



# TACKLING CHILDHOOD OBESITY AND IMPROVING SCHOOL OUTCOMES

Professor Paul Gately

[p.Gately@leedsbeckett.ac.uk](mailto:p.Gately@leedsbeckett.ac.uk)

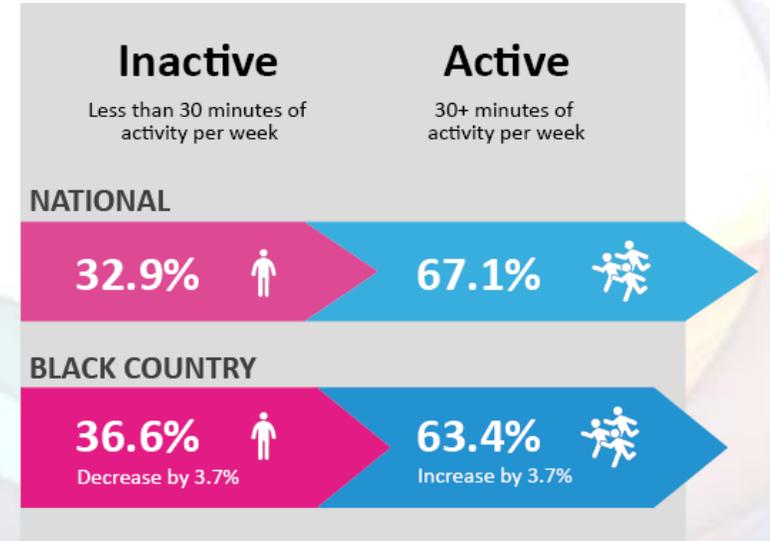
# Children & Young People Focus



Children (<16)

BC: 249,334 (21.0%)

England: 19.1%



## Black Country

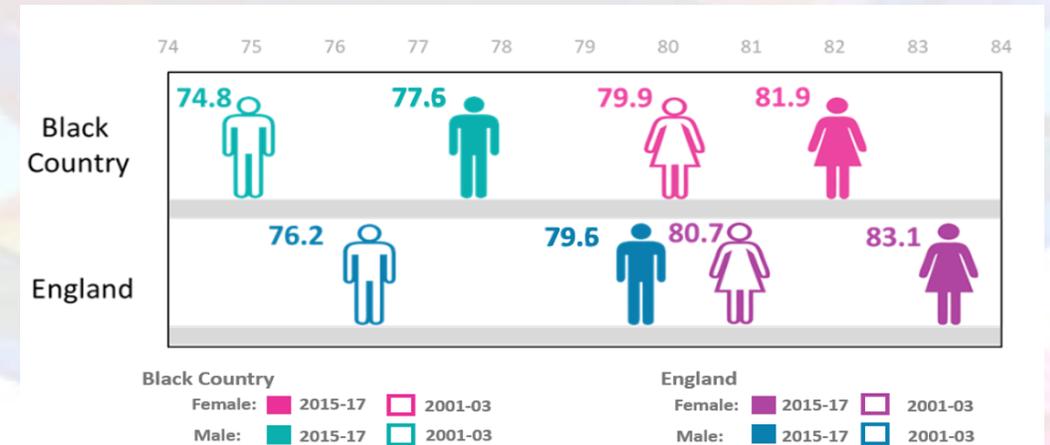
Reception (Age 4 - 5)



Year 6 (Age 10 - 11)



Source: National Child Measurement Programme, PHE 2018

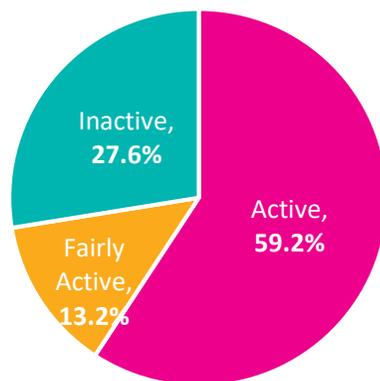


## PARTICIPATION IN SPORT AND PHYSICAL ACTIVITY

Active Lives Survey October 2017, Sport England

In the Black Country, 33.7% of the population is inactive, 14.3% are fairly active and 52.0% are active. The Black Country CSP ranks as the least active CSP (out of 45) in England. In order to reach the national average rate of inactive people, **78,400** people are required to do some physical activity in the Black Country. **83,058** more people are required to be sufficiently active in order to reach the national rate of active people.

	Inactive	Fairly Active	Active
	<30 min	30 – 149 min	>150 min
Dudley	32.4%	13.8%	53.8%
Sandwell	35.3%	16.8%	47.9%
Walsall	30.5%	12.8%	56.7%
Wolverhampton	36.8%	13.5%	49.8%
<b>Black Country</b>	<b>33.7%</b>	<b>14.3%</b>	<b>52.0%</b>
West Midlands	29.1%	14.2%	56.7%
England	25.6%	13.8%	60.6%

