

'Physical Activity – Children and Young People: *Factsheet*

Tower Hamlets Joint Strategic Needs Assessment 2010-2011

Executive Summary

This Factsheet reviews physical activity in children and young people in Tower Hamlets. Adult physical activity is considered separately.

There is a considerable body of evidence concerning the benefits of physical activity across the behavioural, physical and mental health and cognitive domains.

Levels of participation in physical activity as recorded by several metrics are lower in children and young people in Tower Hamlets than across London and England, with levels dropping off between primary and secondary school.

There are particularly low levels in Asian ethnic groups and girls and young women. Children and young people with a disability take part in physical activity and sport less frequently and their experiences are less positive than their non-disabled peers.

Commissioned physical activity interventions are at risk due to the current funding climate, however, at the same time it is necessary to scale up such activity. There needs to be better cross-sectoral alignment of priorities and opportunities, across for example planning, transport, parks and open spaces, education, primary and social care and child care in order to realise the significant Public Health and cost benefits from increasing everyday physical activity across the population.

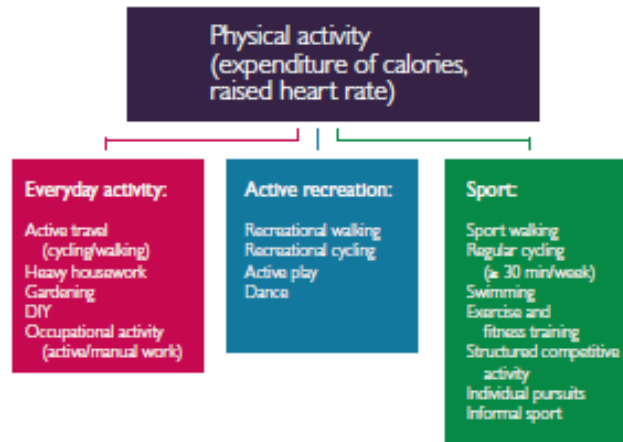
Adult physical activity and childhood obesity are covered in separate factsheets.

Recommendations

- Realise the full public health benefits of physical activity by taking an evidence based population/whole system approach to increasing opportunities for everyday physical activity for young people and families;
- Continue to build on Healthy Borough programme settings based legacy to increase opportunities for 'everyday' physical activity for under 5's and 5-18 year olds and their families, focusing on those who are at greatest risk of non-participation.
- Increase training and understanding of how to integrate promotion of active living and physical activity across a range of settings (e.g. public health, primary care, transport, the environment, education, childcare and social care);
- Capitalise on the significant capital investment in play in Tower Hamlets over the last 3 years by ensuring that opportunities remain for low cost active play opportunities in Play Pathfinder play spaces;
- Stronger local coordination of physical activity delivery and promotion locally; Tower Hamlets is alone in the 6 Olympic Boroughs in not having a Community Sport and Physical Activity Network (CSPAN). It is a political imperative to capitalise on Olympic/Paralympic opportunities and coordinate physical activity cross sectorally across the borough;
- Use social marketing and market segmentation techniques to raise awareness of the benefits of physical activity and to disseminate messages promoting physical activity behaviour;
- Support LBTH Transportation & Highways to realise LIP2 transport plan proposals on measures to increase cycling and walking levels within the borough.

1. Physical Activity in children and young people: what are the issues?

Physical activity (PA) is “any force exerted by skeletal muscle that results in energy expenditure above resting level.”¹



Current recommendations:

- Under 5's: Should be encouraged from birth (safe floor-based/water-based play). If capable of walking unaided they should be physically active daily for at least 3 hours.
- Children aged 5-18: Should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
- Time spent being sedentary (restrained or sitting) should be minimized for both groups (except for under 5's when sleeping).²

Health benefits:

- prevention of obesity and Type 2 diabetes;
- improvements in skeletal health;
- psychological health benefits, particularly for self-esteem and depression;
- improved cognitive function³ (strong evidence that it can improve the health of those with a physical or cognitive disability⁴);
- improved academic achievement⁵;
- linked to reduced levels of smoking, alcohol and illegal drug use.⁶

Health indicators such as obesity track from childhood to adulthood, and establishing a physically active lifestyle in childhood can lead to a more active lifestyle as an adult⁷, thus extending the benefits of exercise into adulthood.

