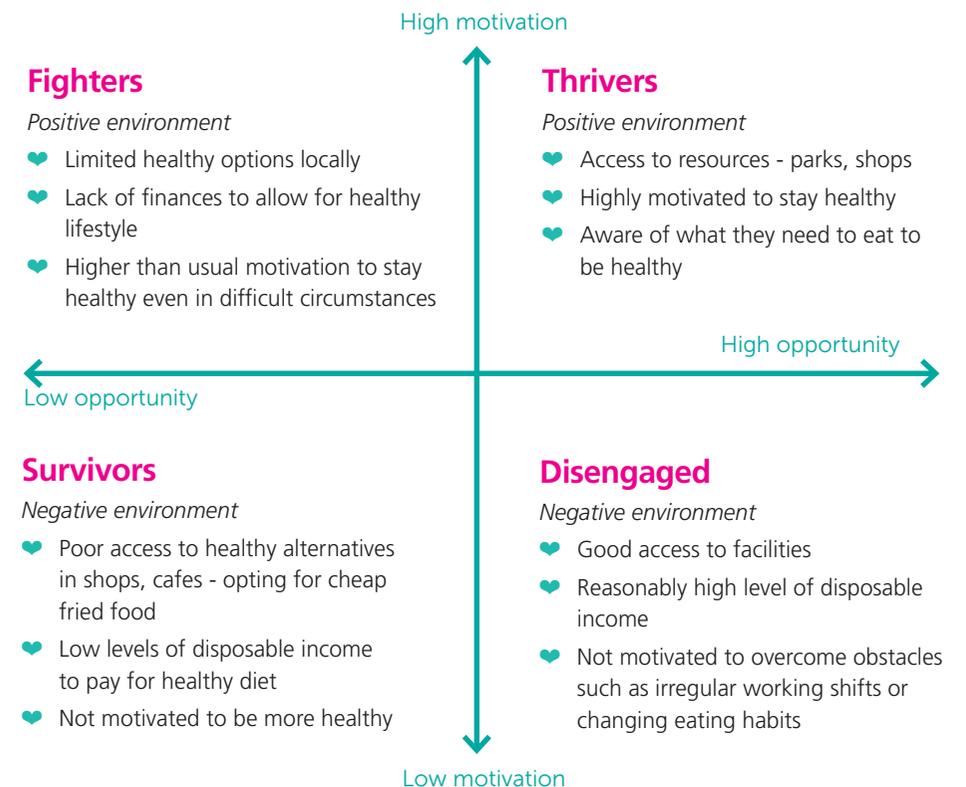
**The school's perspective - page 79.**

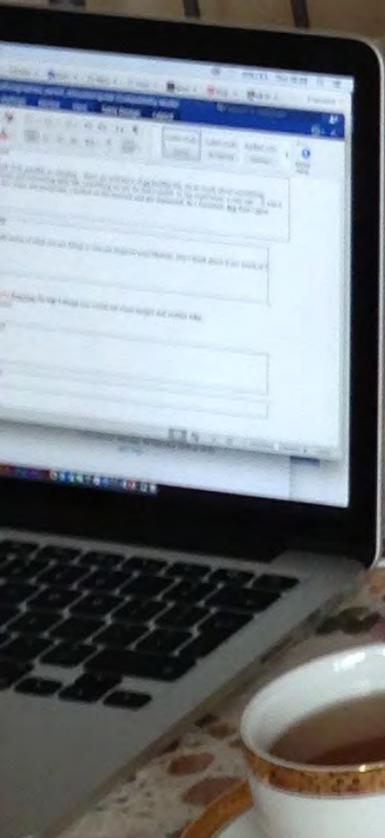
**The wider social perspective - page 85.**

**The local policy perspective - page 92.**

**The local environment perspective - page 98.**

Healthy Foundations Lifestage Segmentation Model (2010)

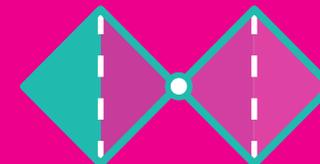




What is the best food to eat?



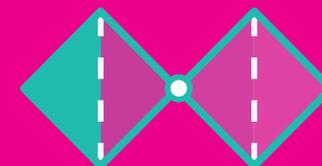
# Discover Phase Summary



## Haggerston (Hackney)

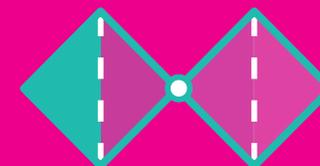
Source	Insight into the barriers to staying healthy	Opportunities
<b>Parents</b>	<ul style="list-style-type: none"> <li>♥ Struggled with motivating themselves to carry out additional exercise with their children, a difficult prospect when tired and lacking free time</li> <li>♥ Challenge around finding out about the (free or cheap) opportunities to help be more active, or learn to eat more healthily</li> <li>♥ Concern about safety and security, which reduced the likelihood of their children undertaking unaccompanied physical activity</li> </ul>	<ul style="list-style-type: none"> <li>♥ Their children's willingness to eat healthy food if they have cooked it with their parent</li> <li>♥ The desire to spend more time with the children away from computer and TV screens</li> <li>♥ The motivation to use community assets if safety fears can be addressed</li> </ul>
<b>Children</b>	<ul style="list-style-type: none"> <li>♥ Powerful temptation of unhealthy but tasty foods loaded with sugar, salt and flavourings available to them in convenient locations</li> <li>♥ Susceptibility to the attractive branding of takeaway food and unhealthy snacks</li> </ul>	<ul style="list-style-type: none"> <li>♥ The power of play and fun, with children and parents observing that providing exciting or fun opportunities for active and/or healthy eating play were likely to be much more successful</li> </ul>
<b>School</b>	<ul style="list-style-type: none"> <li>♥ Parents not engaging with children's school life – without parental engagement and motivation, hard for children to undertake new activities</li> <li>♥ Unhealthy food is 'cooler' – energy drinks and chicken and chips a status symbol, a cultural icon</li> </ul>	<ul style="list-style-type: none"> <li>♥ Create alternative community focal points to the school, and unlock potential of Fellows Court Community Centre</li> </ul>
<b>Social influencers</b>	<ul style="list-style-type: none"> <li>♥ Entrenched family patterns – i.e. the negative power of role models</li> <li>♥ Estate politics – micro feuds and grudges impacting use of community assets</li> <li>♥ Families that come from nothing where food and overweight symbols of success</li> </ul>	<ul style="list-style-type: none"> <li>♥ Major investment in parenting support, a whole family focus to break cycles</li> <li>♥ Offer children something better than gangs to belong to</li> </ul>
<b>Policy makers</b>	<ul style="list-style-type: none"> <li>♥ Piecemeal interventions – lack of joined up effort on challenge</li> <li>♥ Hyper locality of estate interventions – people don't travel far from their estates</li> </ul>	<ul style="list-style-type: none"> <li>♥ Locality model: joining up and creating shared agenda around weight</li> <li>♥ Convincing parents long term benefits of healthiness are worth it</li> </ul>

# Discover Phase Summary



Isle of Dogs (Tower Hamlets)		
Source	Insight into the barriers to staying healthy	Opportunities
<b>Parents</b>	<ul style="list-style-type: none"> <li>♥ Struggled with motivating themselves to carry out additional exercise with their children, a difficult prospect when tired and lacking free time</li> <li>♥ Challenge around finding out about the (free or cheap) opportunities to help be more active, or learn to eat more healthily</li> <li>♥ Concern about safety and security, which reduced the likelihood of their children undertaking unaccompanied physical activity</li> </ul>	<ul style="list-style-type: none"> <li>♥ Their children's willingness to eat healthy food if they have cooked it with their parent</li> <li>♥ The desire to spend more time with the children away from computer and TV screens</li> <li>♥ The motivation to use community assets if safety fears can be addressed</li> </ul>
<b>Children</b>	<ul style="list-style-type: none"> <li>♥ Powerful temptation of unhealthy but tasty foods loaded with sugar, salt and flavourings available to them in convenient locations</li> <li>♥ Susceptibility to the attractive branding of take away food and unhealthy snacks</li> </ul>	<ul style="list-style-type: none"> <li>♥ The power of play and fun, with children and parents observing that providing exciting or fun opportunities for active play and/or healthy eating were likely to be much more successful</li> <li>♥ Children identified their parents and their teachers as influential role models</li> <li>♥ Children had cultural or religious commitments, such as attending Arabic classes at the mosque after school, greatly reducing availability for attending physical activity groups and sessions</li> </ul>
<b>School</b>	<ul style="list-style-type: none"> <li>♥ Trouble accessing the right information, difficulty navigating how to access the info</li> <li>♥ Cultural diets and expectations around religious commitments being met reducing availability</li> </ul>	<ul style="list-style-type: none"> <li>♥ Continue the school's work to empower the parents with capabilities and confidence in order to benefit children</li> <li>♥ Capitalise on the huge influence of parents and teachers as role models</li> </ul>
<b>Social influencers</b>	<ul style="list-style-type: none"> <li>♥ Gang culture and fears about violence keep children inside, and health a low priority for scared children</li> <li>♥ Many struggle with mental health issues</li> <li>♥ Language barriers makes engagement and parental involvement harder</li> </ul>	<ul style="list-style-type: none"> <li>♥ A simple tool to help parents navigate what is on offer for them</li> <li>♥ Seek to engage secondary age children too, as they start making their own independent decisions</li> <li>♥ Capitalise on the social aspect of the chicken shops, working with them</li> </ul>
<b>Policy makers</b>	<ul style="list-style-type: none"> <li>♥ Negative messages about the impact of ill health does not seem to motivate people</li> <li>♥ Cultural attitudes to weight, and overweight being seen as healthy</li> </ul>	<ul style="list-style-type: none"> <li>♥ Policy leads believe strong community identity can be built upon, and generally a desire in the area to do more</li> </ul>

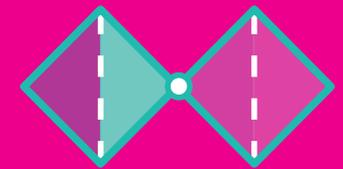
# Discover Phase Summary



## Seven Sisters (Haringey)

Source	Insight into the barriers to staying healthy	Opportunities
<b>Parents</b>	<ul style="list-style-type: none"> <li>♥ Struggled with motivating themselves to carry out additional exercise with their children, a difficult prospect when tired and lacking free time</li> <li>♥ Challenge around finding out about the (free or cheap) opportunities to help be more active, or learn to eat more healthily</li> <li>♥ Concern about safety and security, which reduced the likelihood of their children undertaking unaccompanied physical activity</li> </ul>	<ul style="list-style-type: none"> <li>♥ Their children's willingness to eat healthy food if they have cooked it with their parent</li> <li>♥ The desire to spend more time with the children away from computer and TV screens</li> <li>♥ The motivation to use community assets if safety fears can be addressed</li> </ul>
<b>Children</b>	<ul style="list-style-type: none"> <li>♥ Powerful temptation of unhealthy but tasty foods loaded with sugar, salt and flavourings available to them in convenient locations</li> <li>♥ Susceptibility to the attractive branding of takeaway food and unhealthy snacks</li> </ul>	<ul style="list-style-type: none"> <li>♥ The power of play and fun, with children and parents observing that providing exciting or fun opportunities for active play and/or healthy eating were likely to be much more successful</li> <li>♥ Children identified their parents and their teachers as influential role models</li> </ul>
<b>School</b>	<ul style="list-style-type: none"> <li>♥ Parents struggling with knowledge and skills to produce healthy food on a tight budget</li> <li>♥ Working parents tempted by the ease and convenience of takeaway food when tired</li> </ul>	<ul style="list-style-type: none"> <li>♥ Create more opportunities for parents and children to do things together</li> <li>♥ Build upon the influence the teachers have as role models</li> </ul>
<b>Social influencers</b>	<ul style="list-style-type: none"> <li>♥ The perceived high cost of facilities and resources</li> <li>♥ Providers admit they are struggling to engage with the variety of cultures and communities</li> </ul>	<ul style="list-style-type: none"> <li>♥ Seek to motivate children through the power of fun</li> <li>♥ Involve parents, and shift their perceptions around the importance of health and fitness</li> </ul>
<b>Policy makers</b>	<ul style="list-style-type: none"> <li>♥ An extremely ethnically diverse borough making universal interventions difficult</li> <li>♥ A lack of understanding of why community assets and facilities are chronically underused</li> </ul>	<ul style="list-style-type: none"> <li>♥ Building upon and enhancing 'exercise on prescription'</li> <li>♥ Council's influence over schools waning with budget cuts, but potential partnerships could provide opportunities, for example with Tottenham Regeneration Project</li> </ul>

# Define Phase Summary



**The diagnostic tool produced a rich and broad range of insight into the challenges to overcome, and areas of opportunity to potentially build upon.**

The insights, challenges, needs and barriers were processed and organised according to whether they related to individual, social, or material scale changes, and then cross referenced against the COM-B model of behaviour change. The insight was categorised as relevant to either developing capabilities, increasing opportunities or increasing motivations.

This was done in such a way to reframe insight about the problems and challenges into actionable opportunities for potential solutions, to be tested and prototyped. This is a method of analysing insight within a design process which seeks to rapidly reach a stage of testing out solutions, as opposed to rigorously researching the problems over an extended period.

These actionable opportunities formed the basis for the 13 co-design briefs, each of which resonated with a particular theme identified in the diagnostic activity:

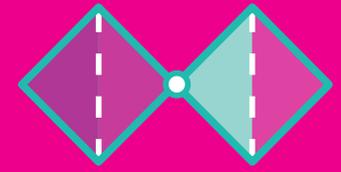
- ♥ **Gamification** Use competitive gamification to make staying healthy fun
- ♥ **Making Food** Involve children in the preparation of healthy food
- ♥ **Food Shopping** Motivate parents to prioritise health alongside their other food buying priorities
- ♥ **Healthy Skills** Help parents develop holistic healthy living skills (healthy eating, physical activity and mental resilience)
- ♥ **Treats** Motivate parents to buy healthier but 'tasty' treats to reward their kids
- ♥ **Cooking on a Budget** Support parents to develop skills to prepare quick and healthy meals on a budget
- ♥ **Whole family** Encourage participation from the whole family in health-

focused campaigns and activities offered by schools

- ♥ **Role Models** Support local role models to become health agents of change and inspire families around them
- ♥ **Information** Make it really easy for families to find out about health-promoting activities available
- ♥ **Joined up services** Connect up and enhance health activities already out there to maximise reach and impact
- ♥ **Experience** Improve existing health facilities and activities to feel more inviting and compelling to families
- ♥ **Branding** Re-design the branding and packaging of healthy food alternatives to feel 'cool'

[Click here for more information on the opportunity areas - page 105](#)

# Develop Phase Summary



Three co-design workshops were hosted in the three areas, bringing together over 50 parents, children, schools, community and policy workers. The workshop participants were free to choose which of the briefs they wanted to work on in order to ensure enthusiasm and ownership.

This process generated a plethora of ideas for increasing uptake of healthy behaviours and reducing unhealthy behaviours. Reflecting upon these ideas in reference to the literature review, and in conversation with both the site leads and the Healthy Communities advisory board, it became apparent that additional activity was required. A gaps analysis was conducted to relate the community-generated ideas to existing similar ideas and initiatives in order to understand what worked and what didn't work, and how we might build upon and improve previous or existing interventions to increase their impact.

As well as the gaps analysis for specific interventions, a set of idea lenses were formulated. The intention is that by running existing or previous interventions through these idea lenses, any intervention can be improved and developed in directions that this project suggest will increase their impact.

For further detail on each section click on relevant page number:

**Co-design process - page 109**

**Gaps analysis and idea prioritisation:**

**Isle of Dogs (Tower Hamlets) - Page 113**

**Haggerston (Hackney) - Page 119**

**Seven Sisters (Haringey) - Page 125**

## Idea Lenses

### Activating spaces

Unlocking community spaces for physical activity and healthy eating

### Schools on board

Motivating and supporting schools to engage with and sustain involvement in existing/future prevention initiatives

### Inclusivity

Enhancing inclusivity of existing/future prevention initiatives

### Right time, right place

Taking prevention initiatives to people rather than expecting people to go to them

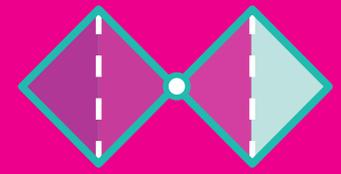
### Personalised signposting

Connecting people to existing/future prevention initiatives

### Co-production

Using a replicable and future-proof community co-design model to continuously crowdsource ideas for prevention initiatives

# Deliver Phase Summary



The co-design ideas were filtered through both the gap analysis and the idea lenses in order to define those that would be carried through into the prototyping phase.

The prototyping process involved testing 9 different ideas with around 50 parents, children and community stakeholders quickly and cheaply, with little risk or cost associated, to ascertain local appetite and potential uptake.

The team used storyboards and scenarios to place the ideas in front of various groups including parents, children and community providers and professionals to gather their feedback. Stakeholders were able to comment on what they wanted and needed, how the idea might be delivered and what type of impact the idea could generate for families.

The prototyping evaluation methodology was qualitative and formative rather than summative. It covered the the three key human-centered design drivers of feasibility, viability, and desirability (IDEO, 2009) and was consistent across lenses, localities and ideas to facilitate analysis and comparison.

Based upon the evaluation insight, four ideas are described in the following pages as recommendation interventions to take forward into the next phase of the Healthy Communities project.

[Click here for more information on the prototyping process - page 131](#)



# Ideas: Info Scouts

## Idea lens: Personalised signposting

### Info Scouts is a health information service that goes beyond traditional communication channels.

Info Scouts are well-connected parents who are supported to spread information about local physical and healthy activities through their networks. They don't just signpost but do whatever it takes to help other parents take that first step towards making a healthy change.

#### What's the problem?

Parents report struggling to find up to date information around healthy lifestyle activities, and a large proportion are simply unaware of the variety of low-cost and free activities available locally. Parents who are not physically active themselves are less inclined to encourage their children to be active, as they lack the confidence and capability to undertake physical activity regularly. (HM Government, 2008).

#### How is it different?

From our primary research it was apparent that promoting physical activities through a trusted source make it more likely for parents to join in. There are already information services such as Family Information Service but they only exist online. Info Scouts builds upon already existing formal networks (such as social prescribing) as well as informal networks (friendship circles). It uses the power of peer to peer recommendation to engage sections of the community that may not otherwise be reached, become aware or take that first step towards healthy activities.

"You know there's things going on, but it's just where do you find the stuff? People do just need to be more aware of it. If it's someone you know telling you about it - you trust them a bit more."

Parent, Isle of Dogs

# Ideas: Trusted Spaces

## Idea lens: Right time, right place

### Ideas lens: Activating spaces

### Trusted Spaces introduces activities into safe and well-used spaces in the community

Schools and faith centres are the trusted hubs of local areas and frequented by most members of the community, including those categorised as 'harder to reach'. Trusted Spaces encourages local hubs, in this case the local mosques, to become a central place for physical activity and healthy eating in the local area.

#### What's the problem?

A high proportion of parents regard local parks and outside areas on estates as unsafe for their children to play unchaperoned, and busy lives often mean children are stuck indoors. An added challenge is that in some cultures exercise is a low priority compared to school, homework and religious education. (HM Government, 2008).

#### How is it different?

In primary research parents cited schools and mosques are the two places where they are most comfortable to leave their children. Trusted Spaces puts on activities in places that communities see as safe and convenient such as at mosques and schools at the weekend. By resituating the activities within already existing activities, such as Arabic classes at the mosque, a high number of children (5000 congregation between the mosques in Isle of Dogs) in will have the opportunity to participate.

"This idea could help us - mentally and physically, and food wise there will be awareness. Full body awareness. It will give a nice atmosphere, and make for happy children."

Mosque Chair, Isle of Dogs

## Ideas: Healthy Tuck Shops

### Idea lens: Right time, right place

#### Healthy Tuck Shops offer a cheap and tasty alternative to tempting fast food choices

Healthy Tuck Shops are situated in near proximity to schools and provide healthy low-cost snacks and food as well as providing a social meeting place for parents and school children. They are supported by schools but are run and stocked by local businesses. Incorporating elements of the Live Cookbook idea (see page 126), they can also offer recipe ideas, cooking demonstrations and World Food days.

#### What's the problem?

The ease, price and proximity to schools of fast food and unhealthy snacks, are a strong temptation to parents and children alike. The proximity of unhealthy food shops is positively correlated with the number of obese children in a local area. (Wilsher, 2016) Parents on low income are less likely to travel to buy fresh food as travel incurs extra expense. Parents acknowledge that if there is a healthy food alternative available cheaply and visibly they will buy it, but often this is not the case and they make the unhealthy choice.

#### How is it different?

Healthy Tuck Shops builds upon the high impact of previous initiatives that were run in school but failed due to time-poor teachers having to focus on learning priorities. This model mobilises and supports local businesses to run the tuck shops: which are to be a profit-making ventures. Hence the local business owner has an incentive to make a profit for herself as well as benefitting the local community.

"I find it hard to avoid fast food. There used to be a guy selling popcorn in the shopping centre - it was a good snack and cheap, and helped me avoid going to McDonalds."

Parent, Seven Sisters

## Ideas: Healthy Recipe Packs

### Idea lens: Right time, right place

#### Healthy recipe packs make cooking a healthy meal cheap, easy and fun

Healthy recipe packs build upon the healthy tuck shop model to offer a simple recipe and fresh ingredients to create a quick low-cost meal by selling them in visible places in the community. They can be sold outside schools (at the healthy tuck shops), in estates, local food shops or even GP surgeries and provide a compelling alternative to easy takeaways and cheap ready meals.

#### What's the problem?

Parents often want to cook healthily but find it difficult to cook on a budget as well as knowing how to make healthy food tasty. Our primary research reiterated that affordability and access to healthy, tasty ingredients is often an issue for parents on a low income.

#### How is it different?

Healthy recipe packs are a quick and easy and, most importantly, affordable solution to improving access to healthy food. Healthy recipe packs are already available through suppliers such as Hello Fresh, however these are out of price range for low income families. They provide parents who are time-poor with simple, convenient food and recipes. The recipes provide guidance on how to use ingredients, increasing parents cooking capability and capacity. that will improve their family's diet and help implement new eating habits.

"I would definitely get involved because it is helpful to have healthy food but also food that is easy to make. If you could do this, people would buy it especially young people and people who are working and concerned about being healthy."

Parent, Haggerston

# Next steps and reflections

## Next steps are to pilot and iterate the five ideas we propose in this report.

The prototyping of the recommended ideas offered the project team reassurance from users and enablers that the ideas have potential to deliver social impact sustainably.

We recommend that the next phase of work involve a pilot setup and launch over a 6-week period, followed by the development of service specifications and a business model canvas for scaling.

An evaluation framework would need to be developed to capture both formative data on how the ideas may operate better at scale, as well as summative data to look at immediate impact on physical activity and healthy eating behaviours. For example, the data may capture KPIs such as number of healthy meals cooked at home in a week, number of activity sessions attended, attendance retention and attrition rates, and so on.

## Reflections, learning and transferability

### 1. Mobilising the community and community assets

Identifying key players and assets in communities is fundamental to securing resourced, informed decision-making and sustainability.

### 2. Engaging the hard to reach population

Identifying and reaching out to the hard to reach population requires the identification of a gatekeeper into each hard to reach group to start building trust, channels and relationships.

### 3. Making solutions sustainable

In the absence of resources and the financial pressures the public sector faces, we need to empower and work with communities and businesses to develop models which are sustainable, by leveraging existing assets skills and resources and creating a meaningful value exchange within social transactions.

### 4. Integrating with primary care and other community organisations

Any intervention's success often relies on multi-sectoral approaches to delivery, bringing together voluntary and faith organisations, schools, local businesses and housing associations.

### 5. Localisation

London is unique in its highly diverse and transient populations. It is key to shape and flex ideas to the local context to ensure desirability, feasibility and viability.

### 6. Translating the model to new healthcare challenges

The six overarching idea lenses are transferable across other healthcare challenges. They act as principles or inspiration points for both generating new health-related interventions as well as building on those that already exist.

[Click here for more information on wider reflections and learning - page 156](#)

“IT ALWAYS SEEMS

IMPOSSIBLE

UNTIL IT'S DONE”



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# 1. DISCOVER PHASE

*Discovering insight into the problem*

**1.1 Existing evidence**

**1.2 Diagnostic insights**



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# 1.1 Existing evidence

**0.** Existing evidence introduction

**1.1.1.** About obesity

**1.1 2.** Population

**1.1 3.** Perceptions and beliefs about obesity

**1.1 4.** Causes and concerns

**1.1 5.** Existing interventions

**1.1 6.** Risks and long term impact

**1.1 7.** Existing evidence conclusions

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# 0. 1.1 Existing evidence introduction

**This literature review is an overview of some of the research and evidence that exists in relation to child obesity. Whilst a range of sources were reviewed, some key publications have been used to inform the basis of the review. The key focus in the selection process has been the relevance of the existing evidence to the aim of the Healthy Communities project: to prevent the rise in the number of children becoming overweight and obese between reception and year 6.**

When considering the causes and context of child obesity, the review conducted on behalf of the Department for Health and the former Department for Children, Schools and Families (HM Government, 2008) offers wide ranging and valuable insight. They identified individual, social and environmental issues which influence parents attitudes and behaviour in relation to health, weight and physical activity. Their research is used as the basis for this section of the literature review, and substantiated by other sources of evidence.

The specific issues facing each of the three London boroughs are explored from evidence supplied by the local authorities and institutions in these areas.

Existing interventions were reviewed, and research into the principles for developing community-wide interventions explored. Recommendations made by national organisations are presented along with examples of existing interventions at a national level and within the three boroughs involved in this project.

Finally, the existing evidence was analysed under the COM-B model of behaviour change which structures interventions in the following order: capability and knowledge; opportunities and barriers; motivations and choices.

# 1. 1.1 About obesity

Childhood obesity is recognised as a serious problem, from national government (Public Outcomes Framework, 2014) through to individuals at a local level. Policy makers and professionals also recognise the risks of children being overweight. However, parents are less likely to see this as a serious health concern (HM Government, 2008).

According to the World Health Organisation (WHO, 2006; 2007) the definition of an obese child is:	Overweight children are defined by WHO as those who are:	In the UK: The definitions of overweight and obese in children is linked to the BMI (body mass index) which is calculated by dividing a person's weight in kilograms by the square of their height in metres
<ul style="list-style-type: none"> <li>♥ From birth to 5 years of age: weight-for-height more than 3 Standard Deviation (SD) above the WHO Child Growth Standards median.</li> <li>♥ From age 5 to 19 years: BMI-for-age more than 2 SD above the WHO growth reference median.</li> </ul>	<ul style="list-style-type: none"> <li>♥ From birth to 5 years of age: weight-for-height more than 2 SD above WHO Child Growth Standards median.</li> <li>♥ From age 5 to 19 years: BMI-for-age more than 1 SD above WHO growth reference median.</li> </ul>	<ul style="list-style-type: none"> <li>♥ Overweight children are defined as those with a BMI at or above the 85th percentile and below the 95th for children who are the same age and gender</li> <li>♥ Obese children are defined as those with a BMI above the 95th percentile for children who are the same age and gender</li> </ul>

Increasingly unhealthy diets and low levels of activity have produced an obesogenic environment in which becoming overweight or obese is facilitated. Whether people become obese in response to this environment is dependent upon their behavioural and biological response (World Health Organisation, 2016). To combat childhood obesity numerous policies and interventions have been developed and implemented:

- ♥ The National Child Measurement Programme (NCMP) was introduced in 2005 with every child being weighed in the first and last year of primary school so that their weight can be monitored.

- ♥ Change4Life <http://www.nhs.uk/change4life> was launched in 2009 in response to the Healthy Weight, Healthy Lives strategy. It is aimed at families and encourages them to "eat well, move more, live longer". The ultimate aim is for the UK to be the first country to reduce the rise in childhood obesity.
- ♥ The UK Government's Childhood Obesity Strategy scheduled for release in 2015 is expected to be published in 2016.
- ♥ The Royal College of Paediatrics and Child Health published a report to inform the Government strategy in October 2015 (RCPCH, 2015) which recommended introducing a tax on sugary drinks, expanding food standards and teaching about nutrition in schools, imposing limitations on advertising unhealthy food before 9pm.

# 1.1.2 Population data

There is a recognition that childhood obesity levels are rising globally and that the rate of obesity is higher in middle or low income countries (WHO, 2016). WHO (2016) estimate that globally there are 41 million children under the age of 5 who are overweight or obese.



## National

### Data reported by the RCPCH (2015) reveals:

- A child born after the 1980s is **three times** more likely to be overweight or obese than before
- **One in five** 5yr olds and one in three 10yr olds are overweight or obese
- If growth in childhood obesity continues **over half** the children in the UK will be obese or overweight by 2020
- Children in more economically deprived areas are **twice as likely** to be obese than those in more affluent areas
- There is a greater prevalence of obesity in **urban areas** as opposed to rural areas

### Date from the Public Outcomes Framework (2014) reveals:

- In the UK **21.9%** of children aged 4-5 are classified as overweight or obese
- **33.2%** of children aged 10-11 in the UK are classified as overweight or obese



## Local Hackney

- **26%** of 4-5 year olds and **41%** of 10-11 year olds are overweight or obese in the borough (Public Outcomes Framework, 2014)
- **45%** of residents report that they do no physical activity at all
- **36%** of the population are White British. Other large ethnic groups are **16.3%** Other White, **11.4%** Black African and **7.8%** Black Caribbean. (ONS, 2011)
- Hackney is the **11th most deprived area** in the UK according to the Index of Multiple Deprivation (2015)



## Local Haringey

- **23%** of 4-5 year olds and **37%** of 10-11 year olds are overweight or obese in the borough (Public Outcomes Framework, 2014)
- **55.5%** of adults in Haringey are overweight compared with the national average of 64.6%
- **26.4%** of adults in Haringey were reported to be doing less than 30 minutes of physical activity per week
- **51%** of the population reported that they were eating 5 portions of fruit and vegetables per day
- **34.7%** of the population are White British. Other large ethnic groups are **23%** Other White, **9%** Black African and **7.1%** Black Caribbean. (ONS, 2011)
- Haringey is the **30th most deprived area** in the UK according to the Index of Multiple Deprivation (2015)

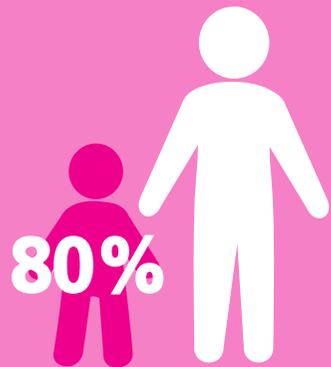


## Local Tower Hamlets

- **23%** of 4-5 year olds and **42%** of 10-11 year olds are overweight or obese in the borough (Public Outcomes Framework, 2014)
- **55.2%** of Tower Hamlets adult population achieved the national guidelines of 150 minutes of moderate physical activity a week (Public Outcomes Framework 2014)
- Of those participating in sport once a week almost **twice as many** are male than female (Active People's Survey 2016)
- **36%** of the population are British Asian (Indian, Pakistani or Bangladeshi). Other large ethnic groups are **31%** White British and **12%** Other White. (ONS 2011)
- Tower Hamlets is the **10th most deprived area** in the UK according to the Index of Multiple Deprivation (2015)

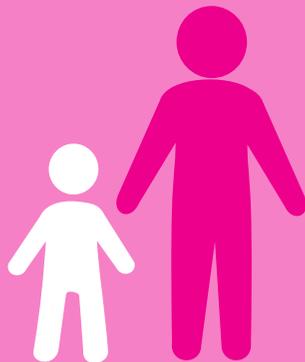
# 1.1.3 Perceptions and beliefs about obesity

Research suggests that parents' perceptions of obesity do not always reflect the reality.



Whilst 80% of parents reported that they believe childhood obesity to be a national problem...

...only 11% of parents were able to correctly identify their child as overweight or obese (HM Government, 2008).



Parents also differentiate between overweight and obese. Research showed that parents in London generally recognised the prevalence of obesity but were not as easily able to identify children who were overweight. Furthermore, they did not always perceive children who were overweight to be at a significant health risk (Healthy London Partnership, 2016). In the Healthy Weight, Healthy Lives report (2008) attitudes and behaviours related to health, weight and parenting were explored through the gathering of extensive consumer insight with parents:

## Health

Parents were often unaware of risks to their families of an unhealthy lifestyle. They believed that a happy child was a healthy one, a belief which may reinforce unhealthy behaviours. Parents reported that they find it hard to engage with the concept of being healthy and that it was a low priority in comparison to other things that they had to contend with.

## Weight

Parents generally had an inaccurate perception of children being overweight and disassociated their family from obesity and being overweight. There was a lack of awareness of a child being overweight. Furthermore, parents reported that they thought labelling children as obese or overweight was unfair and potentially damaging.

## Parenting

Parents underestimated the importance of being a role model to their children and the behaviours and attitudes that would develop as a result. Parents also viewed being able to offer children choice in what they consumed as empowering, even if the choice made was not healthy.

Findings from the research highlighted that parents feel that personal responsibility should be taken for childhood obesity, however evidence suggests that previous interventions targeted at individuals have had mixed degrees of impact. Therefore a joined up, integrated community based approach is advocated (NICE, 2012)

# 1.1.4 Causes and contexts

Global, national and local insights are considered to identify the causes and contexts of child obesity. At a national and local level these will be broken down in relation to the ISM model for influencing behaviour (Darnton & Horne, 2013). This model recognises three ways in which behaviour is influenced;

- ♥ Individual attitudes and values
- ♥ Social factors such as networks, roles and social norms
- ♥ Material factors such as the environment, infrastructure, technology and rules



## Global

### Global

The rise in obesity levels globally has led to overweight children being accepted as a social norm. In many instances, parents do not perceive there to be anything wrong with children being a little overweight and it is deemed to be acceptable. They are more concerned about the potential damage that could be caused by labelling a child as overweight (HM Government, 2008).

There are environmental factors which influence obesity levels at a global level too, including a reduction in physical activity and environments not being provided which do support physical activity (WHO, 2016). An increase in sedentary activity has been noted, with technology and greater access to computers and games consoles playing a role (HM Government, 2008). Politically there is also a requirement for Governments globally to take some responsibility for tackling childhood obesity (WHO, 2016)



## Individual

Individual factors identified as influencing obesity include people's attitude towards health and weight, behaviour such as the food that people consume and the amount of activity taken, parenting, socio-economic status and education.

With many health behavioural changes, people feel there is a short term loss of something they enjoy, and the benefits they might feel are not immediate so it can be difficult for them to make that change (RSA, 2015). Parents are more likely to make a change if they believe it will benefit their child, but weight is just one aspect of their child's life to take into consideration. A more immediate reward such as enjoyment of an unhealthy "treat" is seen to be more compelling as opposed to the potential longer term gains of promoting more healthy eating (HM Government, 2008).

What children eat obviously influences their weight. Snacking was found to potentially be a problem as intake could not be regulated. Furthermore unhealthy foods are often offered to children in the form of a treat and are therefore associated with excitement. Conversely, healthy food such as vegetables are often presented as something that children ought to eat (HM Government, 2008). Barriers to parents cooking themselves included the perception they don't have the time or knowledge. Parents also adopted cooking practices that were unhealthy but were culturally driven and valued for that reason (HM Government, 2008; Morgan Stanley, 2014).

In relation to physical activity, over half the children in the UK are not getting the recommended 1 hour per day (RCPCH, 2015). Research suggests that parents do not place a high priority on physical activity and often do not see it as their responsibility. They reported that they felt it

was the responsibility of their child's school to provide them with the appropriate amount of physical activity whilst they are there. There is also an assumption that children generally are active and that they do not need additional, structured physical activity. When parents themselves do not like taking physical activity they are less likely to encourage their children to be active. Parents often made physical activity a low priority and reported that other things were more important such as education or religious practices. These can affect the amount of physical activity children participate in as they are encouraged to spend time in study groups, etc rather than a physical activity (HM Government, 2008).

Parenting methods are also a contributor. Researchers suggest that parents who could be classified as permissive, neglectful or authoritative are more likely to have a child who is obese than parents who take an authoritarian approach, offering their child some choice but setting clear boundaries (HM Government, 2008). Early life is also a strong predictor of childhood obesity. Mothers who are obese when pregnant and fathers who are obese when the child is conceived are more likely to have a child who becomes obese (Gaillard, et al 2014). There are also links between breastfeeding and obesity with mothers who breastfed being less likely to have a child who grows up to be obese (RCPCH, 2015).

Socio-economic status and education can influence obesity levels with parents of lower socio-economic groups being more likely to report that being a healthy family is not a high priority for them as they have other more pressing challenges to deal with. Parents from these groups often report a lack of time and not knowing enough about how to prepare healthy food and make healthy choices (HM Government, 2008; Morgan Stanley, 2014). The research also found that the perceived cost of healthy food and the expense of taking part in physical activity were barriers to engaging in more healthy behaviours.