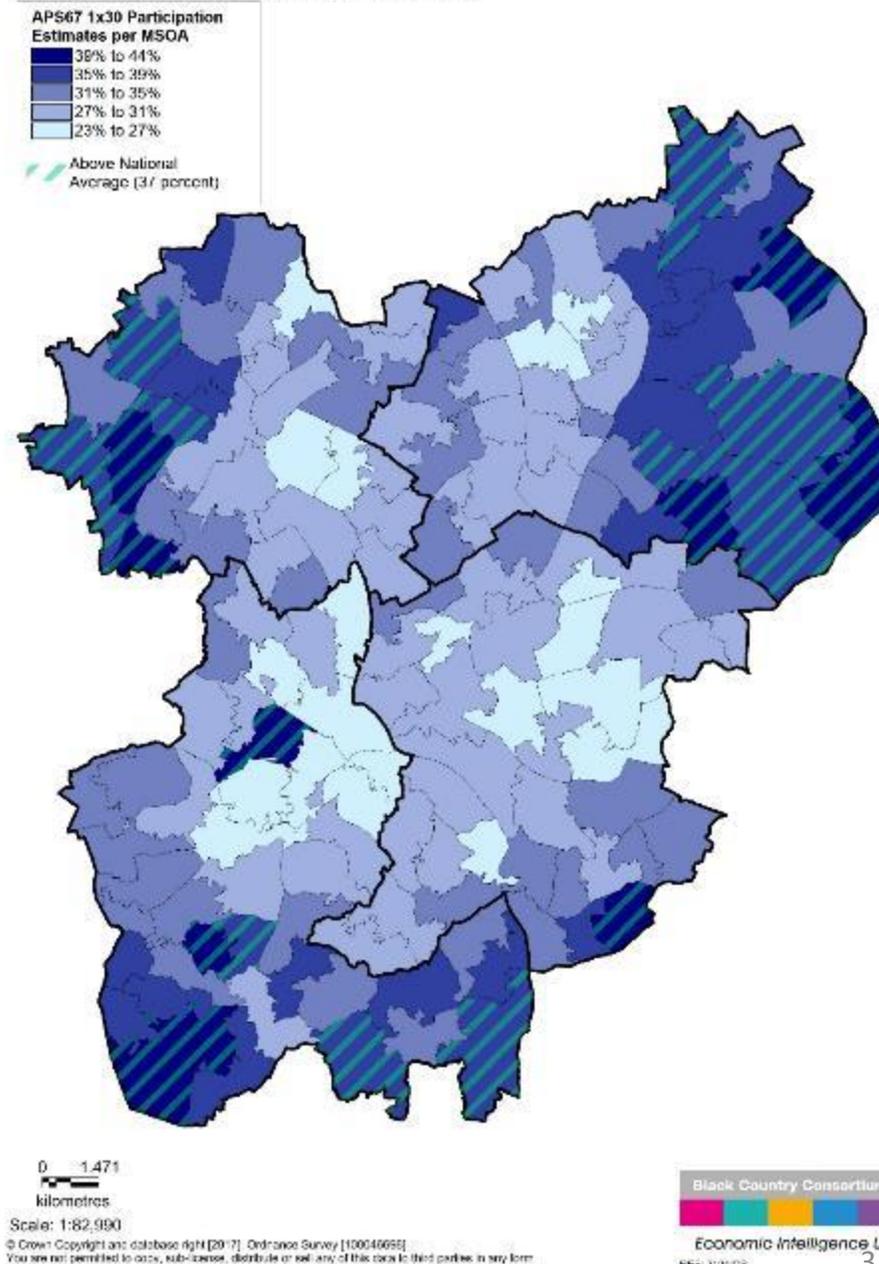


Black Country Activity Levels

### Gap to National Average

	Inactive			Active		
	Current	Target	Gap	Current	Target	Gap
Dudley	82,995	65,562	-17,434	137,728	155,085	+17,357
Sandwell	87,876	63,718	-24,158	119,150	150,723	+31,573
Walsall	66,446	55,830	-10,617	123,606	132,064	+8,458
Wolverhampton	74,443	51,835	-22,608	100,694	122,614	+21,920
<b>Black Country</b>	<b>326,894</b>	<b>248,494</b>	<b>-78,400</b>	<b>504,750</b>	<b>587,808</b>	<b>+83,058</b>

## 1X30 PARTICIPATION ESTIMATES



\*MSOA data in Spreadsheet Appendix

# BLACK COUNTRY – SUMMARY OF CHILDREN AND YOUNG PEOPLE ACTIVE LIVES SURVEY – LEVELS OF ACTIVITY

Results from Active Lives Children’s Survey (Released December 2018), Sport England

Following the new Government “Sporting Future” plan, Sport England published “Towards an Active Nation” in 2016, which sets out a strategy of helping everyone regardless of age, background or ability to feel able to engage in sport and physical activity. 2018 is the first year of this release, which looks at activity levels of school children from years 1 to year 11.

## Measures

This dataset was collected for the academic year 2017/2018. There are 4 key measures:

- **Active every day (60 minutes or more every day)**
- **Active across the week (an average of 60 minutes or more a day but not every day)**
- **Fairly active (an average of 30-59 minutes a day)**
- **Less active (less than an average of 30 minutes a day)**

Each term, a number of schools are randomly selected to take part in the survey, with the aim of getting 100,000 children and young people in Years 1 to 11 to complete it each academic year. The total respondents for the Black Country are **1,262 children**.

Local Authority % less active levels and rank

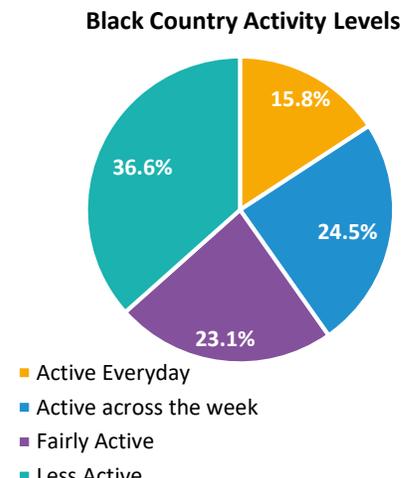


Level of inactivity	
Local Authority	National Ranking (/302*)
Dudley	38
Sandwell	274
Walsall	166
W*ton	300

Rank 1 = least inactive  
Rank 302 = most inactive  
\*data available for only 302 authorities

## Summary of Results

	Active Everyday	Active across the week	Fairly Active	Less Active
Dudley	22.0%	31.7%	20.3%	26.0%
Sandwell	13.7%	21.4%	24.8%	40.1%
Walsall	18.0%	24.7%	24.4%	32.8%
W*ton	9.4%	20.1%	23.0%	47.5%
<b>Black Country</b>	<b>15.8%</b>	<b>24.5%</b>	<b>23.1%</b>	<b>36.6%</b>
West Midlands	16.6%	24.7%	23.9%	34.8%
England	17.5%	25.7%	23.9%	32.9%



## Gap to National Average

	Active Everyday			Active across the week			Less Active		
	Current	Target	Gap	Current	Target	Gap	Current	Target	Gap
Dudley	8,800	N/A	N/A	12,700	N/A	N/A	10,400	N/A	N/A
Sandwell	6,500	8,349	1,849	10,200	12,247	2,047	19,100	15,637	-3,463
Walsall	7,100	N/A	N/A	9,700	10,112	412	12,900	N/A	N/A
W*ton	3,500	6,472	2,972	7,400	9,494	2,094	17,500	12,122	-5,378
<b>Black Country</b>	<b>25,900</b>	N/A	N/A	<b>40,000</b>	N/A	N/A	<b>59,900</b>	N/A	N/A
West Midlands	127,500	134,900	7,400	190,000	197,889	7,889	267,600	252,649	-14,951

# NCMP Black Country Data

## **Wolverhampton :**

- Wolverhampton has the 2nd highest rates of combined children with overweight & obesity - out of 150 local authorities in England
- **43.3% of children in Year 6 with** overweight or obesity – compared to the England average of 34.2%
- **27.8% of children in Reception** with overweight or obesity – compared to an England average of 22.6%

## **Sandwell:**

'Child obesity continues to rise in Sandwell. Excess weight (including overweight and obese) doubles in children just before they leave primary school. The latest dataset (2017/18) shows that 24.2% of Reception age children have excess weight with 12.8% obese but at Year 6 this almost doubles to 42.3% of children who have excess weight with 28.2% obese.'



