Research findings from *Fit 4 the Future*: a place-based, community led, transformative approach to improve wellbeing and address childhood obesity

“The big thing is bringing people together”.

Final Report

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Executive summary

“*It’s not about telling people to eat better, stop smoking or get on the treadmill*”

This report presents the findings of an embedded research project, commissioned by Gateshead Council, to explore a whole system approach to engaging communities in efforts to address childhood obesity, as an example of a complex public health issue. The study took place from September 2016–October 2017, and was developed in an area with high levels of health inequalities, in collaboration with staff and steering group members of Pattinson House, a voluntary organisation in East Gateshead. Ethnographic, qualitative, participatory methods were used, including interviews, focus groups and participant observation with community members, children and young people, teachers, parents, staff, volunteers and board members.

The study points to the adverse effects that welfare reform and austerity have had on people in this area. Despite widespread recognition of the need to address the social determinants of health, there is limited research examining what this means in practice in areas of disadvantage, where communities experience poor health outcomes. This study offers practical insights into the kinds of community engagement activities that have been shown to improve people’s health and wellbeing, social support, relationships, community cohesion, sense of belonging and partnership working.

The findings demonstrated major structural, environmental, social and financial barriers, with different priorities highlighted by participants. Parents and children described not playing outside because of concerns about bullying, community safety, crime, traffic, needles, broken glass, fly tipping, anti-social behaviour, violence, threats and intimidation, resulting in high levels of stress and anxiety. Pattinson House provides a safe, welcoming space in the community, which is responsive to people’s needs and adopts an open and flexible approach. It offered children’s activities, and opportunities for adults to volunteer, eat, socialise, have fun, get out, learn and plan events together. Participants described the importance of social relationships developed through Pattinson House which helped reduce social isolation, promote mental health and improve community connectedness. Meaningful opportunities to influence decision making were valued by community members.

Skilled, non-judgemental, committed staff worked alongside dedicated community members and volunteers, as enablers, advocates, facilitators, agitators and supporters. The findings suggest that co-ordinated, respectful partnerships between local communities, VCS organisations and schools offer a promising way to promote community wellbeing, using an inclusive, place-based approach, to drive changes in the physical and social environment. Engaging people with lived experience of health inequality, including children and young people, is important if we are to fully understand and address the barriers created by poverty and discrimination. Building relationships with those in positions of power, with shared values, who can lever influence, can make a difference, remove barriers to access and maximise use of scarce resources.

The findings support the need for the implementation of co-produced, socio-ecological models of public health, underpinned by clear values and principles, delivered in partnership with VCS organisations and local communities, informed by understanding of the reality of people’s lives. A community focused organisational ethos with robust, visionary leadership, experienced staff with positive attitudes, working alongside community members, can support system-wide implementation in targeted areas. Without sustainable, long term funding for collaborative, targeted, place-based approaches such as these, which take time to establish, inequalities in public health, including obesity, are likely to continue.
Background and introduction

The aim of the Fit 4 The Future research was to explore different approaches to engaging communities in efforts to address health inequalities, focusing on the example of childhood obesity. The report sets out the findings from the research, which was commissioned by the Public Health Team at Gateshead Council. The focus of the study was on the planning, design, delivery and evaluation of Fit 4 The Future, a collaborative, community led approach to tackle childhood obesity. The study was undertaken with staff and community members in a defined geographic locality in Gateshead, in partnership with Pattinson House, a local voluntary sector community development project situated on the Nest Estate in Felling, an area with high levels of health inequalities.

There is widespread recognition of the need for Local Authorities to support new ways to tackle the wider determinants of health, focusing on prevention and early intervention, but evidence is limited of what this means in practice. As part of a collaboration between Fuse, Teesside University and Gateshead Council, a post-doctoral researcher, employed by Teesside University, was embedded (part time) with Gateshead Council’s Public Health team from September 2016 – October 2017. The researcher, Mandy Cheetham, used qualitative methods as part of an embedded research design involving Pattinson House staff, community members, teachers, parents, children and young people from local schools. The aim was to examine what lessons can be learnt to inform wider efforts to promote health and wellbeing.

What is known about Childhood Obesity

Obesity is a major public health priority nationally and locally (HM Government 2016), due to rising rates and its association with a range of chronic diseases (Butland et al 2007, Fusebrief 2015). In 2015, 58% of women and 68% of men were overweight or obese in England. Obesity prevalence increased from 15% in 1993 to 27% in 2015. In 2015/16, over 1 in 5 children in reception, and over 1 in 3 children in year 6 were measured as obese or overweight (Health and Social Care Centre 2017). Regional differences in National Child Measurement Programme data (NCMP 2015/16) show the prevalence of obesity at reception is highest in North East England (10.7% compared to 9.3% for England) and remains high at year 6 (22.4% in the NE compared with 19.8% for England) (Source: PHE 2017).

In addition to health problems, childhood obesity can cause social and psychological problems and poor health outcomes as an adult (Waters et al 2011). Research shows that up to 79% of children who are obese in their teens are likely to remain obese as adults (NICE 2015). This can lead to health problems in adulthood such as type 2 diabetes, heart disease and certain cancers. Being overweight as a child can impact on self-esteem, quality of life, and result in bullying, stigmatisation and depression (Strauss et al 2003, Wille et al 2008, NICE 2013, Griffiths et al 2013). The effects on educational attainment have led some to argue that obesity should not be understood solely as a health issue (Caird et al 2011).

Obesity is a complex challenging issue with many drivers, magnifying the scale of the challenge to prevent it (Butland et al 2007). According to the UK national obesity strategy, long term sustainable change will only be achieved through the active engagement of schools, communities, families and individuals with action required across government, industry, and the public sector (HM Government 2016:3). International recommendations suggest that a comprehensive portfolio of early interventions are required which focus on multiple factors, including diet, physical activity (PA) and self-esteem operating at different levels within the obesity system (Cochrane 2009, Waters et al 2011, NICE 2015). Scientific
advice suggests that solutions will not be found in exhortations for greater individual responsibility, nor in short-term fragmented initiatives (Butland et al 2007: 18). 

Despite concerted calls for action, rates continue to rise, with predictions that half the adult population will be obese by 2050 (PHE 2017), leading to significant costs in health and social care (UK Health Forum 2015). There are stark (and increasing) differences in obesity prevalence with children living in the most deprived areas twice as likely to be obese than those in the least deprived areas (Health and Social Care Information Centre 2016). Income related differences in physical activity (Moore et al 2014) and consumption of fresh fruit and vegetables and sugar persist among children (PHE 2015), suggesting that socioeconomic differences in the prevalence of obesity are set to continue without preventative efforts, which require sustained changes in environmental and organisational behaviours (Butland et al 2007).

The graph below shows the differences in the prevalence of obesity in reception and year 6 in England and Gateshead by deprivation quintile, according to the Index of Multiple Deprivation, ranging from the most deprived to the least deprived.

**Obesity Prevalence by Deprivation Quintile**
(National Child Measurement Programme 2011/12-15/16)

![Obesity Prevalence Graph]

In summary, evidence tells us that:

- Preventing obesity is complex. There are no simple solutions. It is not simply about individual choices.
- The environment in which people live influences their ability to achieve and maintain a healthy weight.
- Family involvement in interventions is important to ensure improvements in outcomes benefit the whole family.

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1 A brief summary of evidence from published literature on obesity prevention is included in Appendix 1.
• Community led interventions are more likely to succeed.
• School based educational and environmental interventions have been found to be effective in acting to reduce inequalities in childhood obesity related conditions.
• Each community has different characteristics and what works best for one will not necessarily work well for another.
• Focusing heavily on one element of the system in unlikely to successfully bring about the scale of change required. A range and depth of interventions are needed.
• Our attitudes and responses are key drivers of obesity trends (Butland et al 2007:9).
• Changing cultures of participation and increasing levels of joint decision-making show promise.
• Given the gradient in obesity and deprivation, prevention efforts are required which engage the most disadvantaged communities in efforts to address inequalities.

Local Context - Childhood Obesity in Gateshead
In Gateshead, 23.2% of year 6 children (aged 10-11 years) are classified as obese and 36% have excess weight. Rates vary significantly across Gateshead. In Felling, for example, 47% of year 6 pupils have excess weight, which is more than the 36% in Gateshead and 34% in England (Gateshead JSNA 2015). National Child Measurement Programme (NCMP) routine data shows that there are more overweight children in areas of socio-economic deprivation compared to more affluent areas. Although the gap is narrowing, the persistence of these inequalities over time highlights the importance of targeted work at local level to explore approaches that will make a difference.

Figure 2 shows NCMP data on overweight or very overweight children in reception and year 6 in the three primary schools in the area where the research was carried out:

Child poverty and health inequalities in Gateshead
There is a wealth of research documenting the consequences of growing up in poverty, including on children’s life satisfaction, health and wellbeing (Gnies 2017, The Children’s Society 2017). 1 in 5 children in Gateshead live in poverty, equivalent to 22.2% (Gateshead Citizen’s Advice Bureau). Areas including the Old Fold estate in Felling where the research was undertaken have concentrated pockets of child poverty where 50% of children are living in poverty (Gateshead JSNA 2017). Recent welfare reforms, including the benefit cap and under occupancy charge (bedroom tax) have resulted in significant reductions in household income for many households in Gateshead. Food bank use in North East England has also increased substantially (Garthwaite 2015).
Routine data used to generate a social, economic and health profile of the area in which the study took place shows that life expectancy in Felling is lower than both Gateshead and England averages (4.8 years for men and 5 years for women). There are higher numbers of people claiming Job Seekers Allowance in Felling (4.4%) compared to Gateshead (2.5%) and England (1.6%), and higher numbers of people with no qualifications (39%) compared to Gateshead (28%). Almost two thirds of Felling residents live in the 10% most deprived areas of England.

Research shows that children in North East England have extremely low levels of regular moderate to vigorous physical activity, high levels of sedentary behaviour and consume a diet low in fruit and vegetables (Basterfield et al 2014). Findings from the Gateshead Millennium Cohort Study indicate that physical activity is in decline from age 7 among boys and girls, challenging previous orthodoxy that it declines in adolescence and suggesting there is a need to understand why this change takes place (Farooq et al 2016). Part of the rationale for the Fit 4 The Future study was PH recognition of the need for solutions to be co-produced with communities in areas of socio-economic disadvantage, involving people with lived experience of health inequalities. Partnerships with schools and voluntary sector organisations, such as Pattinson House, show promise in efforts to address childhood obesity (National Children’s Bureau 2017:10).

The map below shows the area in which the study took place in East Gateshead, showing the proximity of the bypass and Gateshead Stadium.

**Pattinson House**

Pattinson House has a strong community development ethos, and works with local residents on the Old Fold and Nest Estates in North Felling, East Gateshead, to ‘build happier, healthier, friendlier communities’. The project takes a lead in developing services and activities for sustainable change, in an area of Gateshead where residents experience socio-economic disadvantage and poor health outcomes (Gateshead JSNA 2016). Members of the local community are involved in decision making through Pattinson House’s steering group, which meets monthly. The approach draws on learning from Edberts House, a sister organisation on the High Lanes Estate in Gateshead, which had demonstrated a track record
in community led initiatives and had achieved considerable success in addressing anti-social behaviour locally.