# National

## Social

Social norms influence whether people behave in a healthy way. Research shows that often young people are not comfortable talking about obesity and being overweight for fear of bullying, the stigma attached with being overweight, and embarrassment. Weight loss has been found to be adversely affected in young people who are teased or worry about their weight (Gall, 2016; Hubner et al, 2016; Sutin et al, 2016). Social norms and how they feel they will be perceived as parents by others affect parents inability or unwillingness to recognise obesity or their child being overweight. They do want to be seen as a good parent and this can be a motivator to more healthy behaviour (Healthy London Partnership, 2016; HM Government, 2008). Not recognising excess weight in their children has been linked by researchers to a lack of action being taken in relation an unhealthy diet (Almoosawi et al, 2016; Wright et al, 2016).

There are influences noted for children from different ethnic groups. This could be a focus on academic achievement or religious study over and above physical activity, or could be norms associated with eating which are linked to weight gain. There are also social norms linked to increases in sedentary behaviour. Having a games console or computer can be seen as symbols of status, as can having a car, which encourages people to use them therefore reducing levels of physical activity in children (HM Government, 2008).

## Material

The more barriers perceived to physical activity and healthy eating, the less likely people are to engage (Mackenbach, et al, 2016). Research demonstrates that lack of access to outdoor play areas, high levels of traffic, a higher density of fast food outlets and convenience stores, and living near a subway or tube station are all linked to higher BMI in young people (Dunton et al, 2009). In terms of the environment which people inhabit, children are less likely to be obese if they live in a rural as opposed to an urban area (Master & Kingdom, 2015). Parents report that barriers to their children getting more exercise include concerns about the dangers of allowing them to play outside, lack of access to quality play spaces, perceived expense of activities, a belief that some places are not for them and a lack of time (HM Government, 2008; Morgan Stanley, 2014). In general children are also walking and cycling less than they used to. The CHES model advises evaluating access to a range of amenities within a 400m radius, including those which promote physical activity (Wong et al, 2011). It is argued that an increased provision within this 400m radius of a child's home will increase their likelihood of undertaking physical exercise.

In terms of eating, children were found to be most likely to spend their money on confectionary, crisps, chocolate and canned drinks than any other food (City University, 2014) and the proximity of shops selling unhealthy food has been linked to the prevalence of obese children in a local area (Wilsher, 2016)

At an Obesity Summit (RCPCH, 2015) it was argued that changing the environment in which people live is a more effective intervention than trying to changes people's attitudes and beliefs.



# Local

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## Hackney

### Individual

Areas in Hackney where there is higher social deprivation are also the areas where there are higher levels of adult obesity reported (Hackney HLP Proposal, 2016). This is further highlighted by the poorer levels of health reported by residents on estates rented by the local authority or a housing association compared with the rest of Hackney (Hackney HLP Proposal, 2016).

### Social

A large proportion of Hackney residents at 40% are non-White. Black groups are the largest ethnic minority group and account for around 25% of Hackney residents. There is a statistically significant difference reported between the higher obesity rates amongst Black children in reception and Year 6 as compared with White and Asian children (Hackney HLP Proposal, 2016).

### Material

London Borough of Hackney recognise that they have an obesogenic environment that people generally react to in a passive way leading them to consume more high fat and high sugar food and to take less physical exercise (Hackney Housing, internal presentation). In a Government report Hackney were found to have high concentrations of hot food takeaways (Hackney HLP Proposal, 2016)

The London Borough of Hackney have made childhood obesity one of their four priorities within the Hackney Health and Wellbeing Board (Hackney HLP Proposal, 2016)



### Individual

Lower socio-economic status is associated with higher levels of obesity and this is borne out in Haringey where children in the more socially deprived areas to the east of the borough are 2.5 times more likely to be obese (Haringey Council, 2015).

Young people in Haringey involved in research into fast food consumption revealed that their decision to purchase and eat this food was dependent upon access but also affordability such as special offers and whether they felt that what they were paying for was good value. They perceived healthy food and drink to be more expensive and portions smaller. Acceptability was also a factor with brands such as Red Bull being favoured. Additionally, seeing their teachers in shops and fast food outlets after school was seen as an endorsement. They recognised that the food served in school was probably healthier but found numerous reasons to chose fast food instead such as shorter queues and tastier food (City University, 2014).

### Social

More than one in 10 of respondents to a health and wellbeing consultation said that they felt education about healthy living should be increased in school. A similar number said that they thought cooking classes would help people eat more healthily. A significant number of respondents also reported that they believed people from the borough could eat more healthily and do more exercise (Haringey Council, 2015).

Ethnic group is linked to obesity in Haringey with children from Black and minority ethnic groups being more likely to be obese than children who are White British. Rates of overweight or obese children are double amongst Black African populations compared to White British.

### Material

Students from Haringey reported that their intake of sugary drinks and fast food increased if it was more readily available. To put this into context 26% of people responding to a consultation in Haringey said that there were too many fast food outlets in the borough (Haringey Council, 2015). Residents also reported that if there was better access to safer and welcoming facilities that promote physical activity and places to walk, this would encourage more people to be active.

At a political level Haringey recognise the importance of tackling obesity in the borough and have made it number one priority in their 2015-2018 health and wellbeing strategy (Haringey Council, 2015). Whilst the local authority recognise that people need to take personal responsibility, they also acknowledge that more needs to be done to address environmental issues in the borough.



## Local

### Tower Hamlets

#### Individual

Many residents of Tower Hamlets reported that they did not feel they had a high level of cooking skill and that they were not aware of classes or information on this topic available locally. They also reported that they felt they had a less than adequate understanding of nutrition but knew that it was important for their children. Cultural influences were cited as being key to how people perceived nutrition. Additionally, language was a potential barrier to understanding and accessing services (Morgan Stanley, 2014).

#### Social

In terms of prevalence, Tower Hamlets as a borough has one of the highest rates of childhood obesity in the country (Williams et al, 2011) and is amongst the lowest consumers of fruit and vegetables of the London Boroughs (Tower Hamlets HLP Proposal, 2016).

Residents in Tower Hamlets do not always access services in the community, such as cooking classes, for a variety of reasons. These include logistics, social barriers like perceiving it not to be for people like them, lack of information, no transport, services that the whole family can enjoy not being provided, lack of information, and services being cut (Morgan Stanley, 2014).

Within the same report, residents reported that a major barrier to physical activity outdoors was fear of safety and crime. Furthermore residents did not feel as though they had much of a voice within the community to raise issues.

#### Material

Residents of Tower Hamlets reported that access to play facilities to encourage physical activity are very limited in some areas of the borough. They feel that play is not encouraged (Morgan Stanley, 2015). There are few green spaces in Tower Hamlets at half the London average which limits access to green spaces for physical activity, and people in the borough generally only travel up to an average of 500m to engage in activities (Tower Hamlets HLP Proposal, 2016).

In the same research residents reported that there was only an adequate supply of fresh fruit and vegetables available locally, and that accessing a better supply required travelling too far. The high prevalence of fast food was noted and residents perceive a link between this and child obesity.

# 1.1.5 Existing interventions

Evidence suggests that interventions which target individuals have mixed results and that as child obesity rates continue to rise a different approach should be taken. They advocate a community-based approach (NICE, 2012). In the development of a community-based approach they make the following recommendations.

## NICE

Developing a sustainable, community-wide approach to obesity

Strategic leadership

Supporting leadership at all levels

Coordinating local action

Communication

Involving the community

Integrated commissioning

Involving businesses and social enterprises operating in the local area

Local authorities and the NHS as exemplars of good practice

Planning systems for monitoring and evaluation

Implementing monitoring and evaluation functions

Cost effectiveness

Organisational development and training

Scrutiny and accountability

NICE recognise that there is little evidence to demonstrate how effective an integrated community approach to tackling childhood obesity will be but with others, including the Department for Health, believe that it may be the best way to address the underlying causes of child obesity. Fisher (2011) agrees and suggests that community development can lead to increased participation and the generation of social capital through the building of social networks. It requires statutory organisations to share power, but the benefits are a wide range of impacts on behaviour change and value for money. However Fisher acknowledges that measuring this is complex.

Attendees at an obesity summit in 2015 advocated an integrated approach and argued that we cannot rely on people taking personal responsibility to tackle childhood obesity, change needs to happen at a more systematic level and be an integrated approach (RCPCH, 2012).

Emerging evidence suggests that school level interventions are effective (Pierson, 2015; Sobel-Goldberg et al, 2012; Williams et al, 2013), particularly interventions implemented over a period of longer than a year and which target diet and exercise together.

# 1.1.5 Existing interventions

With the need to tackle childhood obesity at a system level being advocated, the Royal Society for Public Health (RSPH) and Royal College of Paediatrics and Child Health (RCPCH) have made the following recommendations to the UK government.

## RSPH

Reform or scrap the 'fat letter' to primary school parents

Introduce a daily hour of 'fun and play' in primary schools and measures to make walking and cycling safer for children

Restrict junk food advertising to children online and on social media

End junk food sponsorship of family and sporting events

Reform policy around food and drinks high in sugar, including introducing a 'sugar tax' on sugar-sweetened drinks

Improve training for health and other workers to offer advice to parents during pregnancy and early years

## RCPCH

Implement and evaluate a pilot duty of at least 20% on all sugary soft drinks.

Expand the mandatory school food standards to all schools (including free schools and academies).

Make Personal, Social, Health Education a statutory subject in all schools in England with schools focussing on the importance of both physical activity and nutrition.

Introduce a ban on advertising of foods high in saturated fats, sugar and salt before 9pm.

Extend the reach and effectiveness of the National Child Measurement Programme to include an increase in the number of measurement points, and longitudinal tracking of children, with provision of data to general practitioners, school nurses and parents.

Support a research environment that enables sustained, long-term expansion of basic science and applied research to identify the causes of obesity and effective interventions to tackle it.

A number of interventions designed to help tackle childhood obesity in the UK have been identified. These interventions are a combination of measurements like the NCMP to highlight the trends in the weight of children through to accreditation schemes and programme work. The majority of them are school focused and some involve an element of joined-up working between professionals and / or organisations. Some of the key interventions reviewed are outlined below:

### WellLondon

WellLondon provides a framework for communities and local organisations in 30 of the most disadvantaged neighbourhoods to work together to improve health and well-being, build resilience and reduce inequalities.

### MEND - <http://www.mendcentral.org/whatweoffer>

Healthy lifestyle programmes for children and families in local communities delivered by trained members of the community. It includes programmes, teaching, training, resources and referral programmes.

### Healthy Child Programme

Universal preventative programme for ages 0-18 (0-5 and school age). It includes the health visiting, children's centre and school nursing work.

### National Child Measurement Programme (NCMP)

<http://www.hscic.gov.uk/ncmp>

Measurement of all children's weight in reception class and year 6 at primary school.

### HENRY - (Health, Exercise, Nutrition for the Really Young)

<http://www.henry.org.uk/homepage/>

Based on the Family Partnership Model it includes training for health and early years practitioners, individual or group-based family interventions, parent-led peer support schemes, enabling childcare settings to model a healthy lifestyle and accessible resources to support work with families. The e-learning course has been piloted on 535 community and health professionals from 115 Children's Centres.

### Healthy New Towns

<http://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/>

NHS and PHE identify housing development projects where they would like NHS support in creating health-promoting new towns and neighbourhoods in England.

### Healthy Schools London

<http://www.healthyschoolslondon.org.uk/>

Framework with Bronze, Silver and Gold awards and guidance to establish health and wellbeing practices in schools.

### School Food Plan

<http://www.schoolfoodplan.com>

Best practice in relation to school food, built upon an evidence base.

### Change4Life

<https://campaignresources.phe.gov.uk/schools>

Social campaigns providing resources and guidance for schools on tackling obesity including resources for teachers and parents.

Some local interventions developed to tackle obesity have also been identified. As with the national interventions there is a strong focus on delivery within schools. In Haringey a community-wide approach has been taken with a number of initiatives being delivered through the Haringey Obesity Alliance. There is also evidence of this community level working in Tower Hamlets through their Healthy Borough Programme.

## Hackney

### Children's Health and Wellbeing Advisory Group Pilot Study

Holistic approach to improving health taken with families. Impacts included reductions in waist measurement and BMI of children, increases in physical activity, anecdotal improvements in behaviour and implementation of newly acquired knowledge on how to cook and eat healthily.

## Haringey

### Healthy School Programme

In September 2015 31 Haringey schools (44%) had achieved the Bronze award and 10 schools (10%) had achieved the Silver award.

### Haringey Obesity Alliance

Tackling obesity through borough-led interventions, working with communities and offering support through services. Ongoing but measures of success include: more people being active and eating healthily, reduction in obesity levels and more schools achieving Healthy School Status and healthy lifestyles are embedded within local authority and CCG objectives.

## Tower Hamlets

### Neighbourhood Localities Programme

Ongoing. Various partners engaged and a community plan being developed.

### Healthy Pack Lunch

Pupils and parents trained in healthy packed lunches and audit carried out. Continues to be monitored.

### Healthy Lives Project

Led to an increase in uptake of after school clubs. Extra classes added as oversubscribed.

### Tower Hamlets Healthy Borough Programme - [bit.ly/1YReeQM](https://bit.ly/1YReeQM)

Three work strands: Healthy Environments, Healthy Communities, Healthy Organisations. Numerous outputs measured including: high attendance levels at park activities, activity sessions, engagement of food outlets in food for health initiative, schools and workplaces across the borough engaged in schemes, community groups and families engaged in initiatives.

# 1.1.6 Risks and long term impact

The risks and long term impact of not tackling childhood obesity fall into two categories;

- ♥ health impacts and the links between childhood obesity and chronic health conditions and,
- ♥ wider, financial impacts as a result of the impact on the nation's health

Research revealed that people are aware of the risks of obesity on health but do not consider the financial implications (HM Government, 2008).

## Health

**Children who are obese are more likely to be obese as adults and suffer from chronic illness**

**Being overweight can affect a child's health, ability to learn and overall quality of life.**

**Being obese reduces life expectancy on average by 9 years and an estimated 9,000 premature deaths per year are caused by obesity in the UK**

Health risks associated with childhood obesity are:

- ♥ Diabetes
- ♥ Blood pressure
- ♥ Cardiovascular disease
- ♥ Bowel cancer

Children who are obese are more likely to be ill and absent from school and are more likely to be bullied (Haringey HLP Proposal, 2016).

## Financial impact

The UK government currently spends £5.1bn per year on conditions associated with people being overweight or obese. This is expected to increase by a further £1.9bn by 2030 (NICE, 2012).

**£10bn is spent annually on treating diabetes to which obesity is a significant contributor**

**The cost to the wider economy of obesity is £16bn**

**A one per cent reduction in the number of overweight or obese people every year could prevent more than 64,000 cancer cases over the next 20 years and save the NHS £300 million in 2035 (UK Health Forum, 2016)**

# 1.1.7 Existing evidence conclusions

To analyse the existing evidence the COM-B model of behaviour change has been used (Michie et al, 2011). This model proposes that interventions and policies need to be targeted at deficits in the following in order to affect behaviour change:

- ♥ Capability and knowledge
- ♥ Opportunities and barriers
- ♥ Motivations and choices

Insights from the existing evidence are outlined under each of the factors.

## Capability and knowledge

- ♥ Parents were not generally able to identify their own child as obese, with overweight and to some extent obesity having become accepted as social norms. With child obesity levels at higher than the average, across all three boroughs, the social acceptability of obesity is more likely to occur.
- ♥ Parents often believe a happy child is a healthy child, but this can lead to unhealthy behaviours as their focus is on their child's enjoyment as opposed to their weight.
- ♥ Parents who are not physically active are less inclined to encourage their children to be active, lacking the confidence and capability to undertake physical activity regularly themselves.

## Opportunities and barriers

- ♥ Affordability is a barrier for parents with low levels of income, found in all three boroughs, who are less likely to travel to buy fresh food and more likely to perceive out of school physical activities as prohibitively expensive.

- ♥ From an environmental point of view the proximity of fast food outlets is linked to increased prevalence of obesity. This is a particular challenge in Hackney which was identified as having a proportionately high number of outlets in the borough.

## Motivations and choices

- ♥ Some parents in ethnic minority groups such as British Asian, which is the predominant ethnic group in Tower Hamlets, place a low priority on physical activity in comparison with education.
- ♥ Cultural differences can affect how food is prepared. Strong family and cultural identities can lead to the motivation to continue cooking in traditional ways, and the potential health impacts are not considered.

To create long term behaviour change and new good habits the interventions developed should ideally have a longer term focus. Furthermore interventions need to be developed to establish changes in both the environment and at a system or organisational level, as well as being targeted at the individual.

The interventions included within this review demonstrated some positive outcomes and impacts. However it is important to monitor and evaluate what created behaviour change and how, as well as aspects that were not as effective. As a result future interventions can be developed on the basis of this understanding to make them even more effective.

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# 1.2: Diagnostic insights

**0.** Diagnostic insights introduction

**1.2.1.** Individual child behaviour

**1.2. 2.** Parenting, family and social contexts

**1.2. 3.** Environmental, community and material assets

**1.2. 4.** Diagnostic insights conclusions

# 0. Diagnostic insights introduction

## Diagnostic methodology

To complement existing evidence with real-life insights across the three pilot sites, we designed a diagnostic model for qualitative research. Behaviour change models and evidence that has most notably shaped the design of the diagnostic model includes (but is not limited to):

- ♥ The Scottish Government's ISM – Individual, Social, and Material – tool (2013) which focused the range of proposed participants, methods and questions in the diagnostic model on these three factors and their impact on individual lifestyle behaviours. Individual factors include values, beliefs, attitudes, costs and benefits, emotions, agency, skills and habit. Social factors include roles, identity, tastes, norms, institutions, opinion leaders, meanings, networks and relationships. Material factors include infrastructure, technologies, rules, regulations, objects, time and schedules.
- ♥ The Department of Health's Healthy Weight Healthy Lives report, which offers valuable insight into parents' and children's attitudes to health, weight, parenting, healthy eating and physical activity. The report also provides a valuable segmentation of families of children aged 2-10, which would help the diagnostic team identify parents and children in the community who meet the various proposed pen profiles in this report.
- ♥ The Department of Health's Healthy Foundations Life-stages Segmentation Model toolkit (2010), which provides a holistic segmentation of healthy behaviours determined by levels of motivation and environmental opportunities. The four key segments groupings include the thrivers, the fighters, the survivors and the disengaged. This simple segmentation can help guide the locations and networks we explore with site leads to identify family units who fit these particular profiles. There are obvious correlations between this segmentation model and the Healthy Weight Healthy Lives segmentation mentioned above.
- ♥ The Royal Society for Public Health's Healthy High Streets Report (2015), to identify the most and least health promoting assets on local high streets that the diagnostic model needs to cover as part of the material context.
- ♥ The World Health Organisation's Ending Childhood Obesity report (2016), point to the fact that obesity is not a behaviour but an outcome of a range of complex habits, lifestyles, decisions and influences. It helped identify key micro-behaviours that could be explored in the diagnostic, due to their positive or negative impact on children's weight; intake of healthy foods, physical activity, sugar intake, nutritional intake, water consumption, etc.
- ♥ William et al.'s review (2013) of the association between childhood overweight and obesity and the primary school diet and physical activity policies, helped us identify a number elements in the built environments that we need to consider as part of the material diagnostics; e.g. distance to playgrounds, traffic, density of fast food restaurants, cycling and walking paths, etc.
- ♥ The Community Health Environment Scan Survey (CHESS) (2011), captures the impact of the built environment on lifestyle factors. The CHESS model was used to explore various aspects of the built environment within 400m of the sites being diagnosed; streets, stores, markets, kiosks, mobile carts, vending machines, restaurants, take-aways, parks, gardens, recreational activities and information.
- ♥ Michie et al.'s (2011) COM-B model to explore the three barriers/enablers for a change in behaviour to occur; capability, opportunity and motivation.

## Diagnostic methods

We applied two types of qualitative engagement approaches across various audience groups.

**Facilitated methods:** Ethnographic immersive interviews, professional interviews, mapping and observation

**Unfacilitated Methods:** Cultural probes which consisted of food and activity diaries for children to record their daily food and activity routines accompanied by a disposable camera to capture pictures of their meals.

## Who we spoke to:

We engaged a range of local stakeholders to build up a comprehensive local picture of each of the three areas as well as spotting trends and commonalities across the sites:

- ♥ Children and parents
- ♥ Teachers and school staff
- ♥ Wider influences:
  - Community and faith leaders/gatekeepers
  - Community connectors
  - Health providers: GPs, nurses and care coordinators
  - Community providers and facility managers
  - Local policy teams: public health, children and young people, environmental, planning

## Analysis approach

This section of the report has been structured according to the ISM behavioural model (The Scottish Government, 2013), which considers the:

### 1 Individual Child behaviour

1.1 The parents' perspective

### 2 Parenting, family and social contexts through the

2.1 The parents' perspective

2.2 The school perspective

2.3 The wider social perspective

### 3 Environmental, community and material contexts

3.1 The local policy perspective

3.2 The local environmental perspective

The structure of the insights is according to the COM-B model (Michie et al., 2011); which highlights capability, opportunity, motivation, behaviour as the four key factors to analyse when understanding behaviour change. We have also added a section on audiences' aspirations and their needs and dreams.

# Segmentation

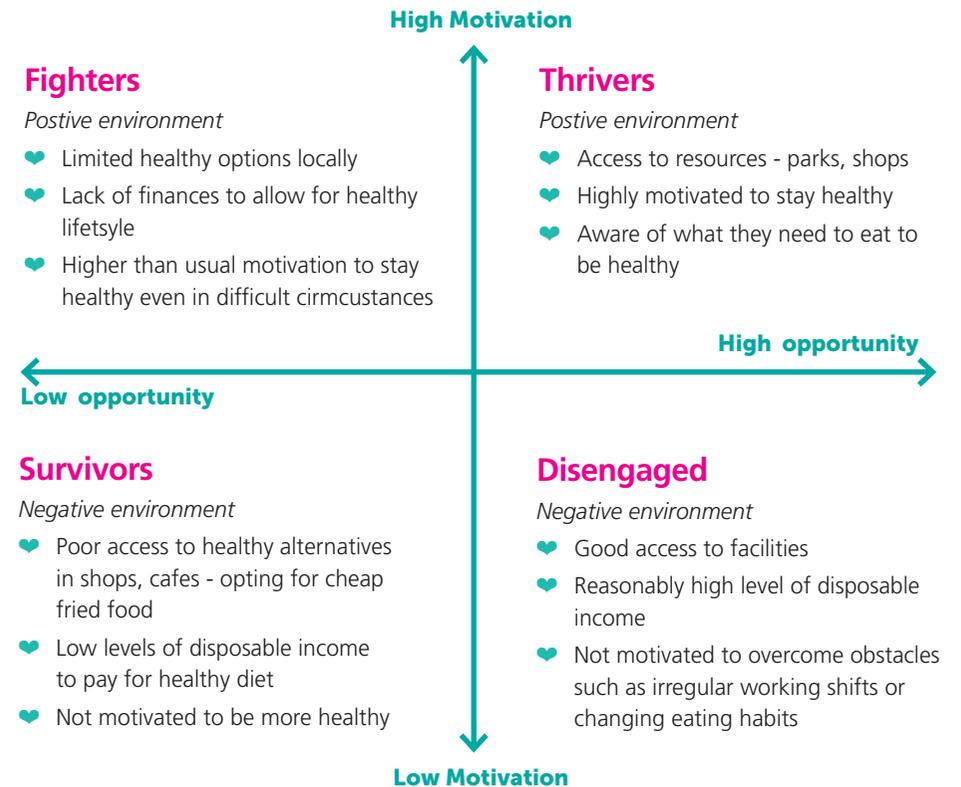
The children and parents we spoke to fell into four groups, based on their motivations and opportunities for a healthy lifestyle. These segments are based on the Healthy Foundations Life-stages Segmentation Model (2010).

**Thrivers** are in a positive environment which means they have access to the resources to enable them to be healthy including facilities, such as shops, and available finances. They are also highly motivated when it comes to looking after their health and believe it is important to adopt positive, healthy behaviours and that this will have an impact upon their wellbeing.

**Fighters** are those who are living in a negative environment which means they do not have access to shops that promote a healthy lifestyle, or most often, most often, they do not have access to finances to help them lead a more healthy lifestyle. However, they are generally motivated to be healthy and stand above their norms and show resilience in difficult circumstances such as living in deprived areas.

**The disengaged** are those who live in positive environments i.e. they have access to facilities and have a reasonably high level of disposable income but, for some reason, have a low level of motivation to look after their health, for example conscious rebellion against people talking about the importance of health, a focus on other aspects of life such as enjoyment over health, or an unwillingness to accept that they need to act to improve their health.

**Survivors** are those with low opportunity such as poor access to healthy alternatives in shops, restaurants and cafés, and low levels of disposable income. They are likely to live in a more deprived area. In addition to having low opportunity, survivors are not really motivated to be more healthy. They are not living healthy lifestyles and do not feel able to do so. Their local health and other services may be poorer in comparison with other areas.



We were keen with both the children and the parents to speak to Thrivers as much as Fighters, to understand the enablers and motivations among the former groups that interventions need to instil in the latter groups.

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# 1.2.1 Individual child behaviour

## 1.2.1.1 The children's perspective





# 1.2.1.1 The children's perspective

We spoke to a range of children from the three sites through ethnographic-style immersive interviews as well getting a cross-section of children to fill out a food and activity diary detailing what food, drinks and activity they did over a week.

## Defining healthy

The children that we spoke to all had an awareness that being healthy means exercising and eating the right food - even down to drinking the right drinks. The older children we spoke to even had an awareness that mental health is important to being healthy as well as the physical aspects.

### Eating good food and doing exercise

- ♥ Balanced diet
- ♥ Doing exercise
- ♥ Eating the right foods

*"Eating good food and having a balanced diet and doing exercise."*

**Child, aged 8 - Haringey**

### Being aware

- ♥ Self-awareness
- ♥ Mental health
- ♥ Managing stress

*"I would say it would be eating right, keeping fit. Be aware of what you are doing so you can improve your lifestyle. Don't think about it too much or it will affect your mental state."*

**Teenager, aged 14 - Hackney**

# Child personas - Meet Celestia the Thriver



Celestia is 11 years old and is in year 6 at primary school. Her family is supportive and engaged in her school work and her parents are on a stable income.

## Daily habits

Celestia eats breakfast every day at home, which usually consists of a yogurt, breakfast bar, fruit and a herbal tea. Lunch will generally be a packed lunch of sandwiches, fruit, yogurt and brownie. Snacks after school will normally be fruit and occasionally some crisps or biscuits. Dinner is usually something like potato, broccoli and chicken or a vegetable stew. Some evenings in the week are spent going to dance, gymnastics or swimming class.

## Motivations

Celestia is a keen gymnast and is inspired by the Olympic gymnast Beth Twiddle. Her favourite hobbies are sports and gymnastics, and she likes to watch gymnastics on YouTube. She also likes to read and enjoys writing her own stories.

## Opportunities

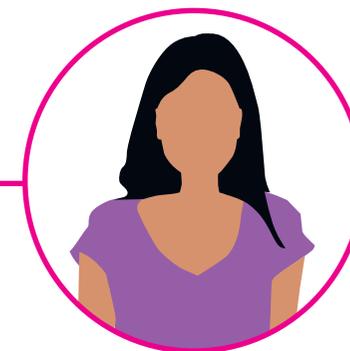
Celestia cites her school teachers as her most inspiring role models and feels that she has learned a lot from them.

Celestia doesn't watch much TV - she prefers to read or look through her SAT revision guides. Passing the exams is very important to her, and her parents have hired a tutor that comes to the house a couple of nights a week after school.

## Challenges

Although she eats healthily every day and likes to do a lot of sports, her favourite food is chicken nuggets and chips.

# Child personas - Meet Karla the Fighter



Karla is 7 years old and is in year 3 at primary school. She is an only child and lives in a single parent family with her mother, who is on benefits.

## Daily habits

Karla eats breakfast every morning - usually a banana and hot cross bun. She gets free school dinners from school so will always eat there - a typical meal might be spaghetti bolognese and salad. After school, she always has a healthy snack of fruit. Karla and her mum usually have a healthy dinner; something like broccoli and salmon. In the evenings, she will either play computer with her friends online or go to Zumba and swimming classes.

## Motivations

Karla did not like eating many new foods until she and her mum attended a healthy eating class. Now she is happy to try many more new things such as fish or unusual vegetables, and she now counts carrots and broccoli as some of her favourite foods.

## Opportunities

Karla loves playing online computer games with her friends, as she gets to talk and play with people whilst being alone in her house.

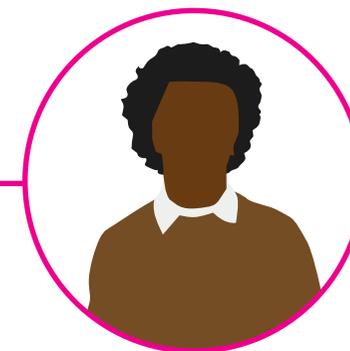
She loves playing football and going swimming because she finds it fun and likes being active. She does wish that her mum was not so ill, so that they could go out more on the weekends.

## Challenges

Karla does not like the school dinners at her school and much prefers her mum's home cooking.

Her mum suffers from arthritis so it's hard for her to take Karla out in the evenings and weekends because she is in pain. There is a gap in activities out there, between the younger more supervised play that she is too old to go to, and not being old enough to go to activities by herself.

# Child personas - Meet Ali, who is Disengaged



Ali is 14 years old and in year 9 at secondary school. He is a high achiever and plans to go to university. He lives with his two siblings and his parents, who are on a moderate but stable income.

## Daily habits

Ali eats a healthy breakfast made by his mother every morning consisting of cereal or porridge. At school, he eats the school dinner which is usually a baguette or chicken and chips. Snacks after school are usually crisps, chocolate or cookies. In the evening, he eats a home-cooked meal but has to be forced to eat vegetables by his parents. Ali has chicken and chips for dinner around 8-10 times a month when his mum doesn't have time to cook dinner. In the evenings, he is too busy with homework and tired to do any physical activity.

## Motivations

Ali really hates vegetables and does not like eating them at all. He dislikes the texture, look and taste of them. He loves everything fried though and find it very tasty.

Ali used to belong to a range of sporting clubs but is finding there is not enough time to complete his homework and do exercise. As he so tired from the week and going to the mosque on Saturdays, he prefers to read and relax rather than be active on the weekends.

## Opportunities

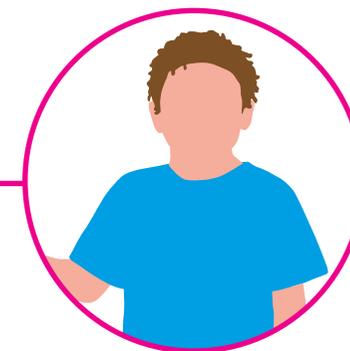
When Ali cooks vegetables and healthy meals at school, he is much more inclined to eat them as he has made them. He feels proud of what he has made, and likes to share it with the rest of the family.

Ali likes playing table tennis and wishes there were more places nearer to him that he could go and play with his friends and siblings.

## Challenges

Ali just really loves junk food - fried chicken, cakes and sweets. He loves the taste and texture but also the bright colours - the red, blue and gold - of the packaging as well. If he has his way, he would eat chicken and chips or some form of takeaway for every meal. He would be happy never to have to eat vegetables.

# Child personas - Meet Tommy, who is a **Survivor**



Tommy is 10 years old and in Year 5 at primary school. He lives with 2 younger siblings and his mum and dad, who are both on benefits.

## Daily habits

Tommy starts the day by watching TV whilst his mother makes breakfast - usually cereal but sometimes a bacon and egg sandwich. At school, Tommy has free school dinners which might be chips and fish fingers or chicken curry. After school, the snack will generally be crisps or chocolate. Tommy either has egg and chips for dinner or sometimes a takeaway, which is his favourite. On some weekends, the whole family goes biking around the local park.

## Motivations

Tommy's favourite food is take-aways and he demands them from his mother nightly and often she gives in to what he wants.

He doesn't really like vegetables or fruit and would much prefer to have chocolate or crisps over a healthy snack.

## Opportunities

Tommy looks up to his teacher as one of the key inspirations. He feels that his teacher looks out for him and speaks up even when some of the other teachers give him a hard time.

Tommy loves going out on his bike with his dad and would love to play more football and do other sports activities if there were cheap or free things he could get involved with.

## Challenges

Tommy is cooked a lot of food by his parents who also love eating take-aways and greasy food. He has developed a taste for fried food and is only really satisfied when he eats a chinese or fast food. There are a lot of takeaways and chicken shops near his house so it's hard for his mother to say no to him when they pass by one.

# Understanding daily food behaviours and habits

When analysing the food and activity diaries, we only analysed ones with good quality data in them. Across the segments, that adds up to approximately 40 high fidelity diaries across the three sites.

We mapped the food types per meal on weekdays and weekends on a scale of most to least common for each segment. Overall, rice is the most common dish for all segments with chips and curry also being very popular. Crisps and chocolate were popular snacks. Most segments incorporated fruit to some degree in their diet, however vegetables were an unpopular food category for all apart from thrivers.

Thrivers (8)	Most	Some	Few
Week	Rice (24) Fruit (41) Cereal (11) Rice (24) Chicken (15) Yogurt (17) Vegetables (12) Potatoes (13) Milk (11)	Biscuits (6) Eggs (5) Chips (8) Curry (7) Pasta (8) Meat (7) Fish (8) Chocolate (4) Crisps (7)	Toast (4) Burger (3) Apple pie (2) Pizza (2)
Weekend	Cereal (6) Chocolate (6) Crisps (6) Rice (7) Salad (6), Fruit (9) Chicken (8)	Eggs (4) Biscuits (4) Chips (4) Bread (4) Vegetables (4) Nuggets (3) Cake (3)	Lamb (1) Fish (2) Pancakes (2) Potato (2) Pizza (2)

Fighters (14)	Most	Some	Few
Week	Rice (49), Fruit (31) Meat (25) Cereal (25), Bread (19), Chips (22) Chicken (19)	Pasta (8) Curry (7) Vegetable (8) Fish (15) Crisps (12)	Burger (6) Chocolate (7), Yogurt (5)
Weekend	Curry (12) Rice (15) Chips (10) Fruit (13) Eggs (8)	Salad (5) Cereal (5) Pizza (7) Potatoes (4)	Crisps (1) Vegetables (3) Ice cream (1) Burger (2)

# Understanding daily food behaviours and habits

Disengaged (3)	Most	Some	Few
Week	Chips (4) Chicken (8) Cereal (4) Chocolate (8)	Rice (3) Pizza (3) Veg (2)	Salad (1) Curry (1) Toast (1)
Weekend	Chicken (3)	Cereal (2)	Kebab (1) Salad (1) Fruit (1)

Survivors (8)	Most	Some	Few
Week	Rice (23) Fruit (27) Crisps (11) Chocolate (11) Cake (11) Chicken (23) Fish (14)	Chips (6) Salad (5) Cereal (8) Pizza (8) Curry (8) Vegetables (8) Yogurt (6) Bread (8)	Biscuit (4) Pie (3) Meat (3)
Weekend	Chips (8) Rice (9) Chicken (6) Curry (5) Chocolate (6)	Crisps (3) Pizza (4) Burger (3) Fruit (4)	Salad (2), Veg (0) Lamb (2)

# 10 year old boy

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# 10 year old girl

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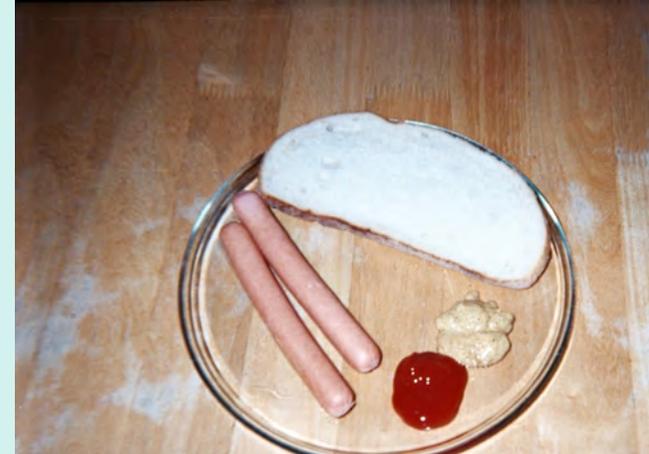
# 10 year old girl

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# 10 year old boy

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# 10 year old boy

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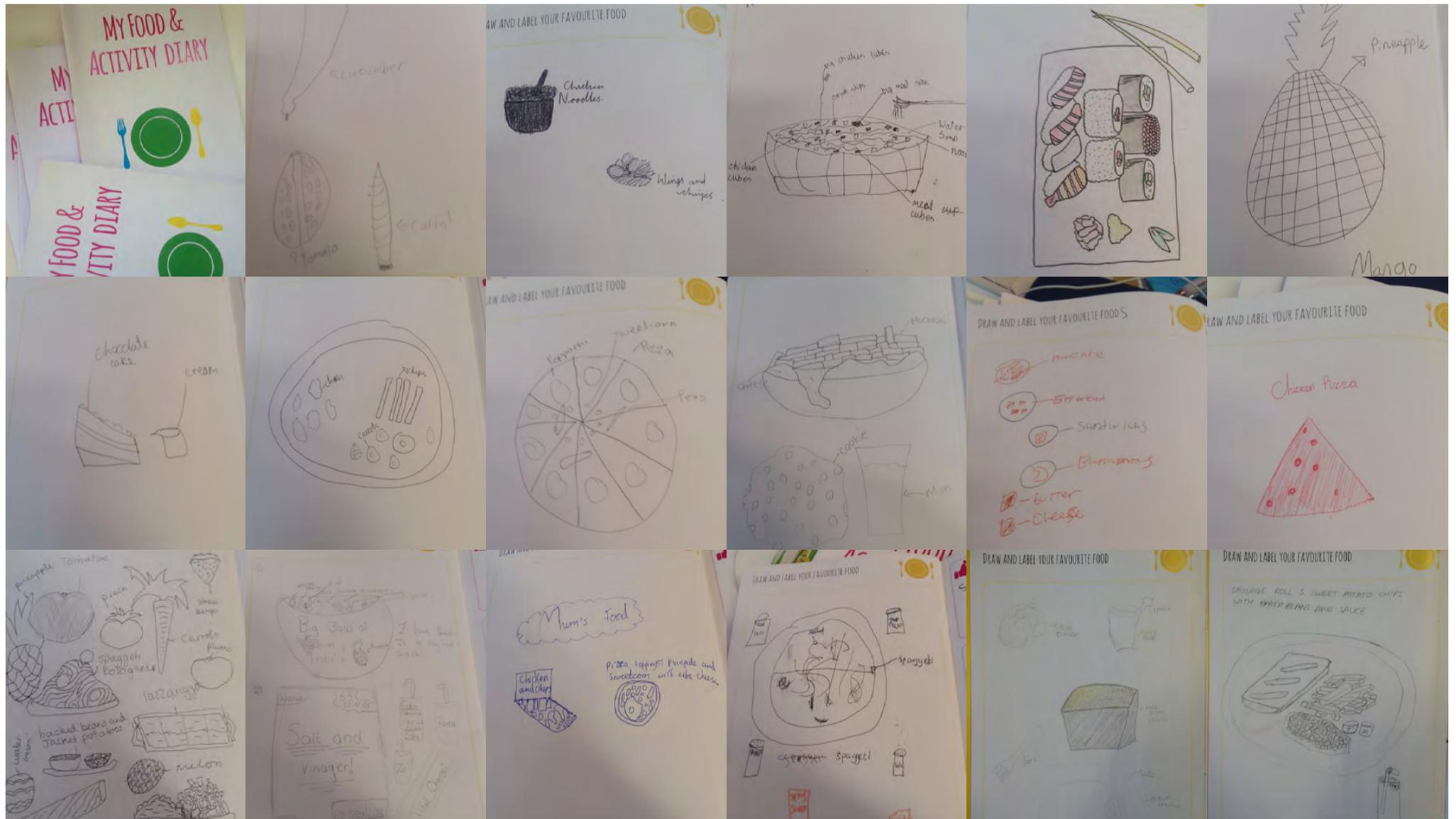
# 10 year old boy

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# Children's favourite food

These images are taken out of the Food and Activity diaries filled out for a week by over 90 children from across the three sites.