Public Health  
England

Protecting and improving the nation's health

# Childhood Obesity A Plan for Action PHE's role

Obesity Priority Programme Board  
September 2016

# Actions

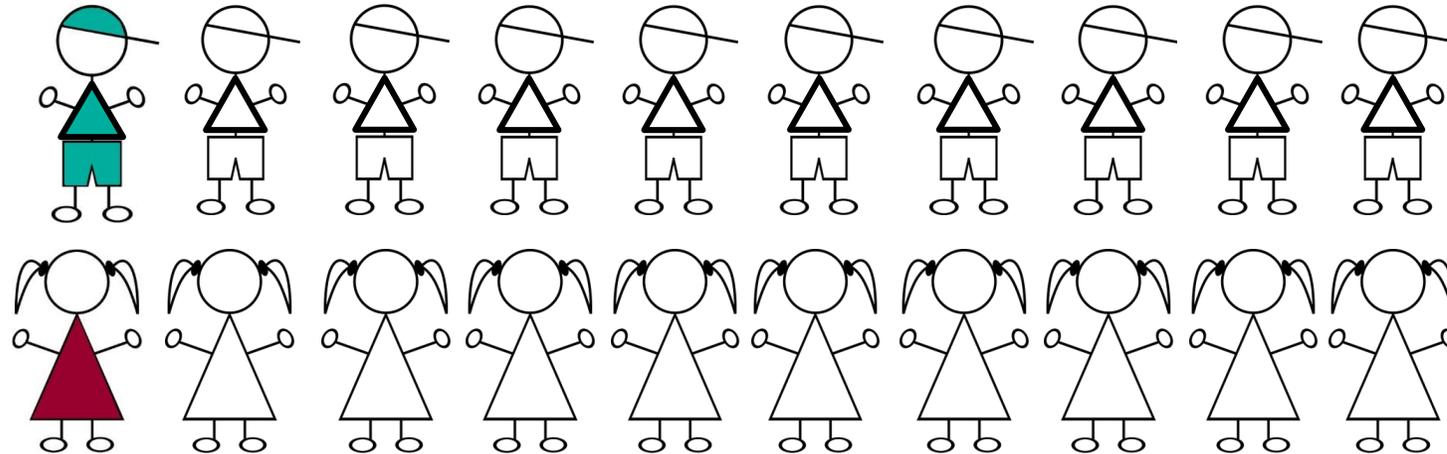
1. Introducing a soft drinks industry levy [HMT]
2. Taking out 20% of sugar in products [PHE]
3. Supporting innovation to help businesses to make their products healthier [DH]
4. Developing a new framework by updating the nutrient profile model [PHE]
5. Making healthy options available in the public sector [DH & Defra lead, PHE support]
6. Continuing to provide support with the cost of healthy food for those who need it most [DH lead, PHE support]
7. **Helping all children to enjoy an hour of physical activity every day [DfE lead, PHE support]**
8. **Improving the co-ordination of quality sport and physical activity programmes for schools [DfE/DfT/DCMS]**
9. **Creating a new healthy rating scheme for primary schools [DfE lead, PHE support]**
10. **Making school food healthier [DfE lead, PHE support]**
11. Clearer food labelling [DH]
12. **Supporting early years settings [DfE lead, PHE support]**
13. Harnessing the best new technology [PHE]
14. Enabling health professionals to support families [HEE lead, PHE support]