The impact of socio-economic status, ethnicity and culture, and socialisation is evident in the development of knowledge and attitudes to, and ultimately patterns of, physical activity.

Girls (aged 10+), children from lower socio-economic groups, children from BME groups, and overweight and obese children tend to have lower levels of participation and PA drops off in the transition from primary to secondary school, particularly amongst girls. Young people from Asian ethnic groups are less likely to participate in sports and exercise than the general population.^{8,9}

¹Department of Health (2004) At least five a week: evidence on the impact of physical activity and its relationship to health. London: Department of Health.

²Department of Health (2011) Start active, stay active. London: Department of Health.

2. What is the local picture?

In England 32% of boys and 24% of girls achieved the previous recommended level of physical activity ([The Information Centre 2008](#)). This is self-reported data which can over-estimate levels of physical activity. Boys were more active than girls, participation rates decline with age and are also lower among people from black and ethnic minority groups and lower socio economic groups. Girls were more likely than boys to want to do more physical activity (74% and 61% respectively), regardless of age (and not declining with age). The most frequently mentioned sport that girls want to do more is swimming (47%).

For those aged under 5, UK data are only available for 3 and 4 year olds. These data show that the mean total time spent being physically active is 120–150 minutes per day with 10–11 mean hours spent being sedentary¹⁰.

In Tower Hamlets the 2010 Ofsted school TellUs Survey suggests that more children are doing less than the recommended amounts of physical activity per week, with 8% “not having spent at least 30 minutes doing sport or other active things on any day in the preceding week “ (compared to 4% nationally).

PE & school sport participation

According to the [PE and Sports Survey](#) (2008-09), 74% of pupils within Tower Hamlets schools participate in more than two hours of PE and sport per week which is lower than both England and London, but represents a near doubling of participation since 2005-06. This represents allocated class time rather than actual time.

% of pupils (Years 1-11) who participated in at least two hours of high quality PE/school sport in a typical week

	2005-06	2006-07	2007-08	2008-09	2009-10
England:	59.5	69.3	76.6	81.0	86.0
London:	56.0	69.0	73.0	80.0	83.6
Tower Hamlets:	39.0	63.0	71.0	74.0	77.0

From 2008-09 the survey collected information on the proportion of pupils participating in at least 3 hours of high quality PE/school sport in a typical week. The data suggests that a significantly lower proportion of pupils do so in Tower Hamlets than in London or England.

% of pupils (Year 1-13) who participated in at least three hours of high quality PE/school sport in a typical week

	2008-09	2009-10

³National Institute for Health and Clinical Excellence (NICE) (2007). Public Health Collaborating Centre – Physical activity; Promoting physical activity for children Review One: Descriptive epidemiology. National Institute for Health and Clinical Excellence. London.

⁴US Department of Health and Human Services (2008). Physical Activity Guidelines for Americans. Washington, DC: U.S. Department of Health and Human Services.

⁵Castelli, D.M. Hillman, C.H. Buck, S.M. Erwin. H.E. (2007); Physical fitness and academic achievement in third- and fifth-grade students. *Journal of Sport & Exercise Psychology* 2007; 29: 239-252.

⁶Physical Activity Task Force (2002); Let’s Make Scotland More Active – A Strategy for Physical Activity. Edinburgh: TSO.

⁷Harro M, Riddoch C. Physical activity. In Armstrong N, Van Mehelen W. (eds): *Pediatric Exercise Science and Medicine*. Oxford University Press, Oxford, 2000. pp77-84.

⁸NICE (2007) *Ibid*

⁹Brodersen NH, Steptoe A, Boniface DR et al. Trends in physical activity and sedentary behaviour in adolescence: ethnic and socioeconomic differences. *Brit J Sport Med*. 2007; 41: 140-144.

¹⁰Reilly JJ, Okely AD, Almond L et al (2009) Making the Case for UK Physical Activity Guidelines for Early Years: Recommendations and draft summary statements based on the current evidence.

<i>England:</i>	50.0	69.3
<i>London:</i>	49.0	55.0
<i>Tower Hamlets:</i>	41.0	49.0

Walking and Cycling to school

Active travel to school has remained consistently low during the last decade. In 2002, 44% of children aged 5–16 (43% in 2009) walked to school. Only 2% of children aged 5–16 (2% in 2009) cycled to school ([National Travel Survey, Department for Transport](#)).