# Understanding daily activity behaviours and habits

The tables below show the most common activities on weekdays and weekends on a scale of most to few. Sedentary activities such as watching TV and playing computer are the most popular activities across all the segments and across weekends and weekdays.

Thrivers (8)	Most	Some	Few
Week	<ul style="list-style-type: none"> <li>• Watch TV</li> <li>• Reading</li> <li>• Revising for tests</li> </ul>	<ul style="list-style-type: none"> <li>• Watching a movie</li> <li>• Sewing club</li> <li>• Swimming</li> <li>• Taekwondo</li> </ul>	<ul style="list-style-type: none"> <li>• Walk dog</li> <li>• Gymnastics</li> <li>• Ice skating</li> </ul>
Weekend	<ul style="list-style-type: none"> <li>• Watch TV</li> <li>• Revising for tests</li> </ul>	<ul style="list-style-type: none"> <li>• Read</li> <li>• Shopping</li> <li>• Visit friends and family</li> </ul>	<ul style="list-style-type: none"> <li>• Restaurant</li> <li>• Church</li> <li>• Taekwondo</li> </ul>

Fighters (14)	Most	Some	Few
Week	<ul style="list-style-type: none"> <li>• Arabic school</li> <li>• Homework</li> <li>• Watch TV</li> </ul>	<ul style="list-style-type: none"> <li>• Revision</li> <li>• Sports</li> <li>• Reading</li> </ul>	<ul style="list-style-type: none"> <li>• Swimming</li> <li>• Zumba</li> <li>• Played on tablet</li> </ul>
Weekend	<ul style="list-style-type: none"> <li>• Watch TV</li> <li>• Computer</li> </ul>	<ul style="list-style-type: none"> <li>• Church</li> <li>• Went out with friends</li> <li>• Sports - cricket and exercise</li> </ul>	<ul style="list-style-type: none"> <li>• Arabic school</li> <li>• Youth club</li> <li>• Swimming</li> </ul>

# Understanding daily activity behaviours and habits

Disengaged (3)	Most	Some	Minority
Week	<ul style="list-style-type: none"> <li>• Cycling</li> <li>• Going to the park</li> </ul>	<ul style="list-style-type: none"> <li>• Computer</li> <li>• Football</li> </ul>	<ul style="list-style-type: none"> <li>• Reading</li> </ul>
Weekend	<ul style="list-style-type: none"> <li>• Watch TV</li> <li>• Computer</li> <li>• Mosque</li> </ul>		<ul style="list-style-type: none"> <li>• Family party</li> </ul>

Survivors (8)	Most	Some	Minority
Week	<ul style="list-style-type: none"> <li>• Watch TV</li> <li>• Homework</li> </ul>	<ul style="list-style-type: none"> <li>• Reading</li> <li>• Played games</li> <li>• Played on scooter</li> </ul>	<ul style="list-style-type: none"> <li>• Dance class</li> <li>• drawing</li> </ul>
Weekend	<ul style="list-style-type: none"> <li>• Playing with toys</li> <li>• Homework</li> </ul>	<ul style="list-style-type: none"> <li>• Watch TV</li> <li>• Went out for dinner</li> </ul>	<ul style="list-style-type: none"> <li>• Church</li> </ul>

# Motivations and choices

To understand children's choices and preferences around healthy eating and physical exercise, we asked them two simple questions. What they would like to eat when hungry, and what they would like to do on the weekends. We then distributed responses across the four segments to provide a flavour of the choices parents make and their reasoning for these.

## What would you eat when hungry?

<b>Thrivers</b>	Apples Ham Ice-cream
"Apples I like because they're juicy. Ice cream because I can have sauce and sprinkles and I love ham."	

<b>Fighters</b>	Ham Sandwich Fruit
"I love ham and I love fruit, and I like salmon too. We eat a lot of salmon."	

<b>Disengaged</b>	Burgers and chips Baklava Cake
"Chips are my favourite things to have at lunchtime. But we have only them at Fridays at school. It used to be frequent at home – once every 2 weeks. But now its every month. I also really like sweets!"	

<b>Survivors</b>	Crisps Noodles Chicken
"My kids love crisps, they live on them. My son loves noodles as well, but the others don't. They all like chicken – I'll cook dippers or nuggets which I know they will eat so it's guaranteed"	

## What would do you like to do on the weekends?

<b>Thrivers</b>	Swimming Going to the park Horse-riding
"The families love swimming - we go on lots of walks to the farm and feed the ducks at the docks"	

<b>Fighters</b>	Swimming Cycling Gym
"I like swimming it's fun, and cycling. I like swimming as I learn a lot. And cycling is just fun in the parks, or sometimes cycle to Tescos."	

<b>Disengaged</b>	Reading - "I love to read" Relaxing on the sofa Texting on phone Watching TV
"I only like doing team games such as netball. I used to go to an after school club. But now on the weekends I like to relax and do nothing"	

<b>Survivors</b>	Watching TV Playing ps4 Going outside to play football and ride bicycles in the park
"I love playing playstation. I also like going to the park and riding on my bike. My mum can't ride a bike but my dad takes me and my brother out"	

# Needs and dreams

## Who is a person that inspires?

In order of popularity:

- ♥ Overwhelmingly the inspiring role models are either Parents and teachers
- ♥ Siblings
- ♥ Athletes
- ♥ Authors
- ♥ Grandparents

*"My teacher because she always pushes me to try my best at all times"*

Pupil, Seven Sisters (Haringey)

*"The basketball player, Koby Bryant because 'whatever he did he never gave up'"*

Pupil, Haggerston (Hackney)

## Who is a person you have learned the most from?

In order of popularity:

- ♥ Teachers
- ♥ Mother
- ♥ Dad
- ♥ Brother
- ♥ Grandparent

*My brother, because whilst being threatened with a knife, he didn't allow his pride to get him hurt and he gave up his belongings*

Pupil, Tower Hamlets

## My favorite things

### Favorite game

In order of popularity:

- Minecraft
- X-box, PS3, Fifa on playstation (mostly boys)
- Monopoly
- Snakes and ladders
- Rounders
- Hide and seek

### Favorite hobby

In order of popularity:

- Art
- Football
- Acting
- Swimming
- Cooking
- Table tennis
- Reading
- Watching TV

### Favorite meal

In order of popularity:

- Pizza
- Chips
- Chicken
- Tomato
- Apple
- Cucumber
- Cookie
- Pasta

# Barriers

**When understanding barriers and opportunities for children and parents, the insights coming out have been much more cross-cutting than when speaking to schools, the local community and policy leads. This potentially points to less awareness of the specific landscapes around them than people working in the local communities.**

In general, the food that children eat at schools is good with a balance of fruit and healthy options. Food eaten from home is more mixed with a high proportion eating rice, curry and chips as part of their evening meal and eating meat three times a day is fairly common. When children eat meals outside the house then the food quality decreases - it becomes mostly takeaways, MacDonalds and unhealthy snacks. At the weekends, a substantial amount of children skip breakfast and do not have three meals. In terms of activity - a lot of the children walk to school, and a good few play football. Thrivers and fighters are more likely to go to after school clubs.

## A 'tasty' issue

The three top favourite amongst children were all unhealthy foods - pizza, chicken and chips. Although some children did say that liked vegetables, it appears that the saturated fats within fried food and pizza are making them irresistible to children. A teenager helps to unpick this by describing how she feels about vegetables:

*"I would like to eat more vegetables but I just hate most veg. I don't like the taste and the texture. I like stir-fry veg – the peppers but that's about it. With chicken and chips, it's about the taste and texture – I like things chewy. The taste is the biggest thing though, I just love it"*

## Temptation of unhealthy food

A lot of the time, children do recognise that they should be eating healthier. A child talks of how *"What's stops me is the temptation is the other food - Sweets and fast food. It's the taste and I don't know if this a thing, but the look. For example, if I see a Maltesers packet, I would go for the red packet over green because it's more vibrant and more exciting."* So the temptation of unhealthy food is not just the taste but also the design of packaging and how it looks and makes them feel. Children are drawn to strong colours and branding and the bright, primary colours of a lot of unhealthy food adds to the overall experience.

## Unhealthy snacks

On reflection, there was a substantial amount of children eating healthy snacks including a high proportion of fruit, and then yogurt and cereal bars. However a significant amount of children are still eating crisps and chocolate as snacks and this rises exponentially when children go to the mosque. There is a direct correlation of unhealthy snacks and visiting the mosque suggesting perhaps that parents are short on time to make or buy a healthy snack or that snacks are used as a reward on attending.

# Opportunities

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Children are inherently creative and love to play and socialise, which is reflected in their choice of games and hobbies. Top games included the social and interactive game Minecraft and the team game monopoly.

The most popular hobbies were art and football showing the propensity for children to choose either creativity or social interaction.

## Getting children involved in cooking food

A medium proportion of the children interviewed mention cooking as their favourite hobby. There is potential to use cooking classes as a way to encourage children to eat healthier and feel happier about eating more fruit and especially vegetables. One child mentioned how *"When I'm doing food tech, I like eating veg because it's something I made"* demonstrating that the pride and ownership that child feels when having achieved something, overrides their previous distaste for eating vegetables.

## Re-branding healthy

Redesigning the brand experience of healthy food is an area to be explored. *"I love the chicken and chips box. I don't know why. Maybe it's because I am so used to seeing it."*The strong branding associated with fried food and takeaways has the potential to carry across to more healthy food alternatives and make them 'cool'. Areas to be explored could be new visual branding - logo, promotion and packaging but also creating an exciting brand experience around existing local healthy brands such as Asda, Chicken Town in Haringey or Innocent.

## Gamification to engage children and then sustain that engagement long-term

The most popular game from the children interviewed was Minecraft - an online game where you build buildings and experiences interactively with your friends. Alongside this, the most popular hobby was art showing children innately enjoy being creative. In terms of building healthy living interventions, the data suggests that if it is gamified - interactive and creative - then kids will not only be drawn to use it but will also stay engaged and continue to use it.

## Build on and support teachers and parents to be inspiring role models

Teachers and parents were cited as the top influences when children were asked 'who most inspires you'. The children are already seeing these figures as role models so there is potential to build on this and support them to be 'healthy agents of change' for the children. The influence of mum and dad is really strong, whether this is a negative or positive influence, so helping them be inspirational will have a powerful effect.

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# 1.2.2 Parenting, family and social contexts

**1.2.2.1** The parents' perspective

**1.2.2.2** The school perspective

**1.2.2.3** The wider social  
perspective





“Be The Change  
You Wish To See  
In Your Community”

# 1.2.2.1 The parent's perspective

The parents engaged also fit across the four groups of the **Thrivers, Fighters, Survivors and Disengaged**. Through **ethnographic and in-depth interviews, we asked parents questions around their definitions of healthy, their food and activity choices and aspirations, their shopping habits, their parenting style, barriers and opportunities, and the places they go to in their local area. We also accompanied them on tours of their fridges and cupboards, local area, and grocery shopping experience. The insights in this section are based on responses and observations in relation to these activities.**

## Defining healthy

The parents all felt that participating in regular exercise and managing to eat well (including fruit and vegetables in their diet and reducing fat and salt intake) was important. However, some felt that thinking too deeply about health could be confusing and even stressful, and that it was just as necessary to have a balance and allow treats as well. Interestingly, only one parent mentioned the social aspect - socialising and having a purpose - as significant in maintaining a healthy life.

### Everything in moderation

- ♥ Not over-stressing about health
- ♥ Balance of healthy and indulgence
- ♥ Not giving yourself a hard time if you have a takeaway occasionally

*"I think at this stage, we are all confused about healthy eating. I think everything in moderation and then if you have a lot of activities in your system then that is what needed."*

**Parent, Seven Sisters (Haringey)**

### Eating well and being active

- ♥ Healthy diet
- ♥ Regular exercise
- ♥ Cooking from scratch

*"It is about doing both diet and exercise; getting regular exercise, eating a balanced diet with enough fruit and vegetables"*

**Parent, Isle of Dogs (Tower Hamlets)**

### Happy Living

- ♥ Socialising
- ♥ Able to manage stress
- ♥ Having a daily purpose

*"To me, healthy is happy living. It's about it not being stressful and not being isolated. Socialising is as important as the physical. You have to do something – have a career and interesting daily life; something we can do that's useful."*

**Parent, Haggerston (Hackney)**

# Parent personas - Meet Leila the Thriver



Leila is in her 30's and lives in London with her partner and 2 children. She works a part-time job as a cleaner whilst her partner also works, and they split the babysitting between them. Leila is highly motivated to keep her family healthy and manages it on a moderate income exploiting local opportunities and facilities.

## Daily habits

Leila makes breakfast for the family in the morning - cereal and milk and coffee and milk for herself. She makes sure she always has a full lunch of rice, vegetables, meat and salad and either works or cleans the house. After school, she cooks a meal from scratch every night that includes vegetables, salad and fruit. On the weekend, she will spend more time cooking a special meal for the family like lasagna or home-made pizza. They will take the kids to the park or visit a Spanish cafe for a drink and a chat with the locals there.

## Motivations

Leila is extremely motivated to eat healthily – she makes sure she buys her vegetables every 2 weeks in bulk so she can afford to eat well everyday. She feels unwell when she eats a hamburger and likes the feeling in her body when she eats fruit or vegetables.

She appreciates that by working, it allows her to buy the healthy food and vegetables she feels are very important.

## Opportunities

Leila loves cooking – she learned from her mother and she finds it a relaxing pastime. She will often go on the internet and look for recipes and ideas to try out on the family. This is one of her favourite things to do, and she always makes sure she sets aside time to do it.

Buying food on the internet means she can control her spending and only buy what she needs. She feels that this doesn't happen when she goes to physical shops - she ends up buying lots of unneeded things.

## Challenges

Leila is very busy and laments the lack of time there is to do exercise with a job and two young children. If she had more time, she would spend it at the gym or going swimming.

She does acknowledge that running around everywhere and doing a cleaning job keeps her fit, which she feels is good as she likes to keep herself at a healthy weight.

# Parent personas - Meet Khan family, the **Fighters**



The Khan family - Amina and Muhammad - have four children aged 3 - 14 years old. Muhammad works part-time in a bakery and Amina attends the local college on weekday mornings. They are on a low income but are highly motivated to eat healthily.

## Daily habits

Amina makes breakfast in the morning for all the children and her husband, which consists of bread, eggs, cereal and green tea. She goes to college most weekday mornings and then comes home, cleans the house and does the daily food shop. She cooks vegetables for every evening meal. A typical meal will be rice, salad, vegetables and meat. After dinner, the parents help the kids with homework and watch TV. On the weekends, they like to take the kids to the local park to play at the free table tennis sets or they watch TV and relax as a family.

## Motivations

Both Amina and Muhammad like to eat healthily and make it a priority to have vegetables at every meal. The children do not like eating vegetables very much, but both parents are determined to make them eat healthily. The children are gradually increasing their daily intake. They do let the children have chicken and chips a couple of times a week but only as a treat for having completed their homework or chores.

## Opportunities

Since starting college, Amina has felt more positive mentally and is much more confident to try new things. She is planning to do volunteering in the local community as she has realised that it can be quite isolating staying at home all day with the children. She is even encouraging other friends to join up to things with her – she recently persuaded a friend to come along to a local healthy eating cooking class. Muhammad feels that praying at the mosque is what keeps him grounded and happy - it's fulfilling a religious duty but is also helpful for his mental state.

## Challenges

Amina worries that her three boys are addicted to screens – their phones and computers. When they try and restrict the use of them, then they can get aggressive and cross. Amina and Muhammad think up fun ways to distract them rather than ban the use of them full-stop.

They all wish there were more free activity places locally – like the table tennis – as it's a fun thing for the whole family.

# Parent personas - Meet Hayley, who is Disengaged



Hayley is in her late twenties and has a 6 year old son and a 1 year old baby girl. Her income level is medium and she works part-time at a job she enjoys. Her financial situation is stable but she is not actively eating that healthily or motivated to do much physical exercise.

## Daily habits

Hayley gets up and makes breakfast for her 6 year old – Cocopops generally – before driving her kids to school. Hayley likes to have a bacon and egg roll. She will take a packed lunch into work – usually a sandwich, crisps, yogurt and fruit. For the children, she will buy ciabatta and make fish finger sandwiches. Hayley has a car and uses it a lot – preferring to drive rather than to walk. Her favourite food to eat is fish and rice and she loves eating crisps. She sometimes takes the children out to go for a walk and to feed the ducks, but more often to get an ice cream from the van, or doughnuts and cupcakes from the bakery.

## Motivations

Hayley and her son are not a fan of vegetables but she recognises that she needs to eat some healthy food so will buy pre-prepared salad and fruit.

She is very orientated around making her children happy, and to some extent gives in to their preferences. She also prefers foods that she finds comforting. She likes to relax watching TV and sleeping on the weekend rather than going out although. But she recognises it would be good to join the gym and do more exercise. Her husband bought her a treadmill, which she used to use when she first got it, but not anymore.

## Opportunities

Hayley wants to give her children opportunities she didn't enjoy when she was a child, and supports any interest her son shows in physical activities. However she says there is a lack of things for him to do as he is too old for children's centres but not old enough for community groups which tend to start at 8.

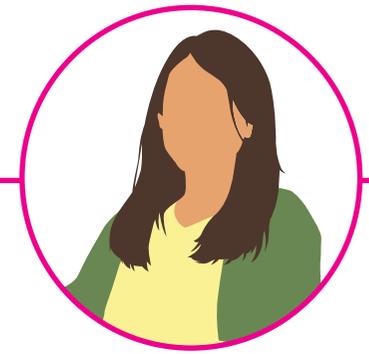
Hayley would like to cut down on salt, sugar and oil. She is trying to cut down on white rice "my weakness". Her husband is trying to get her to cut down on carbs and all these bad things. Because she is the one who cooks it is much easier for her to reduce things.

## Challenges

Hayley would like to spend less time on her phone and on social media, which she feels is not a productive use of her time. She also feels that she relies on her car too much because it is easy.

Hayley feels that a barrier to buying healthy food is the expense. It puts her off buying food such as vegetables that she does not really like in the first place. She feels that the preparation time for fruit and veg is too time consuming. While she does cook a lot at home, she prioritizes cheap and fast meals over what may be the healthiest option.

# Parent personas - Meet Rachel, who is a Survivor



Rachel is in her 30's and lives in London with her partner and three young children. Her income level is low; she does not work and is quite socially isolated. She is not highly motivated to eat healthily or do physical exercise.

## Daily habits

Rachel makes breakfast for her family in the morning but goes without much herself all day. She sometimes cooks an evening meal and this might be egg, chips and beans, or a roast on special occasions. Pretty often the family will get a local takeaway such as a Chinese, MacDonalds or a kebab. Crisps are the children's favourite snack and Rachel herself loves going to the greasy spoon for chicken burger or a fry-up. They often go to the park on the weekend together but Rachel spends a lot of the time in the week at home by herself watching TV.

## Motivations

Rachel is motivated by the ease of takeaways and likes the fact that there is no washing up. She does like doing some cooking at home with the kids and they do baking together. Her children always demand takeaway and a lot of the time, she gives in easily to their requests. She finds it really good value for money and quite filling.

She's not that interested in exercise for herself but likes to take her children to the local leisure or roller skating because that makes them happy and keeps them busy when they're not at school.

## Opportunities

Rachel understands the need to eat healthily, which she perceives as eating salad and greens, but she feels that salad does not fill her up and she is always hungry after eating it.

She loves going to the local cafes because of the fry-ups which fill her up, but also because the atmosphere is so warm and friendly. It's a nice overall experience.

## Challenges

Rachel struggles with the temptation presented by the large variety of fried food and takeaways on offer near to where she lives. Both the ease and the nice taste of the food is what draws her to them frequently. She feels that if they were not so readily available then it would be easier not to succumb to buying dinner there. Rachel finds the struggle exhausting and wishes that she lived somewhere else as then it would be easier to avoid them.

# Motivations and choices

To understand parent's choices and preferences around healthy eating and physical exercise, we asked them two simple questions. What they would like to eat when hungry, and what they would like to do on the weekends. We then distributed responses across the four segments to provide a flavour of the choices parents make and their reasoning for these.

## What would you eat when hungry?

<b>Thrivers</b>	<b>Fruit</b> <b>Meat and veg</b> <b>Salad</b>
"When I eat out, like a hamburger, it hurts my stomach and I don't feel good. When I eat potatoes and meat and veg, then I feel good."	

<b>Fighters</b>	<b>Veg and potatoes</b> <b>Noodles</b> <b>Vegetables</b>
"Vegetables are my favorite – I eat them everyday. But not the English way - Stir fry veg that's what I like"	

<b>Disengaged</b>	<b>Potatoes</b> <b>Fish</b> <b>Crisps</b>
"I am addicted to fish. The fish and potatoes just looks like a lovely dinner. And I've been addicted to crisps while I've been pregnant. They are all comforting foods."	

<b>Survivors</b>	<b>Bacon</b> <b>Kebab</b> <b>Chinese takeaway</b>
"Bacon – just love going in a café and having a fry up, you can't go wrong with a fry up. Anyone who doesn't like that isn't from this planet. On certain days I fancy the café, and it's always either the full breakfast or the chicken burger but I go for the fry up as it fills you right up"	

## What would you like to do on the weekends?

<b>Thrivers</b>	<b>Shopping</b> <b>Cleaning</b> <b>Park</b>
"I like to buy things, getting clothes. I buy my food from the internet – I just get what I want, that doesn't happen when I go to food shops as I end up buying lots of other stuff. And I like to play with the kids, play football with my son."	

<b>Fighters</b>	<b>Gardening</b> <b>Biking</b> <b>Reading</b>
"I have been here 15 years – with friends we always complain that we are bored. Recently, we also complain, why don't we try new things and get out and explore. So I brought my friend to the cooking class as well – she didn't enjoy it but I do!"	

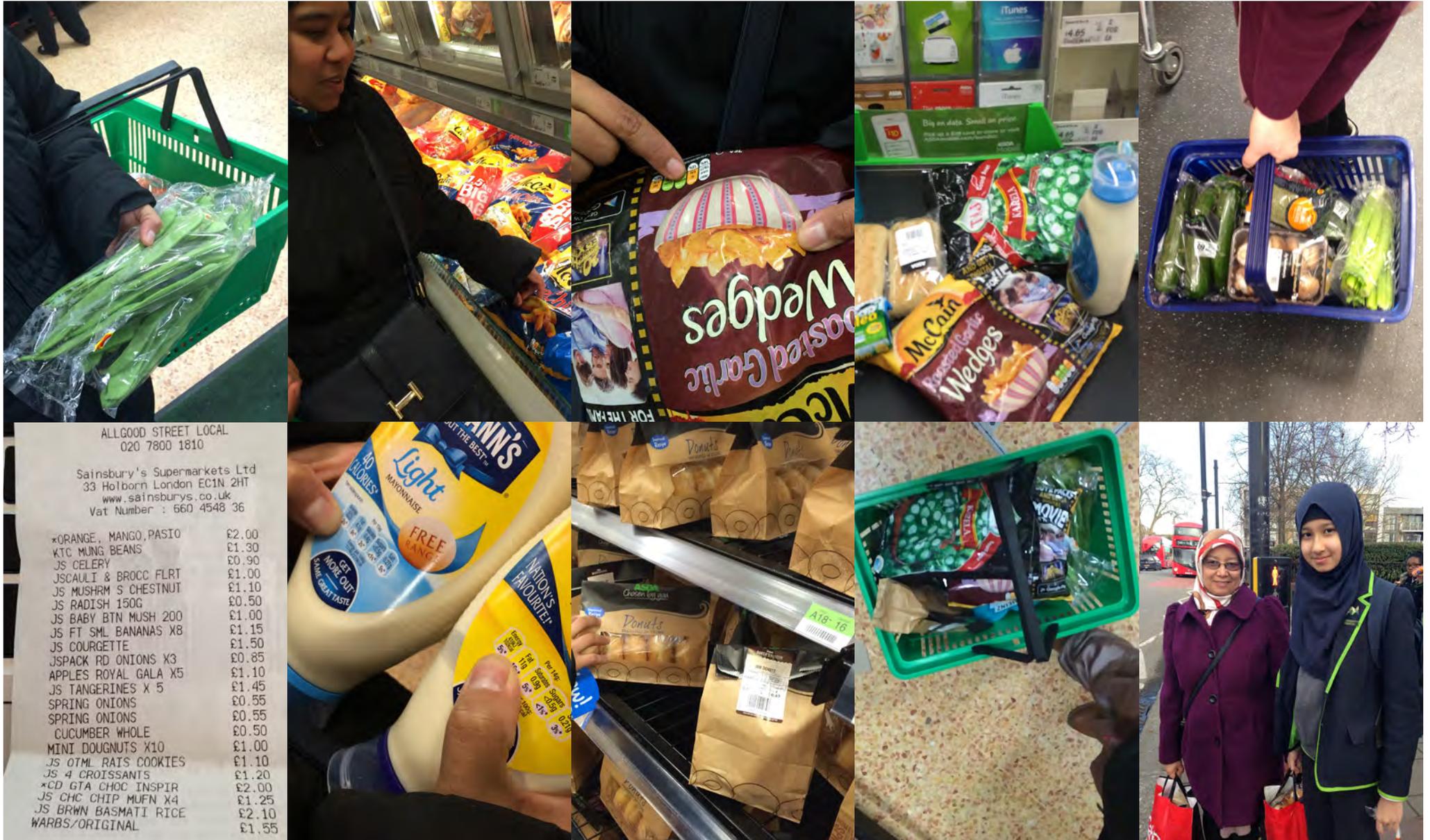
<b>Disengaged</b>	<b>Phone</b> <b>Relaxing</b> <b>TV</b>
"TV takes over when you don't have that much social life. Don't go out to the bar and don't see anybody – and as a single mum, nobody to baby sit and all that - I need some social time."	

<b>Survivors</b>	<b>Park</b> <b>Bowling</b>
"Park as kids love it – even when it's cold they beg me so I have to make them wrap up. Only go to the pub on special occasions. Birthdays or New Year. Not much of a drinker"	

# Families eating habits



# Families food shops



ALLGOOD STREET LOCAL  
020 7800 1810

Sainsbury's Supermarkets Ltd  
33 Holborn London EC1N 2HT  
www.sainsburys.co.uk  
Vat Number : 660 4548 36

*ORANGE, MANGO, PASTO	£2.00
KTC MUNG BEANS	£1.30
JS CELERY	£0.90
JSCAULI & BROCC FLRT	£1.00
JS MUSHRM S CHESTNUT	£1.10
JS RADISH 150G	£0.50
JS BABY BTN MUSH 200	£1.00
JS FT SML BANANAS X8	£1.15
JS COURGETTE	£1.50
JSPACK RD ONIONS X3	£0.85
APPLES ROYAL GALA X5	£1.10
JS TANGERINES X 5	£1.45
SPRING ONIONS	£0.55
SPRING ONIONS	£0.55
CUCUMBER WHOLE	£0.50
MINI DOUGNUTS X10	£1.00
JS OTML RAIS COOKIES	£1.10
JS 4 CROISSANTS	£1.20
*CD GTA CHOC INSPIR	£2.00
JS CHC CHIP MUFN X4	£1.25
JS BRWN BASMATI RICE	£2.10
WARBS/ORIGINAL	£1.55

# Barriers

**As stated earlier, the insights coming out when speaking to parents have been much more cross-cutting than when speaking to schools, the local community and policy leads. This means that parents and children across the three sites expressed similar barriers and opportunities to leading healthy lives.**

Key barriers that were highlighted by parents included the tiredness and lack of time resulting in looking after children, especially when a lot of the families have a higher than average number of children. The lack of free time means that exercise, home-cooked food, and finding time to take a single child to an after school activity (when there can be say another three younger children at home), falls lower down on the list of daily priorities and tasks.

## Tiredness from a job can mean planned exercise doesn't happen

A lot of parents mentioned that they understood they should be exercising but the physical demands of working and looking after children means they are too tired, or there is no extra time to go the gym or an exercise class. A good solution for some busy parents is to integrate exercise into their daily routine rather than make it a separate activity. *"I often feel tired – my job is so tiring. I don't like to go out specifically for exercise – when I say that, I don't do it! I am a starter not a finisher. I like walking though so I make that part of my day instead. I might go shopping after work and then I will walk home. I make walking a part of my routine"*

## Children interacting with the wrong crowds

A significant proportion of parents spoke of the worry around their children interacting with the wrong crowd in the local community – being exposed to gangs, drugs and violence. This then affects whether children are allowed out to play, go to parks by themselves or come home from after school activities alone especially in the winter. *"This area is known for gangs and drugs. I've got a 9 year old and she isn't going out by herself because of this"*

## Addiction to screens

A worry from parents was the amount of time in a day that their children were interacting with the screens, especially amongst the boys. *"Even when we limit their time, they get bored and restless – if you stop them, they become aggressive and angry. It is affecting their health, and mental health. It's definitely more our boys who are like this."* A parent talked of how their kids were so addicted that it was hard to persuade them to do anything else - go outside and play on their bikes or go to the park.

## Hard to find out information on healthy-living facilities and activities

*"There are not many other ways of finding out what's happening in the community. If you're not going to school - you won't know what's happening."* Many parents talked about the difficulties they have in finding out information around sports and activity facilities and opportunities in the area. They also mentioned how hard it is to find cheap or free opportunities. The school is key place to find out information. A mum spoke of how *"I find out through the school, but I don't really know what's going on. It would be good to advertise in newspaper, doctors, the local newspaper, schools, local housing offices. I don't use Facebook so wouldn't look there."*

# Opportunities

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**Key opportunities expressed by parents focused on their enjoyment around engaging in cooking activities with their children, and the fact that this often meant that children were more likely to eat the food prepared. Additionally, there was a general motivation and aspiration to encourage children to spend less time in front of screens and more time out and about and being active, regardless of the difficulties parents found in making this happen.**

## Parent and child cooking classes

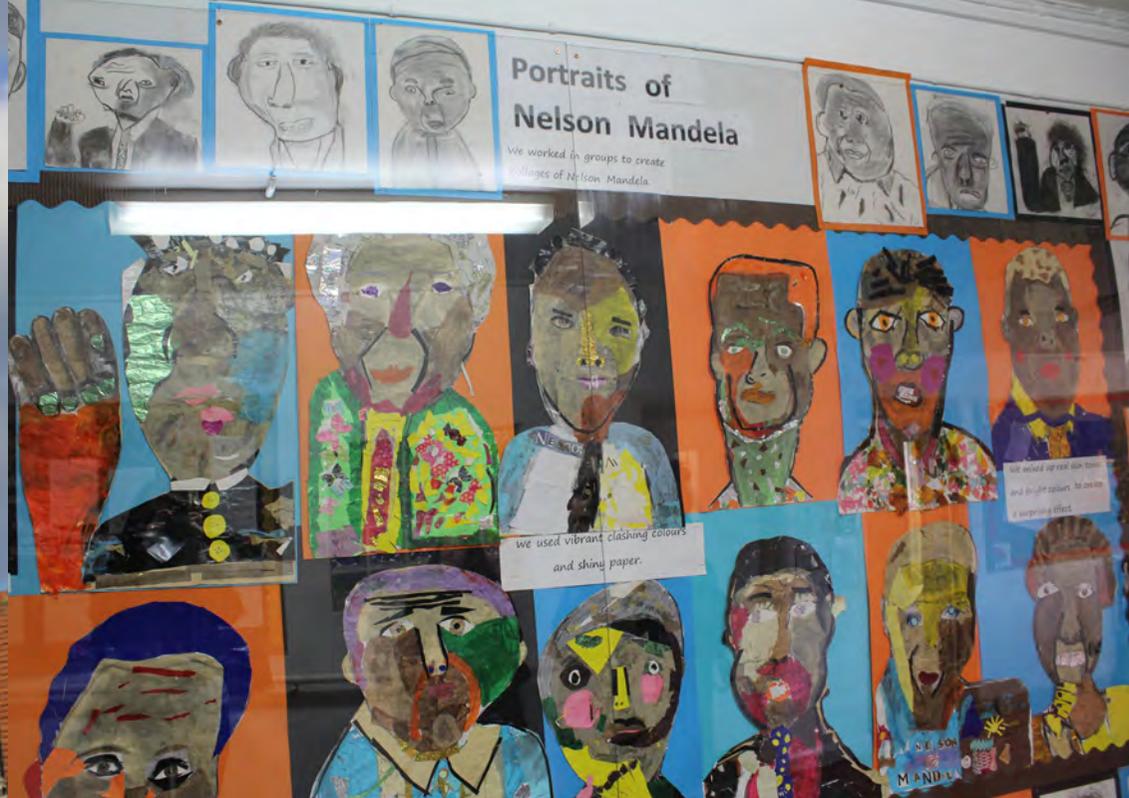
Children categorically respond much better to eating healthier when they have cooked the food themselves so this needs to be capitalised on: *"Some of my kids have has issues with eating veg but it's getting easier now because they've started cooking with me at home and then they're more into eating other things. It's helps to get them involved in the cooking. I'm now a Jamie Oliver's ambassador and I run the cooking class,with parents and think we start should start doing the classes with children and kids - start getting them to use all the spices. Its exciting doing it with the children, and then when they get into cooking they want to eat it."*

## Be mindful of including the physical into any screen/app-based solution

Any screen based solution used on a computer, tablet or phone needs to make sure it exploits the potential of technology whilst integrating a physical dimension into the solution at the same. *"I think the solution is finding other ways to stimulate them. We need physical, fun and creative ways of them being distracted from using screens all the time."* Parents are worried about their children's amount of screen time and the addictive nature of them, so there needs to be a strong awareness that any intervention will have to be attractive and creative enough for them to put down their screens.