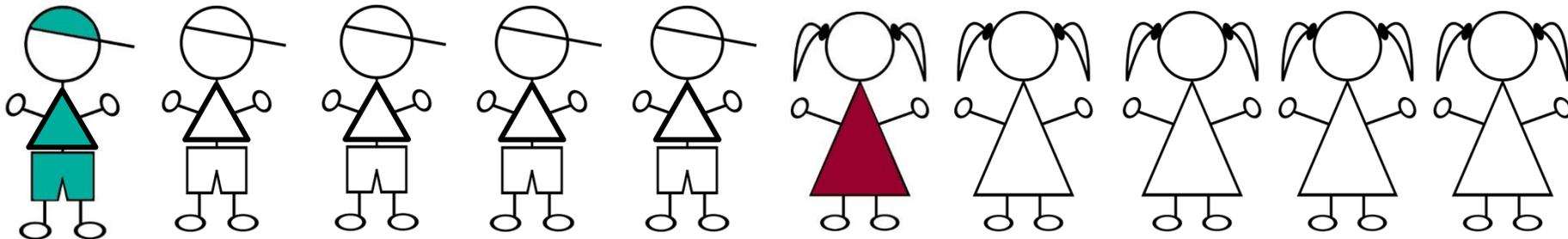
# Prevalence of obesity among children

National Child Measurement Programme 2014/15

**Around one in ten children in Reception is obese (boys 9.5%, girls 8.7%)**



**Around one in five children in Year 6 is obese (boys 20.7%, girls 17.4%)**

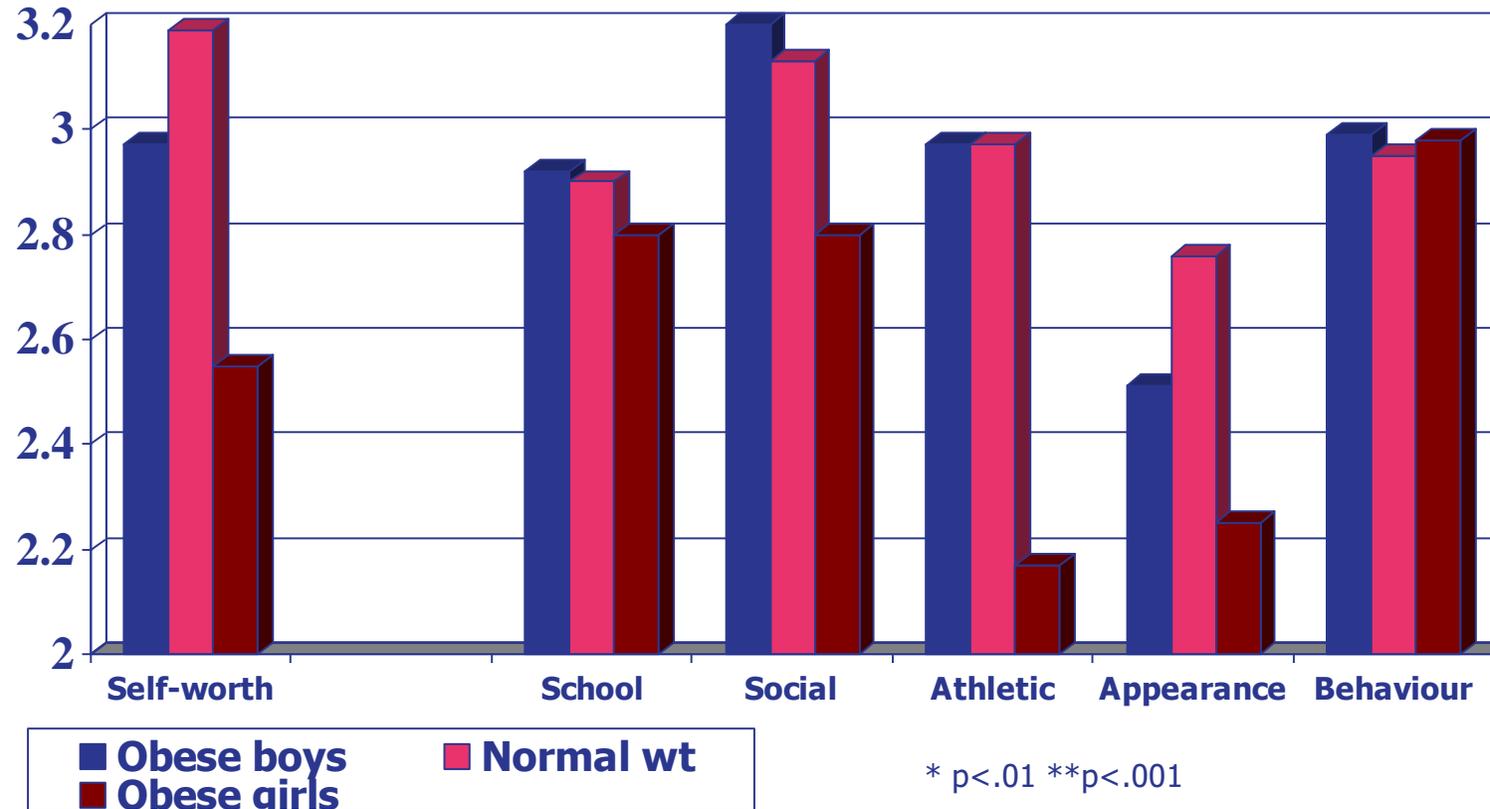


Child obesity: BMI  $\geq$  95<sup>th</sup> centile of the UK90 growth reference

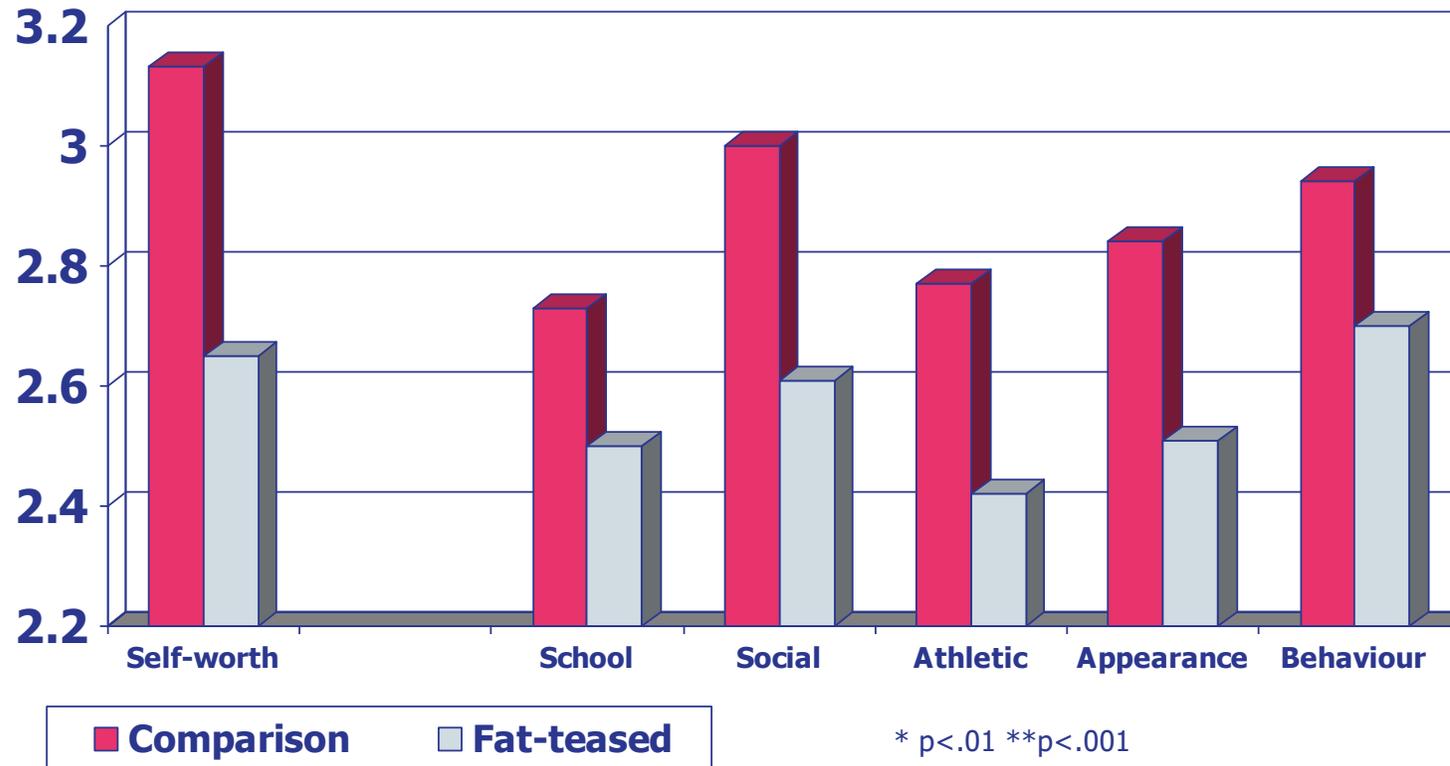
# Who gets a good deal out of Sport?