In 2016, Pattinson House was successful in securing substantial funding from the People’s Health Trust Local Conversations programme, which involves residents developing a shared vision for their community and taking local action to address issues which matter to them (https://www.peopleshealthtrust.org.uk/about-you/your-great-ideas/local-conversation-gateshead-0). The programme was an experimental approach to reducing health inequality, providing funding to a focused geographical area over a seven year period by addressing the wider determinants of health. As part of this programme, Pattinson House co-produced a Local Area Plan with local residents, which identified the following overall goals: bring people together, to build relationships, support one another and enjoy life together; get help when they need it; enable all children and young people in the area to have opportunities to learn, laugh and work together and move forwards together: a chance for everyone in the community to learn new skills and move towards employment.

The People’s Health Trust funding provided Pattinson House with a firm foundation from which to grow, covering staff salaries and running costs. Building on this, staff and steering group members continued their proactive engagement of local people, working with the Local Authority Area Co-ordinator for East Gateshead and the Director of Public Health to identify ways to promote community health and wellbeing and address local concerns about childhood obesity. It was anticipated that public health funding would supplement this work, capitalising on the positive pre-existing relationships established with community members.

Research design and methods

Research Questions (RQs)

- What community led interventions are effective in tackling childhood obesity in this defined Gateshead community?
- How can families be engaged in efforts to prevent childhood obesity in this defined Gateshead community?
- What role can primary schools play in a whole system approach to preventing childhood obesity?
- What lessons can be learnt by the council to inform wider efforts to engage local communities in efforts to improve health and wellbeing?

Community based participatory research (CBPR) entails a different approach to traditional research, in that the research is co-produced in partnership with local communities (Banks et al 2012). It was hoped that CBPR would enable meaningful collaboration between the producers and users of research which took account of context and stakeholder interests (Rycroft-Malone 2014). An embedded research design was selected as previous studies had used it, and demonstrated success in the integration of evidence into practice in different settings (Cheetham et al 2017, Holmes et al 2016, Marshall et al 2014, Lewis and Russell 2011).

In keeping with the principles of CBPR, the study was developed in collaboration with Pattinson House staff and steering group members, and involved families and local stakeholders in the planning, design, implementation and evaluation of a whole system approach to tackling childhood obesity. The iterative nature of the research process meant the emergent findings from the early stages of the research shaped the methods as the fieldwork progressed.
Fieldwork

*Weekly ethnographic participant observation*

Over 12 months from September 2016, the researcher spent time with local community members at Pattinson House, participating in a range of activities. These included community lunch, craft sessions, yoga and Food Nation family cooking sessions, children’s dance sessions and Friday pizza night. Attendance at the Christmas panto performance, and participation at the Christmas party, community events, Easter family fun days, a children’s parade and summer trips to the beach provided numerous informal opportunities to get to know staff and local residents. Building relationships and earning trust is vital to carrying out CBPR. It helps data collection to move beyond the superficial and gets to heart of what is important to community members.

This approach opened opportunities to meet wider stakeholders involved in local service delivery including representatives from the LA neighbourhood management team, two community link workers, employed to work with local GP practices on a social prescribing project, parent support workers based at local primary schools, staff supporting residents to develop their baking and employability skills, local community police officers, counselling, sexual health service providers and support staff working with refugee and asylum seeking families who had settled in the area. Attendance at five of the monthly staff meetings at Pattinson / Edberts House and three meetings with Head/Deputy Head Teachers from the three local primary schools provided further opportunities to discuss the research and its implications. The researcher kept a daily fieldwork diary recording her reflections and experiences.

*Interviews and focus groups*

In-depth 1:1 interviews and focus groups (FGs) were undertaken with the following groups and individuals between February and August 2017.

Table 2 data collected:

<p>| In-depth interviews with community members living on the Old Fold and Nest Estates | n=11 |
| Focus group with parents | n=4 |
| Focus group with Steering Group members at Pattinson House | n=7 |
| Focus group with men | n=5 |
| <strong>Sub-total</strong> | <strong>27 community members</strong> |
| <strong>1:1 interviews with Pattinson House staff &amp; board members</strong> | <strong>12 staff</strong> |
| Focus groups with children and young people (c/y): | School year / age | Number of participants |
| Primary School 1 | year 5 (aged 9-10 years) | n=9 |
| Primary School 2 | year 5/6 (aged 9-11 years) | n=6 |
| Primary School 3 | year 6 (aged 10-11 years) | n=8 |
| Focus group with young people | young people (aged 11-15 years) | n=7 |</p>
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<th>Sub-total</th>
<th>30 children and young people</th>
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<td>Focus groups with teachers and teaching assistants</td>
<td>Number of participants</td>
</tr>
<tr>
<td>Primary School 1</td>
<td>n=6 (3 teachers, 2 TAs, 1 deputy head)</td>
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<tr>
<td>Primary Schools 2 &amp; 3</td>
<td>n=6 (3 teachers, 3 TAs)</td>
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<tr>
<td>Sub-total</td>
<td>12 teaching staff</td>
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<tr>
<td>Participation and informal discussions at Pattinson House</td>
<td>Approximately 250 hours</td>
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**Ethics and recruitment**

The researcher made efforts to inform people about the study and provided opportunities for participants to ask questions. Staff and community members were given information about the study before giving their written consent to take part in interviews and focus groups. Head teachers were asked to randomly select children from years 4, 5 and 6 who lived on the Old Fold and Nest Estates. Parents and carers of the primary school children and parents and carers of young people from the youth group were given two weeks to discuss the study with their son / daughter, and let the researcher know if they did not want their child to be invited to participate (opt out). Children and young people themselves were then given written information, opportunities to ask questions and a further week, to help them decide if they wanted to opt in. The children were asked to give their written consent to take part prior to the interviews and focus groups, which took place at Pattinson House or in school at times convenient for participants. One member of staff, one steering group member, one parent and one management committee member chose not to participate after being given information about the study.

Formal approval for the study was granted by the Health and Social Care Institute Research Ethics and Governance Committee at Teesside University (Ref. Study No 234/16). R&D approval was given by Gateshead Council.

**Data analysis**

All interview and focus group data was transcribed verbatim and thematically analysed using framework analysis, an established rigorous method of analysing qualitative data in applied health service research (Ritchie, Spencer, O’Connor 2003) to identify patterns of similarity and difference in the data to address the research questions. Analysis involves five interlinked phases, (familiarisation; identifying a thematic framework; indexing; charting; mapping and interpretation) which enables stakeholders to see how the findings are derived in a transparent way. Scrutiny and analysis of the data took place on a continuous basis, and early findings were used iteratively as the research progresses, to inform further data collection and analysis. Discussions with stakeholders, steering group members, public health colleagues and Advisory Group members helped to inform the analysis of interim findings and their implications for research and practice.
Research Findings

In the following section, the main findings are presented under the following headings:

- Issues affecting health and wellbeing;
- Being active;
- Engaging schools;
- Preparing and sharing food;
- The approach taken by Pattinson House
- What difference does Pattinson House make?
- Local Authorities and VCS organisations working together to promote community health and wellbeing.

Quotations from research participants are used to illustrate the points made. To ensure anonymity, participants were allocated a numbered code and these are included under the quotes. Community Members included local residents and volunteers on Pattinson House Steering Group. Staff participants included those who work on the Old Fold and Nest estates in a paid capacity, including employees and apprentices at Pattinson House. The final number in brackets identifies the page number of the transcript where the quote was situated.

Issues affecting health and wellbeing

Given the multiple influences on childhood obesity, discussions with community members, parents, teachers and TAs explored participants’ perceptions of the biggest issues facing families in the area, including those affecting health and wellbeing. Children and young people were asked what it was like to live in the area, and about the things that they thought affected people’s health and wellbeing. Similarities and differences emerged in the accounts given by different groups of participants, as shown in the diagrams in the appendices.

According to community members, parents, teachers and TAs, the majority of issues affecting individuals and families were financial, social and environmental. Parents and community members described significant financial pressure, which affected people’s physical and mental health, and limited opportunities to address their health-related needs:

I just think money’s a big problem and people can’t afford to go to the gym or really can’t afford to eat healthy or anything like that. (Community Member IV:30)

A lot of families around here are on the benefit cap, and that’s made a big difference to people’s lives. (Community Member IV 6:6)

The adverse effects of welfare reforms, rising costs and tightening budgets were clear. One community member in poor health described rising expectations on her to undertake a minimum numbers of job searches and applications, the lack of suitable work opportunities ‘out there’, her experience of being sanctioned and the effects on her income:

They actually sanction you there and then…They don’t give you a chance. And obviously your housing benefit gets stopped. And if you haven’t got any money for food, you go to the foodbank and they give you food and that, but they’ll only give you so many bags of stuff. (Community Member IV:4:3).

Despite being ill, this participant described walking to the Job Centre to keep appointments if she did not have bus fare, to avoid being sanctioned again. Pattinson House staff recognised that individuals and families on the estate face complex issues, including financial pressures, reductions in household income as a result of welfare reforms, employment and housing issues. People sought help and advice to navigate overly punitive
and cumbersome bureaucratic processes which caused anxiety and left them feeling excluded, confused or ‘lost in the system’ (Staff IV 3:2).

I think if your family’s struggling financially, it obviously affects every aspect of your life, doesn’t it? (Staff IV 6:10).

Asked about the main challenges facing families on the Old Fold and Nest Estates, one board member put it succinctly:

It's about survival really isn't it? Life expectancy is low compared to other areas of Gateshead….We have a big cohort of customers who have to chose between eating and heating (Staff IV 12: 45)

Frustrations were expressed by staff about the devastating impact of austerity on local communities and the difficulties of making stepped changes into work. The perceived need to challenge central government cuts in health and social care, raised questions about the role of VCS organisations in lobbying for change at national level:

The austerity measures are just absolutely devastating, particularly in disadvantaged areas, and I suppose I feel increasingly stirred up really that there doesn't seem to be any really effective opposition to austerity, to the cuts that have been made, which are really ravaging people’s lives (Staff IV 7: 28).

The majority of teachers who participated in the research acknowledged the pressures on families. They described the effects of severe cuts to public services, including schools, VCS and LA funding for specialist services (such as the Ethnic Minority and Traveller Advice Services) described as ‘run down to the bare bones’, with staff ‘run off their feet’. Decreasing capacity in the wider system combined with the effects of poverty, austerity and unemployment, exacerbated financial pressures on families in a difficult social climate:

We’re seeing a lot of people who are pushed, whether it be that they’ve lost work or they can’t find work, or benefits have been cut or bedroom tax has been implemented, so there isn’t much money. People are more stressed because of that, and possibly the last thing on their mind is planning a balanced healthy diet (Teachers FG2: 3).

Practical constraints to healthy eating were also mentioned, particularly for big families, with limited budgets who rely on public transport, making it difficult to access fresh produce and plan meals for the week:

I’m sure there are many people round here who shop day to day, you know, where they don’t have cars. We’ve got families who are quite large, and we know that some will visit a takeaway of an evening. We can’t say it’s every day, but it seems to be an easier option than cooking for such a big brood… (Teachers FG2:1).

In addition to easy access to cheap, convenient takeaways locally, changing social patterns of cooking and eating were noted by teachers with some nostalgia:

People used to cook and eat together with parents and grandparents and have dinners and everything was cooked at home, and over the years it’s all stopped and there’s takeaways Burger Kings and McDonalds on every corner (Teachers FG1:1).