% of children walking or cycling to school in Tower Hamlets

	<i>2008-09</i>	<i>2009-10</i>	<i>2010-11</i>
% of children that walk to primary school:	77.4%	76.1%	75.0%
% of children that walk to secondary school:	53.4%	53.4%	55.2%
% of children that cycle to primary school:	0.7%	0.7%	0.7%
% of children that cycle to secondary school:	2.1%	1.3%	0.9%

The data suggests that in Tower Hamlets (2010-11) 27% of pupils who live within 7 minutes walk of school, and 50% who live within 14 minutes walk of school travel to school by car.

Inequalities

The School PE and Sports Survey shows that physical activity levels of children in Tower Hamlets are significantly lower than the England average.

National data shows that schools which perform lowest in terms of their pupil’s participation in three hours of PE/school sport have a higher proportion of pupils with Special Educational Needs, a high proportion of children from an ethnic minority background and a higher number of pupils eligible for free school meals. Schools in deprived areas are over represented amongst the lowest performing schools in terms of pupil participation.

It is reasonable to assume that this is the case for Tower Hamlets.

Children and young people with a disability take part in physical activity and sport less frequently and their experiences are less positive than their non- disabled peers.¹¹

¹¹ Sport Scotland (2006); Increasing demand for sport and physical activity for adolescent girls in Scotland: Exploring issues, suggesting solutions. Edinburgh: Sport Scotland

3. What are the effective interventions?

[Start active, Stay active](#) - A report on physical activity by the 4 Chief Medical Officers of the UK; sets out new recommendations for levels of physical activity necessary for maintain health, and for the first time guidelines for early years (under 5s).

[Foresight Tackling Obesity: Future Choices](#) - action to tackle excess weight is most likely to succeed when PA is built into people's lives by getting people moving as a normal part of their day.

This point was reinforced by the then Chief Medical Officer - "for most people, the easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life. Examples include walking or cycling instead of driving..."¹²

[Healthy Weight, Healthy Lives: a cross-government strategy for England](#) set out a vision for the future where the links between physical activity and health were understood and individuals and families would increase the amount of physical activity undertaken in their everyday lives, especially for children. It noted the role for government, business, local communities and other organisations in "creating urban and rural environments where walking, cycling and other forms of physical activity, exercise and sport are accessible, safe and the norm." It noted the importance of tailoring interventions for those who are 'turned off' by competitive sports.

[Go London! An Active and Healthy London for 2012 and Beyond](#): sets out how NHS London, in partnership with public, private and third sectors, will lead a significant shift in physical activity behaviour in London as a key part of the public health legacy of the 2012 Olympic and Paralympic Games. Strategic objectives are to use the Olympic Games as a catalyst to increase participation among Londoners and contribute to narrowing the gap in health inequalities. Specific targets set within the strategy refer to those over 16 years old.

Department of Health [Public Health Responsibility Deal](#)(2011) sets out 5 pledges made by businesses and other organisations to improve public health and help to tackle health inequalities through their influence over physical activity to encourage and assist people to become more physically active.

[NICE PH8 \(2008\)](#) "Guidance on the promotion and creation of physical environments that support increased levels of physical activity." Intended to guide future investment in urban design, transport routes, buildings and school playgrounds. Recommendations include ensuring that:

- planning applications for new developments prioritise the need for people to be physically active as a routine part of their daily life;
- modes of transport that involve physical activity are given highest priority when developing/maintaining roads
- public open spaces and public paths can be reached on foot or by bicycle, and are maintained to a high standard
- any new workplaces are linked to walking and cycling networks
- during building design or refurbishment, staircases are designed and positioned to encourage use, and are clearly signposted
- school playgrounds are designed to encourage varied and physically active play.

[NICE PH17 \(2009\)](#): "Promoting physical activity, active play and sport for pre-school and school-age children and young people in family, pre-school, school and community settings." Key themes are:

¹²Department of Health. At least five a week. Evidence on the impact of physical activity and its relationship to health. A report from the Chief Medical Officer. London: DH, 2004

- Promoting the benefits of physical activity and encouraging participation;
- Ensuring high-level strategic policy planning for children and young people supports the physical activity agenda;
- Consultation with, and the active involvement of, children and young people;
- The planning and provision of spaces, facilities and opportunities;
- The need for a skilled workforce;
- Promoting physically active and sustainable travel;

The guidance emphasises the importance of supporting girls and young women to be active and the need for partnership working for delivery of physical activity programmes and opportunities.