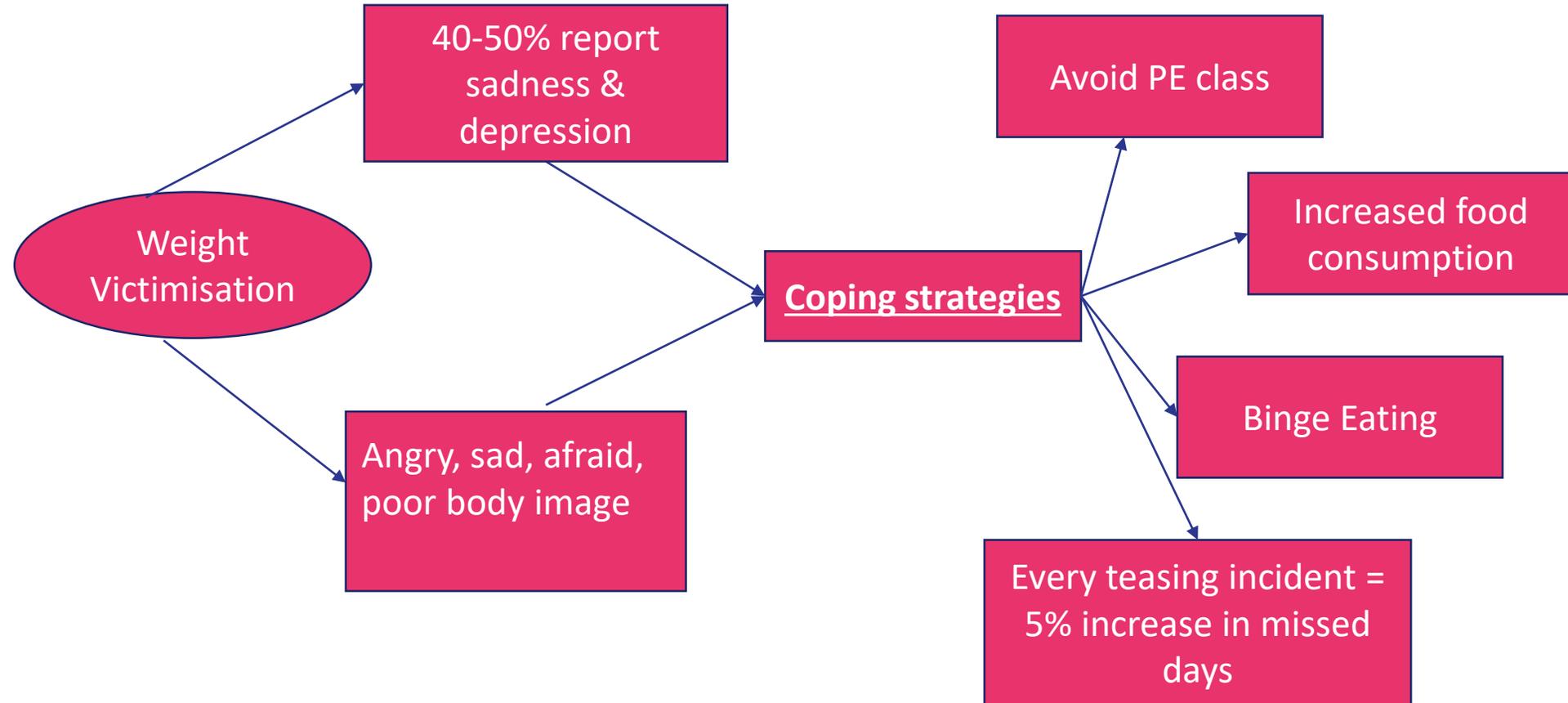
# 12-YEAR OLD GIRLS AND BOYS



# SELF-ESTEEM OF FAT TEASED AND NON FAT TEASED CHILDREN WITH OBESITY



# WEIGHT VICTIMISATION IMPACTS IN SCHOOL



School performance is inversely associated with obesity.

Severely obese children miss 4 times as many days at school

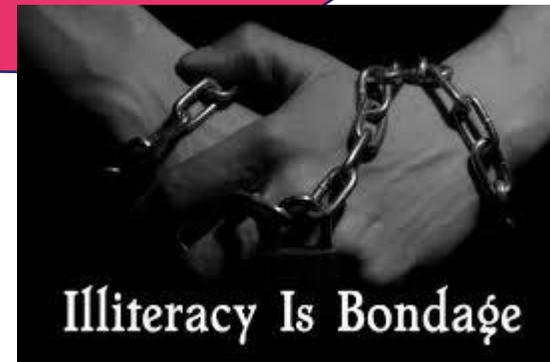
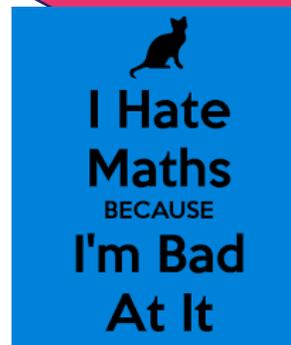
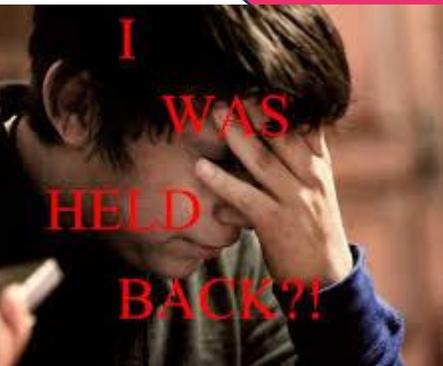


Obesity at 14 linked to low Ed att. at 16 persisting until 31.