Teachers who worked locally commented that in some homes, there is no space to sit and have family meals together, and parents who work evening and weekend shifts may not be around at mealtimes. A small minority of teaching staff expressed views about some parents who they believed ‘need educating’, were seen as ‘ignorant’, and took little responsibility for their children’s wellbeing. ‘You can’t drag them in, you can’t make them listen’. Attitudes
such as these show limited understanding of the challenges facing families on low incomes and reinforce the negative stereotypes associated with the area, adding to the discrimination facing local families.

A number of staff and parents talked about the reputation of the Old Fold and Nest estates, noting:

*It is quite challenging when you tell people you live on the Old Fold, their faces just turn.* (Community Member IV6:2)

*People get tarnished with a particular brush, which is really unhelpful* (Staff IV 7: 19).

The effects of stigma and shame associated with disadvantaged areas are well established. Another worker who knew the area well, challenged the assumptions made about residents on the estate, noting:

*People think that people down there are ashamed to be from there and it’s quite the opposite. They’re extremely proud of where they’re from, they’re proud of the name, despite the baggage that it carries.* (Staff IV 10: 4)

Some community members who had lived on the estate for years were saddened by its decline, noting

*It’s definitely a rundown estate… I think it was totally different then to now. But for all, it was Old Fold and it had a bad name as well, we had a little park and we had a little community centre.* (Community Member IV5:4)

*It was different though because when we were kids, you could at least walk around the neighbourhood…now you don’t feel safe letting your kids go outside, running around and stuff like that.* (Community Member IV1:22)

A large number of parents expressed concerns about community safety, crime and bullying which affected their willingness to let children play outside. Local parks were not seen as accessible or child friendly:

*There’s nowhere for children to play. If they want to go to a park, they’ve got to cross a main road, and then when they do get to the park, there’s needles and everything*  

*Or older kids drinking*  

*Oh there's loads of bullies now, so we don't let them go out in case they get hit* (Community Member FG1: 10).

There were a number of examples of children and young people being bullied, in public places, parks, shopping centres, groups gathering outside people’s homes threatening occupants in person, as well as on social media:

*It’s not fair like, I mean I’ve seen people on Facebook and that saying they’re calling my son fat, you know* (Community Member IV 5:11).

The majority of reports related to incidents outside school, but some children also talked about issues in school. Children described the importance of ‘strict’ teachers taking a firm stance, when asked what helped to prevent bullying.

Concerns about the lack of safe places for children or families to play outdoors locally were universal:
I think lack of places to go in the area, like places to be active outside. And the ones that there are, they’re not necessarily in a good condition. The one outside school, we’ve been down there a few times. There’s been broken glass. It’s not safe for the children. 

There’s mattresses and all sorts at the minute. (Parents FG4:1) 

Parents saw themselves as an important part of the solution by encouraging or modelling healthy behaviour: If you change, your kids can change, and its small steps (CM IV2: 8), but they were frustrated by the combination of environmental hazards and the pull of screen-based games which conspired to keep children indoors and inactive. Whilst parents and community members agreed that childhood obesity was an important issue, and one that they felt motivated to address as parents, the challenges are clear: 

We don’t want the kids to be like us. I don’t want my kids to be fat. 

And with tablets (IT equipment) and different things now, kids are just not even wanting to go out (Community Member FG1). 

This suggests a need to involve parents and children and young people in identifying appropriate potential solutions. Research about childhood obesity does not always include the views of children, whose perspectives in this study help shed light on their experiences and priorities, as shown below.

Summary box of main issues affecting community health and wellbeing:
- Financial pressures and the effects of welfare reform 
- Poverty, unemployment, stigma and judgement 
- Lack of accessible safe place for children to play outside 
- Bullying, violence and intimidation make children feel unsafe

Children and young people’s views of the issues affecting health and wellbeing

In the following pages, the views and experiences of children and young people who live on the Old Fold and Nest Estates (aged 7-15 years) are explored. Children and young people were asked to describe ‘what it is like to live round here’. This opening question was deliberately broad, so as not to pre-determine responses, which were hugely diverse. Discussions went on to explore children’s ideas about what affects people’s health and wellbeing, barriers and opportunities to being fit and healthy (summarised in appendix 4).

Some primary school children talked positively about living near friends, family, good neighbours, and having access to green spaces, parks and fields. 

There’s a big field and park right next to us, like literally, you can walk out of school, you go right and then there’s a field there and there’s a park (Children’s FG1:2). 

Others talked about playing out with friends in the street, doing gymnastics or playing football in the field or trampolining in their back gardens. Others liked living near amenities, shops, including Asda, and appreciated the good public transport links to the town, park and beach I just hop on the metro (CFG2:2). A small number of children made use of Gateshead International Stadium and had participated in athletics, football, or other sports opportunities, ‘special events’ or school-run competitions there, noting ‘we should use it more’ (Children’s FG2:6). Many children said they enjoyed opportunities to take part in PA:
I have a football Stadium by me, so I can play there and do football. I have to run and it makes me happy (Children’s FG3: 2).

Primary school children made specific reference to enjoying school, and liked walking there You have to walk and it makes you healthy (Children’s FG3:1), having nice teachers, and access to good facilities, gardens, a wood / forest area, a well-equipped play yard or multi-use games area (MUGA), climbing frame, games and sports equipment and external coaches visiting:

We’re all friendly to each other

We’re got a big playground, where like not many schools do. We have a lot of equipment (Children’s FG1:1 aged 10-11 years)

In contrast, some children felt it was “kind of boring” where they lived, and expressed their frustrations about not being able to play in the local park safely because of vandalism and broken glass:

Even though it’s a park, people like can’t really go because it’s all like, teenagers go and smash glass and all that. When I was littler, I actually stood on glass, that’s why I don’t like going near glass anymore because it actually really hurt. I was only 4 at the time

It’s where people go and they smoke and they set fires and that. So I was thinking, we could put like a big swimming baths there (Children’s FG2:1 aged 9-10).

Children described not playing out, or not being allowed out, because of concerns about safety, traffic, needles, broken glass, fly tipping, anti-social behaviour including by older children, violence, threats and intimidation, and regular incidents of bullying:

I was at this park yesterday watching the jazz band, and there was these six kids, they were flicking my glasses off, punched us in the jaw, pushed me (Children’s FG2: 16).

There’s some people on my street that are bullied all the time. Like one day, they broke a wine glass in front of our house, and one of them, he nearly killed my brother, he got the knife on his like here (indicated neck) (Children’s FG3:15).

Some of this behaviour was specifically linked to appearance or weight, as the following quote shows:

I know like outside of schools and stuff, people will be called and bullied because of their weight. Like when my mum was younger, she was a bit larger, and she used to get bullied because of it (Children’s FG1:30 aged 10-11 years)

Children in another group described the negative effects of alcohol, drugs and disputes with or between neighbours or other families.

Living around here is terrible…

I can’t get to sleep in my old house because there’s people like taking alcohol and stuff, going round like shouting

I don’t like this place because there’s been one murder here

And people also sell drugs (CFG4:1 aged 8-9 years).
At the end of this focus group, when asked to choose one thing they would change to make it a good place to play out, this (same) child said ‘I’d love to stop the drugs. It would make a really big difference. I would feel a lot safer’ (CFG4:17 aged 8-9 years).

Young people and teenagers (aged 12-15 years) who participated in the research shared similar concerns about personal safety, crime and bullying in their local area, which they described as ‘dangerous’, citing concerns about ‘raggies’ and ‘people that think they’re hard’. One young person, who was new to the youth group, also shared her anxiety about the terrorist incidents in London which took place at the time of the fieldwork in May-June 2017:

> The bombing is scary because it makes you not want to come out of the house (YPFG5 aged 11-15 years)

Perceptions of the issues affecting children and young people’s mental health, in particular concerns about violence and bullying, illustrate some of the differences between adults and children’s views to emerge in the research. For example, teaching staff in one focus group commented:

> I don’t think bullying is an issue in Felling full stop really. I think the kids, whichever school they go to around this area, are very accepting of everything really. I personally think that if they fight, it’s because they’ve got another friend (Teacher’s FG2:23).

These contradictions matter because children’s experiences may not be taken seriously, efforts in place already to address bullying may be seen as sufficient and opportunities to intervene may be lost. Fear and intimidation present major barriers to children’s participation in education, sport, leisure and social opportunities. Taken together, the findings reinforce the need for robust measures to address bullying in and out of school and the importance of a safe place in the community with friendly, welcoming staff. As the following section shows, Pattinson House was seen as offering this potential, replacing a ‘scruffy building’ on the estate, with opportunities for children, young people, and families to come together, plan and try out activities, noted as ‘needed for a long time’ (CMIV5:1).

Pattinson House is a hub situated in the heart of the estate, involving residents in local decision making. When public health funding became available to kick start local activities, the infrastructure and relationships were in place. Steering group members prioritised the following activities as part of a whole system approach to encourage physical activity, healthy eating and engage schools;

- Physical activities identified by children and young people, such as karate and street dance
- School engagement project, involving local primary schools
- Provision of family-based healthy eating course delivered by Food Nation, combined with dissemination of recipes and step-by-step guide via social media
- Gateshead Stadium engagement project in collaboration with Gateshead Harriers
- Family / adult exercise sessions, such as pilates, yoga
- Promotion of adult physical activity, including family cycling programme
- Other engagement activities identified by local community members, including children and young people as part of research process.

In the following section we explore participants’ views of the barriers and opportunities to being active, alongside some examples of how Pattinson House worked with community members to address these.
**Being active**

Generally community members were aware of the importance of physical activity and nutrition but found it difficult to act on this knowledge. For example, some reported issues with travel, transport and affordability. In addition to practical barriers, staff and adult community members described multiple environmental, social, psychological and attitudinal barriers to using local sport and leisure facilities, including Gateshead International Stadium which was close by:

> Well I wouldn’t want to go to the Stadium. I wouldn’t want to go to the gym in front of other people really (CM FG1: 30).

In addition to reports of feeling self-conscious and embarrassed, the limited opportunities for children and families and the associated cost of accessing the Stadium was seen as prohibitive:

> I know we’ve got the stadium, but if we had more for the kids there as well as some of the parents, I think it would be canny. Because at the Stadium, you’ve got to pay for every single activity you do there…Some people think you’ve got to pay a fortune to get in. Some of them are embarrassed or scared or they want someone to go with (CM IV 2: 27).

For some parents, access to childcare was an issue, as illustrated by one participant with a toddler:

> I would love to use the gym, but my only problem is, because I don’t have any family, so I don’t have anyone to look after him. He’s really dependent on me. I can’t give him to my friends every day and go to the gym. That would be bad. (Community Member IV 11:19)

The location of the Stadium across a busy bypass presented further obstacles, echoed by staff and teachers involved in the study, and it was not seen as welcoming of people from the estate:

> I can’t say for sure, but some don’t feel as though it belongs to them, or it’s not for them, or they’re not really sure what’s available and how they would access. Maybe that road’s a bigger barrier than they think (Staff IV 2: 3).

Some participants described reports of a road traffic accident some years before, in which a young girl from the estate was killed. Understandably this had a continuing impact on parents’ willingness to allow children to cross this main road. The position of the bypass also affected people’s access to green and blue spaces, opportunities to walk or bike along the river and use the riverside for other recreational activities. 42,000 cars use the bypass daily, increasing levels of pollution on the estate significantly.