## Build 'safe' interventions that can take place all year round

A majority of parents mentioned that they allow their children out in the summer when it is light and safe but this means children are spending a lot of time inside during the winter when it is dark and therefore, in their eyes more unsafe. There is a strong opportunity to increase physical activity amongst families by making sure the developed solutions are able to take place all year round - perhaps making sure they take place before school or during school rather than after school which typically results in a low turnout, especially during winter,



# 1.2.2.2 The school's perspective

Teachers play a core role in both children's and parents' lives, so a broad range of teachers were interviewed including headteachers, parent liaison officers and PE teachers. Through in-depth interviews, we asked people how they define healthy, what existing interventions they offer parents and pupils and learning they can share from these, and their view on barriers and opportunities for student to lead healthy lifestyles. The following pages cover overarching themes from our conversations with schools, and then details insights specific to each of the schools at the three sites.

## Defining healthy

The ways in which teachers themselves conceptualise 'healthiness' was explored. Categorically, all of the teachers mentioned eating a balanced diet and taking regular exercise as central to maintaining a healthy lifestyle. Some also felt that health extended more broadly to encompass a solid mental state and positive attitude to life. Teachers reported that a significant proportion of parents with whom they interact suffer from mental health issues and depression, and that they have seen how this impacts detrimentally on a child's health.

### Balanced diet and regular exercise means

- ♥ Awareness of how to maintain a healthy lifestyle
- ♥ Spending time outside in the fresh air and sunlight
- ♥ Eating fresh veg and fruit
- ♥ Doing physical activities eg. going to the park and walking

*"Health is about eating everything in moderation and keeping active. It is about being aware of what is good for you and what might be bad for you."*

**Teacher, Isle of Dogs (Tower Hamlets)**

### Focus on mental health in both parents and children

- ♥ Correlation between low mental health and low physical health
- ♥ Support to build up confidence and self-esteem
- ♥ Providing counselling and emotional support for child and parent

*"It is about healthy eating and physical activity but it's also about emotional well being. We need to encourage a can do attitude – get parents to think about why they feel they can't do something, and then get them to feel like they can do it!"*

**Teacher, Haggerston (Hackney)**

# The role of the school

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Teachers report that the school is regarded as a trusted place in the community. Parents view the school as a safe, protected space and if an extracurricular activity is offered, there tends to be a high uptake amongst pupils. Schools are seen as the catch-all place to engage children and families around health, but teachers pointed out that often there is no extra budget to do this so they are having to go above and beyond their day job to introduce healthy measures.

According to one teacher, **“the school is becoming a place where we nurture the children as much as we teach them to learn”**.

While there may not necessarily be resources to provide healthy lifestyle activities, schools say they see the huge need for children to change their diets, have access to healthy food, and the opportunity to do physical exercise. Therefore they are feeling compelled to do something. So while it is not officially in the curriculum, each area has developed different programmes to engage with both children and parents. The programmes predominantly revolve around physical activity, with a small minority focusing on cooking skills. Some Tower Hamlets and Haringey interventions are attempting to embed health and wellbeing into the day to day habits of children and their parents rather than simply organising stand-alone interventions. Their pack-lunch rules are a good example of this approach.

## Haggerston (Hackney)

### Healthy lifestyle activities at the school include:

- ♥ Cookery
- ♥ Taekwondo
- ♥ Sports - basketball, football
- ♥ Table tennis
- ♥ Dance therapists
- ♥ Cycling training
- ♥ Early years workshops for carers and parents
- ♥ St Mary's Secret Garden: community garden offering growing lessons to children

### Health Heroes - whole school approach to promoting healthy lifestyles

Randall Cremer Primary were the pilot school for Health Heroes - a scheme run by Hackney council to increase physical activity, providing education on nutrition and support access to healthy food and local parks and green spaces. The pilot was received well, and a weekly food co-op offering cheap produce, amongst others, is one of the outcomes of the project. The scheme is being rolled out to 7 other primary schools in the borough.

## Isle of Dogs (Tower Hamlets)

### Healthy lifestyle activities at the school include:

- ♥ Sports clubs - hockey, netball, after-school football
- ♥ Taekwondo
- ♥ Athletics and gymnastics
- ♥ Breakfast club - free bagels
- ♥ Fruit at break time (this is only thing they sell)
- ♥ Healthy eating workshops for children.
- ♥ Pack-lunch rules - only one 'treat' per lunch
- ♥ Teachers model healthy eating at lunch by sitting with the children and choosing healthy options

### Community House - engaging the parents

Cubitt Town Primary have recognised that if the parents are educated then it will ensure the children are living healthily. The community house is a space that offers a range of classes to parents including healthy eating, arts and crafts, English and employment skills. The model is to 'train the trainer' so parents progress to teaching other parents. The house has been a success: classes are well-attended and hugely over-subscribed.

## Seven Sisters (Haringey)

### Healthy lifestyle activities at the school include:

- ♥ A-life workshops - school workshops for
- ♥ healthy living
- ♥ Cookery
- ♥ Allotment and gardening
- ♥ Forest schools: den making, nature walks, making fires
- ♥ P.E. - games, gym and dance and swimming
- ♥ Sports clubs - after-school football, dodgeball
- ♥ Street dance

### Breakfast club - supporting learning attainment

At Crowland Primary, around 50% of the children come to school without eating breakfast so the school gives out apples in the morning. They have also trialled a scheme where children were given a sticker for breakfast if they could show evidence that they walked to school. The large uptake has prompted the school to buy every pupil a pedometer to incentivise them to make walking a priority.

# Barriers

Central to the children's health is engagement with the parents. Across the three boroughs the recurrent key barriers to engaging with the parents are: English as a second language; lack of education and awareness of

resources; high levels of mental health challenges including low self esteem and confidence. Within the boroughs, we have identified specific local barriers but these are also playing out in some form across all the boroughs.

## Haggerston (Hackney)

**Some parents are not engaging in their children's school life**

A good number of parents are not engaged with their child's school life. Sports fixtures at the schools are extremely popular in Hackney, even on the weekends. However, kids will often show up by themselves, or the school will have to organise transports back and forth. Teachers described a fine line between engaging and stepping on parents toes. *"A lot of parents wouldn't take kindly to it - they say "who is the school to tell us what to do?"*

**Unhealthy food is regarded as 'cool'**

Although healthy foods are available, a lot of students don't have breakfast, have breakfast at breaktime and then skip lunch to spend their money on unhealthy stuff after school. Buying energy drinks and cheap fried chicken and chips are considered a status symbol - they feed into a teenage cultural identity of 'cool' regardless of whether the food benefits their health or not.

## Isle of Dogs (Tower Hamlets)

**Trouble accessing the right information**

Parents are struggling to access information around healthy activities and resources for their children. Teachers remarked that parents do have knowledge to a certain extent but find it difficult to navigate the correct information for their child and are not sure about the avenues to access it. What is important to parents is; *"where will it take place, who's running it and the most important - will my child be safe?"*

**Cultural expectations conflict with healthy lifestyles**

*"Culture is a massive issue, especially if the mum and dad are 1st or 2nd immigrants; they are used to 5 meals but aren't increasing the activities."* Children are being fed starchy foods such as rice upwards of three times a day but are not able to undertake daily physical activity because they have daily religious duties after school. This leads to a sedentary lifestyle where children have limited time to partake in activities that usually happen in the evenings.

## Seven Sisters (Haringey)

**Lack of knowledge on how to prepare food on a tight budget**

A lot of the children don't eat vegetables outside of the school and their health is suffering for it. Teachers talked of how parents just don't have the knowledge around food and what is healthy. *"They are not really understanding the effect that food can have on a kid's body."* The issue is twofold - a lack of education around the type of meals a child should be eating but also limited awareness on how to cook healthy meals on extremely tight budgets.

**Temptation of cheap and easy fried food and takeaways**

Parents are drawn to the cheapness and ease of ready-made fried food. The high proportion of cheap chicken shops and takeaways in the areas was highlighted as a deterrent to cooking healthy food. Time was cited as another factor for those in full-time jobs who don't have the energy to make a healthy meal and feel emotionally drained once they get home. *"Making a meal from scratch is just not gonna happen"*

# Opportunities

The opportunities, like the barriers, link in with creating a holistic family response to healthy lifestyles.

## Haggerston (Hackney)

### Position alternatives to school as focal point

Accepting that parents are not as engaged with children's school lives as in other areas, and also recognising the difficulties the project team have had in engaging the school staff over the course of the diagnostic, seek to explore ways to catalyse a sense of ownership within the community of alternative focal points for healthy lifestyle support, such as Fellows Court Community Centre while continuing to keep Randall Cremer involved and up to date on activity in order to opportunistically link and partner.

## Isle of Dogs (Tower Hamlets)

### Building up the confidence of the parents to benefit the children

When parents step out of their comfort zones, it benefits both themselves and their child. Cubitt Town Junior school are trying to break down the barriers influencing parents trying new things. Part of it is *"just telling the other cultures they can go and it is for them too. It's just getting them to have the confidence to go in. It's like the sailing (9 mothers in the Isle of Dogs have been supported to try sailing) – once they go in it's fine!"*

### Making being healthy fun

Children respond to fun, technological and gamified interventions. The enthusiastic response to the Beat the street competitions - a competition in the Cubbit Town area to get children walking more by touching in with any oyster card - saw children making the effort to get into school early just to touch in their card. Similarly, children have responded well to technology such as the 'Sugar App' where they can check the sugar content of any food item.

## Seven Sisters (Haringey)

### Children and parents doing things together

Crowland have recognised the potential of bringing parents and children together to learn about healthy eating and cooking. "It's about inspiring both child and parent to learn and achieve something healthy together" This has been tried before with a parents netball team but there wasn't a good uptake and only 1 parent signed up as many didn't have the time or felt embarrassed. The question the teachers are asking is - how to engage the parents and do they want to be involved?

### Local role models

The children look up to and trust the teachers. There is potential to build on this and create a network of healthy role models for children to get inspiration from. Tottenham football club have visited the school and could be a potential sponsor. Children respond well when they know they are accountable, such a taking part in formal sports competition. *"Children know that when they are representing the school, they have to be fit."*



# 1.2.2.3 The wider social perspective

To build up a comprehensive local picture of the three localities, we interviewed a cross-section of local health professionals, community providers and local community connectors. We asked them about their view of what being 'healthy' means, their role in the community and their influence of family behaviours, their awareness of existing health interventions, and their view on barriers and opportunities for family to stay healthy.

## Defining healthy

All of the people interviewed mentioned physical health as key, but what might be thought of as 'social' health, and the potential for a person to have a fulfilling life, was considered far more important. All of the interviewees interact with families on daily basis and there was a consensus that isolation and lack of purpose are far more detrimental to a person's overall health than physical aspects. A healthy community which is safe, supportive and aspirational was another important factor in maintaining a healthy life.

### Living a fulfilling life

- ♥ Mental and physical health
- ♥ Socially connected
- ♥ Somewhere appropriate to live
- ♥ Having a purpose
- ♥ Sense of hope and contentment

*"It's the social determinants rather than the physical. Healthy means people having fulfilling lives taking in mental, physical and social aspects"*

**Health professional, Haggerston (Hackney)**

### Creating a healthy community

- ♥ Safe and supportive environment
- ♥ Access to healthy resources
- ♥ Strong local networks
- ♥ Not being exposed to drugs and crime
- ♥ Alternatives to gang culture

*"Healthy is where someone is free to walk around and do what they want not worrying about whether they will be shot or stabbed!"*

**Community provider, Isle of Dogs (Tower Hamlets)**

# The role of the wider social influencers

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The community that surrounds a child can hugely influence the chance of a healthy life, either negatively or positively. All the interviewees working in the communities described how the influences of crime, gang culture, and a lack of inspiring role models are having a detrimental impact on children's health. The health professionals expressed shock at the rise of obesity levels in children over the last 30 years in their GP surgeries. They feel that whilst there are a lot of adult interventions, there needs to be an increase in the support for children and teenagers. There is a growing interest in social prescribing to connect families with positive social influencers and opportunities around them.

**“There is definitely a need for children to have these services. I have 14-15 year olds who are overweight, and compare themselves unfavourably to their friends. They come in and ask for services but there is nothing”**

## Haggerston (Hackney)

### Healthy lifestyle activities in the community include:

- ♥ Social prescribing at GP surgeries
- ♥ Estate-based 'fun days'
- ♥ Community kitchens - Cook and Eat classes run by Shoreditch Trust
- ♥ Apples and Pears Adventure playground
- ♥ Hackney Homes events such as the Winter Warmer on Fuel poverty
- ♥ Fellows Court youth club
- ♥ Local parks with free table tennis tables
- ♥ Laburnum Sailing Club
- ♥ Active local mosques and churches

### Social prescribing at the surgery

*“There are community kitchens and a lot of other community projects in Hackney – they come and go and they change. We have social prescribing in the surgery and if I can see that someone's motivated then I will recommend them to the prescriber. Social prescribing is not specifically for the children – it's for parents, single people and everyone.”*

## Isle of Dogs (Tower Hamlets)

### Healthy lifestyle activities in the community include:

- ♥ Cafe Forever: community cafe and centre
- ♥ Active local mosques and churches
- ♥ Tiller Leisure Centre
- ♥ Tower Hamlets Youth sport foundation
- ♥ MEND: product of MyTimeActive
- ♥ Samuda Community Centre
- ♥ A sailing club
- ♥ Mudchute park and farm
- ♥ Millwall Park – football and rugby on Saturday and Sunday

### Cafe Forever

*“In the evening after school, the café shuts down and we have a youth group and kids club and bible study (xbox, foosball, have a meal with the kids etc) In the summer, we have the lease for St Johns park - 800 kids came to the free Easter hunt last year! In the summer holiday, we have someone doing things with the kids, craft/football etc. and all are quite well attended. We try to grow them up with the park - get them to start taking responsibility”*

## Seven Sisters (Haringey)

### Healthy lifestyle activities in the community include:

- ♥ Park near Turnpike Lane – outdoor gym
- ♥ Tottenham Green pool and fitness centre
- ♥ Children centre Welborne – workshops
- ♥ Pembury House children’s centre
- ♥ Triangle Community Centre
- ♥ HENRY healthy eating – mothers refer themselves, or are referred by an outreach worker
- ♥ Springfield Park
- ♥ Northumberland Park - Easter Holiday programme
- ♥ Parks and leisure team provides a variety of things for 0- 18 throughout the borough during holidays.

### Tottenham Green pool and fitness centre

*“I am the sport development officer at the leisure centre. It’s really positive to see it having a long term impact. We introduce them to swimming, trampolining, gymnastics. The kids get so much enjoyment from the activities - they become really passionate about it and continue to come to the centre”*

# Barriers

Social influencers voiced a number of barriers that limit the opportunities for families to engage in healthy activities. Although there were some subtle differences between the three sites in terms of local needs, the

overarching themes revolved around generational cultural diversity and the challenges to creating choices that appeal to and are inclusive of everyone. An additional key barrier was the cost or perceived cost of participation.

## Haggerston (Hackney)

### Entrenched family patterns

There is a 2nd generation growing up not knowing how to cook. GP's talked of finding it *"exasperating that it doesn't cost much to eat well but people don't understand how to cook any more."* Kids are following what their parents do and seeing an unhealthy diet as the norm.

### Estate politics

Estate politics can have an adverse effect on shared community spaces. When Fellows Court Centre was closed due to issues between local community members, and put back in the hands of Hackney Homes, people were extremely upset. *"There was no consultation with anybody – they just changed the locks. Kids were there trying to get in – caused quite a reaction on the estate. There was a computer, ping pong tables and they used to hang out, now kids are now much more on the streets."*

### Cultures that come from having nothing

Food as a sign of status meaning you have more money. This is very difficult to change. *"For big immigrant communities – having plump children is a sign they are healthy after having nothing in their own country. They are shocked when I mention, their child might not be healthy"*

## Isle of Dogs (Tower Hamlets)

### Gangs and violence

The local violence and gang culture means children are being kept outside. Parents are keeping their children inside as they feel the local community is not safe. But that means children are less active. Community providers also remarked that with teenagers feeling scared about the local violence, health is very low down on their list of priorities.

### Tough lives - mental health issues

Mental health issues are a major problem on the Isle of Dogs. *"They have tough lives on the island". Poverty, high crime rates and local violence mean "there are so many people in these buildings who are depressed, it's hard for them. They have no resources and nowhere to go"*

### Language barrier

Parents not speaking English was described as a big barrier to getting them involved. This means they miss out on a lot of the opportunities in the community. *"You should tap into community leaders and activists, they have the trust and speak the language"*

## Seven Sisters (Haringey)

### Cost of facilities and local resources

A large proportion of the east side of the borough is living in poverty. The relatively high cost of local community activities is proving a deterring factor in children getting involved. The retainment rates are low because families are struggling to afford sports or activities. A health provider stated that *"we do have free exercise on prescription referral for children 16+ but that's only 12-week programme and then it ends. There's nothing to target younger children and obesity"*

### Knowing how to engage different cultures

Community providers are struggling to engage with the variety of cultures living in the area. There is limited local knowledge of how to connect with some of the more hard-to-reach local communities. *"Cultures can be really hard to tap into. The Jewish community is not being reached. The Turkish and Kurdish communities are not really participating in the local community activities"*

# Opportunities

Despite numerous barriers, social influencers provided a positive outlook in relation to each barrier to transform that into an opportunity for things to be done better and differently.

## Haggerston (Hackney)

### Break the unhealthy intergenerational cycle

Families are struggling with high rents, overcrowding and expensive food which persists between generations. There needs to be support to break the unhealthy family cycles through diet AND social activity. "Having been a GP as long as I have (30 years), I can see what has happened in previous generations - no one has been able to change this for the family. We need major parenting support – good food and diet, physical, but just as important is the social activity"

### Belong to something positive

Children are now scared to travel from Hoxton to Dalston - there are battle lines between the different estates and children don't cross them. A lot of kids are scared and frightened so they carry weapons. A community connector running martial arts classes says "we are a martial arts family across postcodes. If you are going to belong to something, belong to something positive and be part of something. People just want to belong – if you can offer positive alternative where they can feel safe, then they won't join a gang"

## Isle of Dogs (Tower Hamlets)

### Exploit the social aspect of chicken shops

There is a big social and community element to the fried chicken shop. A community provider remarked "As health professional easy to say how bad they are, but actually it's just part of youth lifestyle" The opportunity lies in reducing use of them rather than stopping altogether, using education to make children aware of quantities and negative health impacts.

### Engage primary AND secondary children

There is a lots of support for primary school age, but interviewees felt that secondary school is the time when children need healthy lifestyle information as they begin making own decisions and establishing norms and behaviours. "Parents are important, but teenagers will go their own way and we have to help them make healthier decisions. Even apart from the weight issue, it is what is normal – normal for them is chocolate and Red Bull for breakfast!"

### Help to navigate through the resources

Parents are not aware of what facilities are out there for them. It's a nightmare to navigate all the info that's all over the place. We need a simple tool to see what's going on locally and what they are. There is the Idea Store Directory – but you have to have the internet, know it exists etc."

## Seven Sisters (Haringey)

### Motivate through fun

The children need to be motivated by having fun rather than being healthy. "To really engage children it's about factoring in the social element and making it new and exciting" Just as important as doing the physical activity or being pushed to try a new fruit or vegetables is the interaction and attention - the possibility to build a new relationship or build up confidence and self-esteem in a fun and supportive way.

### Involve the parents

Community providers described how parents just are not aware of the importance of physical activity and a good diet. They feel that health and fitness isn't valued as much as it should and that PE does not have the status it needs to get parents to engage fully with it. "I actually think it's a governmental issue - we need a campaign to raise how important this actually is. This would get the parents on board."

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# 1.2.3 Environmental, community and material contexts

**1.2.3.1** The local policy perspective

**1.2.3.2** The local environmental perspective





# 1.2.3.1 The local policy perspective

A range of local policy workers were engaged across the three boroughs. They spanned the departments of public health, housing, environmental health, the CCG and sport & physical activity to provide a rounded council perspective. We asked them about their roles and agendas to improve the health of families, as well as their view on barriers and opportunities to affect the obesity challenge from a policy perspective.

## Defining healthy

A large proportion of policy leads held a wider holistic view of being healthy, but there were some who saw health more specifically as being about physical activity and diet. Interviewees talked about the outcomes of healthy lives as being about people building the capabilities to be autonomous; to have independence and lead a good quality of life through the choices they make.

### A holistic view

- ♥ A balance of the physical and the mental
- ♥ Supporting emotional health
- ♥ Good overall quality of life

*"It's more than being free of disease. It's a balance of physical and emotional – I don't think you can have one without the other."*

**Clinical Commissioning Group,  
Haringey**

### Physical aspects

- ♥ Maintaining a good weight
- ♥ Able to do physical activity
- ♥ Following a healthy diet

*"To be able to do what you want to do and that it not be difficult. It's about a good quality of life, and how you physically enable that to happen"*

**Public Health,  
Tower Hamlets**

### Good relationship to food

- ♥ Access to healthy food shops
- ♥ Healthier options and alternatives
- ♥ Reducing salt and fat intake

*"A healthy area is one in which people have options and choices available to them, different foods not just takeaways"*

**Environmental Health,  
Hackney**

# The role of the wider social influencers

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The rising obesity levels (and the higher than national levels within each of the boroughs) is a key concern for all three councils. They all recognise the need for councils to take a strategic standpoint on obesity and are introducing or developing policies across health, children's care, housing, schools and leisure.

As mentioned in the literature review, there are already a number of council-run healthy lifestyle interventions underway in each of the areas, and each borough has acknowledged the need for joined-up provision that places the child and the parent firmly at the heart of any solution. This is in line with government legislation – the Family Test – developed in 2014, that states that whenever a new policy is created, it needs to be mindful of the impact it may have on a family's social outcomes.

## Haggerston (Hackney)

### Encouraging housing providers to engage with the public health teams

There are 55 housing associations across Hackney and 40% of residents live in social housing. Hackney council works strategically with associations and providers to implement healthy policies, fitness and cookery classes, health checks and weight management programmes.

*"I have been encouraging housing providers to engage with the public health teams who are commissioning the community kitchens. There are Health Hubs in the housing associations – these offer a service in the locality by giving advice and signposting. Makes it possible for the council to have conversations with the housing associations around issues that impact on health and wellbeing."*

### Healthy Catering Commitment

Hackney are rolling out the Healthy Catering commitment - a voluntary scheme for food outlets in London based on the principle that small changes can make a big difference. They are also conducting a study on Healthy Retailers Commitment which would involve shops being rearranged, changing how food is displayed and what is stocked. They are running a pilot to see if they can come up with a simple model that can be applied across the board, maybe across London. *"There is a chance that traders may not want it though, as this kind of thing is often an imposition and might affect sales"*

## Isle of Dogs (Tower Hamlets)

### **MEND. My time active**

MEND My time active is a healthy weight programme for parents, children and mums with young children. The activities include confidence building, improving self esteem, and helping parents take control. It's for both younger and older kids, introducing new ways of eating, with healthy weight programmes led by a dietician with a preventative focus. They have universal programmes based in community settings, and also have a targeted approach to give support to particular children. With these they get the overweight child moving more, eating a better diet and have a whole families approach running classes with children, parents and even grandparents. *"The things is to make sure there is no stigmatisation that the child going to an obesity programme."*

### **Mapping localities work - Neighbourhood pathfinders project**

The council have been mapping the community assets of targeted local areas within Tower Hamlets including around Cubitt Town Junior school. Parents and community members walk around and log their interactions with the different local assets. Building on the mapping is a new community-based programme officer who will continue consulting with parents and setting up new healthy lifestyle programmes.

## Seven Sisters (Haringey)

### **Obesity Alliance Strategic framework**

The Obesity Alliance has arisen out of the 2015 – 2018 Health and wellbeing strategy that highlights combating rising obesity levels as a key priority. It is made up of organisations in Haringey including the voluntary sector, hospital trusts and schools. The alliance had a borough wide conference in the summer but is in its infancy. *"We are exploring how we monitor this as we don't want to be too heavy handed. How do we keep ourselves accountable and how do we keep organisations accountable?"*

### **HENRY**

HENRY is the early years programme healthy eating programme, which takes place in targeted areas in Haringey and mostly in the East of the borough. The council gather the data and then target accordingly. *"We have some of the most deprived wards in the country. Haringey is a very divided borough – you have the more deprived Tottenham and then the very affluent Muswell Hill, Crouch End, Highgate. It's literally across the train lines and then you are into a completely different environment"*

# Barriers

Each of the boroughs has its own diverse mix of nationalities, geography and culture but interestingly, all policy lead interviewees felt that motivation to be healthy was low, especially among children. Access to large numbers of

local fried food shops, pervasive food advertising, a lack of awareness around links to diet and ill health, and parents not encouraging physical activity were cross-cutting barriers across all three areas, from their viewpoint.

## Haggerston (Hackney)

### Piecemeal interventions

A strong issue voiced was that Hackney has a large number of projects but they are not quite joined up. People recommended that they all need to be part of the same range of interventions so when a family is really struggling mentally then there a strong local offer. At a policy level, it was felt that *“we see very little central government drive and coordination. It is left to local authorities and so it becomes piecemeal. We need national movements to buy into. It’s a national crisis but we’re just tinkering around the edges.”*

### Reluctance to travel away from the safety of the estate

Interventions need to be estate based. *“One of the challenges for housing authorities in organising events is the general reluctance for young people to travel too far to activities – it’s about where they feel safe. They can be reluctant to go to the other side of the borough to attend something because they are afraid of being attacked. Parents are also scared – they don’t let their children travel too far”*

## Isle of Dogs (Tower Hamlets)

### Fear of ill health does not seem to be a motivator

It was felt that the fear of ill health does not really seem to be a motivator in preventing people from making bad health and lifestyle decisions, even though local Tower Hamlets statistics show people become ill 15 years earlier than the national average. Local policy leads are not quite sure why this is the case *“but feel it would be an interesting area to explore further in more detail.”*

### Different cultures and their perception of healthy

The number of overweight children is increasing partly due to different cultures’ perceptions and attitudes to healthy weights. A story was given of *“an overweight child who was taken by his mother to doctor to get appetite stimulants because he is not eating enough”* In some cultures, where food has been scarce then it’s desirable for a child to be overweight as it is regarded as healthy. At a policy level, this means *“being aware of different cultural attitudes and finding ways to work sensitively with them, rather than condemning parents and families.”*

## Seven Sisters (Haringey)

### Extremely diverse borough

The extreme diversity makes it very challenging to understand how to help. Policy leads are asking the question - How do we target the hard to reach when the borough is so diverse? *“A big area we don’t know about is attitudes. In some areas, the BME cultures number 80% - its completely diverse. We just don’t have the data about all the different cultures – it’s just not out there. There is only old info about black African or black Caribbean, but not about Turkish, Kurdish or the myriad of other cultures that are here”*

### Underused facilities

The facilities in Haringey are not being fully utilised by children and families. A policy lead describes how *“there is lots of stuff going on and there is loads of green spaces in this area. But they are chronically underused. The leisure centres are underused as well.”* The council is introducing them via the schools and attempting to encourage increased use. *“I think it is about unpicking this further – why don’t the kids go and what is deterring them?”*

# Opportunities

In terms of opportunities, over-arching themes revolved around the joining up of services and policies to enhance impact and reach, address duplication, and put families at the heart of decision making. Additionally, all policy leads we spoke to were motivated about long-term behaviour change and long-term impact.

## Haggerston (Hackney)

### Joining up the different council departments

There are a variety of strategies in place that reflect health and wellbeing opportunities for the local community. However, there is potential to connect these into a shared agenda. *“So how can we at policy level, make sure we work together so they have the wellbeing of the person in mind? What are the opportunities for the different parts of the councils to come together around a shared agenda?”*

### Making parents see unhealthy living will have a long-term impact

How can we create something to help parents see the long-term impacts for an unhealthy lifestyle? *“The arguments for living a healthy lifestyle are things you benefit from in the long term, if you are making things that impact in the short-term, it will be different. Eg. If you are hungry and want something quick and cheap then you will eat a take-away, harassed parents will keep a kid quiet by putting them in front of the TV”*

## Isle of Dogs (Tower Hamlets)

### People have a willingness to do and change something

Policy leads that there was a strong opportunity to build on the strong sense of community and community ties that already exist in the area. *“There is a sense of community here and a willingness to do something. The desire seems to be there, and the physical activity statistics from the active peoples survey show that 75% want to do more. The question is how to get people to be mobilised?”*

### Improve access to local information and opportunities

Digital social networks are not as prevalent as in other boroughs and this affects how parents find out about local facilities and opportunities. *“Tower Hamlets is not a very modern borough. They are still lagging behind with digital. Here the old style word of mouth has more traction. Going through the teachers seems to be the most effective way but it would be good to explore others avenues as well”*

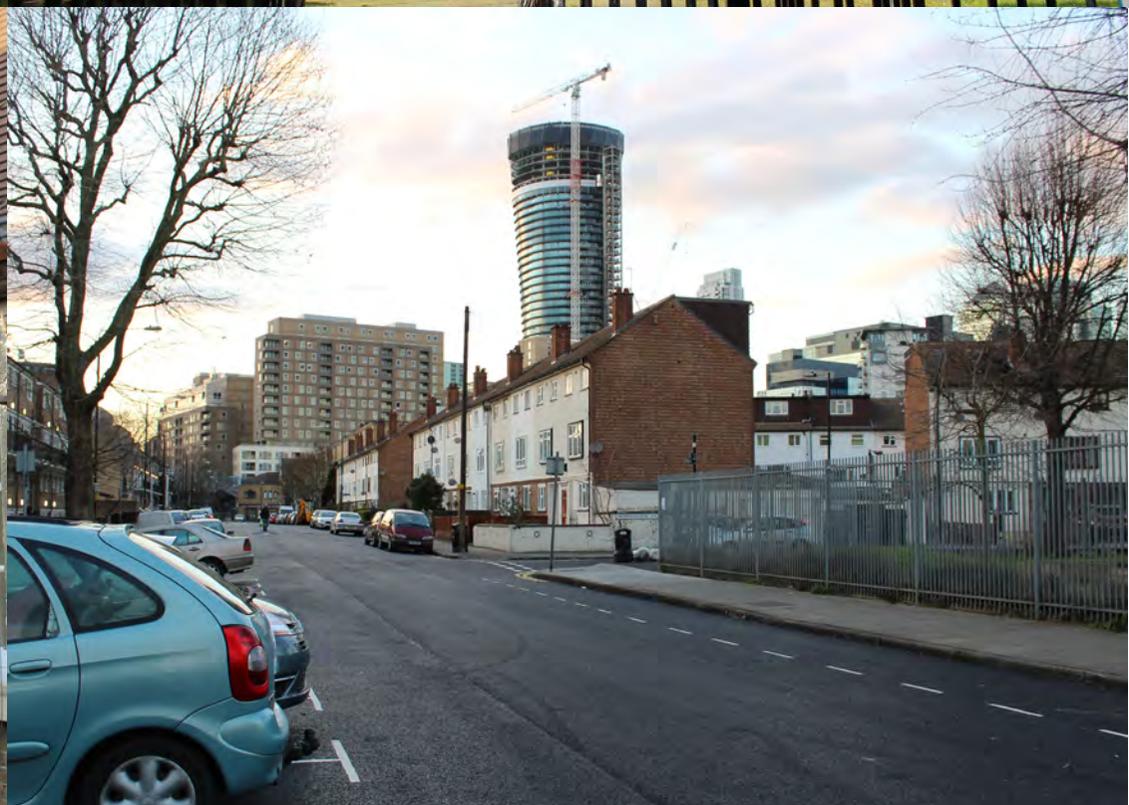
## Seven Sisters (Haringey)

### GPs: building on and enhancing ‘exercise on prescription’

GPs in Haringey have Exercise on Prescription, which refers people to local exercise facilities. Policy leads feel that there is scope to build on this service and use the GP surgery as a key place to engage families. *“How can we encourage GP surgeries to become places that encourage links into the community and support physical activity, but also be aware of the mental state and how can that also be influenced? I am also asking what are the facilities, are the GPs actually aware of them and how might they encourage families to go along and try these things?”*

### Schools are a challenge but also an opportunity area

There are growing difficulties for councils to influence schools due to funding cuts. Not all schools have after school clubs on offer and lack a breadth of activity - currently there is mainly a focus on football. There is an opportunity around promotion *“with the Tottenham Regeneration project there needs to a sufficient promotion of what is on offer. Sometimes schools don't know they have budget to improve P.E. – this needs advertising and talking about”*



# 1.2.3.2 The local environmental perspective

The following pages are the key built environment, food and drink, activity and community facilities in the three site areas. It is not a conclusive list but the key things that were apparent on

an observation tour and after conversations with locals. See the detailed in Google maps for each area - **appendix pages 83-83**

Haggerston (Hackney)	Positive	Neutral	Negative
<b>Built environment</b>	<ul style="list-style-type: none"> <li>St. Mary's Secret Garden</li> <li>Fellows Court Community Centre</li> </ul>	<ul style="list-style-type: none"> <li>Haggerston Park</li> <li>Geffrye Museum Gardens</li> </ul>	
<b>Food and drink facilities</b>	<ul style="list-style-type: none"> <li>Boba Yard (free table tennis)</li> <li>Marksman Public House</li> <li>Beagle Bar</li> </ul>	<ul style="list-style-type: none"> <li>Mr. Buckley's</li> <li>Sainsbury's Local</li> <li>The Co-operative</li> <li>Premises Cafe &amp; Bistro</li> <li>Fabrique Bakery</li> <li>Loong Kee</li> <li>Caffe In</li> <li>Lalshah Grocers</li> <li>Little Georgia Cafe</li> <li>Nisa local</li> <li>Zeynup Supermarket</li> <li>Clutch Chicken</li> </ul>	<ul style="list-style-type: none"> <li>Golden House Chinese Takeaway</li> <li>Fortuna Chinese Take Away</li> <li>Shoreditch Chicken and Cod</li> <li>US WAY PIZZA</li> <li>Golden Grill</li> <li>Bay's Fish Bar</li> </ul>
<b>Activity facilities</b>	<ul style="list-style-type: none"> <li>Laburnum Boat Club</li> <li>Apples &amp; Pears adventure playground</li> </ul>	<ul style="list-style-type: none"> <li>Haggerston Park Softball Pitch</li> <li>Haggerston Park BMX Track</li> </ul>	
<b>Other community facilities</b>	<ul style="list-style-type: none"> <li>Randall Cremer primary school</li> <li>Haggerston School</li> <li>Bridge Academy</li> <li>Graeae Theatre Company</li> <li>Whiston Road Surgery</li> <li>Art House Foundation</li> </ul>	<ul style="list-style-type: none"> <li>St Saviour's Priory</li> <li>Suleymaniye Mosque</li> <li>Hackney City Farm</li> <li>V L C Community Centre</li> <li>Christ Apostolic Church Bethel</li> <li>Happy Nest Nursery</li> </ul>	<ul style="list-style-type: none"> <li>William Hill betting shop</li> </ul>

Isle of Dogs (Tower Hamlets)	Positive	Neutral	Negative
Built environment	<ul style="list-style-type: none"> <li>• Millwall Park</li> <li>• Saint John's Park</li> </ul>		
Food and drink facilities	<ul style="list-style-type: none"> <li>• The George</li> <li>• Lord Nelson</li> </ul>	<ul style="list-style-type: none"> <li>• Mudchute Kitchen</li> <li>• Nisa Local</li> <li>• Tesco Isle Of Dogs Manchester Rd Express</li> <li>• Hursit Meridian Place Sandwich Bar</li> <li>• Birley's Ltd</li> <li>• Bella Cosa Restaurant</li> <li>• Yuhoki Japanese Restaurant</li> <li>• LUNCH BRUNCH</li> <li>• Asda</li> <li>• Manjal Indian Restaurant- Fine Dining, Canary Wharf</li> <li>• St Georges</li> <li>• The Lotus</li> <li>• Memsahab on Thames</li> </ul>	<ul style="list-style-type: none"> <li>• Papa John's Pizza</li> <li>• New Kwan Wah</li> <li>• Little Kebab House</li> </ul>
Activity facilities	<ul style="list-style-type: none"> <li>• City Sailing</li> <li>• Millwall Rugby Club</li> <li>• Mudchute Equestrian Centre</li> </ul>	<ul style="list-style-type: none"> <li>• Club Baltimore Gym</li> <li>• Millwall Park Changing Rooms</li> <li>• North Greenwich Bowls Club</li> </ul>	
Other community facilities	<ul style="list-style-type: none"> <li>• Café Forever</li> <li>• Samuda Community Centre</li> <li>• Christ Church Isle of Dogs</li> <li>• George Green's School</li> <li>• St Luke's C Of E School</li> <li>• Saint John's Community Centre</li> <li>• Baltic Medical Centre</li> <li>• Island House Community Centre</li> <li>• Britannia Pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• Canary Wharf College</li> <li>• Magic Roundabout Nursery</li> <li>• Asda Opticians</li> <li>• Mudchute Farm Paddock</li> <li>• Mudchute Park and Farm</li> <li>• Cubitt Town Library</li> </ul>	

Seven Sisters (Haringey)	Positive	Neutral	Negative
Built environment		<ul style="list-style-type: none"> <li>• Markfield Park</li> <li>• Tottenham Green</li> <li>• Fresh food stall</li> </ul>	
Food and drink facilities	<ul style="list-style-type: none"> <li>• Dutch House</li> <li>• Chickentown</li> </ul>	<ul style="list-style-type: none"> <li>• Light bite</li> <li>• The Square Supermarket</li> <li>• Lidl</li> <li>• Fairview Grocers Ltd</li> <li>• International Supermarket</li> <li>• Seven Sisters Market</li> <li>• Sainsbury's Local</li> <li>• Tesco South Tottenham Superstore</li> </ul>	<ul style="list-style-type: none"> <li>• Chicken Express</li> <li>• Kebab Inn</li> <li>• Time 2 eat</li> <li>• Sweet Delight Caribbean Cuisine</li> <li>• Perfect Chicken Express</li> </ul>
Activity facilities	<ul style="list-style-type: none"> <li>• Gladsmore Community School</li> <li>• Lea Rowing Club</li> <li>• Triangle Children Young People &amp; Community Centre</li> </ul>	<ul style="list-style-type: none"> <li>• North London Tae Kwon Do (Tottenham)</li> <li>• Bodyworks</li> <li>• Gladesmore Sports Centre</li> </ul>	
Other community facilities	<ul style="list-style-type: none"> <li>• Mansons Pharmacy</li> <li>• Lea Surgery</li> <li>• Saint Ann's Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• South Tottenham Synagogue</li> <li>• The People's Christian Fellowship</li> <li>• St Ignatius Catholic Church</li> <li>• South Tottenham Christ Apostolic Church</li> <li>• Christ Apostolic Church Kingswell</li> <li>• Redemption Church of God</li> </ul>	<ul style="list-style-type: none"> <li>• William Hill betting shop</li> </ul>

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# 1.2.4 Diagnostic insights conclusions



# 1.2.4.1 Diagnostic insights conclusions

To analyse the diagnostic insights, we have used the COM-B model of behaviour change (Michie et al, 2011). This model proposes that interventions and policies need to be targeted at deficits in the following in order to affect behaviour change:

- ♥ Capability and knowledge
- ♥ Opportunities and barriers
- ♥ Motivations and choices

Insights from the diagnostic are outlined under each of the factors.