[NICE PH29 \(2010\): Strategies to prevent unintentional injuries among under-15s \(includes information, advice and education for outdoor play and leisure from discontinued guidance\).](#)

Other evidence suggests that:

- Physical activity cannot be addressed in isolation but must be viewed in the context of the wider determinants of health (diet and nutrition, transport, socio-economic status and culture) and their inter-relationships. Recognising how these and other factors influence physical activity will help create a more effective means for change.¹³
- Most children develop attitudes and behaviours through the process of socialisation, primarily through family, peers, and teachers.¹⁴
- The most effective way of instilling the importance of and regular participation in physical activity begins with the family. Policy and programmes should inform parents about age-appropriate techniques for increasing physical activity, such as encouragement and parental modelling.^{15 16}

¹³Health Survey for England (2007). [Volume 1 Healthy Lifestyles: knowledge, attitudes and behaviour.](#)

¹⁴ Singh-Manoux A, Marmot M. Role of socialization in explaining social inequalities in health. *SocSci Med.* 2005; 60: 2129-2133.

¹⁵Pugliese J, Tinsley B. Parental socialization of child and adolescent physical activity: a meta-analysis. *J Fam Psych.* 2007; 21:331-343.

¹⁶ Nader, PR, Sallis, JF, Patterson TL et al. A family approach to cardio-vascular risk reduction: results from the San Diego family health project. *Health Educ Quart.* 1989; 16: 229-244.

¹⁷ Health Education Authority, Sports Council. *Allied Dunbar National Fitness Survey: Main Findings.* Sports Council and Health Education Authority. London, 1992.

¹⁸ vanSluijjs Esther M.F.; McMinn Alison M.; Griffin Simon J (2007) Effectiveness of interventions to promote physical activity in children and adolescents: systematic review of controlled trials. *BMJ* 6.10.07, pp.703-707

¹⁹ Fischbacher CM, Hunt S, Alexander L. How physically active are South Asians in the United Kingdom? A literature review. *J Public Health.* 2004; 26: 250-258.

²⁰ Sproston K, Mindell J (eds.) *Health Survey for England 2004: The health of minority ethnic groups.* Information Centre. London, 2006.

²¹ Tuxworth W, Nevill AM, White C et al. Health, fitness, physical activity and morbidity of middle-aged male factory workers. *British Journal of Industrial Medicine* 1986;43:733-53.

²² Morris JN, Clayton DG, Everitt MG et al. Exercise in leisure time: coronary attack and death rates. *British Heart Journal.* 1990;63:325-334.

²³ Morris JN. Exercise in the prevention of coronary heart disease: today's best buy in public health. *Medicine and Science in Sports and Exercise.* 1994;26:807-814

²⁴ Vuori IM, Oja P, Paronen O. Physically active commuting to work - testing its potential for exercise promotion. *Medical Science Sports Exercise* 1994;26:844-50.

²⁵ Jackson P, cited in Department for Transport. *Technical Manual to Manual for Streets.* London: DfT, 2007.

- Efforts to increase participation should focus on pre-school and school aged children as there is some evidence that suggests attitudes towards and perceived ability in sport and exercise are largely developed by completion of secondary school, and this is highly predictive of whether they become physically active adults.¹⁷
- Multicomponent interventions and interventions that included both school and family or community involvement have the potential to make important differences to levels of physical activity and should be promoted.¹⁸
- Boys are more likely to have achieved recommended PA levels than girls at any age but despite girls' participation declining with age they were more likely to want to do more physical activity than boys. Policy aimed at increasing PA in children may be more effective if age, sex and activity specific. Certain ethnic groups have lower levels of activity and may find certain types of activity more acceptable.^{19,20}
- Both cycling²¹ and walking²² are good exercise²³. Walking or cycling to school is as effective as a training programme²⁴ and can meet the daily recommendations for physical activity. There is increasing evidence that walking or cycling results in the same health benefits as sports or other exercise. Calculations based on American research into the effect of pedestrian permeability on mean body weight has shown that simply making it easy to walk can have an impact of one per 1,000 per year on death rate.²⁵

4. What is being done locally to address this issue?

[Healthy Weight, Healthy Lives in Tower Hamlets strategy](#) (2008-12) provides the strategic oversight for commissioning and partnership working on physical activity and health across the Tower Hamlets Partnership. The strategic objectives include building commitment to the Strategy across the wider Partnership, actively involving the wider community in developing and implementing the strategy, to increase participation in physical activity by creating social, cultural and physical environments that encourage and support active lives and to create healthy organisations that encourage and support physical activity (and healthy eating).