Despite the reported barriers, the proximity of Gateshead International Stadium to the Old Fold and Nest Estates suggests multiple opportunities are being missed to engage schools and local communities in efforts to tackle inequalities in health and improve access to leisure facilities for people who struggle to pay expensive membership fees:

> You can’t live 500 yards from one of the biggest sports facilities in the country and still be wondering how you’re going to tackle childhood obesity (Staff IV 7: 18).
Proactive ways to overcome these barriers were initiated by staff at Pattinson House who worked alongside Gateshead Harriers to support young people’s access to an athletics club at the Stadium. The success of this project has been celebrated with a national award for innovation from Athletics England. Further details are shown in case study 2).

Outdoor activities and trips
Given the anxieties about the local area, offering a broad range of activities in a safe, supportive environment was important, alongside opportunities to visit local places of interest, with subsidised travel helping to bring people together:

- The trips are a good way of building up community spirit
  (Community Member IV 6: 15).

Encouraging use of local green spaces, organising trips to the local park, were valued as fun, social opportunities which improved individual, family and community health and wellbeing and increased community connectivity:

- We used to go to Saltwell Park and do family activities, like we would do rounders and that with the kids

- Oh what a laugh

- It was a laugh but we were exercising as well (Community Member FG 1:23).

Staff recognised that for adults who are unfit, it can be ‘embarrassing and scary to exercise’ (Staff IV 3: 21) suggesting a need to consider the social and emotional barriers people face. The importance of creating opportunities for fun, play and laughter was a recurring theme throughout the interviews. Adults and children were more likely to engage in physical activities with others they knew and trusted, with whom they could have a laugh. Fears about being teased or bullied were reported by some parents as reasons children were unwilling to get involved in physical activities as they were self-conscious, suggesting a vicious cycle of inactivity:

- She’s not as energetic as the rest of the kids because she is big
  (Community Member FG1:22).

The street dance sessions provided at Pattinson House created space for young people to try new activities and help shape their delivery. It was not without its challenges as one of the boys noted:

- There’s only like me and my friend, we are the only two boys that go there

R  Do you think it’s hard for boys to dance?

- Well it’s harder for us, because like

- Because we’re not as stretchy

- I can’t do most of the things they do. Like they done this thing where like they jumped in the air and their legs were, like one was that way and one was that way. I couldn’t do it. I fell. (CFG1:36 aged 10-11 years)

The attitudes and approach of staff delivering sessions was an important part of their success. Asked what they thought about the dance sessions, two participants commented:

- Dance was fun because you could put your own ideas and the staff are really nice.
I didn’t like about dance was that it was different dance each week. The fun thing was that we could make up our own dance.

The dance classes culminated in a performance for parents on the last day. The girls were keen to continue the sessions after the summer holidays. The boys had stopped going, after older boys had seen them and teased them about attending the dance sessions at Pattinson House. Children’s choices about physical activity they were willing to do were influenced by gendered perceptions of appropriate sports for boys and girls.

Staff and parents recognised the power of expectations about girls and young women’s size and weight and their potential detrimental effects on body image and self-esteem. One community member recalled her experiences of being bullied in the past because of weight, which led to serious long term consequences:

I was bullied as a kid. I was picked on because I was a little bit overweight. So, I just basically developed an eating disorder (Community Member IV 6:25).

One staff member suggested the focus of efforts to address childhood obesity would be better placed on confidence building:

There’s a real danger that young girls today I think, it makes me really sad that they’re bombarded with all these images. I think building people up in other ways, not directly related to weight, can actually impact on their weight. If someone’s self-esteem is good and they’re given confidence, then that puts them in a much better stead for everything in life (Staff IV 3: 21).

Teachers shared parents’ concerns about bullying outside school, associated with how girls look, leading to concerns about body image and self-esteem, and issues with food. Parents echoed these concerns about the risks of over focusing on children’s weight from a young age:

I’ve got one that complains, I’m on a diet and she’s only nine. I don’t want to eat that because I’m too fat, I need to be on a diet. Some of them are starting to go the other way instead. I’m not going to eat because I’m too fat, I need to be skinny. (Community Member IV 2:7)

Parents felt schools had an important role in nurturing children and young people’s mental health, commenting “that makes a big difference for children” (Community Member IV 6: 22).

**Summary box**

- Lack of confidence and affordable opportunities affects people’s ability to be physically active in the neighbourhood
- Gendered expectations affect children’s participation in sport and physical activity
- Local people do not feel able to access the Stadium
- Trips and games offer an enjoyable safe way to be active and promote community cohesion
- Efforts to address childhood obesity cannot be separated from efforts to address mental health

**Engaging primary schools**

Schools were seen as playing an important role in the local community to address childhood obesity in different ways, including promoting physical activity (PA) with children and
parents. Teachers stressed the importance of an understanding approach given the unique position of school in the local community:

_Holding things in schools that parents and children could go to together...Because the school is somewhere they trust. They're not having to go to another venue_ (Teacher’s FG 2: 25).

The effects of low self-esteem among parents and the risk of judgement or “fear of getting something wrong” were thought to put some parents off getting involved or seeking support or advice when they needed it, with concerns about being “told off” by teachers.

Community members and parents saw primary schools as playing an important role in efforts to promote healthy weight, in a familiar, relaxed environment. Consistent messages emerged in the research about the importance of a non-judgemental approach underpinned by shared values. Some parents felt schools could be more proactive in engaging parents:

_I think the schools could be doing more. They could do a group, where if you’ve got problems, you know you can go_ (Community Member IV5:13).

Teachers and parents stressed the importance of providing opportunities to have fun, doing enjoyable activities together:

_I think the social element of it is really important as well, where you’re not being preached at. It’s just someone doing something with you...if it’s 'come and have fun’...it’s much more empowering and people would be more willing to go_ (Teacher’s FG2: 13).

Many teachers and TAs who participated in the research had positive views and proactive suggestions about initiatives they had been involved in, or knew about, to promote children’s health and wellbeing, which they saw as an integral and important “part of their job” (Teacher’s FG 2: 19):

_It’s thinking about, rather than what would we like them to be do, what would they like to do, that we can provide?_ (Teacher’s FG2:14).

Suggestions from teachers and teaching assistants and children and young people about what helps health and wellbeing included both school and community based developments, as illustrated in the diagram in appendices 4 and 5.

**Promoting physical activity in schools**

Teachers recognised the importance of encouraging parents, being proactive in promoting different activities through school, building relationships with sports coaches and local clubs, and offering taster sessions in school. One local primary school promoted opportunities, incentives and rewards to cycle and scoot to school. Another offered the use of bikes, after local parents involved with Pattinson House had been trained as cycle leaders able to take small groups out on safe routes.

Asked about the barriers to engaging in physical activity in the community, there was a perception that the nearest sport and leisure facilities were inaccessible for local families from the estate. Asked what would help, one teacher commented:

_Being in places where they don’t feel judged. And I think there is an element for them of the Stadium isn’t for them. It’s not. It’s for different kinds of people. That’s it. They don’t belong there_ (TTA FG2: 12).
In this way, schools were seen (and acknowledged by teachers and parents) as an important part of the local infrastructure, in a good position to build positive relationships with other trusted organisations, including the LA and voluntary and community sector.

In collaboration with staff at Pattinson House, primary schools had begun to explore opportunities to run a Daily Mile on site, encouraged by positive news stories and endorsements from primary schools elsewhere in Gateshead and in Scotland. Parents were largely supportive of the approach, in recognition of the mental health benefits of physical activity, although wary of the risks of competition putting children off getting involved. (Further detail on children’s views on the planned Daily Mile, are included in appendix 1).

Encouraging healthy food in school

School dinners and the content of packed lunches were the subject of lengthy, animated debates in group discussions, with numerous examples of ‘inappropriate’ choices cited by teachers. Various explanations were offered including lack of awareness, education, literacy, motivation, money, time, and grandparents’ involvement in childcare arrangements. Teachers recognised the sensitivities of imposing rules on children’s packed lunches.

All three primary schools offered subsidised or sponsored breakfast clubs and one provided a healthy tuck shop run by volunteer parents. In one school nearly a third of pupils attended breakfast club, the importance of which was underlined in terms of nourishing children, and improving attendance:

*It’s great. It’s free. It’s great because some children would not be fed*  
(Teacher’s FG1: 27).

Teachers and parents felt schools could offer a wide range of healthy school dinner choices, like jacket potatoes and salads, encourage the children to try new options, discourage sweets and unhealthy snacks, and be consistent in promoting healthy guidelines about packed lunches, and discouraging pop and fizzy drinks. One parent noted that young people in her older daughter’s secondary school had been learning about the harmful effects of energy drinks, reporting energy drinks had been banned on site:

*They’ve stopped pop, energy drinks, they’re not letting them past the doors…*  
*I picked up an energy drink, just a Red Bull, a small can. My daughter was going off it on the way home, that’s disgusting mum, how can you even drink that? That’s bad for your heart. So I think she’s been learning about it at school. So the schools are educating them in a way*  
(Community Member IV 6: 29).

Primary school teaching staff saw the importance of pupils learning about health and wellbeing and used teaching opportunities throughout the curriculum, including science and PSHE. They also accepted the place of occasional celebratory ‘treats’, as part of a balanced diet, whilst endorsing a consistent ‘whole school approach’ and the importance of developing positive relationships with parents to promote mental health, PA and healthy eating. Working alongside staff at Pattinson House, these opportunities were created in and out of school.

Preparing and sharing food

Enticing people with food in different ways appeared to be an effective strategy to bring people in to Pattinson House, where staff and volunteers created multiple opportunities for people to eat and socialise together, a source of satisfaction for the volunteers involved in community lunch:
I wouldn't imagine sitting having dinner with half the people that come in

Yes, but I really like it, the dinners and that. I like, I enjoy watching people enjoying it (Community Member FG1:2)

Offering a hot, nutritious two course meal, healthy takeaways and family cooking sessions enabled people to try out new dishes, flavours and ingredients in a friendly place. Children as young as five, parents and grandparents came together to cook, with the support of Food Nation, who provided recipes and step by step guides on Facebook to follow up:

I love it. Everything’s healthy and it’s like, sort of like cooking on a budget and then you’re mixing with your kids. Because at home I try to get (son) to help me like do a bit of cooking but no he doesn’t…..But here, he’s like a different person….he said mummy I can’t wait until Tuesday. I said why? He said, I’m going to do that cooking down at Pattinson (Community Member IV 7: 3).

Making, buying, sharing and eating food brought people together in ways that enabled other developments, such as selling freshly baked products in local schools or at a Christmas market outside the area, or engaging older people in community based activities:

The focus was on food. I think that’s a good focus to engage people and to build momentum in that area and then expand out (Staff IV 5: 1).

They used to bring so many pensioners from the old people’s home, and they used to like make bread and that with them. And it got them out of the home and everything (Community Member IV3: 3).

Healthy pizza takeaways

Community members were involved in planning, designing and working as volunteers to launch a new social enterprise at Pattinson House, offering healthy pizza to eat in or take away on a Friday evening. It was an ambitious endeavour, and community members appreciated the pressures on the staff who were involved:

They made a hundred quid on their first night and I thought fab. If they can keep that going, great. They’ve worked really hard. I mean (staff member Y) has been here all day and trying to keep the dough under control was, is a major issue, but she did it!….She was scared and excited at the same time. It was her first session and I thought she done brilliant (Community Member IV 2: 24).