## Capability and knowledge

- ♥ Parents mostly define healthy as the physical aspects of health such as good diet and regular exercise but a few recognise that good mental health and strong social networks are relevant to maintaining a healthy lifestyle.
- ♥ Most parents do recognise that being healthy is important but often do not have the time, knowledge or budget to cook healthily and exercise.
- ♥ Children model their parents behaviours and therefore unhealthy patterns, such as lack of healthy cooking skills, are becoming entrenched within families and being passed down through the generations.

## Opportunities and barriers

- ♥ Parents are struggling to find out the useful information on healthy-living facilities and activities. The school is an information and community but other than that, there is confusion around how to access the right information.
- ♥ High levels of local violence and gangs mean parents are afraid to let their children go to activities and sports clubs alone due to

safety fears. Consequently, a large number of children are being kept indoors - especially in winter.

- ♥ Maintaining mental health is as important as physical health. Building up a parent's self esteem, confidence and sense of purpose will help parents to also maintain a healthy diet and undertake regular exercise for themselves and their children.
- ♥ Year 6 children cited their top inspirations as teachers and parents so there is great potential to build on and support teachers and parents to be inspiring healthy role models in the local community.
- ♥ Children respond well to creative and interactive interventions so key to engaging and sustaining children's involvement is to make it fun and gamified.

## Motivations and choices

- ♥ Teenagers see fast food and the chicken shops as a lifestyle decision which overrides any qualms around healthy. 'Taste' is also more important than health. Key to engaging teenagers is to work *with* these institutions rather than against.
- ♥ Parents choose food for a number of factors including taste, ease and budget - healthy is not always the first priority.
- ♥ Differing cultural perceptions around being healthy and what constitutes a healthy weight means children are being fed unhealthy diets and exercise is not part of a family routine.

# 1.2.4.2 Summary of Barriers and Opportunities

## Children:

### Barriers

A 'tasty' issue	Temptation of unhealthy food	Unhealthy snacks
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### Opportunities

Getting children involved in cooking food	Re-branding healthy	Gamification to engage children and then sustain that engagement long-term	Build on and support teachers and parents to be inspiring role models
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## Parents:

### Barriers

Tiredness from a job can mean planned exercise doesn't happen	Children interacting with the wrong crowds	Addiction to screens	Hard to find out information on healthy-living facilities and activities
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### Opportunities

Parent and child cooking classes	Be mindful of including the physical into any screen/app-based solution	Build 'safe' interventions that can take place all year round
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## School:

### Barriers

Hackney	Tower Hamlets	Haringey
Some parents are not engaging in their children's school life	Trouble accessing the right information	Lack of knowledge on how to prepare food on a tight budget
Unhealthy food is regarded as 'cool'	Cultural expectations conflict with healthy lifestyles	Temptation of cheap and easy fried food and takeaways

### Opportunities

Hackney	Tower Hamlets	Haringey
Position alternatives to school as focal point	Building up the confidence of the parents to benefit the children	Children and parents doing things together
	Making being healthy fun	Local role models

## Wider social and community influences:

### Barriers

Hackney	Tower Hamlets	Haringey
Entrenched family patterns	Gangs and violence	Cost of facilities and local resources
Estate politics	Tough lives - mental health issues	Knowing how to engage different cultures
	Language barrier	

### Opportunities

Hackney	Tower Hamlets	Haringey
Break the unhealthy intergenerational cycle	Exploit the social aspect of chicken shops	Motivate through fun
Belong to something positive	Engage primary AND secondary children	Involve the parents
	Help to navigate through the resources	

## Local policy:

### Barriers

Hackney	Tower Hamlets	Haringey
Piecemeal interventions	Fear of ill health does not seem to be a motivator	Extremely diverse borough
Reluctance to travel away from the safety of the estate	Different cultures and their perception of healthy	Underused facilities

### Opportunities

Hackney	Tower Hamlets	Haringey
Children need alternative role models who offer something different to gangs	People have a willingness to do and change something	GPs: building on and enhancing 'exercise on prescription'
Making parents see unhealthy living will have a long-term impact	Improve access to local information and opportunities	Schools are a challenge but also an opportunity area

# 2. DEFINE PHASE

## *Defining the areas of focus*

### **2.1 Opportunities for innovation**

2.1.0 Defining opportunities - ISM/COMBi

2.1.1 Opportunity questions (co-design briefs)



# 2.1.0. Defining opportunities for innovation

## Turning insight into opportunities

The overall insights from the diagnostic formed the basis of the design principles and opportunities for innovation to create healthy lifestyle interventions that resonate with and meet the needs of local families. (See opportunities for innovation diagram overleaf). These opportunity questions formed the basis for the co-design briefs at the workshops in the three localities.

These opportunities were informed by challenges, insights, needs and barriers that surfaced predominantly from the diagnostic analysis and the literature review. The opportunities were framed based on two lenses; the ISM model focusing on individual, child and material/environmental perspectives to healthy weight; and the COM-B model focusing on capability, opportunity/goal, and motivation goals for interventions and aligned with the ideal target segments.

The opportunities took the form of briefs - open-ended questions to be tested and developed with stakeholders from the local community including parents, teachers and community members such as providers, health professionals and local policy makers. Although some areas may have been more vocalised than others in one site compared to another, there were enough cross-overs between sites that it felt important to test all briefs and see which ones resonated with the local challenges that families are facing.

## Summary of the 13 opportunities for innovation

- **Gamification:** Use competitive gamification to make staying healthy fun
- **Making Food:** Involve children in the preparation of healthy food
- **Food Shopping:** Motivate parents to prioritise health alongside their other food buying priorities
- **Healthy Skills:** Help parents develop holistic healthy living skills (healthy eating, physical activity and mental resilience)
- **Treats:** Motivate parents to buy healthier but 'tasty' treats to reward their kids
- **Cooking on a Budget:** Support parents to develop skills to prepare

quick and healthy meals on a budget

- **Whole family:** Encourage participation from the whole family in health-focused campaigns and activities offered by schools
- **Role Models:** Support local role models to become health agents of change and inspire families around them
- **Information:** Make it really easy for families to find out about health-promoting activities available
- **Joined up services:** Connect up and enhance health activities already out there to maximise reach and impact
- **Experience:** Improve existing health facilities and activities to feel more inviting and compelling to families
- **Branding:** Re-design the branding and packaging of healthy food alternatives to feel 'cool'

## Design principles

The analysis from literature review and diagnostic insights has informed eight design principles. The ideas developed must:

- Be created with and by people
- Be inclusive for all cultural groups
- Approach health holistically (healthy eating, physical activity, mental wellbeing)
- Be mindful of families' day-to-day struggles (money, time, commitments, crisis)
- Be easy and safe
- Have a whole-family approach
- Make the best of, and build on what's already out there
- Be scalable

## 2.1.1. Innovation questions

Perspectives		Motivating (Targeting the Disengaged and the Survivor segments)	Building capability (Targeting the Fighter and Survivor segments)	Creating the opportunity/choice (Targeting the Fighter segment)
Individual	Children	<b>Gamification brief</b> How might we use competitive gamification to make staying healthy fun?	<b>Making food brief</b> How might we better involve children in the preparation of healthy food?	
Social	Parents	<b>Food shopping brief</b> How might we motivate parents to prioritise health alongside their other food buying priorities (e.g. taste, cost, portion size and ease)?	<b>Healthy skills brief</b> How might we help parents develop holistic healthy living skills (healthy eating, physical activity and mental resilience)?	<b>Active weekends brief</b> How might we help families make weekends more conveniently active?
		<b>Treats brief</b> How might we motivate parents to buy healthier but 'tasty' treats to reward their kids?	<b>Cooking on budget brief</b> How might we support parents to develop skills to prepare quick and healthy meals on a budget?	
	Schools	<b>Whole-family brief</b> How might we further encourage participation from the whole family in health-focused campaigns and activities offered by schools?		

## 2.1.1. Innovation questions

Perspectives		Motivating (Targeting the Disengaged and the Survivor segments)	Building capability (Targeting the Fighter and Survivor segments)	Creating the opportunity/choice (Targeting the Fighter segment)
Social	Wider social influencers	<b>Role-model brief</b> How might we support local role models to become health agents of change and inspire families around them?	<b>Healthy skills brief</b> How might we help parents develop holistic healthy living skills (healthy eating, physical activity and mental resilience)?	
Material/ environmental	Policy makers			<b>Information brief</b> How might we make it super easy for families to find out about health-promoting activities available?
				<b>Joint effort brief</b> How might we connect up and enhance health activities already out there to maximise reach and impact?
	Environmental players	<b>Experience brief</b> How might we improve existing health facilities and activities to feel more inviting and compelling to families?		<b>Brand appeal brief</b> How might we re-design the branding and packaging of healthy food alternatives to feel 'cool'?

# 3. DEVELOP PHASE

## *Developing potential solutions*

### **3.1 Co-design process**

### **3.2 Ideas rationale**

3.2.1 Ideas Lens

### **Isle of Dogs**

3.2.2 Prioritisation process

3.2.3 Ideas development and gaps analysis

### **Haggerston**

3.2.4 Prioritisation process

3.2.5 Ideas development and gaps analysis

### **Seven Sisters**

3.2.6 Prioritisation process

3.2.7 Ideas development and gaps analysis



# 3.1 Co-design process

## What we did

The rich insights that emerged from the primary research informed a set of co-design briefs that we then placed in front of a diverse range of stakeholders from each of our three sites. They included parents, families, school staff, activity organisers, young people and community and faith leaders. Through co-design workshops in each community, we involved the local community in turning local challenges into design opportunities.

## Local sites: Challenges to ideas

Workshops followed the below format:

- ♥ Discovery stations - Communicate insights from research in an engaging and clear manner
- ♥ Framing the future - To enthuse and motivate people about the difference they can make through the ideas they contribute
- ♥ Invention stations - Generate insight-driven ideas through a flexible, friendly and rapid format

## Prioritisation of first round ideas

We used the RAG (red, amber, green) scale to rate ideas from the co-design session across these five criteria guided by the project board:

- ♥ Innovation
- ♥ Potential impact
- ♥ Potential replicability
- ♥ Potential cost
- ♥ Potential self-sustaining

This process narrowed multiple ideas into eight viable ideas to bring forward to the next stage.

## Pause - stakeholder interviews and gaps analysis

The emerging ideas were assessed through interviews with relevant stakeholders. A gaps analysis was carried out to determine the current landscape of interventions in each site, the gap and the value add for the ideas proposed. Overall, we identified six idea lenses that would help improve any existing obesity-related initiative, and we applied these lenses to the development of nine ideas (three in each site) that could be prototyped in the deliver phase.

The preceding section presents the co-design process in more detail.

# 3.1 Co-design process

## Primary research

Observation tours, ethnographic-style immersive interviews, professional interviews and food diaries to understand the local communities

- Local barriers / challenges and areas of opportunity

## Community led idea generation

A series of co-design workshops with parents, children, community and council stakeholders

- Ideas generated to address challenges
- Shortlisted ideas

## Prioritisation

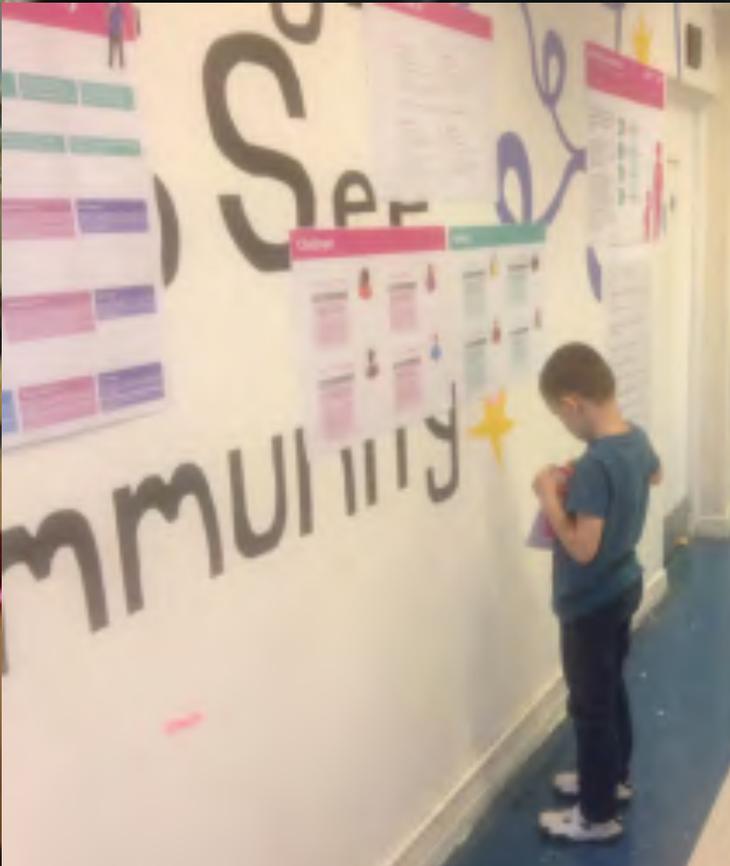
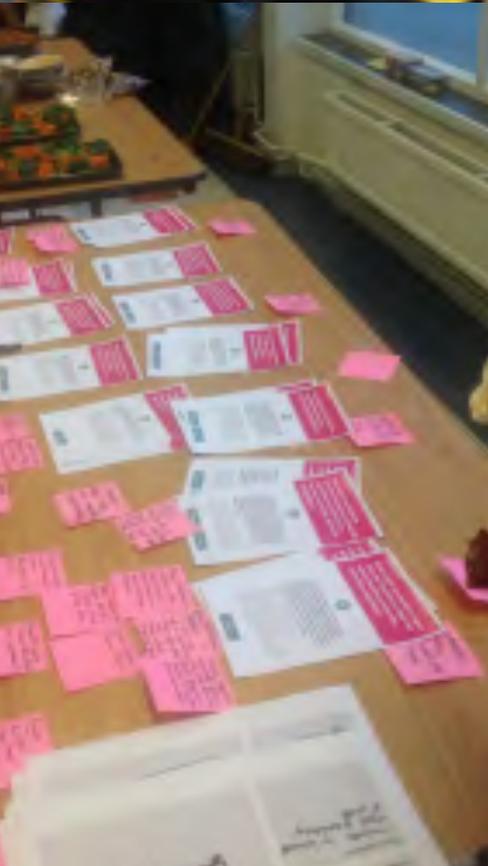
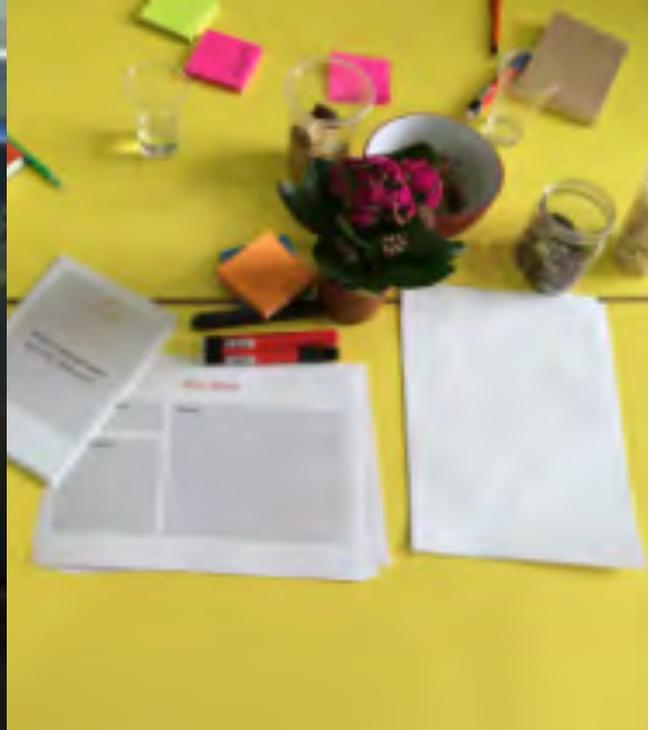
Prioritising the ideas using a gaps analysis, validation with sites, and cross referencing against primary and secondary research

- RAG Prioritisation scoring: Innovation, potential impact, replicability, cost, sustainability
- Gaps Analysis :What is happening out there? What's working well and less well? Innovation gap

## Prototyping

Prioritised ideas put forward for rapid test prototyping to determine community appetite and develop a business case

- Proposed idea lens to address local challenges
- Recommendations for ideas to prototype through lens



## 3.2.1. Idea Lenses

The co-design workshops generated a number of interesting ideas for increasing uptake of healthy behaviours and reducing unhealthy behaviours. However following a gaps analysis and validation with the advisory board and site leads, as well as cross referencing against our practice review, it became apparent that we are operating in a saturated space where many initiatives have been tried and tested with varying levels of success.

We therefore paused and took a step back to look at the bigger picture of what might be done differently across the board, to improve the impact of existing initiatives, yet still respond to local challenges.

This synthesis process helped us formulate the below idea lenses, that could be adapted to prototyping tangible ideas generated at the co-design workshops as well as existing or past initiatives in the three communities. The following sections of this document outline in detail the thinking, prioritisation and rationalisation journey that informed these lenses.

### Activating spaces

Unlocking community spaces for physical activity and healthy eating

### Right time, right place

Taking prevention initiatives to people rather than expecting people to go to them

### Inclusivity

Enhancing inclusivity of existing/future prevention initiatives

### Schools on board

Motivating and supporting schools to engage with and sustain involvement in existing/future prevention initiatives

### Personalised signposting

Connecting people to existing/future prevention initiatives

### Co-production

Using a replicable and future-proof community co-design model to continuously crowdsource ideas for prevention initiatives

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# Isle of Dogs (Tower Hamlets)

# Local challenges and co-design ideas

The key local challenges as selected by participants within the co-design workshop to ideate solutions around.

Local challenges	Co-design ideas in response to challenges
<p><b>Parents have trouble accessing the right information</b></p> <p>Isle of Dogs research participants reinforced secondary research stating that parents have difficulty keeping abreast of information on the activities and groups available to them locally.</p>	<ul style="list-style-type: none"> <li>♥ A membership club - £1 to access all the info: newsletter and calendar posted to you, a website linked to social prescribing with a printable timetable</li> <li>♥ Info Scouts – decentralised set of scouts who seek out and spread information about activities</li> </ul>
<p><b>Improve access to local opportunities</b></p> <p>Primary research confirmed secondary review identifying parental concerns about safety and security being a key barrier affecting physical activity, particularly at weekends and holidays. Cubbitt Town Junior School is also the key community hub and activator for less engaged parents who will often not take up offers under their own impetus unless it is seen to be coming from the school.</p>	<ul style="list-style-type: none"> <li>♥ Parental chaperones – parents offering peer to peer help by chaperoning each others’ children to activities at the weekends</li> <li>♥ Unlocking unused community assets – Cubbitt Town is unused at the weekend and perceived as a safe space by parents, and providers are seeking spaces to create new activities, so use the school at weekends and holidays</li> </ul>
<p><b>Chaotic lives means mental health issues are high</b></p> <p>Children may be particularly susceptible to suffering from stress and anxiety, be that caused by gang conflict in their areas, examinations at school, or chaotic family lives, and children’s emotional wellbeing is impacting on their physical and mental health.</p>	<ul style="list-style-type: none"> <li>♥ Create an app that would remind children to exercise every 45 minutes, improving their wellbeing</li> <li>♥ Stress and wellbeing support for those with mild to moderate needs</li> </ul>
<p><b>Improve access to local opportunities</b></p> <p>The relatively high cost of local community activities is proving a deterring factor in children getting involved. Parents feel that the assets that are available such as parks need improving.</p>	<ul style="list-style-type: none"> <li>♥ Improve facilities in Millwall Park to include better physical equipment, toilets and stewards to make parents feel safer</li> <li>♥ Support the St John’s Park Cafe to stay open all year round so parents feel safer and happier to take their children to play in the park</li> </ul>

# Prioritised ideas for validation with sites

The co-design ideas were scored anecdotally against the RAG Prioritisation scoring: Innovation, potential impact, replicability, cost, sustainability. The scoring team included senior service, communication and behaviour change consultants drawing on their experience of designing and implementing similar initiatives in the past. The following ideas scored well enough to make it through to stakeholder validation and gaps analysis.

## Wellbeing management

**Local challenge:** Chaotic lives means mental health issues are high

**Idea:** an intervention to help those with mild to moderate needs around stress and wellbeing. With a multiplicity of potential channels and platforms such support could be delivered through, the team wanted the prototyping phase to test out which would work best for children:

- ♥ A digital platform
- ♥ One to one coaching
- ♥ A PSH resource pack
- ♥ TRUTH, DARE, OR SHARE - exciting and interactive board game for schools co-designed by Uscreates, children, and South London and Maudsley Trust

**Prioritisation scores:**

Innovation: Green (children as audience)

Potential impact: Green (in long term)

Potential replicability: Green

Potential cost: Red (high cost for setup and maintenance)

Potential self-sustaining: Amber

## Unlocking community assets

**Local challenge:** Improve access to local opportunities

**Idea:** find a sustainable business model to capitalise on parents' need for weekend activities, providers looking to grow, and schools and other community buildings happy for infrastructure to be used. Business modelling to understand how to align the priorities of the various stakeholders, and identify funding/ revenue streams to sustain the use of schools at weekends, or other trusted community hubs.

**Prioritisation scores:**

Innovation: Green

Potential impact: Green (particularly with Fighters)

Potential replicability: Amber

Potential cost: Amber (depends on success of business modelling)

Potential self-sustaining: Amber

## Info Scouts

**Local challenge:** Parents have trouble accessing the right information

**Idea:** create a distributed model utilising several different channels to increase and improve the flow of information through community networks. The intervention seeks to come to parents in a proactive and decentralised manner, harnessing the power of networks and social relationships. The channels could be a combination of:

- ♥ Info Scouts - people spreading info through their social networks, at the school gates, even chicken shops (recognising them as social hot spots for children) etc.
- ♥ viruses - existing participants of the activity groups tell 10 friends
- ♥ physical kiosks

**Prioritisation scores:**

Innovation: Green (children as audience)

Potential impact: Green (in long term)

Potential replicability: Green

Potential cost: Red (high cost for setup and maintenance)

Potential self-sustaining: Amber

# Prioritisation – Gap analysis and validation

The shortlisted ideas were presented as concept sheets to council leads and key local stakeholders. They were able to identify existing local interventions as well as highlight any gaps as to why they might not be successful. We synthesised their input alongside a review of existing interventions we had carried out in the discovery phase of the project (see note). We then underpinned idea lenses to address each of the gaps identified, as explained in the second box below.

## Wellbeing/stress management

**Idea description:** an intervention to help those with mild to moderate needs around stress and wellbeing

### What is already happening locally:

- ♥ MEND healthy lifestyle programmes about to start in Cubitt Town
- ♥ 15-minute counselling in schools was piloted with Family Action
- ♥ Isle of Dogs Community Mental Health Team (CMHT) supports adults with severe mental illness
- ♥ Play Association Tower Hamlets (PATH) provides play opportunities for local children helping to build their social and emotional wellness

### What is working:

- ♥ MEND works intensively and holistically taking a whole family approach to make everyone feel comfortable and included
- ♥ After six months of participation in MEND children had a reduced waist circumference and significantly better cardiovascular fitness, physical activity and self-esteem in comparison to a control group. (Sacher et al, 2010)
- ♥ Children taking up the Family Action counselling began referring their friends - children became the agent

### What is not working:

- ♥ MEND works as a paid for service and therefore is not sustainable
- ♥ Therapy is expensive - £25,000 for a traditional therapist servicing a school
- ♥ The CMHT only caters for severe mental illness and not for mild or moderate needs

## Idea lens based on gap:

**Inclusivity:** Enhancing inclusivity of existing/future prevention initiatives

A high proportion of people on the Isle of Dogs suffer from mental health issues - Dr, Mike Fitchett, a GP at Island Health, cited in the C3 Healthy Island Film that around 30% of his practice suffer from depression. This filters down into chaotic lives, stress and worry for the children. We identified that although there are projects like MEND who take a holistic approach to health, the referral nature of the initiative means the reach is more limited to children who are already in crisis. In order to enhance and extend the reach to include more families, there is potential to test ways to make initiatives more inclusive and available to everyone.

### Ways we might prototype this idea lens are:

- ♥ Work with MEND to build on their manual and test ways of offering some of their activities that focus on prevention to everyone
- ♥ Prototyping existing peer-to-peer wellbeing interventions (e.g. Truth, Dare, Share games) across school and home environments
- ♥ Inclusivity checklist: supporting providers to design their initiatives to be as inclusive as possible across cultural groups

# Prioritisation – Gap analysis and validation

## Trusted Spaces (Unlocking community assets)

**Idea description:** find a sustainable business model to capitalise on parents' need for weekend activities, providers looking to grow, and schools happy for infrastructure to be used. Business modelling to understand how to align the priorities of the various stakeholders, and identify funding/ revenue streams to sustain the use of schools at the weekends.

### What is already happening:

- ♥ Community garden being established on Samuda Estate
- ♥ Beat the Streets - fun, free walking and cycling game
- ♥ Breakfast and running project at Cubitt Town Junior School
- ♥ Activity clubs taking place during the holidays

### What is working:

- ♥ Huge uptake with Beat the Streets pilot - kids getting to school early to 'touch in'
- ♥ Large numbers attend St John's Park in the summer when the cafe is open but are less inclined to go in the winter

### What is not working:

- ♥ Mosque commitments every day after school mean many children are not participating in after school exercise clubs
- ♥ Parents mainly see the school as the trusted place for their children and are reluctant to leave their children at other community spaces which are perceived as unsafe (Veasy, na)
- ♥ According to a study based in Norwich, the impact of Beat the Streets has been limited: a comparison between intervention and control group showed that overall physical activity was not higher in the group who were engaged in Beat the Streets. (Coombes and Jones, 2008)
- ♥ Limited school capacity to open on weekends

## Idea lens based on gap:

**Right place, right time:** Take prevention interventions to people rather than expecting people to go to them

The school is the trusted hub for parents in the community, and parents feel safe leaving their children there. After school mosque commitments mean that Saturday is the key time for activities but there is limited school capacity to offer activities on the weekend. In order to increase uptake of physical activities in the community, it is important to work with existing trusted community places as well as exploring whether other community spaces such as mosques might be a way of integrating into a community's established routine rather than the other way around.

### Ways we might prototype this idea lens are:

- ♥ Create a business model: Explore the role of an apprentice caretaker - a parent looking to gain Saturday employment
- ♥ Bring a group of parents together and share the model
- ♥ Bring existing community initiatives into schools on Saturdays

# Prioritisation – Gap analysis and validation

## Info Scouts

**Ideas description:** create a distributed model utilising several different channels to increase and improve the flow of information through community networks.

### What is already happening:

- ♥ A range of activities including playgroup and advice drop-in sessions happening at Island House Community Centre for children and adults
- ♥ The Family Information Service shares free information and advice for children and families
- ♥ Healthy Family and Parent Ambassadors is an engagement programme run in Tower Hamlets which trains parents to run healthy eating workshops
- ♥ The Idea Store in Canary Wharf is a health and wellbeing hub which provides information about local services
- ♥ Tiller Leisure Centre offers special deals for parents on low income
- ♥ Women's only football club has been started through the school

### What is working:

- ♥ 13 mothers from Cubitt Town Junior school were supported to try the sailing club by building their confidence and self-esteem
- ♥ A big pull of other communities initiatives run in this area are the social opportunities that they offer (Women's Environmental Network & Tower Hamlets Food Growing Network, 2016)

### What is not working:

- ♥ Classes in healthy eating and exercise at the school are over-subscribed but initiatives in the community often struggle to get the numbers
- ♥ Outside the school gates, parents are unsure where to find and look for information on what is happening in the community even though there are a range of sources available

- ♥ From primary research it is clear that many parents are not aware of the special deals being offered by local activity centres
- ♥ The Idea Store is not conveniently located for local residents
- ♥ The sailing club is closing down

### Idea lenses based on gap:

**Personalised signposting:** Connecting people to existing/future prevention initiatives

Parents are struggling to access information about healthy lifestyle initiatives for themselves and their families. According to the Cubitt Town Deep Dive investigation parents consistently complain that they know nothing about what is going on. Alongside that, there is often a lack of confidence and low self-esteem to try something new. Successful ventures such as the 13 women being supported to join an all-women sailing club show there is potential in a model that spreads information but also builds confidence to try something new.

The Info Scout training programme could use the volunteer model of recruit - train - activate - support - advocate to build scouts who spread information as well as empower. Access to information was a crosscutting barrier across all sites, so although the foundational model will be the same it will need to be adapted to local provision and needs.

### Ways we might prototype this idea lens are:

- ♥ Work with the current sailing group/healthy parent ambassadors to design and test out the model and understand local needs, hopes and fears more deeply. Use both physical (at the school gate) and online noticeboards which can be updated by all users.

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# Haggerston (Hackney)

# Local challenges and co-design ideas

The key local challenges as selected by participants within the co-design workshop to ideate solutions around.

Local challenges	Co-design ideas in response to challenges
<p><b>Lack of awareness around free physical and food activities</b> Haggerston research participants reinforced secondary research stating that parents have difficulty keeping abreast of information on the activities and groups available to them locally.</p>	<ul style="list-style-type: none"><li>♥ Extend awareness of Young Hackney website which provides all the needed info</li><li>♥ Use the schools to communicate this information</li></ul>
<p><b>Encourage children to become more involved in cooking and growing food</b> A high proportion of children engaged during the diagnostic phase told us that learning how to make food themselves, and being taught how to cook, made them more likely to eat healthy meals and vegetables.</p>	<ul style="list-style-type: none"><li>♥ Engage children from a young age in cooking beside mum or dad, helping to prepare meals at home</li><li>♥ Introduce cooking classes at an earlier age, at primary school, and bring back home economics classes</li><li>♥ Encourage growing and planting spaces in every school so that children see their food growing</li></ul>
<p><b>Lack of knowledge on how to prepare food on a tight budget</b> The perception that healthy food is expensive and a lack of understanding and skills around making tasty food on a tight budget is affecting diets.</p>	<ul style="list-style-type: none"><li>♥ Help people cooking on a budget with descriptive information on products within a meal plan</li><li>♥ Budgeting workshops running at schools and community centres</li><li>♥ Build a website providing tasty healthy budget recipes with links to local shops to purchase</li></ul>
<p><b>Community assets are underutilised</b> Estate politics, a lack of awareness, and parental concerns about safety are all having a negative effect on how much the community utilise assets such as Fellows Court Community Centre.</p>	<ul style="list-style-type: none"><li>♥ Better marketing of the space available to the community in Fellows Court</li><li>♥ Increase the sense of ownership by conducting consultation about activities etc. to provide at Fellows Court</li><li>♥ Rather than expect the community to come to the asset, bring the asset out to the community through outreach work</li></ul>

# Prioritised ideas for validation with sites

The co-design ideas were scored anecdotally against the RAG Prioritisation scoring: Innovation, potential impact, replicability, cost, sustainability. The scoring team included senior service, communication and behaviour change consultants drawing on their experience of designing and implementing similar initiatives in the past. The following ideas scored well enough to make it through to stakeholder validation and gaps analysis.

## Cooking on a budget

**Local challenge:** Lack of knowledge on how to prepare food on a tight budget

**Idea:** A platform providing clearly and realistically priced recipes with links to local shops and supermarkets. The intervention would seek to provide functionality to make it as easy as possible for parents to put into practice frugal and healthy recipes, if possible by providing a shopping list that they could click to order locally. The team also felt giving parents a weekly meal planner with the ingredients easily ordered gives them control over impulsive shopping behaviours.

### Prioritisation scores:

Innovation: Amber (hyper links to local shops)

Potential impact: Amber - Green

Potential replicability: Green (once platform and community established)

Potential cost: Red (high upfront cost for digital development)

Potential self-sustaining: Red

## Unlocking community assets

**Local challenge:** Improve access to local opportunities

**Idea:** Establish the community perception that Fellows Court is an asset for their use, increase the sense of ownership and unlock the potential of the space to provide services to the community. Crowd source ideas for physical activities and cooking groups to put on at the centre to ensure they are appealing, and build consensus to overcome entrenched estate politics around the centre.

### Prioritisation scores:

Innovation: Green

Potential impact: Green (depending on success of crowd sourcing)

Potential replicability: Amber

Potential cost: Green

Potential self-sustaining: Amber

## Info Scouts

**Local challenge:** Parents have trouble accessing the right information

**Idea:** create a distributed model utilising several different channels to increase and improve the flow of information through community networks. The intervention seeks to come to parents in a proactive and decentralised manner, harnessing the power of networks and social relationships. The channels could be a combination of:

- ♥ Info Scouts - people spreading info through their social networks, at the school gates, even chicken shops (recognising them as social hot spots for children) etc.
- ♥ viruses - existing participants of the activity groups tell 10 friends
- ♥ physical kiosks

### Prioritisation scores:

Innovation: Green (children as audience)

Potential impact: Green (in long term)

Potential replicability: Green

Potential cost: Red (high cost for setup and maintenance)

Potential self-sustaining: Amber

# Prioritisation – Gap analysis and validation

The shortlisted ideas were presented as concept sheets to council leads and key local stakeholders. They were able to identify existing local interventions as well as highlight any gaps as to why they might not be successful. We synthesised their input alongside a review of existing interventions we had carried out in the discovery phase of the project (see note). We then underpinned idea lenses to address each of the gaps identified, as explained in the second box below.

## Info Scouts

**Idea description:** create a distributed model utilising several different channels to increase and improve the flow of information through community networks.

### What is already happening:

- ♥ Hackney Council are advertising widely for physical and diet-related activities using flyers on estates, banners, magazine supplements and newspaper adverts
- ♥ Information on the Hackney Council website

### What is working:

- ♥ Use of estate-based banners saw an increase in numbers
- ♥ Physical activities just turn up in parks which means that young people come and join naturally

### What is not working:

- ♥ Even with high levels of advertising council-run activities which are usually free, they are struggling to get high numbers attending
- ♥ In disadvantaged areas the distance that people are willing to travel from their homes to attend activities can be as little as 400 - 500 metres. (Veasey, na)
- ♥ The council assume once it is advertised in the Hackney Today then it will be seen by everyone
- ♥ Primary research highlighted that many parents could not identify a reliable source for finding out about activities in their area

## Idea lens based on gap:

**Personalised signposting:** Connecting people to existing/future prevention initiatives

Although there are high levels of advertising around the borough for activities, the council is still not getting the numbers they could be. The council recognise that community connectors could be key to dissemination of information but there is also a challenge in engaging and identifying the right 'town criers' as well as the motivators.

Again, the Info Scout training programme could use the volunteer model of recruit - train - activate - support - advocate to build scouts who spread information as well as empower. As mentioned for the Isle of Dogs, the foundational model will be the same but will need to be adapted to local provision and needs.

# Prioritisation – Gap analysis and validation

## Access to healthy & cheap food

**Idea description:** A platform providing clearly and realistically priced recipes with links to local shops and supermarkets.