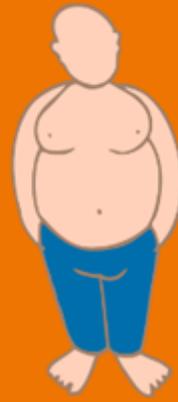
Evidence

Obese girls are 1.5 times more likely to be held back a grade & 2.1 times more likely to describe themselves as "poor" students

Obese women performed poorer on maths & reading tests at ages 7, 11, 16



# The effects of obesity



## Health effects

- Cardiovascular disease
- A range of cancers
- Type II Diabetes
- Strokes
- High Blood pressure

## Psychological effects

- Depression
- Anxiety
- Low quality of life
- Low self-esteem
- Body dissatisfaction



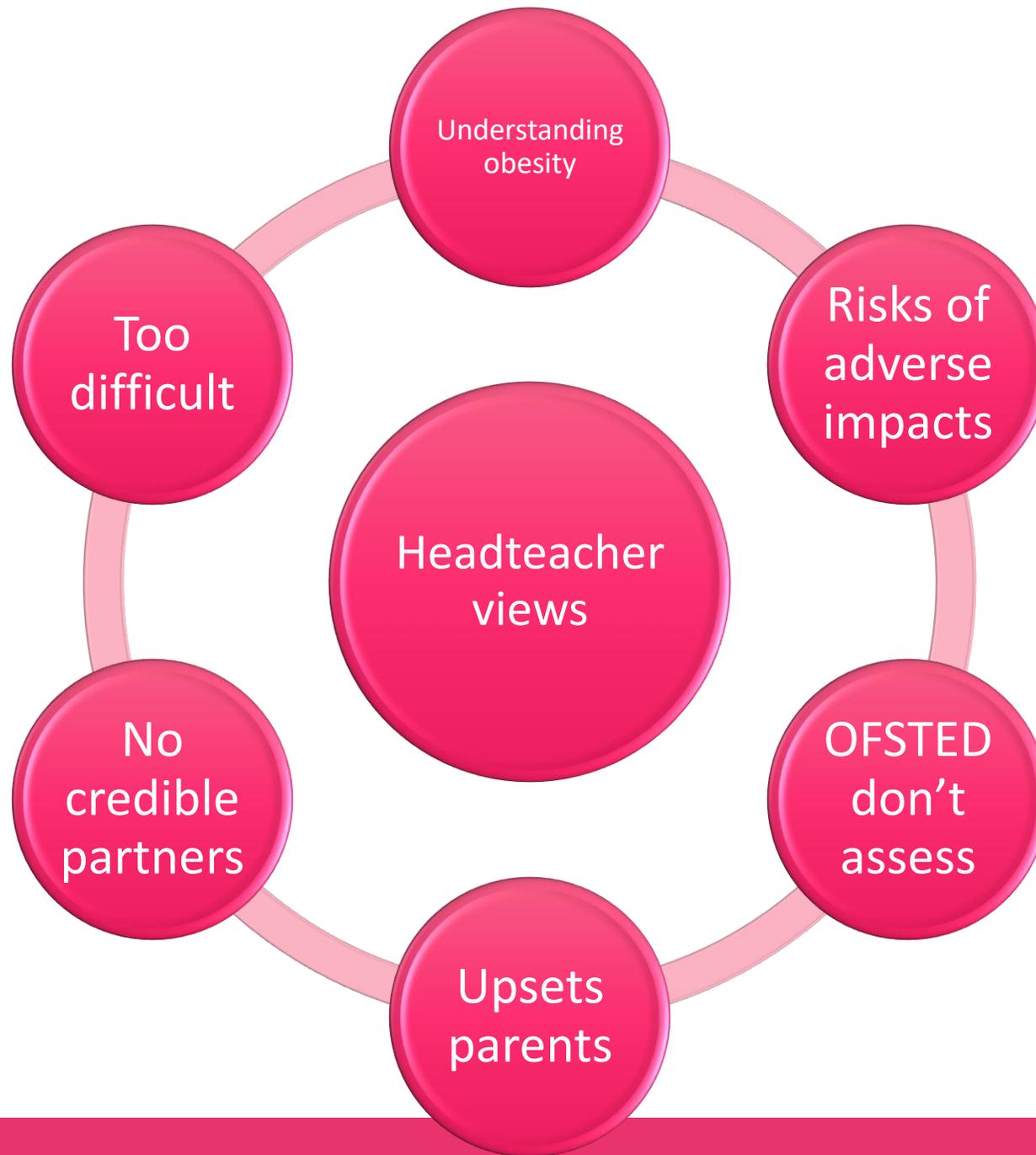
## Social effects

- Lower educational attainment
- Less likely to be employed
- More likely to be bullied
- Lower salary
- Less likely to marry
- More Likely to commit suicide



Research shows that obese children have a lower quality of life than children with terminal cancer