The celebratory tone in this quote gives some insight in to the sense of individual and collective pride and achievement among staff, volunteers and apprentices, who work together. It shows the wider effects of launching a local business, generating ownership and confidence, opening new possibilities (and risks). Steering group members and local community members are keen to grow and develop food related projects, using ideas they put forward for evenings and weekends, to create local employment opportunities:

We were talking about trying to get the building over Friday, Saturday and Sunday and Monday, to get a couple of jobs out of it for people, as a community café

Sunday dinners on a Sunday

Breakfast on a Friday (Community Member FG1:3).

There was a positive sense of anticipation as the garden at the back of Pattinson House was re-developed with input from the steering group. This prompted enthusiastic discussions about people growing their own vegetables in raised beds, planting hanging baskets and developing opportunities to get involved in community gardening projects in different ways:
Some people round here might not have nice gardens, so they might want to come along here and sit for an hour. I think they can grow their own vegetables and stuff like that, so that will give people confidence (Community Member IV 6: 19)

The wider potential benefits of growing, cooking and eating, were recognised, engaging younger and older residents in these outdoor activities and using home grown ingredients in cooking:

They love gardening, the kids, they really love it. They love seeing the product at the end of it...It's basically from ground to plate (Staff IV 6: 11).

Observing or being part of successful ventures such as these, led by staff working in partnership with volunteers and apprentices, helps builds people’s confidence to take risks in other areas, building on the talents and strengths people bring and encouraging leadership at all levels of the organisation. At the time of writing, there were plans to start work on a local community allotment for which keys had been secured.

Other ideas to emerge from community members included hosting a range of social and physical activities at Pattinson House, including movie nights, dance lessons, book groups, women only evenings, men’s groups, baby massage, children’s pizza parties, team building for children, pamper days, boxercise, pool tournaments, beginners running club for women, relaxation, singing, choir, band practice, Hallowe’en parties, BBQs, storytelling and a toddler group. During the research process, staff and community members worked together to respond to some of these ideas, encouraging and enabling apprentices and local people to take a lead role, for example in setting up and running craft sessions, starting a toddler group, and planning a family holiday away with children’s activities.

These examples highlight the benefits of collaborative work between schools, children, parents, and staff at Pattinson House to promote health and wellbeing, encourage physical activity and healthy eating in local communities. Parents described how children with good attendance had been ‘rewarded’ with an invitation to a pizza party at school or an opportunity to go to Pattinson House to bake bread:

We’ve done bread baking with them (children) before. For good attendance they’ve been down a couple of times making pizzas, to treat them

Like a bit of a reward (Community Member FG1: 17)

Teachers noted the approach taken to bread baking at Pattinson House was an important element of its success:

That’s gone really really well because it’s not, you should be eating bread like this. It’s about, come on, we can all make bread together. Would you like to learn how to make bread? We’ve got a pizza oven and a bread oven. So it’s not about preaching. It’s just joining in and doing, but it has changed attitudes (Teacher’s FG 2: 13).

Similar success was noted with family learning sessions. Joint projects such as these maximised the use of practical resources, skills, knowledge and expertise in communities, where people may be reluctant to engage without some encouragement. Staff at Pattinson House took on the role of facilitating multi-agency partnerships, including schools and VCS organisations, for the benefit of local communities.

This largely invisible, but nonetheless important role of ‘knitting’ services and organisations together, helped to promote a shared value base and local partnerships to address the important links between physical activity, diet and mental health and wellbeing. The overwhelming majority of participants shared this view, but there were some conflicting views about the role of primary schools in addressing health issues, and teacher’s potential
roles in promoting pupil health and wellbeing. One person expressed their frustrations at perceived expectations that schools should take on these wider responsibilities, which they saw as belonging to parents, families or other professionals:

_We’re education, we’re not health, even though we touch on it, that’s not what our job description is really…_

_We need the Health Visitors and School Nurses back (Teacher’s FG3: 31)._ 

**Summary box**

Primary schools have an important role to play in community-wide efforts to promote health and wellbeing, address childhood obesity and support parents

Teachers, parents and children identified multiple ways to promote physical activity and healthy eating, building networks and social relationships

Non-judgmental attitudes were important

Partnerships between schools and other community-based services were welcomed.

**The approach taken by Pattinson House**

Community led efforts to address health inequalities, including childhood obesity, rely on the ability to engage local communities in discussions and decisions using a holistic, non-judgmental approach. This fits with the way Pattinson House works. The steering group were engaged from the outset in prioritising the activities offered as part of the _Fit 4 The Future_ project. They understood the importance of offering people a safe place to come and chat over a cup of tea, meet others, make friends, and feel accepted as an important starting point to getting involved. When asked what encouraged people to come to Pattinson House, one steering group member explained:

_It’s a good community atmosphere. We’re trying not to judge people and we try and involve people in everything. We’ve always got a smile for people that come in and try and talk to people and encourage them to come back…it’s another home from home (Community Member IV2:14)._ 

The ethos of Pattinson House is reflected in the organisation’s strapline, and operationalised in what may appear to be deceptively straightforward ways:

_Building happier, healthier, friendlier communities is what we do. The way we do that is really by creating a space, I think, in the community, that is a safe, welcoming space that people themselves will own, where people can reflect on what’s going on in their community and try to do some stuff that’s going to make change (Staff IV 7: 6)._ 

Creating opportunities for local people to influence change is not always straightforward, but the vision was understood and supported by a strong network of external partners:

_It was a building where stuff took place that involved local people driving it. And that was the framework that we created. It was no more than that (Staff IV 10: 8)._
Building relationships of trust were essential to achieving this vision, between staff, steering group, management committee, community members and between peers, who were an important source of support to one another:

*If you’ve got problems, you can just come down here, and to be honest, get away from your house. You can go and speak to the staff, or you can speak to some of the other people, other women who use it* (Community Member IV 6:1).

Informed by a social model of health, Pattinson House enabled people to access non-judgmental advice and support on the door step:

*I think anyone can get here, but having it in the heart of the community, I think really makes it part of the community* (Staff IV 3: 4).

The friendly, welcoming approach, together with the availability of affordable healthy food, and activities for the children appeared to be a winning combination:

*It’s great for the kids. Everybody gets along with everybody. Like you walk in, do you want a cup of tea, straightaway and that, everybody’s dead friendly. Yes, it’s canny, and like I say, the dinners are great. You can’t go wrong for two quid for the kids…It gets them out of the house and they’re happy to come here* (Community Member IV 3: 9).

Arts-based activities were popular as a mechanism to engage children and young people, who welcomed opportunities to participate in singing, carnival and drama. Some enthusiastically described their involvement in public performances at the Sage and as part of the annual pantomime at Edberts House. One staff member commented on people’s desire to do things together:

*There’s a real sense of togetherness…It feels like people want to be together and do things together* (Staff IV 2: 5).

Community members described the importance of social relationships in improving people’s quality of life:

*A lot of people, all they need is a friend to make them feel better. Once you start feeling better, you can start healing. And that’s a big issue round here, health is a major issue, and a lot of it’s only because you’re low* (Community Member IV 2:25).

Local people come in to Pattinson House for a range of reasons initially: some start out coming for a cuppa and chat, others to access computers to do job searches required by the Job Centre. People then find out about opportunities to try out different activities:

*I’m shy, as well so I’m not really a big mixer. Like I say, it’s just mostly the job searching and crafts and baking. I’ll give the baking a go on Wednesday when the baker comes in* (Community Member IV 4:6).

This participant, who described struggling with confidence and mental health concerns following the death of her father, described her reluctance to attend initially, but staff perseverance, support and encouragement paid off until ‘it just escalated from there. Now they can’t get us away’. Staff members and apprentices commented positively on the approach of colleagues:

*(Staff X) really makes people feel at home very quickly* (Staff IV 3: 20).
The approach they’ve got, has some really strong principles behind it. That means actually if you’re an 85 year old fella or a 6 year old girl, or anything else in between, there’s a way of working with people (Staff IV 10: 19).

The importance of establishing a positive ethos, and setting the right tone from the outset was recognised, as this became self-perpetuating:

When you’ve initiated a good atmosphere and you know, a sort of can do attitude about things, it encourages the next person who comes in the door. (Staff IV11:15)

A number of participants in and out of the organisation recognised the value of adopting an open, flexible approach to health and wellbeing with community members, and not starting from a pre-determined agenda:

We’re not preaching. We don’t come up and say, this health thing, you’ve got to do this, you’ve got to eat that. We don’t do it that way. We come at it from where they are, you know, start from where they are and try to have that empathy and understanding, and then build it from there (Staff IV 5: 7).

Having a more of a relationship building agenda over a longer period of time, looking at a range of issues, actually is a more helpful approach (Staff IV 7: 12).

What we learnt, upstream health inequality is around, you know, tackling inequality in a way where it’s not about telling people to eat better or to stop smoking or to get on the treadmill. It’s about looking at a much more holistic sense to their lives. So that might be about jobs, it might be about training, it might be around, not even helping them to achieve aspirations, but about understanding what that aspiration actually is (Staff IV 10:10).

Taking time to build relationships with people, treating people with empathy, understanding and respect, were core skills:

One thing is never being judgmental. Never, ever judge. Understand people, try and listen to people. It does work…Being sensitive with people and recognising as well when you meet somebody, it is going to take time to build that relationship up with mum or dad or grandparent or child. And giving them that time (Staff IV 9: 7).

The staff team were skilled and committed to improving life on the estate, by responding to community needs and supporting community members:

The community has ownership of it because they can come in whenever they want and do what they want really, you know, like if they want to set up groups themselves then that’s entirely possible. Then it enables the whole process of building relationships in the community (Staff IV11:14).

There was recognition that health issues are complex, and may not be the main or only priority for people. There was widespread recognition that discussing health and wellbeing can be sensitive, particularly given the links between mental health, weight, diet, food, physical activity and the wider social determinants of health. For example, asked about eating healthy food, one person responded:

I think it all depends on how you feel. Like sometimes, if you’re feeling down, you’ll have comfort food….a lot of people eat comfort food I think. It’s just the way, it’s not good for you, but if you’re not in that happy way, you just like to eat different stuff, don’t you really (Community Member IV4: 9).
Similar observations were made by parents who noted the links between childhood obesity, children’s mental health, food and nutrition:

*If you’re trying to tackle childhood obesity, you’ve got to tackle childhood mental health at the same time. Because if a child’s depressed, like when I’m depressed, I’ll just reach for a chocolate bar, because it gives you that little bit of a boost. Children are the same* (Community Member IV6:22).

*I think what matters is, are the kids happy or not happy? Because when they’re not happy, they tend to binge on junk food* (Community Member IV7:4).

Working with the complex dynamics of people’s lives and relationships, the grinding effects of poverty and inequality, the stress of living on low incomes and managing benefit reductions, requires significant investment of time and emotional energy. Staff showed particular skills, and patience and encouraged people to get involved and try out new opportunities, like pilates or yoga. Steering group members recognised that fear of the unknown might put people off engaging:

*They’re unsure, they’re scared, a lot of people are scared. They’re frightened of making friends. They’re frightened to say hello* (CM IV2: 15).