### What is already happening:

- ♥ Food co-ops have been run by Randall Cremer school (in the locality) in the past
- ♥ A local food business provides fruit and veg to eight local schools
- ♥ Rhythm of Life are a food surplus charity providing healthy meals to homeless people
- ♥ Nine Cook and Eat classes run all over the borough and delivered by local providers

### What is working:

- ♥ The tuck shop developed at Randall Cremer had a high impact - 40 items sold a day
- ♥ St Dominic's Catholic Primary School ran a successful food co-op which generated local press coverage. (Hackney Today, 2014)
- ♥ Cook and Eat classes report positive impact on families feeling more confident to cook healthily

### What is not working:

- ♥ It's not a quick win - even with the council's help for a year, the school was unable to maintain the tuck shop long-term
- ♥ Suppliers, such as local organic veg provider Growing Communities, struggle to provide good quality, healthy food at affordable prices
- ♥ Cook and Eat classes are high impact but high cost. Also what happens after the six-week course?

## Idea lens based on gap:

**Right place, right time:** Taking prevention initiatives to people rather than expecting people to go to them

Food co-ops and tuck shops in schools have been high impact but have failed to exist over time due to issues around maintenance and capacity. A volunteer model based around parents is not sustainable as enthusiasm wanes when an engaged parent leaves. Working with local businesses/providers to create a model around offering estate-based healthy food options as well as budget and recipe suggestions in a market/tuck shop style form could offer long-term sustainability and embed healthy buying after the Cook and Eat sessions finish. There are also possibilities to link in with the many food growing initiatives based in the borough such as Growing Communities as well as tie in with the Hackney 'Buy Local' campaign.

This model could also be replicated across sites with adaptation to local provision.

### Ways we might prototype this idea lens are:

- ♥ Test out business model with local businesses/food growers/Hackney 'Buy Local' campaign
- ♥ Pilot a Saturday morning market stall based in Fellows Court estate offering menu and budget suggestions and fresh fruits and vegetables

# Prioritisation – Gap analysis and validation

## Trusted Spaces (Unlocking community assets)

**Idea description:** Establish the community perception that Fellows Court is an asset for their use, increase the sense of ownership and unlock the potential of the space to provide services to the community.

### What is already happening:

- ♥ Beat the Streets – 70 posts in Haggerston
- ♥ Five schools are doing the Daily Mile, two schools are piloting a year group
- ♥ Football activities on Saturday morning in the local parks

### What is working:

- ♥ Teams of playworkers are going into estates once a month for a year
- ♥ Large range of physical activity options available

### What is not working:

- ♥ The numbers are low because people do not like to leave the estate
- ♥ Playworkers struggle to make their interventions sustainable in estates (Gill, 2015)
- ♥ There are under-utilised community centres and football pitches such as Fellows Court Community Centre and Haggerston Park football fields (see Appendix 6)
- ♥ Dense urban areas mean that finding a route for the Daily Mile is difficult
- ♥ Even if there is a space, it's hard to get the kids there. For example during the Olympics there was a screen and activities in the park but hardly anyone came in the week

## Idea lens based on gap:

**Activating Spaces:** Unlocking community spaces for physical activity and healthy eating

Haggerston has a high proportion of green spaces and community spaces that are chronically underutilised. A common edict is that many people feel these spaces are “not for them” and that they have no autonomy to make them their own. People also often fail to leave their immediate environment and stay on the estates. (Veasy, na)

Ways to engage residents could be to not only place healthy food options in the estates but also situate physical activity in the immediate environment. Playworker events already happening provide a good opportunity. There is an employment potential to train parents/teenagers to be playworkers as well as nurturing local role models to inspire kids and teenagers.

### Ways we might prototype this idea lens are:

- ♥ Whiston and Goldsmith Estate right next to Seebright Schools in Haggerston has an empty community centre with football and basketball court
- ♥ Use a playworker session to model how to get parents/young adults to the courts
- ♥ Place a table tennis set onto an estate and monitor community engagement and use over a period

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# Seven Sisters (Haringey)

# Local challenges and co-design ideas

The key local challenges as selected by participants within the co-design workshop to ideate solutions around.

Local challenges	Co-design ideas in response to challenges
<p><b>Hard to find out information on healthy living facilities and activities</b>            Many parents talked about the difficulties they have in finding out information around sports and activity facilities and opportunities in the area.</p>	<ul style="list-style-type: none"> <li>♥ Local knowledge holders – decentralised set of parents who seek out and spread information about activities</li> </ul>
<p><b>Motivate children through having fun (experiential) rather than educating (information)</b>            Children respond to fun, technological and gamified interventions, and are more motivated by having fun than by being healthy.</p>	<ul style="list-style-type: none"> <li>♥ Create a school-based competition using smartphone apps incentivising parents and children to compete around physical activity levels</li> <li>♥ Put on a Junior Masterchef-style healthy cooking competition to capitalise on traction of popular shows and encourage friendly competition</li> </ul>
<p><b>Lack of knowledge on how to prepare food on a tight budget</b>            A lot of the children don't eat vegetables outside of the school and their health is suffering for it. Teachers talked of how parents just don't have the knowledge around food and what is healthy. Many parents, quite understandably, perceive happy children as healthy children. However this can lead to buying lots of treats and rewards that make children happy but not necessarily healthy.</p>	<ul style="list-style-type: none"> <li>♥ Parent and children teams running a tuck shop at school selling healthy tasty snacks and treats with an interactive element so they can teach parents</li> <li>♥ An international world food day with parents selling their food at stalls, maybe making a cookbook of the recipes</li> </ul>
<p><b>Cultural expectations conflict with healthy lifestyles</b>            Children are being fed starchy foods such as rice upwards of three times a day and cultural expectations around treats are affecting their diets and weight heavily.</p>	<ul style="list-style-type: none"> <li>♥ Culturally sensitive living cook book that seeks to work within social norms, teaching parents new healthier recipes</li> </ul>

# Prioritised ideas for validation with sites

The co-design ideas were scored anecdotally against the RAG Prioritisation scoring: Innovation, potential impact, replicability, cost, sustainability. The scoring team included senior service, communication and behaviour change consultants drawing on their experience of designing and implementing similar initiatives in the past. The following ideas scored well enough to make it through to stakeholder validation and gaps analysis.

## Live cookbook

**Local challenge:** Lack of knowledge on how to prepare healthy food

**Idea:** a “living” cookbook - a series of individuals offering to bring to life the crowdsourced healthy (culturally relevant) recipes and meals by cooking them with parents and children.

They also felt that a cookbook could be brought to life by turning the concept into an experience or series of experiences, e.g. demonstrating crowdsourced recipes in ethnically diverse schools at a World Cafe Hotpot day. This intervention turns a static unappealing cookbook into a more social and attractive experience to build confidence and abilities as well as knowledge.

### Prioritisation scores:

Innovation: Green

Potential impact: Green on diets

Potential replicability: Green (once delivery model(s) established)

Potential cost: Amber

Potential self-sustaining: Red

## Tuck shops

**Local challenge:** Lack of access to healthy and cheap food

**Idea:** parent and children teams running a tuck shop at school selling healthy tasty snacks and treats. This could be a pop up, attractively designed, located just outside the school gates for parents picking up hungry children at the end of the school day. Providing an immediate and easy way to make a healthier choice than taking them to the corner shop for treats, and offering an interactive element - people buying the snacks/smoothies can also have a go at making them to get the snack for free, building confidence and skills. Seeing teachers and parents making healthier decisions will leverage the power of role models.

### Prioritisation scores:

Innovation: Green

Potential impact: Amber on diets

Potential replicability: Green

Potential cost effectiveness: Green (low cost for setup and maintenance)

Potential self-sustaining: Amber

## Unlocking community assets

**Local challenge:** Improve access to local opportunities

**Idea:** Using gamification to increase the use of parks and assets, boosting the attractiveness of environment to children and parents, and building upon what is already in place by providing more low cost activities, and increase their year round use by providing sheltered environments and warm spaces within the parks.

### Prioritisation scores:

Innovation: Green (children as audience)

Potential impact: Green (in long term)

Potential replicability: Green

Potential cost: Red (high cost for setup and maintenance)

Potential self-sustaining: Amber

# Prioritisation – Gap analysis and validation

The shortlisted ideas were presented as concept sheets to council leads and key local stakeholders. They were able to identify existing local interventions as well as highlight any gaps as to why they might not be successful. We synthesised their input alongside a review of existing interventions we had carried out in the discovery phase of the project (see note). We then underpinned idea lenses to address each of the gaps identified, as explained in the second box below.

## Live cookbook

**Idea description:** a “living” cookbook - a series of individuals offering to bring to life the crowdsourced healthy (culturally relevant) recipes and meals by cooking them with parents and children.

### What is already happening:

- ♥ Haringey on a Plate: challenging residents to submit a low cost healthy recipe which could be published in a borough cookbook titled ‘Haringey on a Plate’
- ♥ Grow it and Cook it - sessions at the Community Hut, Seven Sisters around gardening, cookery, and wellbeing

### What is working:

- ♥ Grow it and Cook transforms under-used green space into a thriving communal garden by giving out ‘micro allotment’ and delivers 60 family sessions each year

### What is not working:

- ♥ Nationally, 72% of primary school teachers say their school needs support to plan and deliver progressive skills-based cooking lessons (Teaching Cooking Confidently survey - April 2013)
- ♥ At a local level, at Crowlands there are no dedicated cookery rooms, instead the school relies on doing cookery classes in the staffroom
- ♥ Cookery classes are no longer an integral part of the curriculum, instead they are only offered in after-school club. This presents delivery issues as teachers are not paid for out of hours work
- ♥ Sustainability for schools to deliver these interventions in the long term

## Idea lens based on gap:

**Schools on board:** Motivating and supporting schools to engage with and sustain involvement in existing/future prevention initiatives

Schools are a key driver in supporting healthy weight in children. There is evidence to suggest that healthy interventions initiated in schools have positive knock on effects in the wider community. (Health Heroes, NHS and Hackney, 2014) but often have varying engagement levels in supporting healthy lifestyle projects. Councils can support and set-up projects but with ever-stretched budgets the onus is on the school to maintain and run the initiatives. However, facts and primary research show that teachers often feel under-prepared and need support to deliver them. There is potential to build upon and enhance existing school networks of support and develop stories, tips, toolkits, and school to school mentoring that will inspire schools to feel confident to get involved with existing and future prevention initiatives.

### Ways we might prototype this idea lens are:

- ♥ B2B healthy marketplace-style events inviting local providers to ‘pitch’ compelling projects to schools.
- ♥ Pecha Kucha-style events bringing together schools to share learning to improve health projects.
- ♥ Funding, support, resource package that schools can access to help implement the projects they’re interested in.

# Prioritisation – Gap analysis and validation

## Access to healthy & cheap food (Tuck Shop)

**Idea description:** parent and children teams running a tuck shop at school selling healthy tasty snacks and treats. This could be a pop up, attractively designed, located just outside the school gates for parents picking up hungry children at the end of the school day.

### What is already happening:

- ♥ Healthier Catering Commitment to traders in Haringey's most deprived ward which work together to offer healthier options
- ♥ In 2015, there was an opportunity in Haringey to learn how to make 'fakeaways' – healthier versions of favourite 'takeaways'.
- ♥ Chicken Town offers a healthy alternative to standard chicken shop food

### What is working:

- ♥ Nearly 20 businesses have achieved certification, which is based on a selected criteria to make healthy options more widely available
- ♥ The Courtney Study on the social return of investment for local food projects, including food co-ops, reported that for every £1 invested in local food there is a return of between £6 and £8 to society in the form of social and economic outcomes including health and wellbeing, training and skills (Gilbert and Cohn, 2016)
- ♥ Chicken Town has showed that young people will eat healthier food if it is affordable, attractive and convenient (Shift and Create, 2015)
- ♥ There is scope to build positive work experience opportunities for young people into these interventions and to get local businesses selling food they produce (Shift and Create, 2015)

### What is not working:

- ♥ Feedback from schools has pointed out that the tuck shop will tackle the issue of children picking up unhealthy treats in shops but it may not deter children from calling in to the local chicken shop: "This is great

that you are targeting shops but it's not a chicken shop where most of the kids go"

- ♥ If the tuck shop operates on a volunteer model it may be hard to engage parents. At Crowlands, parents were offered to form a netball team but were very hard to engage - only 1 signed up.
- ♥ Staff at Crowlands responded very positively to this idea but said that they struggled to make tuck shops financially sustainable in the past
- ♥ Sustainability for schools to deliver these interventions in the long term

### Idea lenses based on gap:

**Right place, right time:** Taking prevention initiatives to people rather than expecting people to go to them

As mentioned previously, food co-ops and tuck shops in schools have been high impact but have failed to exist over time due to issues around maintenance and capacity.

Adapting a sustainable business model for Seven Sisters, there is potential to work with businesses who are already signed up to the Healthier Catering Commitment and extend the offer to other local businesses/providers. This model could build upon the existing success of Chicken Town, selling healthy fried chicken at local prices, by offering a healthy snack alternatives and cheap fruit and vegetables situated in environments that would work with local families.

### Ways we might prototype this idea lens are:

- ♥ Test out tuck shop business model with businesses who are already signed up to the Healthier Catering Commitment
- ♥ Test out business model with local estates, Seven Sisters-based businesses and the school to explore appetite and interest

# Prioritisation – Gap analysis and validation

## Unlocking community assets

**Idea description:** Increasing the use of parks and assets, boosting the attractiveness of environment to children and parents by using gamification, and building upon what is already in place by providing more low cost activities, and increase their year round use by providing sheltered environments and warm spaces within the parks.

### What is already happening:

- ♥ Crowland Primary are participating in the 5-minute walk zone project - they have created a map and a rap
- ♥ Work beginning on the Bowling Green area near the school to increase food growing, exposure to nature and more access for sports

### What is working:

- ♥ A community centre, Lordship Rec, in Haringey is now being run by local residents after they formed a co-operative and launched a successful crowd-funding initiative.
- ♥ Outside gyms are very popular

### What is not working:

- ♥ Approximately 40% of the local population did not achieve the required level of physical activity (Haringey Resident's Survey)
- ♥ Parts of the Seven Sisters ward is 'deficient in public open space' meaning children may not have any green space in their local vicinity. (London Borough of Haringey, na)

- ♥ Motivation amongst children and parents to participate in the 5-minute walk zone has dropped off over a relatively short time

### Idea lens based on gap:

**Activating Spaces:** Unlocking community spaces for physical activity and healthy eating

Seven Sisters has good amounts of parks and green spaces but there are still a high percentage of people not exercising - parks and activities are also underutilised. Most schools are within a mile of children's homes which has been recognised by the creation of the Daily Mile project.

There is an opportunity to activate shared public spaces and public spaces such as pavements, walking and cycling paths to create a more compelling and engaging experience on the walk to school and increase further the numbers of children participating in the Daily Mile/Kilometre.

### Ways we might prototype this idea lens are:

- ♥ Connect in with the Daily Kilometre being created at school and work with children and families to understand how can we make a Daily Mile route engaging and appealing e.g. through gamification, treasure hunts, geo-caching
- ♥ Test out the ideas with families from a range of cultures to see what some of the different needs might be

# 4.DELIVER PHASE

*Delivering solutions that work*

## 4.1 Prototyping process

4.1.2 Evaluation framework

4.1.3 Stakeholders and families involved in prototyping

## 4.2 Prototyping insights and learning

4.2.1 Idea

4.2.1.1 Locality

4.2.2.2 Prototyping framework

4.2.2.3 Evaluation (viability, feasibility, desirability)

4.2.2.4 Service blueprint



# 4.1. Prototyping Process

**The prioritised ideas went through a period of rapid, iterative prototyping to ascertain local appetite and potential uptake as well as to inform the pilot stage.**

Prototyping is a method of testing innovative ideas with service users and community stakeholders quickly and cheaply with little risk or cost attached. The benefits of prototyping are:

- ♥ Quick and dirty
- ♥ Encourages criticism
- ♥ Low fidelity
- ♥ Tested in situation
- ♥ Ability to take a solution that evidence tells us hasn't worked and adapt it to see if it can be more impactful/sustained
- ♥ Users and enablers make the decisions
- ♥ Allow for cheap mistakes now rather than at the end of a costly pilot
- ♥ Anyone can participate without requiring specialist skills
- ♥ Works with whatever resources are available to hand
- ♥ Iterative
- ♥ Ideal for both creating something new and building on what is out there

The aim of prototypes and prototyping was not to measure impact on obesity and behaviour change, but to confirm that the ideas as they evolve are likely to gain traction and interest among audiences, and are designed with touchpoints and user journeys that facilitate adoption and engagement, and are building upon and improving (through innovation) existing interventions.

The team used storyboards and scenarios (adapted into the blueprints presented on pages 141, 145, 149 and 153) to place the ideas in front of various groups including parents, children and community providers and professionals to gather their feedback. Stakeholders were able to comment on what they wanted and needed, how the idea might be delivered and what type of impact the idea could generate for families.

The prototyping evaluation methodology was qualitative and formative rather than summative. It covered the three key human-centered design drivers of feasibility, viability, and desirability (IDEO, 2009) and was consistent across lenses, localities and ideas to facilitate analysis and comparison. *(See overleaf for in-depth evaluation framework)*

## **Ideas prototyped in Isle of Dogs:**

- ♥ Info Scouts
- ♥ Wellbeing management
- ♥ Trusted Spaces (unlocking community assets)

## **Ideas prototyped in Seven Sisters:**

- ♥ Healthy tuck shops
- ♥ Live cookbook
- ♥ Adventure spaces (unlocking community assets)

## **Ideas prototyped in Haggerston:**

- ♥ Healthy recipe pack
- ♥ Info Scout
- ♥ Play spaces (unlocking community assets)

# 4.1.2. Evaluation Framework

Evaluation drivers	Evaluation aim	Evaluation question
<b>Desirability</b>	<ol style="list-style-type: none"><li>1. What do people really want?</li><li>2. How do we mobilise and enthuse people around this idea?</li><li>3. How should the user experience feel?</li></ol>	<p>What do you like about this idea and why? What do you dislike about this idea and why? How could this idea help you? Would you tell others about this idea? Why/why not? Who would you tell? How would you describe the idea in a sentence? Why don't you currently exercise/go and use some of the classes in the community? Would you take part in this idea? Why/why not? How would you like this idea to make you feel, do or think?</p>
<b>Feasibility</b>	<ol style="list-style-type: none"><li>1. How should we deliver the idea?</li><li>2. What do we need to deliver the idea?</li><li>3. How can we make sure the idea is sustainable through co-production?</li></ol>	<p>What doesn't work about this idea? How could this idea be different or better? What types of people would make you want to be part of this idea to make it work better? (e.g. professionals, friends, volunteers, teachers, religious leaders, etc.) What places or things would we need to make this idea work better? Would you pay for this idea? Why/why not? Would you volunteer for this idea? Why/why not? Would you refer a friend? Why/why not?</p>
<b>Viability</b>	<ol style="list-style-type: none"><li>1. How can we make sure the idea has impact?</li><li>2. How will this idea change behaviour?</li><li>3. Final thoughts</li></ol>	<p>What difference do you feel this idea will have on you/your family/community/enterprise? Have you heard about any other ideas that are similar? How is this idea different or better than what's already out there? What old habits might this idea help you break, and what new habits might it help you form? (Motivation) What skills/support might this idea help you access? (Capability) What things might need to change in your environment, network or schedule for this idea to work for you? (Opportunity) In one word, what will 'make' this idea? In one word, what will 'break' this idea? Any final thoughts?</p>

# 4.1.3. Stakeholder and families involved in prototyping

## Isle of Dogs (Tower Hamlets)

- ♥ Parent x 4
- ♥ Father
- ♥ Grandfathers x2
- ♥ Parent liaison officers x 2
- ♥ Mosque contact leader x 3
- ♥ (MEND) + child psychologist
- ♥ Island House
- ♥ Patient & community engagement officer (Healthy Island Partnership)
- ♥ Localities manager - Tower Hamlets council
- ♥ Healthy schools officer - Tower Hamlets Council
- ♥ Parent engagement team

## Haggerston (Hackney)

- ♥ Parent x 5
- ♥ 5 x 6-11 year olds (youth club members)
- ♥ Local fruit and veg provider
- ♥ Rhythms of Life
- ♥ Play Streets
- ♥ Shoreditch Trust - health hubs
- ♥ Volunteer Centre Hackney
- ♥ Hello Fresh
- ♥ Social prescribing CCG

## Seven Sisters (Haringey)

- ♥ Parent x 3
- ♥ Teacher
- ♥ Smarter travel officer - Smarter Travel Team
- ♥ Sport & physical activity commissioning manager
- ♥ Senior environmental health practitioner
- ♥ The Hive Kids
- ♥ Chicken Town
- ♥ Ital 'N Vital (local business)
- ♥ Tasty Buds (local business)
- ♥ Cakes and Shakes (local business)

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# 4.2 Prototyping insights and learning

**4.2.0.** Introduction: Developing the recommended ideas

**4.2.1.** Info Scouts

**4.2.2.** Trusted Spaces

**4.2.3.** Healthy Tuck Shops

**4.2.4.** Healthy Recipe Packs

# 4.2.0 Developing the recommended ideas

**Drawing on the feedback from parents and stakeholders alongside insight from the gaps analysis, 5 ideas out of the 9 tested have been selected to be developed further. The ideas pages follow the same format:**

## A. Idea outline

- ♥ Idea description
- ♥ What is the problem
- ♥ How is it different
- ♥ How could it be sustainable
- ♥ How will it build upon existing initiatives
- ♥ Next steps - assumptions to test and pilot in the next phase

## B. How we got there

This page outlines the prototyping journey with local sites from insight to assumption listing local challenge and insight, the value add this idea can provide and the assumption tested with local communities as well as early outcome indicators.

## C. Feedback

Summary of feedback from families, community providers and council leads grouped under the evaluation headings of desirability, feasibility and viability.

## D. Service blueprint

Each idea has been developed and iterated, and communicated through an first version service blueprint that charts the parents' journey through the service (frontstage) and resources, roles and activators (backstage) that need to be considered to make the idea a success and create a lasting, sustainable impact. All of the ideas will require further live piloting to test variations and

whether elements of the service are feasible for delivery. The final draft of the service blueprint alongside a business model canvas would then form the basis of the service specification.

## Next steps beyond prototyping

Whilst the logistics and operational models of each idea will need to be explored individually, the plan for each idea going forward will be to:

- ♥ Set up the pilot in terms of developing and secure resources (human and material) to make it happen
- ♥ Create a live pilot
- ♥ Evaluate and evidence check
- ♥ Develop business model canvas
- ♥ Develop a service specification for scaling

# 4.2.1. Idea: Info Scouts

**Personalised signposting** connecting people to existing/future prevention initiatives

"You know there's things going on, but it's just where do you find the stuff? People do just need to be more aware of it. If it's someone you know telling you about it - you trust them a bit more."

**Parent, Isle of Dogs**

## Info Scouts is a health information service that goes beyond traditional communication channels.

Info Scouts are well-connected parents who are supported to spread information about local physical and healthy activities through their networks. They don't just signpost. They do whatever it takes to help other parents take that first step towards making a healthy change.

### What's the problem?

Parents report struggling to find up to date information around healthy lifestyle activities, and a large proportion are simply unaware of the variety of low cost and free activities available locally.

### How is it different?

Info Scouts makes use of pre-existing formal networks (such as social prescribing) as well as informal networks (organic friendship circles). It uses the power of peer-to-peer recommendation to engage sections of the community that may not otherwise be reached, become aware, or take that first step towards healthy activities.

### How could it be sustainable?

- ♥ Link tracing to recruit (peer-to-peer nominations for the role through personal networks)
- ♥ Volunteer model value exchange - parents trained in skills that could lead to employment or that are of personal interest
- ♥ Channels and networks connecting Info Scouts for information and learning
- ♥ Local information officer responsible for up to date information

### How will it build on existing local initiatives?

There are a range of existing local healthy lifestyle information sources including:

- ♥ Ideas Store - online information directory in Tower Hamlets
- ♥ Family Information Service (FIS) - run by Tower Hamlets Council
- ♥ Hackney Council - communications campaign (flyers, banners, website)

- ♥ As well as existing peer-to-peer advocate support services which include:
- ♥ Health Advocates in Hackney - less successful due to lack of personal incentives
- ♥ Social prescribing - exists but failing to reach the people who don't attend the GP surgery
- ♥ Healthy parent and family ambassadors (HPFA) - already recruited and inspired at the local school

Info Scouts link into local information channels and work with existing advocate services, but it will tap into the social value of pre-existing personal networks and capitalise on a trusted known source as a catalyst for individual behaviour change. The model will use the school as test-bed but it can easily exist in all community centres such as mosques, care homes, housing estates and libraries. It is an adaptable model that will be need to be tailored to each community but will be able to provide quality and culturally relevant local information and support.

### What are some of the front and backstage service assumptions to test in the next phase? (Highlighted on the service blueprint on page 142)

Ownership of the service - does it sit within the CCG, the council or the voluntary sector?

- ♥ Parents signing a one-year pledge - how can the promotion and induction process be made attractive enough to join and sustain involvement?
- ♥ Up to date information - who has the responsibility for making sure it is relevant and current?
- ♥ Communicating information - what's the most effective method of communicating with parents (especially from different cultures) and how to maximise on informal/formal local networks?
- ♥ Info Scout learning days - what do parents want and need? Who organises and delivers that learning exchange?

# 4.2.1. How we got there

# Haggerston / Info Scouts

Breakdown of the local challenges and insights that led to the value add and key assumptions tested in the prototyping with families and local stakeholders.

**Idea lens: Personalised signposting** connecting people to existing/future prevention initiatives

What is the local challenge?	What is the opportunity?	What local initiative(s) are we trying to build on?	What is the value add for the existing initiative we're building upon?
<ul style="list-style-type: none"> <li>♥ Lack of awareness of the physical and food healthy activities taking place in the local environment and even if aware there is a low sense of ownership of the activities</li> </ul>	<ul style="list-style-type: none"> <li>♥ A way to navigate through the local resources</li> <li>♥ Accessing existing social networks - word of mouth is powerful</li> </ul>	<ul style="list-style-type: none"> <li>♥ Health Hub Advocates</li> <li>♥ Young Hackney website</li> <li>♥ Hackney Council information website</li> </ul>	<ul style="list-style-type: none"> <li>♥ Building upon the volunteer model of Heath Hub advocates by utilising existing personal networks and the power of peer to peer recommendation to take parents beyond signposting and towards action</li> </ul>
What assumptions did we test?	What did we prototype to test these assumptions?	Which segment(s) does this idea serve?	How might we measure success?
<ul style="list-style-type: none"> <li>♥ Going beyond traditional print and online information channels will improve sense of ownership, uptake and a change in behaviour</li> </ul>	<ul style="list-style-type: none"> <li>♥ Incentives models, recruitment approaches, delivery mechanisms, and appetite to become an Info Scout</li> </ul>	<ul style="list-style-type: none"> <li>♥ Survivors (supported to try something new)</li> <li>♥ Thrivers/Fighters (as Info Scouts)</li> </ul>	<ul style="list-style-type: none"> <li>♥ Number of parents signed up and trained as Info Scouts</li> <li>♥ Average and total number of parents Info Scouts have shared information with</li> <li>♥ Total number of activities parents have attended as a result of Info Scout referrals</li> <li>♥ Self-reported skills, confidence and social capital Info Scouts have developed through the programme</li> </ul>

## Summary of feedback from families, community providers and council leads

### Desirability (What do people want)

#### Recommendation

Parents responded enthusiastically to this idea and voiced how they struggle to find about relevant activities locally - they liked the idea of being recommended to and being the recommender to other people.

*"If someone has already tried or their kids are already in it then I would definitely try it. From my point, anyone can say something is good but if they haven't been there or tried it then how would they know?"*

(Local Haggerston parent)

#### Peer perception

Children and teenagers were less keen as they were worried about how their friends might regard them and felt a responsibility to that person if they recommended an activity.

*"I would find it weird to get my friends to go along to things. I would find it a bit awkward as it's outside of school and because teenagers can be judgemental."*

(Local Haggerston teenager)

### Feasibility (How should we deliver this)

#### Face-to-face

Parents felt that connecting with other parents face-to-face carries more weight than online or through a flyer although text and whatsapp are good channels that most people use.

#### Sustaining volunteers

It will be difficult to recruit volunteers who stay long-term unless the service feels personally relevant to them i.e. they have had a good experience being supported in the past or there is an incentive such as employment skills.

*"The volunteer who ends up promoting the service are the people who have gone through the journey already or there is something in it for them."*

(Local Haggerston provider)

#### Sustaining involvement

Parents spoke about feeling lost once a course of activities has finished - how to build on this and encourage continued involvement in the local community?

### Viability (What impact can we have)

#### More connected and active communities

Parents will be supplied with tailored knowledge but will also be more connected to the community and feel less socially isolated especially when English is not their first language.

*"It would make me do more physical activities and be more connected in the community. It would make me happier - you can be limited in your own community and it can be isolating. So for this reason I want to join something as a way to be active and meet more people."*

(Local Haggerston parent)

#### Increased confidence and resilience

Building up families' capability and confidence.

*"I wouldn't mind talking to people at the school gate. Its a kind of training. It would be a nice way of building my self esteem. I have never done it before but I know I could do it. Good opportunity for my children too - to help them build up their confidence in communicating and talking to people."*

(Local Haggerston parent)

# 4.2.1. How we got there

# Isle of Dogs / Info Scouts

Breakdown of the local challenges and insights that led to the value add and key assumptions tested in the prototyping with families and local stakeholders.

**Idea lens: Personalised signposting** connecting people to existing/future prevention initiatives

What is the local challenge?	What is the local opportunity?	What local initiative(s) are we trying to build on?	What is the value add for the existing initiative we're building upon?
<ul style="list-style-type: none"> <li>Often parents struggle to find information and don't go even when they do know because of fear of the unknown and lack of confidence</li> </ul>	<ul style="list-style-type: none"> <li>A way to navigate through the local resources</li> <li>Support to attend activities - building up confidence and self-esteem to attend</li> </ul>	<ul style="list-style-type: none"> <li>Health and Wellbeing Hub</li> <li>Ideas Store</li> <li>Healthy parent and family ambassadors</li> </ul>	<ul style="list-style-type: none"> <li>Building upon the volunteer model of Heath Hub advocates by utilising existing personal networks and the power of peer to peer recommendation to take parents beyond signposting and towards action</li> </ul>
What assumptions did we test?	What did we prototype to test these assumptions?	Which segment(s) does this idea serve?	What does success look like in the longer term?
<ul style="list-style-type: none"> <li>If people are provided with tailored info they will go</li> <li>If people are supported through the first step they will take up a new behaviour</li> <li>People don't know about the opportunities around them</li> </ul>	<ul style="list-style-type: none"> <li>Incentives models, recruitment approaches, delivery mechanisms, and appetite to become an Info Scout</li> </ul>	<ul style="list-style-type: none"> <li>Survivors (supported to try something new)</li> <li>Thriver/Fighters (as Info Scouts)</li> </ul>	<ul style="list-style-type: none"> <li>Number of parents signed up and trained as Info Scouts</li> <li>Average and total number of parents Info Scouts have shared information with</li> <li>Total number of activities parents have attended as a result of Info Scout referrals</li> <li>Parents' self-reported impact of activities on their health and wellbeing</li> <li>Self-reported skills, confidence and social capital Info Scouts have developed through the programme</li> </ul>

## Summary of feedback from families, community providers and council leads

### Desirability (What do people want)

#### Parents are unaware

All parents really liked this idea and saw the benefits - each had a story of being unaware multiple times of a local activity happening on their doorstep.

*"I lived next door to the gym for 21 years, and I never knew about cheap gym sessions for kids, and apparently they do free swims! My boy was 11 before I found out."*

Parent, Isle of Dogs

#### Local information is not linked up

Doctors are advising more and more parents around practical matters and struggling to pass on the relevant local information.

*"Half the time people at the surgery don't need medical help - they need help on a practical matter. We need people who know the community well. Doctors don't even know where to send patients around benefits and housing even if they are a minute's walk away."*

Health provider, Tower Hamlets CCG

### Feasibility (How should we deliver this)

#### Community hubs

Schools (and faith centres) were seen as key community hubs to engage and support Info Scouts and connect with the wider parent circle.

*"Speak to the schools, it's a key place to engage community - people don't really like coming to the surgeries or official buildings."*

Community provider, Isle of Dogs

#### Fidelity of information

Concerns were raised over the information remaining up to date - it was felt there needs to be a key information person for each area.

#### Sustainability through existing networks

Personal networks are already vibrant and strong, especially in the Isle of Dogs where internet usage is low and word of mouth is the main method of communicating. If these networks are supported then information will spread quickly through the existing networks.

*"Surgeries started to put information online but have stopped. Mums at the school gate are the best way to get it out."*

Health provider, Tower Hamlets CCG

### Viability (What impact can we have)

#### Trusted recommendations building more active communities

Parents described being far more likely to try an activity if someone they knew was recommending them to go.

*"If it's someone you know telling you about it - you trust them a bit more. If mums are already doing it - you know you and your kid will actually know people and it won't be so scary going."*

Parent, Isle of Dogs

#### Happier and more confident parents

Parents felt the Info Scouts would not only help families to attend more activities and be more socially active but being an Info Scout would build up a parent's confidence and identity so they are 'not seen just as a parent'.

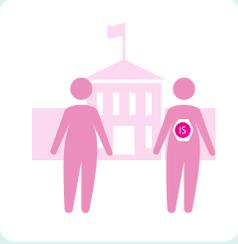
*"Obviously it's going to get the kids doing stuff but it's also a social thing for the parents. Being an Info Scout could help you to socialise and build your skills for employment. This is especially important if parents are not working - you still want to be an adult, not just a mum."*

Parent, Isle of Dogs

# Info Scouts Service Blueprint

## Idea lens: Personalised signposting

Connecting people to existing/future prevention initiatives

Aware	Join	Use	Develop	Exit
 <p>Mary lives in Fellows Court. She has two young boys and often struggles to find fun things for them to do. She's also a bit nervous about going to new events by herself with the boys.</p>	 <p>Mary meets a mum, Sara, at the school gates who's an Info Scout. She convinces Mary to bring her boys along to a free 5 a side soccer club being run in Haggerston Park.</p>	 <p>Mary thinks Info Scouts are such a good idea that she decides to become one. She knows that Sara got a part-time job thanks to the skills she built up as an Info Scout.</p>	 <p>After two weeks of training Mary is ready to recruit her neighbours to joining fun activities happening around Fellows Court estate.</p>	 <p>She also notices in a big improvement in her self-esteem: She earns an MVC in coaching which helps her get a part-time job in the local sports centre.</p>

	Aware	Join	Use	Develop	Exit
Frontstage	<ul style="list-style-type: none"> <li>• Link tracing - parents nominate other parents</li> <li>• Advertising through the school - parent liaison offer, flyers, noticeboard</li> <li>• GP surgeries</li> <li>• Faith institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Welcome pack and training session</li> <li>• Parent signs Info Scout pledge to be a scout for one year</li> </ul>	<ul style="list-style-type: none"> <li>• Whatsapp channel for Info Scouts to receive latest local information</li> <li>• Face-to-face parent encounters at school gates</li> <li>! Information disseminated through local Whatsapp groups (in different languages)</li> </ul>	<ul style="list-style-type: none"> <li>! Info Scouts attend learning days to develop training and skills: health and safety, coaching and motivation building</li> <li>• Info Scouts support other parents to attend new activities</li> <li>• Local Facebook and school noticeboard regularly updated by parents</li> </ul>	<ul style="list-style-type: none"> <li>• Employment opportunities</li> <li>• One year certificate</li> <li>• Supported to be an ongoing advocate of the service past one year</li> </ul>
Backstage	<ul style="list-style-type: none"> <li>! Option A: Managed by a key role in the CCG</li> <li>! Option B: Managed by the council - PH team/parent engagement team</li> </ul>	<ul style="list-style-type: none"> <li>! Induction process                             <ul style="list-style-type: none"> <li>• Official paperwork</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Up to date Information directory and channels to link to existing local directories (e.g. Ideas Store in TH)</li> <li>• Connected to social prescribing service/ Health Hubs</li> </ul>	<ul style="list-style-type: none"> <li>! CCG/Council deliver quality assured training networking and support for Info Scouts to develop skills</li> </ul>	<ul style="list-style-type: none"> <li>• Information/tool kit on how to package skillset for employment</li> <li>• Reference</li> </ul>

! Requires further testing

# 4.2.2. Idea: Trusted Spaces

**Right time, right place** Taking prevention initiatives to people rather than expecting people to go to them

**Activating spaces** Unlocking community spaces for physical activity and healthy eating

"This idea could help us - mentally and physically, and food wise there will be awareness. Full body awareness. It will give a nice atmosphere, and make for happy children."

Mosque Chair, Isle of Dogs

## Trusted Spaces introduces activities into safe and well-used spaces in the community

Schools and faith centres are the trusted hubs of local areas and frequented by most members of the community, including those categorised as 'harder to reach'. Trusted Spaces encourage local hubs of harder-to-reach groups, in this case the local mosques, to become a central place for physical activity and healthy eating in the local area.