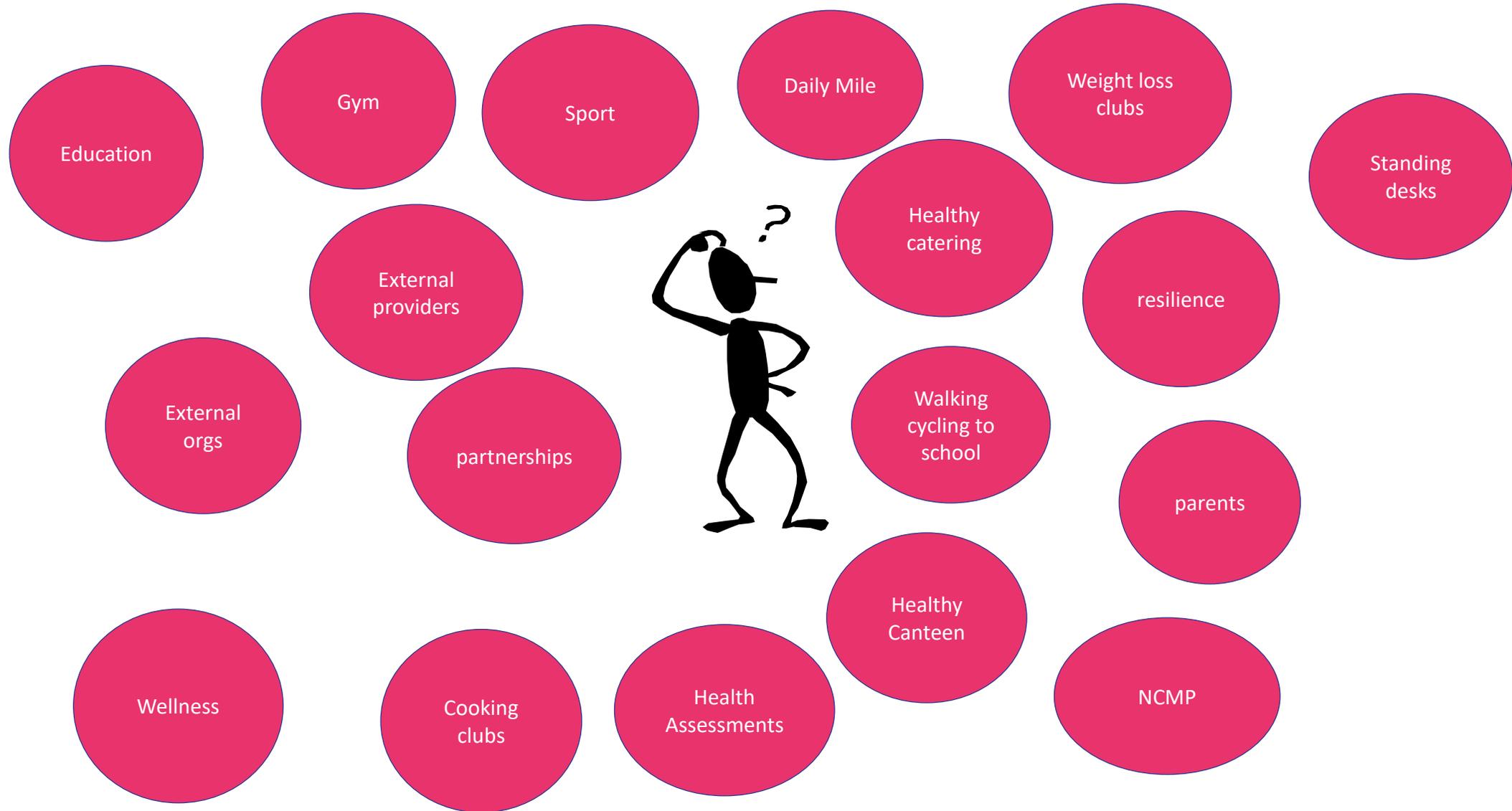




# RESPONSIBILITY

RESPONSE - ABILITY

# Intervention options?





# IMPLEMENTATION

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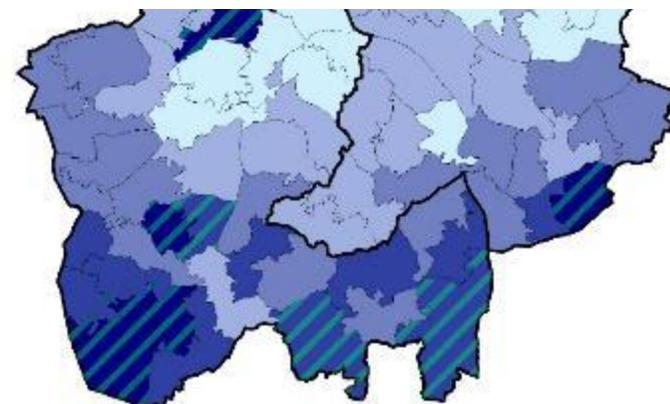


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Wolverham				
<b>Black Coun</b>				
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England				

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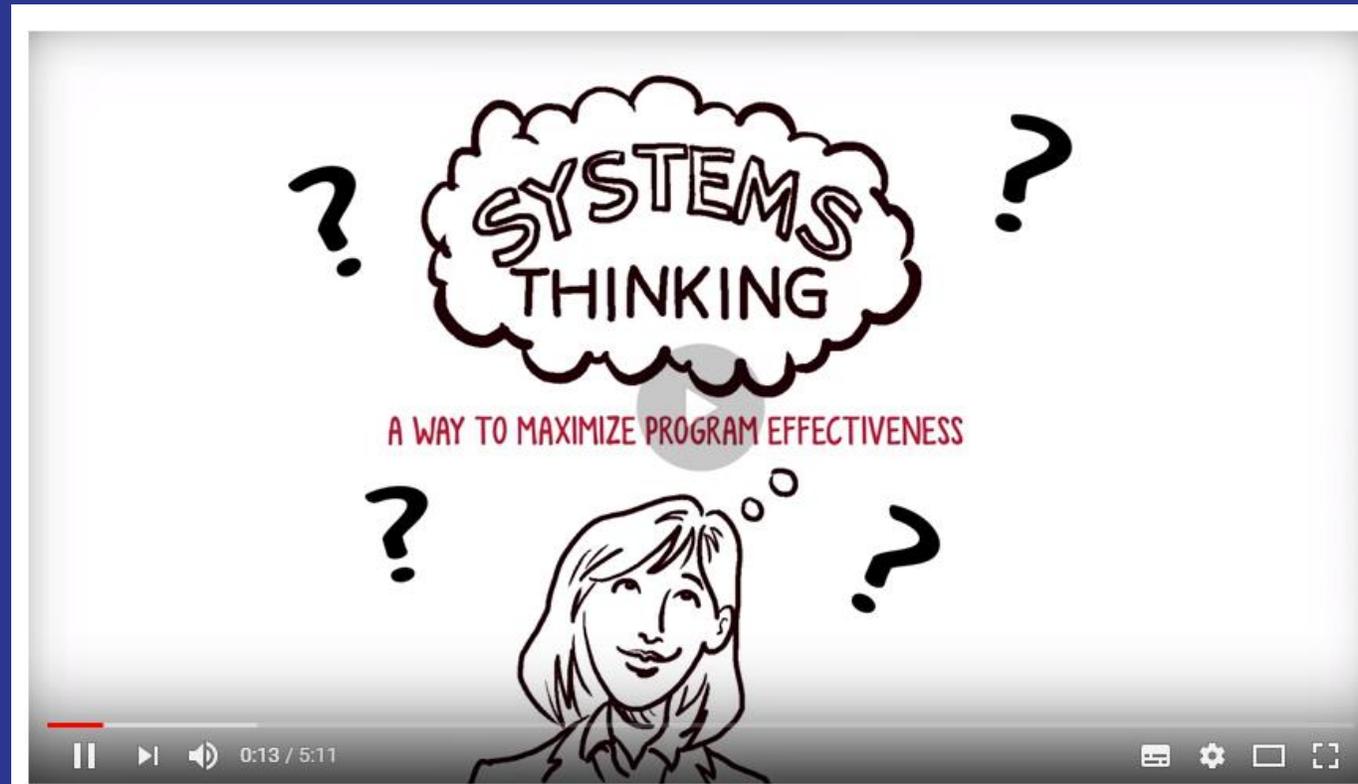
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Scale: 1:82,980  
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\*MSOA data in Spreadsheet Appendix