On the flipside, the sense of community and ‘levels of togetherness’ were seen to be very strong on the Old Fold and Nest estates. Staff were aware of the need to take account of existing networks and relationships, requiring high levels of interpersonal negotiation skills:

*There is a kind of openness and depth of relationship and sharing that, you’re deluded if you think you’re going to bring something different to that. You tap into that network that already exists and maybe try to utilise the strength of that and build on that, and bring people into that in a way that maybe wouldn’t happen* (Staff IV 7: 21).

This relies on a positive working environment where skilled, experienced ‘staff are happy and working well together’ (Staff IV3: 10) with drive and commitment and a clear set of values underpinning their work and a ‘sense of real genuine concern about people and time for people’ (Staff IV 7: 6):

*I think the staff have a lot to do with it. I think it’s a very motivated, very driven staff team, staff with great hearts. There are a lot of staff with a lot of experience and a lot of contacts they can draw on* (Staff IV 4:15).

*People are really committed to the task...ultimately that passion and having a sense of wanting quality and wanting to do your absolute best for the project, has got to be a kind of heart thing. Processes and measurements are important, but you know unless you join together as team, really believing in what you’re doing* (Staff IV 7: 7).

It can be challenging to find staff with the required combination of skills, knowledge and expertise, with the right attitudes, that fit in with the ethos of Pattinson House, able to respond flexibly, in ways that value individuals and recognise the challenges local people face. The importance of nurturing staff was recognised:

*We do a lot of work thinking about the wellbeing of others. But some things that have happened recently, have made me think that actually, you know focusing on the wellbeing of our staff, and making sure that they feel they’ve got enough outlets to be heard, that they, you know, they feel valued, I think it’s been really important* (Staff IV 7: 7).

Given the complex nature of the work, enabling people to fulfil these demanding roles is not easy and requires robust staff support structures. Staff appreciated the support of their colleagues, including volunteers:
If they can see that any of the staff might be feeling overwhelmed, they’ll step up and
they’re there for us as much as we are for them. You do build friendships with this
role (Staff IV 5: 5).

Participants commented on how much they enjoy their work. Being part of a ‘brilliant team’
which is ‘like a family’ where ‘everyone looks out for each other’ was valued:

I’ve never had a Sunday in the past year where I didn’t want to go to work
(Staff IV 1:5)

One participant mentioned the challenges of maintaining a work /life balance given the levels
of commitment and desire to make a difference; views echoed by some of the volunteers,
who described how ‘sometimes you need a break’ but ‘you feel guilty cos you’re letting
people down’.

Pattinson House relies on a small dedicated team of committed volunteers who work
extremely hard. Some of those involved on the steering group recognised the pressures on
this small team, and acknowledged that recruiting a wider pool of volunteers would alleviate
some of the risks if people were unwell or unable to cover:

If we didn’t have any volunteers, then we wouldn’t be able to do now’t.

She (volunteer) likes doing it every week, but one day she might not be able to get
here, and there’s nobody else to do it

So we just need a few more people (Community Member FG1:7).

Managing teams of dedicated staff and volunteers to ensure they maintain high quality
provision over time requires strong leadership, which emerged as a significant theme in
many interviews. The particular skills and qualities of the project director were widely
commented on by staff inside and outside the organisation:

I know (project director) and she’s always been like this. She’s a motivator. She
works us hard but we do it because it gives us achievement, it gives us a sense of
actually making a difference (Staff IV 4: 15).

The project director was able to pull together like-minded people with a shared set of values,
able to work in partnership, and facilitate connections with others who were keen to make
positive changes with local people, as one team member commented:

Open to try, willing to give it a go, creating a flexible space, ambitious at trying to
grow the project, good working relationship, open to the idea of collaborative
partnership, taking things forward in a collaborative way. Most other organisations
look inward and aren’t open to that partnership approach. They might talk about it,
but they don’t seem to be doing it in practice. (Staff IV 5: 8)

According to a recent review commissioned by the What Works: Wellbeing Centre (WWWC)
(Bagnall et al 2016), community wellbeing is defined as being primarily about ‘strong
networks of relationships and support between people in a community’ and being able to
‘improve things in, and influence decisions about, their community’. Drawing on evidence on
the factors that determine community wellbeing, many of these principles and practice can
be seen in the work of Pattinson House. This is not to suggest that Pattinson House is
unique in this regard. Many VCS organisations work with similar vision, dedication, drive and
determination, in collaboration with partners and communities. With the right approach, and
funding for infrastructure, the model could be replicated elsewhere.
If voluntary organisations are going to deliver services on behalf of the Council, or Public Health, someone has to fund the infrastructure. However good frontline staff are, you need back office functions in place (Staff IV 12: 16).

Summary box

Food can bring people together in a safe, familiar friendly place, reducing social isolation and promoting social relationships

Staff skills, attitudes and approach are important in engaging people, having fun and laughing together helps build confidence

Health may not be the main priority for people, long standing trusting relationships are needed to address the wider determinants

Long term infrastructure funding is required for VCS organisations to work alongside communities and create sustainable opportunities for change

What difference does Pattinson House make?

Providing opportunities to eat, socialise and exercise together was a valuable and integral part of Pattinson House’s offer. Community members also commented on the beneficial effects of children participating in group activities at Pattinson House:

It’s fun for them, it’s pushing their boundaries. It’s giving them the ability to do things in front of people as well, stand up and not be scared to do things, not be embarrassed and shy. It brings them out of themselves and at the same time, they’re doing exercises, in fun ways. And that’s what it’s about, doing it in fun ways (CM IV 2: 4)

Participants described changes in themselves and others as a result of their involvement in Pattinson House, including improved mental health, reduced loneliness, social isolation, less conflict, increased confidence, social opportunities getting people out of the house, better relationships, improved community cohesion:

It’s done me the world of good, it’s given me a new lease of life. I think it’s brilliant. I mean we have a good laugh, good company, dance about, take the mick out of each other, but it’s great, it’s fantastic here (CM IV2:15).

This volunteer had complex health issues, including severe arthritis which caused significant pain and discomfort, but she was determined to get moving to play with her grandchildren:

I’ve come here and it’s keeping us out of the wheelchair. It’s crippling at times when I overwork, but I love it. Nothing’s going to hold us back, you know. I’ll take a few days off when I need to, but other than that, I think it keeps us running

Volunteering and spending time together had wider social and relational benefits:

People who’ve never looked at each other in the street look at each other. They work together. They volunteer together. They’re in the steering group together, and that impacts on the children as well because the children are meeting people from different streets and now they’re friends (Staff IV 9:3).

Comments about a family fun day arranged during half-term included ‘absolutely amazing’, ‘surprised to see so many people here’, ‘everyone is really friendly and greets you with a
smile; everywhere should have something like this’. Having a place to come when things were tough was important, enabling local people to have a say:

They’ll act as an advocate and help that person get their voice across, and invite people in to speak with people, like not making decisions on behalf of people but in partnership with people…people know what they want a lot of the time if they’re just asked (Staff IV 3: 9).

The Steering group were involved in co-ordinating efforts to address the large volume of traffic near two of the local schools, preventing children from walking safely to school. They invited parents to meet the local Councillor and representatives from the Council’s planning department.

Steering group members were also involved in recruitment and selection processes for new staff, learning new skills and influencing decisions about those working in the project.

It’s given me more confidence, like being involved and having a role and that (FG 5:3)

We’ve changed a lot of things. We make all the plans for the different parties. We encourage people to come along and mix and get out of their houses… The big thing is bringing people together and letting them know we’re here (FG 5:21).

The wider ‘ripple effects’ of engaging people in the provision of community based activities, such as the baking sessions, were not always easily predictable:

Sometimes you can’t gauge, you don’t know what’s going to happen in that way and the little ripple effects of those discussions. So just to get people to get their hands in the dough and overcome the fear of making and doing it themselves (Staff IV 5:3).

Pattinson House made efforts to encourage integration, challenging stereotypes based on race or ethnicity by bringing people together. One participant described her own and her children’s experience of being treated ‘differently’:

You know some people are racists…Some days I don’t want to come out of the house, but if it wasn’t for Pattinson, you know, I’d still be at home, putting my head down, hiding away from everyone. It’s not the answer, you know what I mean? (CM IV 7:15).

During the research, Pattinson House began to host a support group and language classes for refugee and asylum seeker families helping to build relationships and familiarity between communities. The men’s group at Pattinson House included recent migrants to the area, who talked openly about their experiences. The approach promoted the inclusion of groups who may be less likely to seek support, breaking down barriers, assumptions and reducing social isolation. These examples highlight the many different mechanisms at work to increase community connectedness, and the need for continuing efforts to promote integration.

**Local Authorities and VCS organisations working together to promote community health and wellbeing**

A community led approach takes time to build, develop roots, grow and nurture effective local relationships. It requires strong leadership driven by what local people want, with robust systems of accountability in place. Some people in the Council understood this vision and the ethos of the project, recognised the importance of taking risks and learning from them, and how the Council could adapt to support this way of working. Not everyone shared this view. It was claimed by one participant that the Council neither understood nor appreciated the kind of work done by VCS organisations like Edberts House or Pattinson House.
Some participants suggested that the Council could take a broader view and encourage LA staff to get out, meet people in local communities, extend their knowledge of the area and the challenges facing people, generate and co-produce ideas and support people to create their own solutions in response to local issues. One board member, who was aware of living in a ‘spoilt bubble’, noted the importance of listening to people’s stories. There were council staff working in this way, whose input was valued and respected by staff and local communities:

*Having someone who works in the way that our area co-ordinator works, who actually comes out on the ground, sees what organisations are doing, recognises their potential and where they need support and helps to build their capacity is very important..Someone to work with you and help to expand your vision (Staff IV 7: 25).*

The Council was seen to be in a unique position to encourage people to work in partnership for mutual benefit, to improve community health and wellbeing, where there was a shared agenda, for example through links between Public Health, other LA departments and VCS organisations:

*You’ve got to get people that don’t just sit in their silo, to see how you can benefit this area…you can have an impact on public health. (ie economic regeneration)..those two things could come together very well and generate income. It’s quite a transformative, a different approach to solving health (Staff IV 5: 9).*

Working collaboratively with VCS organisations to enable opportunities for adults to start exercising and encourage children and young people to be active from a young age involved removing structural barriers to access, as one participant commented:

*My daughter wants to start the gym, but can’t because she’s 14. That’s one thing the council could do (Community Member IV6:15).*

Young people can use local Council run sport and leisure services from 14, but parents and young people were unclear about the age restrictions that apply and couldn’t afford the £19.00 monthly membership fees, suggesting there is scope for the Council to establish creative ways to reduce inequalities in access. Politically this was acknowledged as tricky as the Council had ‘tried to be equal across the borough, but we might need to put more money in some areas’ (Staff IV12: 32).

The changing role of Council was recognised in that ‘they don’t do everything anymore, and need to relate differently to other organisations’ (Staff IV 7: 23) who may wish to deliver or co-produce services by working in partnership with local communities.