### What's the problem?

A high proportion of parents regard local parks and outside areas on estates as unsafe for their children to play unchaperoned, and busy lives often mean children and parents are left with no time for actively improving their health. An added challenge is that in some cultures, exercise is a low priority compared to school, homework and religious education.

### How is it different?

Trusted Spaces puts on activities in places that communities see as safe and convenient, such as at mosques and churches at the weekend. By resituating the activities within already existing activities, such as Arabic classes at the mosque, a high number of children (5000 congregation between the mosques in Isle of Dogs) will have the opportunity to participate.

### How could it be sustainable?

- ♥ A token payment (such as 50p - £1) or a one-off yearly membership payment from each child would contribute to running costs and increase attendance rates
- ♥ Support for community leader to apply for funds such as Awards for All and for local corporate sponsorship
- ♥ Ongoing networking events to broker connections between Trusted Places and activity providers

### How will it build on existing local initiatives?

- ♥ Arabic classes for children nightly after school
- ♥ Activity clubs that take place in the evening outside of school hours
- ♥ Holiday clubs
- ♥ Value add: Adapting to the local community's culture and facilitating exercise within residents' current daily routines. Integrating exercise into cultural values and perceptions. Championing by cultural and faith leaders is elevating exercise (and healthy lifestyles) to the same priority as education and religious practice.

### Impact and Scalability:

- ♥ Building upon the trusted local space of a mosque where parents feel safe to leave their children.
- ♥ Tapping into a pre-existing community asset in a hard-to-reach area that contains high levels of isolation and need.
- ♥ Easily transferable model - low set-up costs (key thing is getting buy-in from faith leaders)
- ♥ Tapping into a large and far-reaching pre-existing local and national network

### What are some of the front and backstage service assumptions to test in the next phase? (Highlighted on the service blueprint on page 146)

- ♥ Supporting community leaders - who at the council supports community and activity leaders to develop and sustain this idea?
- ♥ Governance board - what does a local governance board look like and who sits on it?
- ♥ Local activity networking events - how do these events broker relationships between community leaders and local activity providers?
- ♥ Parents getting involved - how to support and encourage parents to participate as well?
- ♥ Funding - how do we support providers to source and maintain funding for sustainability?

## 4.2.2. How we got there

## Isle of Dogs / Trusted Spaces

Breakdown of the local challenges and insights that led to the value add and key assumptions tested in the prototyping with families and local stakeholders.

**Idea lens: Right time, right place** Taking prevention initiatives to people rather than expecting people to go to them

What is the local challenge?	What is the local opportunity?	What local initiative(s) are we trying to build on?	What is the value add for the existing initiative we're building upon?
<ul style="list-style-type: none"> <li>♥ Exercise is far less of a priority than education, homework and Arabic classes</li> <li>♥ People don't perceive public spaces to be safe for their children</li> </ul>	<ul style="list-style-type: none"> <li>♥ Mosques and schools are trusted local hubs where children already attend daily</li> </ul>	<ul style="list-style-type: none"> <li>♥ Activity clubs taking place on Saturday/during the holidays</li> <li>♥ Arabic classes happening in mosques</li> </ul>	<ul style="list-style-type: none"> <li>♥ Using a trusted local space such as a mosque (where parents already feel safe to leave their children) to create a centre for physical activities and healthy eating sessions</li> </ul>
What assumptions did we test?	What did we prototype to test these assumptions?	Which segment(s) does this idea serve?	How might we measure success?
<ul style="list-style-type: none"> <li>♥ Time is the barrier</li> <li>♥ Place is the barrier</li> <li>♥ Trust and safety is a barrier</li> </ul>	<ul style="list-style-type: none"> <li>♥ An activity club before or after Arabic classes</li> <li>♥ Parent caretaker role supervising activity clubs at weekends at school</li> </ul>	<ul style="list-style-type: none"> <li>♥ Fighters</li> <li>♥ Thrivers</li> </ul>	<ul style="list-style-type: none"> <li>♥ Number of brokered activities between trusted spaces and activity leaders</li> <li>♥ Number of children attending activities</li> <li>♥ Attrition rate of children attending sessions over a set time period</li> <li>♥ Parents' and children's self-reported impact of activities on their health and wellbeing</li> </ul>

### Summary of feedback from families, community providers and council leads

#### Desirability

(What do people want)

##### Engaged local faith leaders

Community leaders at the mosque reacted enthusiastically to the idea of using the local mosques as places for activity.

*"It will give a nice atmosphere, and make a good difference to the community. If you have something entertaining, something fun then the children will be happy and they will be healthy."*

(Local mosque leader)

##### Trusted places

Parents worry about the safety of local parks so don't allow their kids there - they regard the school and the mosque as 'safe places' and like the idea of events there.

*"St John's Park is not busy with young children - the teenagers and even older primary school children take over. Local people are getting abuse."*

(Local Isle of Dogs parent)

#### Feasibility

(How should we deliver this)

##### Integration into existing routines

Integrate the intervention into an existing activity - such as the half an hour break in Arabic class.

*"7 teachers come 5 - 7 to teach at my mosque. and we have 100 children ages 6 -11. It's a big building, 6 classes running at the same time."*

(Local mosque leader)

##### Using the NHS brand

If an intervention is perceived as being supported by the NHS then it can gain traction with some communities especially at the mosque.

##### Sustainability through local funding

Mosque leaders feel that parents are reluctant to pay for physical activities so additional funding could have to be sought to make it sustainable.

*"We don't think parents will pay this. We think that we will always have to find funding for this from somewhere."*

#### Viability

(What impact can we have)

##### Long-term impact - time and patience

Embedding interventions takes time and patience - often when someone leaves a post or the funding runs out, the intervention fizzles out before it has had time to establish.

*"There used to to be keep fit in the parks but as soon as the person from the council leaves then you lose the contact and then the project ends."*

(Local Isle of Dogs parent)

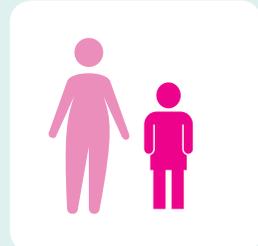
##### Increased activity levels in the community

Re-purposing an already active and trusted space such as a mosque means helping a wider community of people be more healthy.

*"This idea could help us - mentally and physically, and food wise there will be awareness. Full body awareness. It will make things better for the parents and the children."*

# Trusted Spaces Service Blueprint

Idea lens: Right time, right place  
Idea lens: Activating spaces

Aware	Join	Use	Develop	Exit
 <p><i>Tariq is often busy after school with Arabic class and homework, meaning that he does not get a chance to do much physical activity. His mum also does not like him to go to the park alone due to safety fears.</i></p>	 <p><i>A letter is given to Tariq and his parents from the mosque, advertising a healthy activity class that will take place at the mosque between Arabic classes. It only costs £1 a class to join.</i></p>	 <p><i>Tariq is at the mosque every day after school so his parents are happy to let him join the classes as long as it does not interfere with his studies.</i></p>	 <p><i>Tariq loves the classes and enthusiastically talks about them at home. Interested, his mum decides to join a women's only exercise class that is also being offered.</i></p>	 <p><i>Both Tariq and his mother are more physically active and become regular users of the classes at the mosque - helping to fundraise for the next year of classes.</i></p>

	Frontstage	Backstage
Aware	<ul style="list-style-type: none"> <li>Advertising through the mosque or school - letters home, flyers, notice board</li> <li>Communicated through Info Scouts / Local community networks</li> <li>Local Bangladeshi television channel</li> </ul>	<ul style="list-style-type: none"> <li>Local faith leaders supported by the council - PH team/ sports and leisure team</li> <li>Board consisting of CCG, PH team, faith leaders and local schools set</li> <li>Promotional toolkit for faith leaders</li> </ul>
Join	<ul style="list-style-type: none"> <li>Information pack for parents with timetable and costs</li> </ul>	<ul style="list-style-type: none"> <li>Local activity network to broker relationships between faith/school leaders and activity groups/charities - quarterly events</li> <li>Local activity provider/ social enterprise engaged to run and set up the session</li> </ul>
Use	<ul style="list-style-type: none"> <li>Sessions run for the kids before and during Arabic classes - alternating between physical activity and fun healthy food classes</li> </ul>	<ul style="list-style-type: none"> <li>Local activity provider/ social enterprise runs the weekly/ bi-weekly sessions</li> </ul>
Develop	<ul style="list-style-type: none"> <li>Parents, especially mothers, are supported to get involved with classes run for them as well as for the kids</li> <li>Regular updates for parents on class information - times, awards</li> </ul>	<ul style="list-style-type: none"> <li>Faith leaders encourage and develop classes for parents</li> </ul>
Exit	<ul style="list-style-type: none"> <li>Regular healthy lifestyle activities become embedded into the timetable of the mosque</li> </ul>	<ul style="list-style-type: none"> <li>Toolkit/ support to apply for funding from local sponsorship and local/national grants</li> </ul>

! Requires further testing

# 4.2.3. Idea: Healthy Tuck Shops

**Right time, right place** Taking prevention initiatives to people rather than expecting people to go to them

"I find it hard to avoid fast food. There used to be a guy selling popcorn in the shopping centre - it was a good snack and cheap, and helped me avoid going to McDonald's."

**Parent, Seven Sisters**

## Healthy tuck shops offer a cheap and tasty alternative to tempting fast food choices.

Healthy tuck shops are situated in near proximity to schools and provide healthy low cost snacks and food as well as providing a social meeting place for parents and school children. They are supported by schools but are run and stocked by local businesses. Incorporating elements of the live cookbook idea (see page 126), they can also offer ingredient packs, recipe ideas, cooking demonstrations and World Food days.

### What's the problem?

The ease, price and proximity to school of fast food and unhealthy snacks are a strong temptation to parents and children alike. Parents acknowledge that if there is a healthy food alternative available cheaply and visibly then they will buy it but often this is not the case and they make the unhealthy choice.

### How is it different?

Healthy tuck shops build upon the high impact of previous initiatives that have been run in school but failed due to time-poor teachers having to focus on learning priorities. This model mobilises and supports local businesses to run the tuck shops - benefiting the community as well as their business.

### How could it be sustainable?

- ♥ Local shops and food establishments will run it like a 'mobile business branch' ensuring prices factor in running costs
- ♥ Schools and local authorities acknowledge the benefit it provides to kids and may be able to contribute match funding or contribute some budget to upkeep

### How will it build on existing local initiatives?

The healthy catering commitment (HCC) in Seven Sisters shows that there are

local businesses which are already keen and engaged in providing healthier food to the local community. Chicken Town - a 'healthy chicken shop' provides a strong evidence base that young people will choose healthy alternatives to fried chicken if it is affordable and attractive. Chicken Town is now restaurant based so healthy tuck shops, supported by local businesses, will build upon this model to change daily behaviours right outside the school gates.

Healthy tuck shops meet parents and children where they are, improving access and constant visibility to cheap healthy food. The everyday presence of the tuck shop will establish healthy daily habits triggering long-term positive behaviour change as well as encouraging conversations around healthy eating. In terms of scalability, there is an opportunity to build a strong brand that could franchise easily if made profitable for local businesses. The main shortfall of tuck shops in the past has been the challenge of rendering them financially sustainable. With local businesses running them as a business venture, we see opportunities for better financing this concept.

### What are some of the front and backstage service assumptions to test in the next phase? (Highlighted on the service blueprint on page 150)

- ♥ Engagement of schools and businesses - who brokers the initial relationship between the two (e.g. local businesses association)?
- ♥ Building a strong and appealing local brand - what elements are required to connect with children?
- ♥ Partnership agreement between schools and businesses - what form does this need to take and what is the financial transaction?
- ♥ Creating the right elements to ensure a distinctive local offer for parents
- ♥ Service reviews - who holds responsibility for maintaining quality and healthy food standards?

## 4.2.3 How we got there

## Seven Sisters / Tuck Shops

Breakdown of the local challenges and insights that led to the value add and key assumptions tested in the prototyping with families and local stakeholders.

**Idea lens: Right time, right place**, Taking prevention initiatives to people rather than expecting people to go to them

What is the local challenge?	What is the local opportunity?	What local initiative(s) are we trying to build on?	What is the value add for the existing initiative we're building upon?
<ul style="list-style-type: none"> <li>♥ Lack of knowledge on how to prepare healthy food</li> <li>♥ Proximity to and temptation and ease of unhealthy options</li> </ul>	<ul style="list-style-type: none"> <li>♥ Build upon the success of past high impact but unsustainable tuck shops</li> <li>♥ Visible 'cool' alternatives to cheap unhealthy snacks</li> </ul>	<ul style="list-style-type: none"> <li>♥ Healthy Catering Commitment</li> <li>♥ Chicken Town</li> <li>♥ Past tuck shop trials</li> </ul>	<ul style="list-style-type: none"> <li>♥ Supporting local businesses to create sustainable healthy food model for schools</li> </ul>
What assumptions did we test?	What did we prototype to test these assumptions?	Which segment(s) does this idea serve?	How might we measure success?
<ul style="list-style-type: none"> <li>♥ Improving access and visibility means we're making it easier for parents to make the healthy food choice</li> <li>♥ If we can provide a place as social as a chicken shop people will go there instead</li> </ul>	<ul style="list-style-type: none"> <li>♥ Tuck/cafe model</li> <li>♥ Partnership model</li> </ul>	<ul style="list-style-type: none"> <li>♥ Survivors</li> <li>♥ Fighters</li> </ul>	<ul style="list-style-type: none"> <li>♥ Number of local businesses managing tuck shops and selling their healthy produce</li> <li>♥ Profit analysis of local businesses from tuck shop sales</li> <li>♥ Number of parents purchasing products from tuck shops</li> <li>♥ Parents' self-reported snack and food purchasing and healthy eating behaviour change since tuck shops</li> <li>♥ Children's self-reported perception towards the tuck shops and the products on offer</li> </ul>

## Summary of feedback from families, community providers and council leads

### Desirability

(What do people want)

#### Fast food alternative

Parents (and teachers) reacted very positively to this idea acknowledging that it is hard to avoid fast food so it is good to have a visible healthy alternative.

*"It sounds great - I find it hard to avoid fast food. There used to be a guy selling popcorn in the shopping centre - it was a good snack and cheap, and helped me avoid going to McDonald's"*

(Local Seven Sisters parent)

#### Cultural awareness

Make sure that there is an awareness of different cultural dietary needs and there is consultation with parents over what they would like .

*"I am concerned about the religious or dietary requirements - my family only eat Halal meat and I would not want my children eating or handling non-Halal meat."*

(Local Seven Sisters parent)

### Feasibility

(How should we deliver this)

#### Price factor

The food needs to be as cheap as the chicken shops and takeaways.

*"A lot of healthy food is seen to be expensive and middle class."*

(Local Seven Sisters parent)

#### Branding

Strongly brand the tuck shop as a local sustainable business set up to support local families.

#### Sustainability through local businesses

Tuck shops do not survive at school due to ongoing cost and maintenance - strong positive reaction from local businesses to run the tuck shops shows the potential for longevity.

*"I am always pushing for healthier options in my own restaurant. I would love to be involved in the tuck shop, my only request is that it is profitable."*

(Local Seven Sisters business owner)

### Viability

(What impact can we have)

#### Happier local communities

Local businesses responded well to the idea because they liked the idea of "giving back" to the local community.

*"I see myself as a community mentor, any child that comes into my shop that is rude isn't served until they change their attitude."*

(Local Seven Sisters business owner)

#### Changing embedded habits

People are used to buying certain products and certain tastes so the idea will encourage better habits from people who are set in their ways.

*Having the healthier snacks available encourages better habits.*

#### Educating about healthy food

Encouraging daily conversations and visible information around healthy food.

*"Education is key: replacing raisins over sweets. It's not just presenting the food though, you need an information element"*

# Healthy Tuck Shops Service Blueprint

Idea lens: Right time, right place

Aware	Join	Use	Develop	Exit
 <p>Leila always nags her mum on the way home from school for crisps or chicken and chips. Her mum Maryam generally gives in because she is busy and it is exhausting to say no all the time.</p>	 <p>Outside the school, an interesting stall catches Leila's eye. People are making colourful fruit kebabs and popcorn and selling nuts and fruits. There are mums on benches talking and having cups of tea.</p>	 <p>The tuck shop is run jointly by the local corner shop and a local cafe who supply food and people to run the stall, and open from 3-4.30 every weekday.</p>	 <p>Leila can get a small popcorn and a smoothie for the same price as a box of chicken. She can also make her own smoothie from fresh fruit.</p>	 <p>Leila is happy because it is tasty and fun, and her mum is happy because it's healthy, easy and cheap.</p>

Frontstage	Backstage
<ul style="list-style-type: none"> <li>Advertising through the school - letters home, flyers, notice board, website</li> <li>Posters in the local shops</li> <li>Communicated through info Scouts</li> </ul>	<ul style="list-style-type: none"> <li>High visibility of tuck shop outside school gate - strong kerb appeal</li> </ul>
<p><b>!</b> Distinctive local offer for parents: - good prices - culturally appropriate food, - appealing to children - visually and through activities - Seating to encourage social connections</p>	<ul style="list-style-type: none"> <li>Year 6 children supported and encouraged to help run the stall</li> <li>Cultural celebration events. Cooking demonstration days, recipe suggestions</li> <li>Text parents with updates on food deals, recipe packs and events</li> </ul>
<ul style="list-style-type: none"> <li>Parents become advocates of the tuck shops and use them regularly</li> </ul>	<ul style="list-style-type: none"> <li>Engagement of local business through council - Healthy Catering Commitment team</li> <li><b>!</b> Option A: Engagement of schools through council</li> <li><b>!</b> Option B: local businesses and schools supported to find and source each other</li> <li>Advertising toolkit</li> </ul>
<ul style="list-style-type: none"> <li>Local businesses fine-tuning the right healthy stock, price and optimal time of day</li> </ul>	<ul style="list-style-type: none"> <li>Local businesses fine-tuning the right healthy stock, price and optimal time of day</li> </ul>
<ul style="list-style-type: none"> <li>School teachers support Year 6 to run the stalls</li> <li>Building upon Change 4 Life recipe resources and other healthy recipe initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Local business owners get CRB checked</li> <li>Exploring local sponsorship</li> </ul>
<ul style="list-style-type: none"> <li>Quarterly reviews with council around impact and productivity</li> <li>Quarterly reviews with local business to review profitability of scheme</li> </ul>	<ul style="list-style-type: none"> <li>Local businesses fine-tuning the right healthy stock, price and optimal time of day</li> </ul>
<p><b>!</b> Requires further testing</p>	<ul style="list-style-type: none"> <li>Quarterly reviews with council around impact and productivity</li> <li>Quarterly reviews with local business to review profitability of scheme</li> </ul>

## 4.2.4. Idea: Healthy recipe packs

**Right time, right place** Taking prevention initiatives to people rather than expecting people to go to them

"I would definitely get involved because it is helpful to have healthy food but also food that is easy to make. If you could do this, people would buy it especially young people and people who are working and concerned about being healthy."

**Parent, Haggerston**

### Healthy recipe packs make cooking a healthy meal cheap, easy and fun

Healthy recipe packs build upon the healthy tuck shop model to offer a simple recipe and fresh ingredients to create a quick low cost meal by selling them in visible places in the community. They can be sold outside schools (at the healthy tuck shops), in estates, local food shops or even GP surgeries, and provide a compelling alternative to easy takeaways and cheap ready meals.

#### What's the problem?

Parents often want to cook healthily but find it difficult to cook on a budget as well as knowing how to make healthy food tasty. They are also often too busy to plan ahead and have ideas for what to cook every day.

#### How is it different?

Healthy recipe packs are a quick and easy and most importantly affordable solution to improving access to healthy food. They provide parents who are time-poor with simple, convenient ingredients and recipes that will improve their family's diet and help implement new eating habits.

#### How could it be sustainable?

- ♥ Flexible volunteer model - building upon successful charities such as Rhythms of Life who maintain a consistent volunteer base
- ♥ Sourcing food from food waste and food surplus charities and supermarkets
- ♥ Linking in with food growing initiatives in the local areas
- ♥ National partnerships - for example with fruit and vegetable box suppliers such as Hello Fresh or Abel and Cole

#### How will it build on existing local initiatives?

- ♥ Local food and vegetable provider to 9 schools in Hackney - high impact but unsustainable model that needed funding from the council to survive. Healthy Recipe packs is a replicable and sustainable model that takes a more holistic approach that considers the different aspects and logistics of the food supply chain.
- ♥ Hello Fresh and Growing Communities - very successful for a higher income bracket. Bringing the service to a different demographic than it is currently catering for.
- ♥ Encouraging a culture of cooking - building up capability and confidence by providing an education on how to cook.
- ♥ Helping more families to enjoy eating healthily by increasing access and availability to cheap healthy food options.
- ♥ Scalability - strong viable options to form local, national and international partnerships with healthy food suppliers.
- ♥ Flexible and resilient volunteer model that can cope with high volunteer turnovers and be applied to different local areas.

#### What are some of the front and backstage service assumptions to test in the next phase? (Highlighted on the service blueprint on page 154)

- ♥ Sustainable social enterprise model - which charity/ provider runs and delivers the service?
- ♥ Food supply chain - where is the food sourced from - local food surplus, national partners, local providers, supermarkets?
- ♥ Creating the right elements to ensure a distinctive local offer for parents
- ♥ Maintaining the service - what operational elements are key to success including locations, volunteer incentives, food preparation space, managing orders
- ♥ Generating new recipes - how do recipes stay fresh and culturally appropriate?

## 4.2.4. How we got there Haggerston / Healthy recipe packs

Breakdown of the local challenges and insights that led to the value add and key assumptions tested in the prototyping with families and local stakeholders.

**Idea lens: Right time, right place** Taking prevention initiatives to people rather than expecting people to go to them

What is the local challenge?	What is local opportunity?	What local initiative(s) are we trying to build on?	What is the value add for the existing initiative we're building upon?
<ul style="list-style-type: none"> <li>♥ Lack of knowledge and time to prepare food on a tight budget</li> <li>♥ Sustainability of local healthy food interventions - grant, not self sustaining</li> </ul>	<ul style="list-style-type: none"> <li>♥ Parents respond well locally to healthy food markets and tuck shops but these often fail because they are not run sustainably by schools and local providers</li> </ul>	<ul style="list-style-type: none"> <li>♥ Food and veg stall outside Randall Cremer School (Les)</li> <li>♥ Healthy Heroes</li> <li>♥ Healthy Schools</li> <li>♥ Local shops</li> </ul>	<ul style="list-style-type: none"> <li>♥ Sustainable business models using volunteers, local businesses and local sponsorship/national partners to ensure longevity</li> </ul>
What assumptions did we test?	What did we prototype to test these assumptions?	Which segment(s) does this idea serve?	How might we measure success?
<ul style="list-style-type: none"> <li>♥ Parents are time poor, providing simple, quick, convenient food and recipes will improve diet</li> <li>♥ Parents will be the model of sustainability</li> <li>♥ Shops could be the model for sustainability</li> </ul>	<ul style="list-style-type: none"> <li>♥ Healthy recipe pack model</li> <li>♥ Partnership model</li> </ul>	<ul style="list-style-type: none"> <li>♥ Survivors</li> <li>♥ Fighters</li> </ul>	<ul style="list-style-type: none"> <li>♥ Number of parents purchasing recipe packs</li> <li>♥ Number of shops/orgs sourcing produce for recipe packs</li> <li>♥ Attrition rates of parents using recipe packs on a regular basis</li> <li>♥ Parents' and children's self-reported impact on healthy eating behaviours through recipe packs</li> </ul>

# 4.2.4 Feedback

# Haggerston / Healthy recipe packs

Summary of feedback from families, community providers and council leads

## Desirability

(What do people want)

### Resourceful

Parents responded well to being supported in building resourceful skills - cook on a tight budget, go to the supermarket at the right time etc.

### Individuality

Some parents felt this was not relevant to them as they like cook their own recipes and have the time in which to do so

### Different cultures:

Parents voiced concerns over how the recipe packs would cater to the various different cultures living locally.

*"People are very different - they have different backgrounds so how do you provide recipes for everyone? How can we provide for vegetarian, Halal eaters - need to have trusted source. How do we provide for different cultures?"*

(Local Haggerston parent)

## Feasibility

(How should we deliver this)

### Sustainability through local partnerships:

A local partner running a sustainable social enterprise felt their flexible volunteer model could translate well to this intervention idea.

*"We have 51 volunteers circa in a month. Over a month around 51-52 people in the kitchen. Some repeating, some new, some leave and are replaced immediately. We advertise everywhere - team London, charity jobs - everywhere. And we also get personal recommendations. No one is paid a penny."*

### Sustainability through national partnerships:

There has also been interest from a national fruit and veg box provider who provides fairly expensive healthy recipe packs but who are interested in exploring a low cost delivery model.

*"At the moment, we are only set up to deliver our more high-end boxes. We would have to completely re-jig our supply and distribution chain if we sold to parents, but we do want to get involved in delivering something like this."*

## Viability

(What impact can we have)

### Mobilised communities:

A community-focused model can engage the TRA and the local school combined with local everyday visibility to galvanise and encourage the community to contribute

*We work with the local neighbours to become volunteers. They benefit as they get the food. Young and old volunteer - they have to take part, that's how the model works."*

(Sustainable social enterprise founder)

### Confidence and skills to cook healthily:

It's not enough to just sell recipe packs, parents will be supported to cook the meals and build their confidence.

*"It would be nice if as well as selling packs, you could have a demonstration and incorporate it in a class. Some people don't really even know how to follow a recipe, you need to build up their skills and confidence."*

(Local Haggerston parent)

# Healthy Recipe Packs Service Blueprint

Idea lens: Right time, right place

Aware	Join	Use	Develop	Exit
 <p><i>Jess is a busy working mum and doesn't have time to cook healthy meals in the evenings. Because of that, the family often end up having a takeaway or frozen ready meals.</i></p>	 <p><i>Outside the school they are selling cheap healthy ingredients already made up in recipe packs, and accompanied with an easy-to-follow recipe.</i></p>	 <p><i>Each recipe just takes 30 minutes to prepare and costs £2.50 for four people. If Jess shares her meal with a neighbour (and takes a photo to prove it) she gets a discount off her next pack.</i></p>	 <p><i>The stall starts off being run by a fruit and vegetable provider but after a while a social enterprise is set up. The social enterprise manages sourcing and selling the food with the help of local parents.</i></p>	 <p><i>In return for helping out, parents are rewarded with skills training and free food. Jess decides to join so she can feed her family more healthily but also to meet more people in her local community.</i></p>

	Aware	Join	Use	Develop	Exit
Frontstage	<ul style="list-style-type: none"> <li>Advertising through the school - letters home, flyers, notice board, website</li> <li>Posters in the local shops</li> <li>Introduction events run on estates</li> <li>Communicated through info scouts</li> </ul>	<ul style="list-style-type: none"> <li>High visibility of healthy recipe pack stall outside school, estate, local park, GP surgery</li> </ul>	<ul style="list-style-type: none"> <li><b>!</b> Distinctive local offer for parents: - good prices - culturally appropriate food - appealing to parents</li> </ul>	<ul style="list-style-type: none"> <li>Text parents with updates on recipes featured that week, - text option to buy pack over text and pick up the next day at the designated drop-off point</li> </ul>	<ul style="list-style-type: none"> <li>Parents pay a nominal sum and sign up to a monthly subscription supplemented by weekly payments (at a discount)</li> </ul>
Backstage	<ul style="list-style-type: none"> <li><b>!</b> Engagement of local charity to run initiative by council - public health</li> <li><b>!</b> Setting up a social enterprise to manage profits and volunteers</li> <li><b>!</b> Partnership with local supermarkets/shops to provide produce (surplus)</li> </ul>	<ul style="list-style-type: none"> <li><b>!</b> Sourcing the food and recipes - food surplus, local national partners, Change 4 Life recipes</li> <li>Engagement of parents/volunteers to make up the packs</li> <li>Strong visual brand</li> </ul>	<ul style="list-style-type: none"> <li>Fine-tuning the right recipes, price and optimal times of day</li> </ul>	<ul style="list-style-type: none"> <li><b>!</b> Managing orders and payment</li> <li><b>!</b> Supporting volunteers to deliver and make the packs</li> </ul>	<ul style="list-style-type: none"> <li>Maintaining the service</li> <li><b>!</b> Generating new and culturally relevant recipes</li> <li><b>!</b> Requires further testing</li> </ul>

# 5. WIDER REFLECTIONS AND RECOMMENDATIONS

**5.1 Wider Reflections and Recommendations**

**5.2 The Co-Production Lens**

**5.3 Next steps**



# 5.1 Wider Reflections and Recommendations

**This section reflects on and shares our wider learning through this 100-day process, as well as makes recommendations for the transferability and adaptability of the idea lenses, and in particular the co-production lens which we discuss here in more detail. The reflections provide commissioners and policy makers with valuable pointers to informing future prevention programme among communities. Finally, this section makes recommendations for next steps to pilot and iterate the five ideas we propose in this report.**

## 6 key learning points

### 1. Mobilising the community and community assets:

Identifying key players and assets in communities is fundamental to (1) securing realistic resources to deliver on the ideas and 2) building local buy-in and ownership to pave the way for sustainability. Mobilising the community and its assets is an ongoing process that should start in the discover phase and continue throughout the deliver and evaluation phases of interventions. The process needs to include:

- ♥ A diverse and interconnected network of key stakeholders with interest, power and knowledge to influence the direction of the intervention; community leaders, institution leaders and staff such as schools and faith centres, parents, children, service providers, local businesses and policy-makers.
- ♥ Involving the community in the decision-making process to ensure ideas are relevant and impact-driven, and that the community feel they have ownership and autonomy over these ideas
- ♥ An incentive to become involved; whether it is increased employment

- opportunities and training for parents or increased insight for policy makers
- ♥ Differing priorities; Understanding that a diverse community will have varying needs and objectives, and making sure that a project can be flexible enough to accommodate these
- ♥ Mapping out a local community and their assets, especially with members of the community, can help build excitement and visibility around a project

### 2. Engaging the hard to reach population

Engagement always brings forth the risks of engaging the usual suspects, and shaping services and interventions to meet the needs of those few who are often willing to put their hands up to be part of a change process in a local community. However there is always a diverse and silent majority at play within communities for whom an intervention is likely to have to the most significant impact, if we better understood their barriers, and therefore better designed interventions that met their needs. Identifying and reaching out to that majority requires non-typical engagement approaches.

Arguably, no population is hard to reach. We are simply not adopting the relevant means for reach and engagement. The key is in identifying – through word-of-mouth and personal recommendation – a gatekeeper into each hard to reach group, nurturing that relationship, and starting to build the trust, communication and engagement channels into the groups, all through close collaboration with the key gatekeeper.

It also builds on the idea lens of Right Place, Right time - making sure that interventions are brought into familiar community surroundings rather than expecting the communities to be aware or search them out. Within the Healthy Communities project, identifying gatekeepers at key community hubs such as mosques was the link into engaging a broad population group that was previously hard to reach and disengaged in physical activity initiatives.

# 5.1 Wider Reflections and Recommendations

## 3. Making solutions sustainable

In the absence of resources and the financial pressures the public sector faces, we need to empower and work with communities and businesses to develop models which are sustainable, by leveraging existing assets skills and resources and creating a meaningful value exchange within social transactions. For example, we are aware that the concept of Tuck Shops had been particularly successful in the past within schools, but had struggled with a financial model to ensure its sustainability. Through close engagement with the schools, local business association, parents and teachers, we helped identify sustainable models that involve businesses who use the tuck shop as an opportunity to sell their healthy products in a high-footfall area, parents and children who are able to access convenient, affordable and healthy food, and schools who are responsible for managing and facilitating the process to improve their students' healthy choices. This creates an overall win-win-win situation to drive and resource positive interventions in a community.

## 4. Integrating with primary care and other community organisations

Any intervention's success relies on a dedicated team enabling its delivery and improvement. Often that relies on multi-sectoral approaches to delivery, bringing together key players and enablers who may sit outside of health, but who are likely to have the resources, reach, expertise or power to change the status quo. This means primary care teams working closely with voluntary and faith organisations, schools, local businesses and housing associations working together as part of a diverse board with a shared agenda for change, but an individual and tailored value exchange to sustain buy-in.

## 5. Localisation

London is unique in its highly diverse and transient populations. The social, environmental and economic contexts in each local area are changing at a pace faster than ever before. Each area is tinted with its own unique set of evolving challenges, barriers and opportunities. Whilst transferability and scale are perceived to be sustainable concepts, the risks with such diverse contexts

lie in generalisation and irrelevance. Additionally, local players are part and parcel of the successful development and delivery of an intervention, and the expectation that these valuable individuals may be identified and harnessed at scale is not realistic. We feel it is key to shaping ideas to the local context, and where ideas are transferred to different areas, that these are flexibly adapted and tailored in collaboration with the community to guarantee continued desirability, feasibility and viability. This also relates to the idea lenses which can be applied generally across any healthy challenge but have to be flexed around local need. The 100 day rapid design process of the Healthy Communities project - discover, generate and test ideas with the local communities, was key in identifying local needs and barriers to staying healthy. London is rapidly changing, and the ability to quickly engage and pinpoint local areas of challenge meant that ideas generated are relevant and feed directly into local priorities.

## 6. Translating the model to new healthcare challenges

Whilst the ideas themselves may not be transferable in their exact form across other geographic or topic areas, the overarching six idea lenses are. Any existing healthcare intervention may benefit from a critical reflection on whether it is working to unlock community spaces, motivating schools to be part of the solution, being inclusive, taking things to people in the right place and at the right time, signposting in a personalised way, and co-producing in partnership with the community. The lenses act as principles or inspiration points for both generating new health related interventions as well as building on those that already exist. For example, an existing antenatal care service may benefit from being reframed by the Right Place, Right Time lens. The results could be that antenatal services are promoted by pharmacists at the specific touchpoint where a customer might be purchasing a pregnancy test.

## 5.2 The Co-Production Lens

### **Using a replicable community co-design model to continuously crowdsource ideas for prevention initiatives**

The sixth idea lens that emerged was co-production. This idea lens is relevant across all three sites, and did not emerge directly as a result of the prioritisation and rationalisation process. Rather it arose out of a process of team reflections between the Uscreates and HLP teams, on the challenges on designing future-proof and self-sustaining obesity initiatives in a rapidly evolving social, economic and environmental context.

This is a context where initiative leaders move on, populations are transient, the healthy choice marketplace is in constant flux, mainstream media and brands are constantly nudging families towards unhealthy habits, and funding structures for initiatives are short-lived or changing.

This project process helped us model a 60-day process to co-producing solutions within communities that have high levels of confidence to deliver impact 'today'. However the promise that they will continue to be relevant and viable in the future is an ambitious one against the challenges discussed above.

This idea lens proposes future-proofing the process as opposed to the ideas for initiative, by packaging up the 100-day co-production process into a replicable model rolled out across challenge sites in London, to support communities to crowd source, develop, deliver and own obesity initiatives that are viable, desirable and feasible for their particular context and that particular time period. This is an opportunity to explore for the next phase of the work, as a way of expanding the approach beyond the three pilot sites.

# 5.3 Next Steps

The prototyping of the recommended ideas offered the project team reassurance from users and enablers that the ideas have potential to deliver social impact sustainably. We recommend that the next phase of work involve live piloting over a minimum 6-week period. In behavioural science, 6 weeks is considered an optimum period for embedding a new change in behaviour. This is suitable for a programme such as Healthy Communities, with ambitious behavioural goals. We have outlined below a concise proposed approach for piloting, which includes a set up period, evaluation and final development of a business model canvas and service specs to facilitate scaling.



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# Appendix

- 1.** Haggerston Play Spaces
- 2.** Seven Sisters Adventure Spaces
- 3.** Haggerston 15 Minute Pledge
- 4.** Seven Sisters Live Cookbook
- 5.** Sitemapping - Seven Sisters, Crowlands Primary School
- 6.** Sitemapping - Haggerston, Fellows Court Community Centre
- 7.** Sitemapping - Isle of Dogs, Cubitt Junior School
- 8.** Engagement Statistics

# 1. How we got there

# Haggerston / Play Spaces

Play Spaces recruits teenagers living on estates to train as play workers and facilitate free play sessions for younger children on their estate.