[Tower Hamlets Healthy Borough Programme](#) - from January 2009 to March 2011 Tower Hamlets received funding from the Cross-Government Obesity Unit's Healthy Community Challenge Fund to test and evaluate ways to modify the physical and social environment to make regular physical activity and healthy food choices easier for local people, with the aim of preventing overweight and obesity.

[Tower Hamlets Leisure Facilities Strategy](#) (2009) sets out the main objectives for leisure facilities over the next ten years. It sets out three key strategic objectives – to address gaps in provision and provide facilities in areas of low participation, to generate energy and economic efficiencies and to improve the quality and suitability of leisure facilities.

[Tower Hamlets Second Local Implementation Plan](#) (LIP2 2010) sets out the priorities and associated proposals to deliver a better, more sustainable, transport system within the borough, in the wider context of the Mayor's Transport Strategy for London. Within the eight objectives is the recognition that increasing levels of active travel (i.e. walking and cycling) is a priority in order to contribute to a better quality of life.

Public Health Tower Hamlets and LBTH commission services to help meet the multi agency Healthy Weight, Healthy Lives in Tower Hamlets Strategy which sets a vision for TH becoming 'a place that promotes and supports health and well being, providing opportunities for all sections of the community to be physically active eat well and maintain a healthy weight through out their lives'. It draws on NICE guidance, Foresight (Tackling Obesity: Future Choices, 2007), Dept of Health guidance and local perspectives. It particularly sets out to increase physical activity participation amongst those groups with low levels (e.g. BME communities, young women and children with disabilities).

Active Play

- Fair Play Pathfinder Programme: £2.2 million 2 year programme to develop a total of 31 play spaces across the borough and one new Adventure Playground in Bow. Many of the Year 1 play spaces were in Parks and part of the wider capital parks programme. Year 2 play spaces were mostly on housing estates and received various funding contributions from Housing associations, RSLs or section 106 funding;
- NHS ELC (Tower Hamlets Public Health) commission 3 community organisations to deliver active play and healthy eating for children aged 0 – 4 and their parents (Toyhouse Library) and active play for children aged 5-13 (Play Association Tower Hamlets and Osmani Trust);

Tower Hamlets Healthy Schools

- **Tower Hamlets Healthy Lives (Healthy Schools) programme** is a national programme delivered locally through a partnership between London Borough Tower Hamlets Children, Schools and Families Directorate and NHS ELC (Tower Hamlets Public Health). The team supports schools to achieve best practice criteria within 4 core themes - PSHE, Healthy Eating, Physical Activity and Emotional Health and

Wellbeing in order to achieve National Healthy School Status (NHSS). The new Healthy Schools Enhancement Model offers schools the opportunity to focus on a key health theme (childhood obesity in Tower Hamlets) and identify measurable outcomes for children and young people. By March 2011 87% of schools (78 schools) in Tower Hamlets had achieved National Healthy School Status.

Active travel

- NHS ELC (Tower Hamlets Public Health) commissioned Sustrans to deliver **Bike It** (a cycling promotion programme delivered through schools) which won the London Transport Award for Cycling Improvements in April 2010, recognising the 5-fold increase in cycling seen across participating schools.
- Tower Hamlets **schools cycle training programme** delivered over 2,000 cycle training sessions in academic year 2010-11, and a similar number in 2009-2010.
- Range of active travel projects within the Healthy Borough programme including Active Travel Routes (Healthy Environments), Active Travel Plans (Healthy Organisations) and Active Travel in the Community (Healthy Communities). Each of these strands is important in delivering overall increases in walking and cycling amongst families and children. Healthy Borough programme projects were mainstreamed where successful when the first phase of the programme ended in March 2011.