*“a way of looking at, learning about, and understanding complex situations” (Wilson 2004)*



# A co-produced process





# Health Campaigns



# IMPLEMENTING CHANGE

Whole School Approach to health lifestyles

Health campaigns - Attitudinal & cultural change

Training & awareness raising (pupils, staff & Parents)

Targeted interventions for Obesity children

Over **1000** families  
have completed  
a OneLife Suffolk  
Community  
Programme



**3/4**  
children had a  
healthier weight  
on completing  
the programme



**5,500** children have  
attended a health and  
wellbeing school assembly  
or event



**100** programmes  
delivered in  
schools as part  
of the **Healthy  
Schools  
Package**

**15,000** children  
have received a  
Tier 1 intervention  
(*assemblies, workshops  
and events*)



**Two Thirds**  
of children we  
work with live in  
the most deprived  
areas



# SCHOOL RESULTS SO FAR

Since April 2017  
Over 200 school  
programmes  
delivered across 50  
schools in Suffolk

Over 4000 children  
have received a  
Healthy Lifestyle  
Prevention  
Programme

1052 children have had a  
BMI  $\geq$ 91<sup>st</sup> Centile. On  
average 50% of those have  
reduced their BMI at the  
end of the programme.

*\*note this is only the children we have  
received consent to take their measurements*

The programmes are designed to raise awareness of healthy eating and physical activity and to allow children and young people to explore how they can positively impact their lives through making healthier choices. An important secondary aim of the programme is to, over time, reduce the overweight and obese population in school children.



## What do you feel the partnership has provided Unity Trust?

“ A greater awareness of the Onelife Suffolk offer and how you structure your interventions, awareness of the team.”

“Opportunity for imbedding partnerships, collaboration around the goal/conditions for children to succeed and achieve, specifically around health and mental wellbeing.”

“Better signposting, schools knowing OL is where to go for expert advice – information coming from evidence and trained professionals”

**Andy Samways**

Director of the Teaching School & Director of the Research School



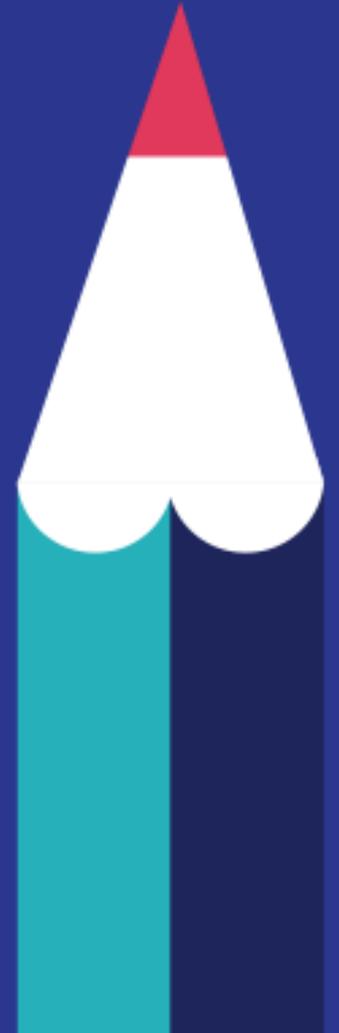
“Work with the Samuel ward academy has been around developing research to assess different modes of delivering the NCMP measurement information and feedback. WE have also developed a strand of work to assess the impact of obesity and the associated experiences (weight stigma) on educational performance. Samuel Ward Academy provides the potential to develop and test research ideas that will improve understanding of obesity in schools and associations with educational outcomes, but also provides the opportunity to develop obesity and associated health behaviour interventions”

**Stuart Flint**

Research Fellow at Leeds Beckett University

# WHAT IS WORKING WELL

- Separate curriculums for the different key stages have now been created to suit the abilities for those different age ranges, a variety of resources have been created as a result of feedback from schools we have worked with over the past year.
- Curriculum has also been developed to support SEN schools and has also been well received
- The key healthy lifestyle topics are being delivered in a fun interactive way as well as getting the key points across to the children and staff.
- Children are making positive connections with the OneLife team and the 'brand' when they see it they are always excited to and know we bring the fun!
- The programme works best when teachers participate in lessons and support goal setting by getting the children to write their weekly goals in their diaries.
- Observing children (especially secondary school age) grow in confidence throughout our programme
- Children sharing their stories and who they have told what to is lovely to hear especially to see how much they learn and remember from the sessions
- the new award system is helping schools to achieve a healthy school status
- Health checks and MECC helps as the school staff get more of an understanding about our whole service



# WHAT NEEDS DEVELOPING/IMPROVING

- It would be beneficial for the class create a classroom display to help reinforce the health messages the children learn from the programme.
- GDPR – we now require consent from parents for us to take the children’s measurements, any help the school can do to improve the uptake would be greatly received.
- Barriers with parents – parents feeling uncertain of the service or that we are going to create an unhealthy relationship between their child and food.
- Embedding into the school and the wider community of the school
- Parent involvement- suggestion for weekly messages to be sent out via Parentmail on the OneLife weekly topic to help support imbedding the changes in the home environment, invite hem in for assemblies or workshops?



# SOME FEEDBACK FROM SCHOOLS WE HAVE WORKED WITH

*“The programme that we followed fulfilled many of the PSHE curriculum objectives. Each session was informative and the children were surprised by what they learnt. It certainly made them think about the decisions they make regarding food choice. Cheryl was very flexible with our ever-changing timetables and events at school so we managed to fit in all of the sessions.” – Acton Primary School, Sudbury.*

*“I found the practitioner to be very knowledgeable and happy to help. Thank you. I think it has been a great benefit for my class.” – All Saints Primary School, Newmarket.*

*“The sessions were enjoyable, interesting and informative and the children really enjoyed them.” – Halifax Primary School, Ipswich.*



THANK YOU  
[P.GATELY@LEEDSBECKETT.AC.UK](mailto:P.GATELY@LEEDSBECKETT.AC.UK)



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