*Sometimes the problem is that , if I can be quite frank, the different departments within the Council don’t communicate very well with one another...Focusing on that internal communication first, and building a sense within the Council that we are achieving more together, first before you can even look outside, to my mind, would be really important. Because often, different departments seem to work quite in isolation from one another, and haven’t really got a sense of joined up vision that they are accomplishing something together (Staff IV 7: 24).*

Recognising the challenges for LAs with reducing resources and increasing demands, one participant felt that a new targeted approach was needed:

*The Council has to let go of the reigns, but that’s quite difficult for a council that historically been quite paternalistic…people have to accept that life’s changed. (Staff IV12: 45)*
The fragmentation and lack of joined up working can result in different Council departments effectively undermining one another’s efforts to improve local population health and wellbeing. A community focused organisational ethos with robust, visionary leadership to support system-wide implementation in targeted areas, underpinned by clear values and principles, appears to help.

Some of the main findings to emerge in this study relate to the importance of organisational ethos, staffing and project management. Pattinson House works in a way that seeks to place local community members in the driving seat of local developments, drawing on their experience over time, as observed by those working in and outside the organisation:

*The one thing I’ve learned from working in communities is that so long as you create a safe place to play in, then actually it doesn’t matter what happens. It’s about the fact that people have got that opportunity…It’s a space to play, it’s a space to have a go* (Staff IV 10: 8).

Integrating *Fit 4 The Future* with the wider programme of work at Pattinson House was an important part of its successful delivery:

*It’s very much about individual embedded pieces of work within what we’re doing, rather than it having a sense of a cohesive programme. Maybe that doesn’t matter, I don’t know, but I feel, it has been funded as a specific piece of work and maybe it should have more of an identity* (Staff IV 7: 16).

The research findings suggest that it is the lack of defined ‘public health’ focus was an essential ingredient in its success, working with communities in response to their ideas, weaving in health-related messages as part of everyday conversations, responding to opportunities as and when they arose, in response to community identified needs, wants and circumstances.

During the study examples could be seen of opportunities for influence and shared decision making; the children’s group were supported to access Keyfund, schoolchildren met their MP and visited the House of Commons, community members discussed lease arrangements, local land use and traffic concerns with the Council, and volunteers negotiated costs of undertaking building and maintenance work at Pattinson House with local contractors.

These help build a sense of community belonging but raise challenging issues of governance and accountability and leadership for managers of VCS organisations, who are often required to juggle multiple funding streams simultaneously and manage expectations of funders. Staff at Pattinson House described encouraging and building local leadership at all levels, in various ways, operating as catalyst, enabler, facilitator, agitator, advocate:

*People talk a lot about community led activities, but there does have to be, and this goes back to leadership, there does have to be a catalyst or a facilitator in that to make that happen* (Staff IV 7: 23).

These comments have implications for funders, those commissioning services, managers and leaders of Councils and VCS organisations. There was awareness that in day to day decision making, concerted efforts were sometimes required to take a step back, and include others:

*The People’s Health Trust money was very much focused on giving people control. I was very conscious of that. And I’m conscious too, of my own desire to be in control. So I try, I have to quite consciously try not to do..you’ve got to make sure that you bring other people along with you* (Staff IV 7:5).
This involves difficult choices about power and control, noted by wider stakeholders, including members of the management committee, to be challenging for those very much involved in 'shepherding and stewarding' the day to day activity of the project (Staff IV 8:8). It also raises questions about the strategic direction of a small to medium sized VCS organisation still ‘really in its formative years, still working out what it wants to be and what it should be’ (Staff IV 8: 5). There is a role here for skilled, experienced council staff to support carefully managed step change, whilst considering the possible gains and risks of scaling up, and replicating effective models more widely:

I think what’s important in this type of project, isn’t about being scalable, but about being replicable, because actually, being fleet footed, being relatively small, being quick, responsive, is a far better place to be than being a scalable model that ends up trying to work with 10,000 people, because it just defeats the object of what you’re trying to do in the first place (Staff IV 10: 15).

Then of course, there is the issue of, are you scaling up to deliver services from a single location, or are you replicating your model in other locations? And all of the problems that come with operating multiple sites and maintaining consistency of delivery and culture across multiple sites (Staff IV 8: 8).

Drawing on the example of childhood obesity, the findings from this study, summarised in the recommendations below, have wider implications and could be used to stimulate debate and inform other collaborative, community-led approaches to tackle health inequalities.

**Recommendations**

Table 3 below summarises the principles and practice which appeared to help engage local communities in health and wellbeing activities in this study:

<table>
<thead>
<tr>
<th>Provide a warm, safe, welcoming, friendly space for people to come together and socialise. Be inclusive about access, open and transparent about aims</th>
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<tbody>
<tr>
<td>Establish and communicate an organisational ethos which prioritises the needs of local communities</td>
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<tr>
<td>Recruit and nurture experienced, trained staff with integrity and non-judgemental attitudes, able to adopt responsive, ‘person-shaped’ community led approaches</td>
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<tr>
<td>Offer diverse and meaningful opportunities for community members to engage in ways, and at times, that suit them, and that build on and utilise their skills, knowledge and expertise</td>
</tr>
<tr>
<td>Listen and act in response to local interests, recognising that different communities, including children and young people, may have different perspectives and priorities.</td>
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<tr>
<td>Provide opportunities for staff, volunteers and community members to grow, develop and take risks</td>
</tr>
<tr>
<td>Create positive partnerships with local ‘anchor’ organisations, including schools, GP practices, LA and VCS organisations, working together to maximise use of skills and resources, creating efficiencies and building connectivity</td>
</tr>
<tr>
<td>Involve people in activities they enjoy, around children, food and physical activity, weaving in public health messages once relationships of trust have been established</td>
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| Draw together different stakeholders with skills to share, to play and learn together in a safe environment |
| Host parties, celebrate successes and achievements, uncover hidden talents, build assets, trust people, offer reasons for people to get out of the house and things to look forward to |
| Challenge limiting assumptions and negative stereotypes |
| Support existing volunteers, and build a big pool of willing recruits, providing a soft entry to local employment opportunities |
| Actively involve community members, including children and young people in the running of the organisation, influencing recruitment of staff, apprenticeships, volunteers |
| Work to remove barriers to inclusion and participation in a full range of educational, social and leisure opportunities. Work with local partners to identify solutions |
| Ensure a broad range of groups from diverse backgrounds use the space, build links between groups, promote friendships and integration and reduce isolation |
| Adopt a rights-based approach to tackle inequalities, widen participation, increase access to local opportunities and resources, helping people navigate complex systems |
| Draw in those with power and influence locally, build relationships, raise awareness. Use levers of influence to drive positive change, reduce inequalities and unfairness in system |
| Use opportunities to advocate at local and national level in partnership with community members to affect change. Lobby central and local government to address common concerns and tackle social injustice |
| Nurture and grow political action to reduce inequalities and hardship, improve local amenities and community facilities |
| Open opportunities to participate in arts, cultural and sporting activities locally and nationally |
| Jointly develop funding bids and proposals with local community members in response to identified needs and gaps |
| Be open to relevant research and evaluation opportunities, co-produced with local and national partner organisations with shared values, to provide robust evidence of effective policy and practice. Jointly disseminate findings |

**Discussion**

This study provides some insight into the factors associated with effective community led interventions to tackle health inequalities, such as childhood obesity, in a defined Gateshead community. It contributes to our understanding of the issues affecting communities bearing the brunt of health inequalities; a gap identified in UK research by Garthwaite et al (2016). The findings have implications for attempts to improve population health and wellbeing, and tackle inequalities, using asset based approaches to co-produce solutions in partnership with local communities in areas with high levels of socio-economic disadvantage.

The findings of the study suggest that obesity is not about individual responsibility, and that reducing childhood obesity is a collective endeavour. Partnerships between local communities, voluntary sector services, public health and local schools offer a promising way of achieving changes in the physical and social environment, if the approach is right. It
relies on the ability to build positive, non-judgmental, trusting, collaborative long term relationships with and between local stakeholders, including local people, supported by long-term flexible funding. Community centred approaches are endorsed by Gateshead Council, following NICE Guidance (2016) to strengthen communities by building social cohesion, collective action, peer led support and volunteering, which have been shown to positively increase self-confidence and social relationships (Public Health England 2016) (http://www.gateshead.gov.uk/DocumentLibrary/People/Strategies/Vision-2030.pdf). But they require a new targeted, place-based approach if inequalities are to be addressed.

In this study, community members described multiple factors influencing health and wellbeing. They welcomed a safe place on the estate where people could meet socially, make plans and influence activities. It was seen by some as a sanctuary; a place where their ideas were taken seriously and helped shape developments locally. It provided options for people to engage in different ways, at different times, at a pace they determined. Providing a combination of social opportunities, healthy food, children’s activities, advice, support, fun and laughter brought people in. It was important for steering group and community members, including children and young people, to have their say, for their views to be respected, listened to, and for changes to happen in light of their feedback. People reported growing in confidence, taking increasing levels of responsibility, delivering presentations, proactively seeking funding and pushing the boundaries of what felt possible. In this way, Pattinson House provided a catalyst for change, facilitating connectivity among community members, building trust and belief in one another. Examples of how these approaches work in practice, offer opportunities to promote shared decision making and replicate the learning to improve health and wellbeing in other areas.

Staff recognised the grinding effects of discrimination, poverty, unemployment and financial exclusion and that making health related behaviour change may not be the biggest priority for individuals or families. Building positive sustainable relationships offered community members opportunities to improve health and wellbeing by adopting an open, flexible, ‘person shaped’ approach, rather than working towards a predetermined, topic specific, single agenda. The lack of defined public health focus was part of the strength of the approach. This way of working appeared to generate a sense of buy-in, ownership and belonging. It required the ability to collaborate, create opportunities, broker relationships, communicate with people at all levels, challenge negative assumptions, and engage wider partners in efforts to affect change. It was reflected in an organisational ethos underpinned by clear values and principles which focused on improving life on the estate collectively, alongside and in partnership with community members.

Interest is growing in the practical application of socio-ecological models of public health (see figure 3 for example). Instead of interventions that target individual behaviour change, which risk creating dependency on services which are no longer available, these approaches draw on and build sustainable local communities. Implementation is not without its challenges and requires an ability to see others as assets, rather than threats or problems, an open, responsive management style, which is flexible, nimble and agile, able to respond to new opportunities and accommodates other, complementary approaches. The model relies on skilled, committed staff, able to work with the complex realities of people’s lives and relationships, who create healthy ‘ripple effects’ in their roles as co-creators, enablers, advocates, facilitators and agitators. Some of the main findings to emerge in this study relate to the importance of positive organisational ethos, robust project leadership and management, and effective support systems being in place for staff and volunteers, given the pressures facing communities.

The importance of context is increasingly recognised in public health research (Orton et al 2016). The findings of the Fit 4 The Future study highlight rising costs, reducing household income, poverty, discrimination, and social isolation. It sheds light on the reality of the challenges facing local communities including children, people with complex lives,
disabilities, physical and mental health issues, those struggling on low incomes, using foodbanks, people whose first language is not English, who have experienced trauma, racism, discrimination, stigma and / or limiting assumptions about their skills, knowledge and abilities. In this context, what mattered was engaging community members in activities determined by them, building on people’s interests and strengths, without preaching about diet, exercise, drinking or smoking. Our findings endorse other research which promotes asset-based approaches (Foot and Hopkins 2010). Holistic, place-based approaches to public health may be particularly relevant for children and young people as their locality has been shown as fundamental in efforts to establish healthy communities (Whiting et al 2013).