School sport and PE

- **School Sports Partnerships** (SSP) lead on delivery of the national Young People's PE, Sport and Physical Activity Strategy (PESSYP). The SSPs support schools in Tower Hamlets to deliver both two hours of high quality PE to young people each week with a further one hour of sport offered on the school site, beyond the curriculum. Tower Hamlets SSP run the **Stepping Stones** neighbourhood mini-club project and an established network of **Junior Sports Leaders & Sports Ambassadors**.

The 2-hours PE targets as well as the 5-hours PE and sport targets are no longer part of Government policy. The ring fenced funding for SSPs is ending making their future uncertain, however, Tower Hamlets SSP is reconfiguring as the Youth Sport Foundation.

Swimming

- Free Swimming for Under 16's and Over 60's - ended 31/03/2011;
- Free Swimming for Women and Girls – free provision until 03/05/2011 and cost £1 thereafter;
- Free Swim Friday / Saturday - These programmes will continue at present.

Social Marketing/Communications

Public Health (Tower Hamlets) have conducted a 'market segmentation' of young people in Tower Hamlets according to their attitudes, barriers and incentives in relation to healthy living and physical activity;

A series of questions were developed to identify behavioural groups modelled on Department of Health "[Healthy Foundations](#)" 12 questions (for adults). A profiling tool has been developed that outlines the key characteristics of activities that best respond to the specific needs of our priority groups (i.e. ones that participated in less than the recommended amount of physical activity but would be amenable to change) to support providers and commissioners to target activities to these groups.

Healthy Child Programme

Healthy Child Programme (HCP) 0-5 years and 5-19 years. The early identification and prevention of obesity is a key priority in the HCP. Families are given information and advice around the importance of physical activity and active play by health visitors, midwives, school nurses and other professionals.

5. What evidence is there that we are making a difference?

Activity commissioned by NHS ELC (Tower Hamlets Public Health) has delivered a minimum of 12 schools per year receiving intensive support and full cycle promotion and training package per year by Sustrans; 1100 hours of staffed active play, 6000 attendances by children at active play sessions, 400 different children participating and 19 volunteer play leaders trained; 15 schools providing 3,400 breakfast club and activity sessions for 1700 children.

Tower Hamlets Healthy Schools Programme provides strategic oversight and ensures continued focus on delivery of support to schools to implement a 'whole school approach' to range of key public health priorities including physical activity.

Tower Hamlets Healthy Borough Programme evaluation²⁶ found evidence of both strategic and cultural change in Tower Hamlets as a result of the Healthy Borough Programme. In particular it found that the programme had led to more opportunities for women and girls to undertake cultural and gender sensitive activities in the Borough, which led to an increased uptake by BME groups.

Women and girls swimming sessions for example created 11 dedicated women and girl sessions across 4 of the Borough leisure centres, totaling 18 hours a week. In the first year, the project exceeded the number of sessions from a target of 550 to 564. This led to a total of 26626 visits to the 4 pools in the Borough in the first year.

6. What is the perspective of the public on support available to them?

1. A series of 14 focus groups were held Jan to March 2010 as part of the Healthy Borough programme: 4 with parents/carers groups (1 Somali women, 1 x Bengali women, 1 mixed women and 1 mixed men), 2 with young people (1 x Secondary School), 1 x 16+ for NEET Young People/teenage parents, 8 with children - 4 x Key Stage 1 (5 to 7 year olds), 4 x Key Stage 2 (8 to 11 year olds).

Findings:

- It can be expensive for both adults and young people to take part in physical activity e.g. costs of swimming and gym membership;
- For parents with more than one child the expense increases;
- A perception that primary schools are better than secondary schools in providing opportunities for physical activity;
- Nowhere for children to play - limitations due to lack of green spaces, particularly for those living in flats;
- Parks perceived as unsafe;
- A perception that open spaces are used for building programmes rather than being developed as play areas;
- Most children would like to go to the park more and play more;
- Children are keen to be involved in the planning and development of spaces for them to use;
- Barriers to playing outside included safety e.g. gangs /status dogs, the weather, environmental issues and social problems

2. Tower Hamlets Public Health commissioned research²⁷ followed by the development of a segmentation model to understand the needs, barriers and incentives to healthy lifestyles amongst 13-18 year olds in Tower Hamlets. Research identified two segments of the population of 13 -18 year olds as being most in need of encouragement, support and motivation in relation to physical activity.