## Idea: Play Spaces (estate-based activities run by residents)

What is the local challenge?	What is the key insight?	What local initiative(s) are we trying to build on?	What is the value add for the existing initiative we're building upon?
<ul style="list-style-type: none"> <li>♥ Improve access to local opportunities</li> <li>♥ Community centres standing empty - people not motivated to use them: Haggerston CC, Fellows Court CC</li> </ul>	<ul style="list-style-type: none"> <li>♥ People stay close to their estates, and often feel that council-run activities are 'not for them'</li> </ul>	<ul style="list-style-type: none"> <li>♥ Doreen's success at St Margaret's CC</li> <li>♥ Hackney play streets</li> </ul>	<ul style="list-style-type: none"> <li>♥ Unlocking community spaces by inspiring local ownership and deeper engagement with community spaces</li> </ul>
What assumptions did we test?	What did we prototype to test these assumptions?	Which segment(s) does this idea serve?	What does success look like in the longer term?
<ul style="list-style-type: none"> <li>♥ Spaces under-used due to:               <ul style="list-style-type: none"> <li>• cost</li> <li>• distance</li> <li>• ownership</li> <li>• local politics</li> </ul> </li> <li>♥ Asking community what they want builds sense of ownership</li> </ul>	<ul style="list-style-type: none"> <li>♥ Parent-led play worker sessions that offer chances of employment</li> <li>♥ (on the estate)</li> </ul>	<ul style="list-style-type: none"> <li>♥ Disengaged</li> <li>♥ Fighters</li> <li>♥ Survivors</li> </ul>	<ul style="list-style-type: none"> <li>♥ Children are more active in their local environment during weekends and evenings</li> </ul>

Summary of feedback from families, community providers and council leads

## Desirability

(What do people want)

### Community connecting

The idea of connecting with neighbours and bringing the local community together resonated strongly

### Noise and safety

Residents are worried about creating undue noise for their neighbours and the safety of their children outside

## Feasibility

(How should we deliver this)

### Employment skills

Volunteering was seen as 'boring' but residents (adults and teenagers) would get involved if training and employability was offered

### Bad weather

Cold and rainy weather is a big deterrent - develop activities that work both inside and outside

## Viability

(What impact can we have)

### Involve parents

Involve the parents as well as the children by encouraging family participation in the activities

### Diversify TRAs

TRAs rarely have parents on them and community projects success are dependent on the willingness of the overall estate - how can parents be encouraged to come to meetings?

### Cost perception

Perceived high costs and actual costs are big barriers to parents participating

## 2. How we got there Seven Sisters / Adventure Spaces

Play Spaces recruits teenagers living on estates to train as play workers and facilitate free play sessions for younger children on their estate.

### Idea: Adventure Spaces (gamification to make healthy fun)

What is the local challenge?	What is the key insight?	What local initiative(s) are we trying to build on?	What is the value add for the existing initiative we're building upon?
<ul style="list-style-type: none"> <li>♥ Improve access to local opportunities</li> <li>♥ Families aren't using spaces/parks</li> </ul>	<ul style="list-style-type: none"> <li>♥ Kids respond to creativity and fun (food and activity diaries)</li> </ul>	<ul style="list-style-type: none"> <li>♥ Crowland Daily km - Wendy</li> <li>♥ Football clubs - Charity arm</li> <li>♥ Leisure centre - Shenika</li> </ul>	<ul style="list-style-type: none"> <li>♥ Unlocking community spaces by making them attractive, fun and engaging for families</li> </ul>
What assumptions did we test?	What did we prototype to test these assumptions?	Which segment(s) does this idea serve?	What does success look like in the longer term?
<ul style="list-style-type: none"> <li>♥ Gamification will improve use of facilities and opportunities</li> </ul>	<ul style="list-style-type: none"> <li>♥ Re-route Daily km to go through parks, geocached to make it more fun</li> <li>♥ Create weekend routes for families</li> </ul>	<ul style="list-style-type: none"> <li>♥ Survivors</li> </ul>	<ul style="list-style-type: none"> <li>♥ Getting kids more active in the evenings and weekends and increasing physical activity (particularly walking)</li> </ul>

## Summary of feedback from families, community providers and council leads

### Desirability

(What do people want)

#### Highlight local assets

A way to build upon all the existing assets that exist already in parks such as museums, cafes, wildlife and persuade kids to visit them (mum had to bribe child with an ice-cream)

#### Parent incentives

Parks can be quite unstimulating for parents as they just stand and watch their children play - outside gyms were mentioned by all parents as a way for both parents and children to have an incentive to go

### Feasibility

(How should we deliver this)

#### Engaging technology

Use technology as a way to engage children - an initial upfront cost but it would have more longevity and could be updated throughout the year with seasonal themes

#### Real life rewards

The app could release real life rewards for families, this could be a nice way for the kids and parents to do this together. Could there be a partnership with a local store maybe to enable that?

#### Time poor parents

Parents are very busy and time poor in the week so be mindful of creating something that will add to the stress - it needs to appeal to parents enough and not be 'a hassle' - consider a weekend-only intervention

### Viability

(What impact can we have)

#### Bonding experience

An opportunity to bond parent to child but also to connect with other parents in the community

#### Sustaining motivation

The 5-min walk zone (designed by Haringey Council) was popular at first but engagement dropped off quite quickly - how to sustain motivation over a longer period of time?

# 3. How we got there

## Isle of Dogs / 15 Minute Pledges

An an intervention to help those with mild to moderate needs around stress and wellbeing. 15 Minute Pledges is a holistic approach to health, it promotes positive mental health as means of facilitating better physical health. With 15 Minute Pledges parents spend 15 minutes of quality one-to-one time with their children doing fun or physical activities.

### Idea: 15 Minute Pledges

What is the local challenge?	What is the key insight?	What local initiative(s) are we trying to build on?	What is the value add for the existing initiative we're building upon?
<ul style="list-style-type: none"> <li>♥ Chaotic lives (safety, poverty) means mental health issues are high</li> <li>♥ 30% on Isle of Dogs have mental health issues</li> </ul>	<ul style="list-style-type: none"> <li>♥ Some parents find it hard to have quality one-on-one time with their children each day</li> </ul>	<ul style="list-style-type: none"> <li>♥ Play Association Tower Hamlets (PATH)</li> <li>♥ Healthy Lives Team (Healthy Schools Programme)</li> <li>♥ MEND</li> </ul>	<ul style="list-style-type: none"> <li>♥ Supporting both child and parent to develop their emotional capabilities and have deeper relationships</li> </ul>
What assumptions did we test?	What did we prototype to test these assumptions?	Which segment(s) does this idea serve?	What does success look like in the longer term?
<ul style="list-style-type: none"> <li>♥ Addressing obesity issues from both MH and PH aspects has positive outcomes</li> <li>♥ A whole family inclusive approach to wellbeing is beneficial</li> </ul>	<ul style="list-style-type: none"> <li>♥ A 15 minute pause every day for parents to spend quality time with their children</li> </ul>	<ul style="list-style-type: none"> <li>♥ Survivors</li> <li>♥ Fighters</li> <li>♥ Disengaged</li> </ul>	<ul style="list-style-type: none"> <li>♥ Improve mental health and wellbeing of the child through 15 mins of quality time a day</li> </ul>

## Summary of feedback from families, community providers and council leads

### Desirability

(What do people want)

#### Reassurance

Some children at the school mention that their parents don't do much with them - a few minutes of reassurance a day could make all the difference

#### Busyness

Parents feel very busy all day and often struggle to make time amidst house chores, cooking and homework

### Feasibility

(How should we deliver this)

#### Walk home from school

This time is often a sacred time for families away from the distractions of housework and screens - potential to enhance this time as a chance to connect

#### Indoor time

Lack of outside space and off-putting distance to parks mean that indoor time together should be encouraged even if it is a board game or cooking together

### Viability

(What impact can we have)

#### Whole family approach

Helping both children and parents to be aware of and manage feelings of sadness, anger and depression

#### Changing priorities

Housework and cooking dinner are often seen at the main priorities - how to support parents to see taking time out as important

# 4. How we got there

# Seven Sisters / Live Cookbook

A “living” cookbook: a series of individuals offering to bring to life the crowdsourced healthy (culturally relevant) recipes and meals by cooking them with parents and children. Videos of families cooking could be uploaded to online platforms so that others could watch and try the recipes.

## Idea: Live Cookbook

What is the local challenge?	What is the key insight?	What local initiative(s) are we trying to build on?	What is the value add for the existing initiative we’re building upon?
<ul style="list-style-type: none"> <li>♥ Schools can struggle to sustain the intervention</li> <li>♥ Parents have a lack of knowledge on how to prepare healthy food</li> </ul>	<ul style="list-style-type: none"> <li>♥ Healthy eating initiatives such as cookbooks and tuck shops often fail to sustain long-term at schools</li> </ul>	<ul style="list-style-type: none"> <li>♥ Healthy schools initiatives</li> <li>♥ Haringey on a Plate healthy cookbook</li> <li>♥ Change 4 Life</li> </ul>	<ul style="list-style-type: none"> <li>♥ Supporting schools to embed healthy initiatives that have longevity and sustain parent motivation and engagement</li> </ul>
What assumptions did we test?	What did we prototype to test these assumptions?	Which segment(s) does this idea serve?	What does success look like in the longer term?
<ul style="list-style-type: none"> <li>♥ Schools find it hard to maintain and sustain healthy lifestyle projects</li> <li>♥ Schools can find it difficult to engage parents</li> </ul>	<ul style="list-style-type: none"> <li>♥ Live cookbook model - in person and online</li> </ul>	<ul style="list-style-type: none"> <li>♥ Survivors</li> <li>♥ Disengaged</li> </ul>	<ul style="list-style-type: none"> <li>♥ Parents are supported in cooking healthier meals at least once a week</li> </ul>

## Desirability

(What do people want)

### Understanding different cultures

Parents liked that it could be a way of understanding and connecting with some of the diverse cultures that exist around Seven Sisters

### Time

Parents who were at home during the day felt they could get involved but felt that families where one or more parents work would struggle to try out new recipes at home

## Feasibility

(How should we deliver this)

### Role models

Both parents and children respond well to and talk about passionate and inspiring teachers reporting that they would take up activities if asked by certain teachers

### Lack of support

Single teachers often have strong ideas around healthy interventions and attempt to carry them out, but lack of support from the school and curriculum pressures can mean these get de-prioritised

## Viability

(What impact can we have)

### New habits

Parents felt that it would help implement new habits of family eating by introducing variety, inspiration on an affordable budget

### Engaging parents

Getting parents involved can be difficult - language barrier can mean parents do not feel confident enough to contribute. It is important to appeal to their expertise

# Appendix 5 - Seven Sisters, Crowlands Primary School

## Environmental

-  Crowland Primary School
-  Markfield Park
-  Tottenham Pools and Fitness
-  Fresh food stall

## Food facilities and interventions

-  Tesco South Tottenham Sup...
-  Sainsbury's Local
-  Light Bite
-  Time 2 Eat
-  The Square Supermarket
-  Lidl
-  Fairview Grocers Ltd
-  International Supermarket
-  Seven Sisters Market
-  Sweet Delight Caribbean Cui...
-  Kebab Inn
-  Chickentown
-  86 High Rd
-  Perfect Chicken Express
-  Dutch House
-  Markfield Park Cafe
-  Craving Coffee
-  Deli98
-  Ital'N' Vital
-  Londis
-  Woodberry Down
-  S I Foods
-  Pueblito paisa cafe

## Activity facilities and interventions:

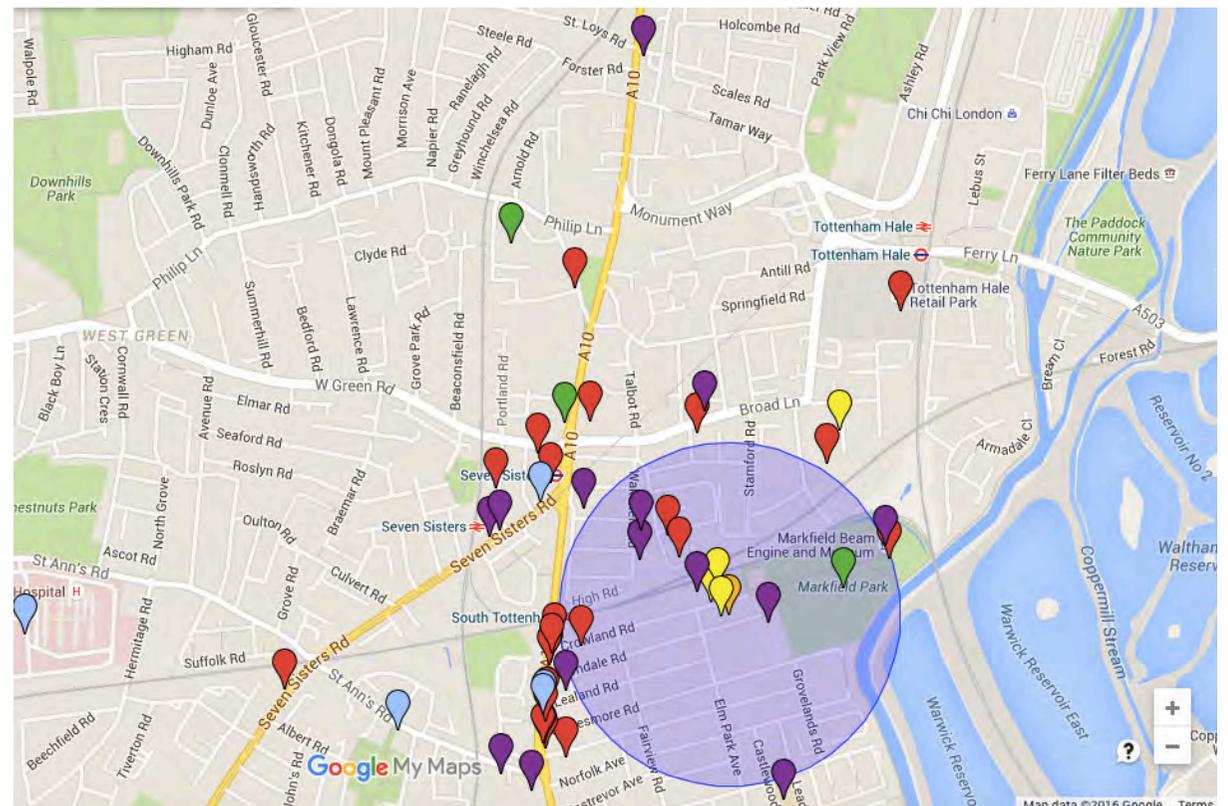
-  North London Tae Kwon Do ...
-  Bodyworks Gym
-  Gladesmore Sports Centre
-  Gladsmore Community School
-  New River Sport & Fitness

## Other facilities and interventions

-  William Hill
-  South Tottenham Synagogue
-  The People's Christian Fello...
-  St Ignatius Catholic Church
-  South Tottenham Christ Apo...
-  BRAZILIAN SHOP
-  Christ Apostolic Church Kin...
-  Redemption Church of God
-  Screwfix
-  Markfield Beam Engine and ...
-  Gladsmore Community Prim...
-  Springfield Community Prim...
-  St Ignatius R C Primary School
-  Kingdom Hall of Jehovah's ...

## Community assets and interventi...

-  Lea Rowing Club
-  Triangle Children Young Peo...
-  Mansons Pharmacy
-  Lea Surgery
-  Saint Ann's Hospital
-  Eye Practice



# Appendix 6 - Haggerston, Fellows Court Community Centre

Environmental

Individual styles

- Haggerston Park
- St. Mary's Secret Garden
- Geffrye Museum Gardens

The site

Individual styles

- Fellows Court Community C...

Food facilities and interventions:

Individual styles

- Golden House Chinese Take...
- Fortuna Chinese Take Away
- Mr. Buckley's
- Boba Yard
- Marksman Public House
- Sainsbury's Local
- The Co-operative
- Premises Cafe & Bistro
- Fabrique Bakery
- Beagle
- Caffe In
- Lalshah Grocers
- Little Georgia Cafe
- Loong Kee
- BunBunBun Vietnamese Food
- The Kings Head
- Clutch Chicken
- StringrayGlobe Cafe
- Point 20
- Shoreditch Chicken Cod
- US WAY PIZZA
- Golden Grill
- Zeynup Supermarkey
- Nisa Local
- Bays Fish Bar
- Frizzante
- Lanark Coffee
- Window

Activity facilities and interventions:

Individual styles

- Haggerston Park Softball Pi...
- Laburnum Boat Club
- Haggerston Park BMX Track

Other facilities and interventions:

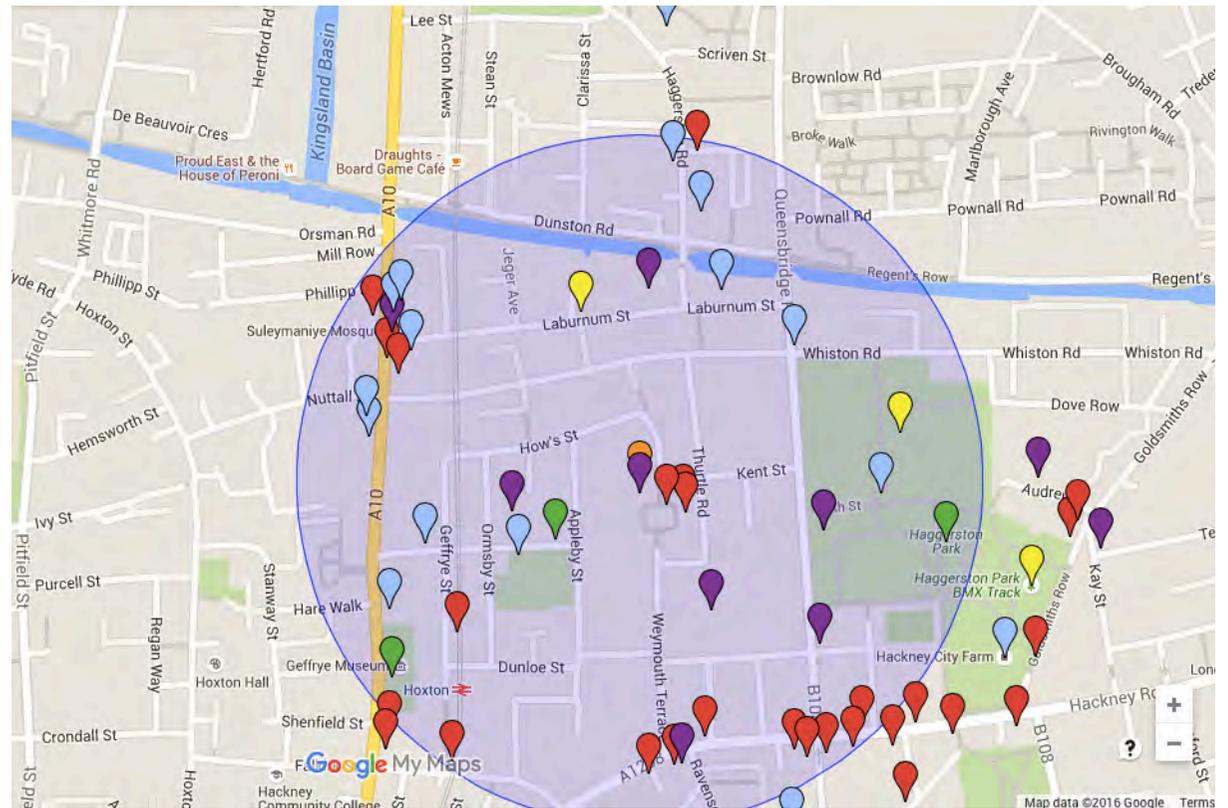
Individual styles

- Happy Nest Nursery
- Haggerston School
- Randal Cremer Primary Sch...
- St Saviours Priory
- Sebright Children's Centre
- Bridge Academy
- Suleymaniye Mosque
- Sebright Primary School
- Toucan Day Nursery
- Hackney Road Post Office

Community assets and interventi...

Individual styles

- Hackney City Farm
- William Hill
- Apples & Pears
- Haggerston Community Ce...
- V L C Community Centre
- Art House Foundation
- Hundred Years Gallery
- Graeae Theatre Company
- Whiston Road Surgery
- Hackney Seventh-Day Adve...
- The Sundial Centre
- Christ Apostolic Church Bet...
- One Support Hackney
- SkyWay Charity
- Azerbaijan House
- Haggerston Park Toilets



# Appendix 7 - Isle of Dogs, Cubitt Junior School

## The site

- Cubitt Town Junior School

## Environmental

- E14 8PX
- Millwall Park
- Saint John's Park

## Food facilities and interventions

- Café Forever
- Papa John's Pizza
- Mudchute Kitchen
- Nisa Local
- Tesco Isle Of Dogs Manches...
- Hursit Meridian Place Sand...
- Birley's Ltd
- Bella Cosa Restaurant
- Yuhoki Japanese Restaurant
- LUNCH BRUNCH
- Asda
- Manjal Indian Restaurant- Fi...
- St Georges
- The Lotus
- Memsahab on Thames
- The George
- New Kwan Wah
- Tesco Express

## Activity facilities and interventions:

- Mudchute Equestrian Centre
- Millwall Rugby Club

- Millwall Park Changing Rooms
- Club Baltimore Gym
- City Sailing
- Lucozade Powerleague Doc...
- Tiller Leisure Centre

## Other facilities and interventions:

- North Greenwich Bowls Club
- Al Aqsa Docklands
- Canary Wharf College
- Samuda Community Centre
- Magic Roundabout Nursery
- University of Sunderland Lo...
- Christ Church Isle of Dogs
- George Green's School
- St Luke's C Of E School
- City of Peace Community Ch...

## Community assets and interventi...

- Saint John's Community Ce...
- Cubitt Town Library
- Mudchute Park and Farm
- Mudchute Farm Paddock
- Island House Community Ce...
- Selmo Community Centre
- Baltic Medical Centre
- Britannia Pharmacy
- Asda Opticians
- The Lord Nelson
- The Little Kebab House
- Madina Jame Masjid, Dockl...
- Island Health
- Barkantine Pharmacy
- The Barkantine Practice
- Dr N Shah Island Medical Ce...
- Docklands Medical Centre



# Appendix 8 - Engagement Statistics

## Diagnosics phase

Sites	Diagnostic method	Participant	Number	Who
Seven Sisters	Ethnographies	Parents and children	2	
	Survey	Parents	1	
	Food and activity diary	Year 6 pupils	20	
	Professional interviews	Teachers and school staff	3	Class teacher, PE teacher, headteacher
	Professional interviews	Community leaders and gatekeepers	1	Community centre outreach worker
	Professional interviews	Community providers and facility managers	1	Tottenham Leisure Centre Sports Development Officer
	Professional interviews	Health providers	1	GP
	Professional interviews	Local policy teams	2	Sport and Physical Activity Commissioning Manager, Joint Integration Programme Manager Haringey CCG
	Mapping and observations	Local shops	2	Caribbean restaurant, Local convenience store (nearest to the school)
	Mapping and observations	Observations	1	Local assets within a 400 metre radius of Crowland Primary School
			34	
Haggerston	Ethnographies	Parents and children	3	
	Survey	Parents	2	
	Food and activity diary	Year 6 pupils	5	
	Professional interviews	Community leaders and gatekeepers	3	Fellows Court Youth Group, Community Halls Manager, Hackney Homes
	Professional interviews	Community providers and facility managers	1	Shoreditch Trust
	Professional interviews	Health providers	1	GP
	Professional interviews	Local policy teams	3	Housing Strategy and Enabling Team, Senior Environmental Health Officer, Childrens Health & Wellbeing Lea
	Mapping and observations	Local shops	2	Nisa, Turkish supermarket
	Mapping and observations	Observations	1	Local assets within a 400 metre radius of Fellows Court community centre
			21	
Isle of Dogs	Ethnographies	Parents and children	2	
	Survey	Parents	3	
	Survey	Grandparents	1	
	Food and activity diary	Year 6 pupils	90	
	Professional interviews	Teachers and school staff	4	Headteacher, Learning Mentor, Parent Engagement Officer, PE Teacher
	Professional interviews	Community leaders and gatekeepers	2	Mosque leader, Cafe Forever manager
	Professional interviews	Community providers and facility managers	2	Island House, MEND
	Professional interviews	Local policy teams	1	Locality Manager
	Mapping and observations	Local shops	1	Nisa (next to the school)
	Mapping and observations	Observations	1	Local assets within a 400 metre radius of Cubitt Town Junior School
				107

# Appendix 8 - Engagement Statistics

## Co-design phase

Sites	Co-design workshop	Number	Who
Seven Sisters	Parents	3	
	Teachers and school staff	2	
	Children	1	
	Community providers and facility managers	2	Tottenham Leisure Centre Sports Development Officer, Metropolitan police
	Local policy teams	1	Public Health
		9	
Haggerston	Parents	10	
	Children	12	
	Community providers and facility managers	3	Dance teacher, Shoreditch Trust, Health interventionist
	Local policy	3	Childrens Health & Wellbeing Leader, Public Health, Play Development Manager
		28	
Isle of Dogs	Parents	7	
	Teachers and school staff	3	Headteacher, Learning Mentor, Parent Engagement Officer, PE Teacher
	Community providers	2	London Sustainability Exchange, Community Parents
	Health providers	4	Island House, Healthy Island Partnership, CBTM
	Local policy teams	3	Locality Manager, Public Health
		19	
Total		56	

# Appendix 8 - Engagement Statistics

## Prototyping phase

Sites	Paper Prototyping	Number	Who
Seven Sisters	Parents	3	
	Teachers and school staff	1	
	Community providers and facility managers	1	The Hive Kids
	Local policy teams	3	Smarter Travel Officer, Sport & Physical Activity Commissioning Manager, Senior Environmental Health Practitioner
	Businesses	4	Ital 'N Vital, Tasty Buds, Chicken Town, Cakes and Shakes
		12	
Haggerston	Parents	5	
	Children	5	
	Community providers and facility managers	4	Shoreditch Trust (Health Hubs), Rhythms of Life, Play Streets, Volunteer Centre Hackney
	Health providers	1	Social Prescribing CCG
	Businesses	2	Hello Fresh, local fruit and veg supplier
		17	
Isle of Dogs	Parents	6	
	Teachers and school staff	2	
	Community leaders and gatekeepers	4	Mosque leaders
	Community providers and facility managers	2	MEND programme manager and child psychologist
	Health providers	2	Island House, Healthy Island Partnership, Play Association Tower Hamlets
	Local policy teams	2	Locality Manager, Head of Healthy Lives
		18	
Total		47	

# References

- Almoosawi, S., Jones A.R., Parkinson, K.N., Pearce, M.S., Collins, H., Adamson, A.J. (2016)  
Parental Perception of Weight Status: Influence on Children's Diet in the Gateshead Millennium Study. PLoS One. 11(2)
- City University (2014)  
Children's food choices on the streets around schools in Haringey: A wall of crisps and other food choices. London: Haringey Council
- COI, (2008)  
Healthy weight, Healthy lives: Consumer insight summary
- Darnton, A. and Horne, J (2013)  
Influencing Behaviours. Moving Beyond the Individual. A User Guide to the ISM Tool. Edinburgh: The Scottish Government.  
*Available here: <http://www.gov.scot/Resource/0042/00423436.pdf> (accessed on 8th March 2016)*
- Department for Communities and Local Government (2015)  
English Indices of Deprivation 2015.  
*Available at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015> (accessed on: 8th March 2016)*
- Fisher, B (2011)  
Community Development in Health. A Literature Review. London: Health Empowerment Leverage Project.  
*Available here [http://www.thinklocalactpersonal.org.uk/\\_library/Resources/BCC/Evidence/help\\_literature\\_search.pdf](http://www.thinklocalactpersonal.org.uk/_library/Resources/BCC/Evidence/help_literature_search.pdf) (accessed 8th March 2016)*
- Gaillard, R., Steegers, E., Duijts, L., Felix, J., Hofman, A., Franco, O. and Jaddoe, V. (2014)  
Childhood cardiometabolic outcomes of maternal obesity during pregnancy: the Generation R Study. Hypertension, 4(63).
- Gall, K., van Zutven, K., Lindstrom, J., Bentley, C., Gratwick-Sarll, K., Harrison, C., Lewis, V., and Mond, J. (2016).  
Obesity and emotional well-being in adolescents: Roles of body dissatisfaction, loss of control eating, and self-rated health. Obesity.
- Hackney Council (2016)  
Hackney HLP Proposal. Internal report.
- Haringey Council (2016)  
Haringey HLP Proposal. Internal Report
- Healthy London Partnership (2016)  
London's Great Weight Debate. Findings from Two Exploratory Focus Groups. Internal Report. Healthy London Partnership
- HM Government (2008)  
Healthy Weight, Healthy Lives: Consumer Insight Summary. London: The Crown Office
- Hübner, C., Baldofski, S., Crosby, R.D., Müller, A., de Zwaan, M., Hilbert, A. (2016)  
Weight-related teasing and non-normative eating behaviours as predictors of weight loss maintenance. A longitudinal mediation analysis. Appetite.
- Master, W. and Kingdom, U. (2015)  
Find data.  
*Available at: <http://www.hscic.gov.uk/catalogue/PUB16988> (accessed on 8th March 2016)*
- Mackenbach, J.D., Lakerveld, J., Van Lenthe, F.J., Teixeira, P.J., Compernelle, S., De Bourdeaudhuij, I., Charreire, H., Oppert, J.M., Bárdos, H., Glonti, K., Rutter, H., McKee, M., Nijpels, G., Brug, J. (2016)  
Interactions of individual perceived barriers and neighbourhood destinations with obesity-related behaviours in Europe. J. Obese Rev.
- Michie, S., van Stralen, M.M., and West, R. (2011)  
The behaviour change wheel: A new method for characterising and designing

behaviour change interventions. *Implementation Science* 6:42  
*Available at: file:///C:/Users/Jenny/Downloads/behaviour\_change\_wheel\_2011.pdf (accessed on 8th March 2016)*

**Morgan Stanley (2014)**  
Healthy Cities. London; Morgan Stanley

**NICE (2012)**  
Obesity: Working with Local Communities. Public Health Guideline. London: NICE

**Office for National Statistics (2011)**  
2011 Census.  
*Available at: https://www.ons.gov.uk/census/2011census (access on 8th March 2016)*

**Pierson, L, Fitzpatrick-Lewis, D., Morrison, K., Ciliska, D., Kenny, M., Usman Ali, M., Raina, P. (2015)**  
Prevention of Overweight and Obesity in Children and Youth: a Systematic Review and Meta-Analysis. *CMAJ* 3(1) p23-34

**Public Health England (2014)**  
Public Outcomes Framework.  
*Available here: http://www.phoutcomes.info/ (accessed on 8th March 2016)*

**Royal College of Paediatrics and Child Health (2015)**  
Tackling England's Childhood Obesity Crisis. A Report by the Royal College of Paediatrics and Child Health to Inform the Development of the UK Government's Childhood Obesity Strategy. London: RCPCH

**Royal Society for Public Health (2015)**  
Tackling the UK's Childhood Obesity Epidemic. London: Royal Society for Public Health

**Royal Society for Public Health (2015)**  
Health on the High Street. London: Royal Society for Public Health

**Sobol-Goldberg, S., Rabinowitz, J. and Gross, R. (2013)**  
School-Based Obesity Prevention Programs: A Meta-Analysis of Randomized Controlled Trials. *Obesity*. 21 (12) p 2422–2428

**Spencer, N. (2015)**  
Easier Said Than Done. Why we Struggle with Healthy Behaviours and What to

do About It. Report for RSA. London: RSA

**Sutin, A., Robinson, E., Daly, M., and Terracciano, A. (2016)**  
Weight Discrimination and Unhealthy Eating-related Behaviors. *Appetite*.

**Tower Hamlets Council (2016)**  
Tower Hamlets HLP Proposal. Internal Report

**Williams, A.J., Henley, W.E., Williams, C.A., Hurst, A.J., Logan, S., and Wyatt, K.M. (2013)**  
Systematic review and meta-analysis of the association between childhood overweight and obesity and primary school diet and physical activity policies. *International Journal of Behavioral Nutrition and Physical Activity*. 10:101

**Williams, K., Trenchard-Mabere, E., and Shaw, C. (2011)**  
Tower Hamlets Healthy Borough Programme. Phase 1 Progress Report. London: Tower Hamlets Council

**Wilsher H. S., Harrison, F., Yamoah, F., Fearn, A., and Jones A. (2016)**  
The relationship between unhealthy food sales, socio-economic deprivation and childhood weight status: results of a cross-sectional study in England. *Int J Behav Nutr Phys Act*. 13(1) p21.

**WHO Multicentre Growth Reference Study Group. (2006)**  
WHO Child Growth Standards: Length/height-for-age, weight-for-age, weight-for-length, weight-for-height and body mass index-for-age: Methods and development. Geneva: World Health Organization  
*Available at http://www.who.int/childgrowth/standards/technical\_report/en/ (accessed on 8th March 2016)*

**World Health Organization (2007)**  
Development of a WHO Growth Reference for School-aged Children and Adolescents. Geneva: World Health Organization.  
*Available at http://www.who.int/nutrition/publications/growthref\_who\_bulletin/en/ (accessed on 8th March 2016)*

**World Health Organisation (2016)**  
Report of the Commission on Ending Childhood Obesity. Geneva: WHO

**Wright, D.R., Lozano, P., Dawson-Hahn, E., Christakis, D.A., Haaland, W., Basu, A. (2016)**  
Parental Predictions and Perceptions Regarding Long-Term Childhood Obesity-Related Health Risks. *Academic Paediatrician*.

Sacher et al, 2010

Randomized Controlled Trial of the MEND Program: A Family-based Community Intervention for Childhood Obesity, Obesity 18 (1) available at <http://onlinelibrary.wiley.com/doi/10.1038/oby.2009.433/abstract?systemMessage=Wiley+Online+Library+will+be+unavailable+on+Saturday+14th+May+11%3A00-14%3A00+BST+%2F+06%3A00-09%3A00+EDT+%2F+18%3A00-21%3A00+SGT+for+essential+maintenance.Apologies+for+the+inconvenience>.

Veasy, P , na

Access Sport Social Inclusion Pilot Project, Insight team findings: Engaging young people in disadvantaged communities and those at risk of social exclusion into physical activity and sporting opportunities. Kids Connections, Splendid, C3 Collaborating for Health

Women's Environmental Network & Tower Hamlets Food Growing Network, 2016

Tower Hamlets Food Growing Network Final Evaluation Report, Reporting period: 1st August 2013 - 31st March 2016. Women's Environmental network and Tower Hamlets Food Growing Network, 2016.

Hackney Today, 2014

Evidence of the success of St Dominic's Catholic Primary School's tuckshop Hackney Today, 24 March 2014 p.23

Gill, T (2015)

Hackney Play Streets Evaluation Report. Hackney Play Association and Hackney Council

Shift and Create, 2015

Box Chicken: Providing some healthy competition to fast food outlets, Evaluation Report. London: Shift Design.

London Borough of Haringey

Open Space Strategy. London Borough of Hackney.

Coombes, E and Jones, A (2008)

Gamification of active travel to school: A pilot evaluation of the Beat the Streets physical activity intervention. Health and Place 39. 62-69.

Health Heroes, NHS, Hackney (2014)

Health Heroes, A whole school approach to healthy weight, final evaluation report

Gilbert, A and Cohn, G, 2016

Project Proposal to Tower Hamlets Youth Sport Foundation, Cubitt Town Community Food Co-op. Seeds for Growth and Tower Hamlets

# Bibliography

Waters, E, de Silva-Sanigorski, A., Burford, B.J., Brown, T., Campbell, K.J., Gao, Y., Armstrong, R., Prosser, L., and Summerbell, C.D. (2011)

Interventions for Preventing Obesity in Children. On behalf of the Cochrane Heart Group. London: John Wiley & Sons Ltd

Foot, J and Hopkins, T. (2010)

A Glass Half-Full: How an Asset Approach Can Improve Community Health and Well-being. London: IDeA.

Available here [http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=bf034d2e-7d61-4fac-b37e-f39dc3e2f1f2](http://www.local.gov.uk/c/document_library/get_file?uuid=bf034d2e-7d61-4fac-b37e-f39dc3e2f1f2) (accessed 8th March 2016)

Lakerveld, J., Glonti, K. and Rutter, H. (2016)

Individual and contextual correlates of obesity-related behaviours and obesity: the SPOTLIGHT project. *Obesity Reviews*. 17(1) p 5-8

London Borough of Newham (2010)

Food Outlet Mapping in the London Borough of Newham. London: London Borough of Newham

Marmot, M (2010)

Fair Society. Healthy Lives. London: University College London

Kippin, H., Randle, A. and Thévoz, S. (2015)

Demand Management and Behaviour Change: A Manual for Collaborative Practice. London: The Leadership Centre

NICE (2014)

Behaviour Change: Individual Approaches. Public Health Guideline. London: NICE

NSMC (2015)

East Sussex County Council: Obesity and Physical Activity Social Marketing Project. A review of the secondary literature. Internal Report. London: NSMC

Shaw, B., Bicket, M., Elliott, B., Fagan-Watson, B., Mocca, E. & Hillman, M. (2015)

Children's Independent Mobility: an international comparison and recommendations for action. Policy Studies Institute. University of Westminster

Turner, K., Foster, C., Allender, S. and Plugge, E. (2015)

A systematic review of how researchers characterize the school environment in determining its effect on student obesity *BMC Obesity*. 2:13

Williams, A.J., Wyatt, K.M., Hurst, A.J., and Williams, C.A. (2012)

A systematic review of associations between the primary school built environment and childhood overweight and obesity. *Health and Place*. 18 p 504-514

Wong, F., Stevens, D., O'Connor-Duffany, K., Siegel, K. and Ga, Y. (2011)

Community Health Environment Scan Survey (CHESS): a novel tool that captures the impact of the built environment on lifestyle factors. *Global Health Action*. 4: 5276

Wood, S., Finnis, A., Khan, H. and Ejbye, J. (2016)

At The Heart of Health. Realising the Value of People and Communities. Leeds: NHS England.



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