Identified barriers:

- Physical activity is associated with dedicated leisure centres and sports facilities, which are perceived

²⁶Tower Hamlets Healthy Borough Programme cultural and strategic impact evaluation (2011). http://www.onetowerhamlets.net/healthy_borough.aspx

²⁷Leveraging the 2012 build-up to inspire young people to adopt healthier lifestyles (2010); results presentation by The Hub.

negatively in terms of cost, quality and perceived distance: "Everything is too far";

- Perceived as 'uncool', and causes embarrassment if undertaken in social context;
- Low confidence in relation to being able to 'perform' activities
- Low motivation levels
- Conflicts with hedonistic habits (drinking, smoking) that may form a positive part of their identity

7. What more do we need to know?

Pending intelligence work statement

- Build upon the market segmentation work carried out by Public Health Tower Hamlets to strengthen marketing insight into physical activity priority groups and join this up across the sport/active recreation, health and transport sectors in order to support providers and commissioners to better target priority groups.

Gaps statement (qualitative and quantitative)

- There is a lack of validated self-report physical activity measures, particularly for children, making it difficult to evaluate and compare interventions;
- With the ending of the Ofsted "TellUs" survey in 2010 there is no mechanism for assessing levels of physical activity locally for children and young people;
- Data gaps may be compounded as there is no longer a statutory requirement to report on 2-hour and 5-hour PE and sport participation in schools or on school mode of travel survey;

8. What are the priorities for improvement over the next 5 years?

What are the Key Insights?

- Levels of participation in physical activity by young people in Tower Hamlets are lower than regional and national levels;
- Physical activity amongst children tends to drop off with the transition from primary to secondary school, particularly amongst girls;
- Children and young people from Asian ethnic groups are less likely to participate in sports and exercise than the general population;
- Nationally three quarters of girls aged 11- 15 years would like to participate in more physical activity; the most frequently mentioned sport that girls want to do more is swimming (47%);
- Changes in Government policy and priorities may lead to gaps in monitoring local levels of participation;
- There is a lack of validated self-report physical activity measures, particularly for children, making it difficult to evaluate and compare interventions;
- Increasing physical activity can help achieve the policy objectives of multiple sectors (health, education, transport, community safety/policing). There needs to be better cross-sectoral coordination to align priorities and opportunities;
- National ring-fenced funding for School Sports Partnerships is ending putting at risk a substantial programme for engaging young people in sport and physical activity.

What are the Key Recommendations?

- Realise the full public health benefits of physical activity by taking an evidence based population/whole system approach to increasing opportunities for everyday physical activity for young people and families;
- Continue to build on Healthy Borough programme settings based legacy to increase opportunities for 'everyday' physical activity for under 5's and 5-18 year olds and their families, focusing on those who are at greatest risk of non-participation.
- Increase training and understanding of how to integrate promotion of active living and physical activity across a range of settings (e.g. public health, primary care, transport, the environment, education, childcare and social care);
- Capitalise on the significant capital investment in Tower Hamlets over the last 3 years by ensuring that opportunities remain for low cost active play opportunities in Play Pathfinder play spaces;
- Stronger local coordination of physical activity delivery and promotion locally; Tower Hamlets is alone in the 6 Olympic Boroughs in not having a Community Sport and Physical Activity Network (CSPAN). It is a political imperative to capitalise on Olympic/Paralympic opportunities and coordinate physical activity cross sectorally across the borough;
- Use social marketing and market segmentation techniques to raise awareness of the benefits of physical activity and to disseminate messages promoting physical activity behaviour;
- Support LBTH Transportation & Highways to realise LIP2 transport plan proposals on measures to increase

cycling and walking levels within the borough.

9. Key Contacts

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Date updated:	09/08/2011	Updated by:	Simon Twite	Next Update Due:	Annual
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Date signed off by Senior JSNA Leads:	<i>Date factsheet signed off by senior JSNA leads from Public Health and LBTH</i>	Signed off by (Public Health Lead):	<i>e.g. Director or Associate Director</i>	Date signed off by Strategic Group:	<i>Date factsheet signed off by Strategic Group</i>	Sign off by Strategic Group:	<i>Name the relevant Strategic Group</i>
		Signed off by (LBTH Lead):	<i>e.g. Director of Adults/CFS</i>				