The findings highlighting the importance of listening to children, whose concerns about bullying, violence and intimidation were echoed by children in the school health and wellbeing survey conducted by Gateshead Council during the same period as this study took place. A total of 1698 Gateshead primary school students from years 4, 5 and 6 participated. With 34% reporting they had been made fun of, or called nasty names, 30% had been pushed or hit for no reason. 13% of pupils said they were picked on or bullied because of size or weight and 18% for the way they looked. 59% reported bullying took place in the playground, and 16% on the way to or from school. Although 76% pupils thought their school took bullying seriously, clearly there is work to be done.

Successive childhood studies have highlighted bullying as being associated with lower subjective wellbeing among children, alongside other factors including deprivation, feeling unsafe at home, and feeling unsafe in neighbourhoods (Children’s Society 2017). The Good Childhood report (2017) warns against adults making assumptions about the factors that have the greatest impact on children. Children’s worries about, and experience of crime were among seven factors with the strongest relationship to children’s life satisfaction, alongside families struggling with bills and debt. This is a strong indicator that efforts to reduce childhood obesity cannot be separated from efforts to address mental health, anxiety and intimidation and emphasise the need to listen to children’s concerns.

The current effects of austerity and budgetary constraints, raise challenging questions about government policy, the role of the VCS and the council’s response, given limited resources and widening health inequalities. In this study, there was universal appreciation of the role taken by staff with drive and determination to make a difference, but some frustration about the structural, organisational barriers to change in the wider system, for example welfare reform.

The example of childhood obesity illustrates some of these tensions. Parents and community members acknowledged that obesity was an issue locally and that they had a role to address it. Few participants felt it was about parental ignorance or need for education. Instead participants focused on wider social, environmental, practical, financial and attitudinal barriers. Efforts to reduce children’s participation in screen based activities, the number of takeaways in and around the locality, the global reach of McDonalds or KFC and their marketing tactics, the expense of leisure centres, and swimming pools, lack of safe accessible outdoor spaces, poverty and severe financial pressures, bullying, mental health issues and social isolation require long term, sustained multi-agency commitments and investment. Small-scale efforts to alleviate some of the effects of these issues are possible, and rely on effective local partnerships, and proactive approaches, such as those involved in this study, to affect change in local communities and address the wider determinants of health. This may not be badged as tackling childhood obesity, but improvements in mental health, reduced loneliness, social isolation, neighbourliness, increased confidence, social opportunities, safe places to play outdoors, improved community cohesion and connectedness, and better access to services will drive changes in obesity more effectively than weighing and measuring people ever can. Ultimately political action is required to address the causes of the causes of health inequalities, alongside brave, forward thinking, evidence-informed, system-wide change. The study has wider implications for the prevention
agenda, given the long standing evidence that people who grow up feeling secure, loved, competent, safe and supported are healthier, happier and more resilient (Albee 1996).

Strengths and limitations of the study

This study was undertaken in a defined geographic community in the North East of England using ethnographic and qualitative methods to gain insights into, and explore the perceptions and experiences of those living and working in an area facing significant health and socioeconomic inequalities. Whilst it cannot be claimed that participants’ views are in any way representative, the strength of the approach lies in its in-depth, localised focus and the time taken to build relationships. The collaborative approach to co-production, the embedded nature of the research, use of community based participatory research methods and stakeholder involvement in data analysis, strengthen our confidence in the validity of the results.

Conclusions and recommendations

Complex public health issues, like childhood obesity, require whole system approaches developed and delivered by statutory and voluntary organisations working in partnership with schools, health services and local communities. This study contributes to our understanding of effective ways to improve the health and wellbeing of disadvantaged communities, including children and young people, whose voices are not always heard in public health research.

The findings from the *Fit 4 The Future* study highlight the potential of place-based, community led, transformative approaches to complex public health priorities. It appears that an inclusive, holistic, non-judgemental approach and community focused organisational ethos with robust, visionary leadership, underpinned by clear values and principles, can support system-wide change. The research findings suggest that it is the lack of defined ‘public health’ focus was an essential ingredient in its success.

Pattinson House opened diverse opportunities for community members to drive change, improving community cohesion and reducing the damaging effects of poverty, austerity and welfare reform. Findings suggest what mattered was *how* communities were involved, alongside recognition of the structural, financial, environmental and social barriers to change. VCS organisations are well placed to facilitate trusting relationships, but without sustainable, long term funding for collaborative, targeted, place-based approaches such as these, which take time to establish, inequalities in public health, including obesity, are likely to continue.

Acknowledgments

Our thanks and appreciation to all those who gave their time to participate in the research, to community members, children and young people and parents from the Old Fold and Nest Estates, teachers, teaching assistants, staff, volunteers, apprentices and board members who took a risk and got involved. Thanks to members of the Embedded Research Advisory Group, Professor Rosemary Rushmer for her support, Sarah Gorman for her inspiration and Alice Wiseman, Director of Public Health and Gateshead Council Public Health Team for funding the project and supporting the embedded researcher.
References


Fusebrief No. 5 (2015) *What is the most effective way to reduce inequalities in childhood obesity?* www.fuse.ac.uk/research/briefs


NICE (2013) Preventing obesity and helping people to manage their weight NICE local government briefings. 22 May. London, UK.


**Figure 3**

![Figure 3](http://dx.doi.org/10.1177/1466424006070466)

**Figure 3: from** Barton, H. and Grant, M. (2006) A health map for the local human habitat. The Journal for the Royal Society for the Promotion of Health, 126 (6) pp 252-253 [http://dx.doi.org/10.1177/1466424006070466](http://dx.doi.org/10.1177/1466424006070466)
Case Study No. 1  

Children’s views on the Daily Mile Run

As local primary schools in the area had expressed interest in promoting the Daily Mile in school, the research provided an opportunity to explore children’s views at the time it was introduced. Year 5 and year 6 children who participated in the research saw benefits of the Daily Mile Run in that it was seen as a good way to get outside, keep fit and to prepare for local park runs / fun runs, but it also brought risks, as the following exchange shows:

- It will keep you fit and healthy
- It will help your legs get stronger
- I would love it
- You’ll get muscles
- No you wouldn’t, you’d get better lungs and like your lungs will get stretched, and if they get stretched, that means they’re getting bigger
- You’re pushing yourself

RQ  Is there anything bad about the daily mile do you think?

Too much fitness

- I think it’s not a good idea because if we do it every day, like if you fell over and sprained your ankle, the next day, you couldn’t do it again (CFG2 aged 9-10 years)

This prompted a discussion about whether the daily mile should be optional, so only the children who want to do it participated, with one admitting ‘If I had the choice, I’d say no’. Some suggested the option of walking, instead of running or offering a pragmatic alternative:

- Like people who wanted to do it could do it, and people who didn’t, could stay in and read their books (Children FG 2:15 aged 10-11 years)

Children in a school which had started the Daily Mile commented on the hazards involved, the dangers of falling or tripping and the need to change from school shoes in to trainers to avoid slipping on the grass:

- I don’t run on the corners. It might be slippery
- There’s fences, so we have to go round the fence and it’s dangerous. And round key stage one grass, there’s bees and insects there and it’s really scary (CFG 3:6 aged 10-11 years).

Other children commented on their experiences of a local park run, where ‘people actually fell over and hurt themselves, because there’s like loads of kids’ (CFG2:14 aged 9-10), suggesting a need to manage numbers running at any one time.

Children in other groups who tried the daily mile expressed contrasting views as the following quotes illustrate:

- We’ve done it and we hate it
- We’ve done it loads of time and I love it (Children FG4 aged 8-9 years).

The reasons for these diverse views emerged in discussions. The competitive nature of the mile run put some off, and acted as an incentive for others who were motivated to run fast:
I come third because there’s two fast boys in our class

Running was not universally popular among the children who participated in the research and some expressed their dislike of the mile run for different reasons:

Because I hate running and sports

The reason I don’t like it is because I have hardly no energy

I’m only into two sports, swimming and football (Children FG4 aged 8-9 years).

Some felt a daily run would tire them out and others noted that if they were running, they were missing out on other things. The effects of asthma and hay fever were also mentioned by children, alongside concerns from children about get puffed out.

During the summer term, staff at Pattinson House worked with year 6 children in two schools to pilot the Daily Mile, work out a practical safe route, test it out and develop markers. It will be part of the legacy they leave before moving to High School. Further research could focus on the children’s experiences and what difference the Daily Mile makes.

Case Study No 2. Opening doors to Gateshead International Stadium

In the early days of fieldwork, still finding my way round and getting to know community members, I asked some of the women from the estate to take me on a tour of the area. We took the car as one of the women was pregnant at the time. It’s a 10 minute drive from the two primary schools near the new housing estate on the edge of the Old Fold Road, past the old Doctors surgery (now closed down), to the other primary school and back to Asda via the stadium along the Felling bypass. I’d driven along this busy road many times before, and never turned off into the Old Fold and Nest estates. As we approached the Stadium, it became clear that this was not familiar territory to the women. Despite growing up on the estate opposite, they were not regular visitors.

As the fieldwork progressed, parents and teachers observed that the stadium was not seen as welcoming by people on the estate. They did not know what was available or how to access it and activities were seen as prohibitively expensive:

I think there is an element for them of the Stadium isn’t for them. It’s not. It’s for different kinds of people. That’s it. They don’t belong there (Teachers FG2: 12).

I made efforts to find out what activities were on offer, for children and adults, as part of the research. Eventually I met with a Council colleague from sport and leisure, who agreed to set up a meeting with the stadium manager to discuss closer links. The meeting was positive but I left with questions about whether the Council could resolve tensions between income generation and tackling inequalities in health. I invited the manager to visit Pattinson House to have community lunch in an effort to build understanding of, and connections with, the community across the bypass. It did seem ironic that this area of Gateshead experienced some of the greatest health inequalities and part of the solution was on the doorstep.

It struck me that, given the proximity of Gateshead International Stadium to the Old Fold and Nest Estates, multiple opportunities were being missed to engage schools and local communities in efforts to tackle inequalities in health, as noted by a member of Pattinson House staff:

You can’t live 500 yards from one of the biggest sports facilities in the country and still be wondering how you’re going to tackle childhood obesity (Staff IV 7: 18).
At the same time, a newly appointed Youth and Community worker from Pattinson House was developing his own links with the stadium through Gateshead Harriers, following a meeting organised by the project director. It was agreed he would join the Harriers volunteer coaching staff, and gain experience by shadowing coaching sessions, before bringing young people from the project along to the running club at the Stadium on a Tuesday and Thursday evening.

It was agreed young people could attend sessions for 6 weeks before making a commitment to join the Harriers. These young people are provided with ‘Gateshead Go’ cards, enabling discounted access to leisure facilities across Gateshead. Young people are encouraged to take part in the sessions as much as possible and work slowly towards improving their individual fitness levels.

Eight young people have attended (5 female, 3 male) and reported positive feedback. Some of the benefits identified by the young and community worker include: improved or new friendships; widening networks outside young people’s usual friendship groups; being seen in a positive light during the sessions; being aware of the need for small steps to achieve greater goals; making positive life changes: improved mental and physical health and working within an agreed set of rules.

Two of the girls proactively arranged to go by themselves to attend another training session at the Stadium and one of these girls has started training outside the sessions. Both girls have been invited to attend a longer club run by their coach, potentially encouraging greater independence, reducing barriers to access and widening available opportunities to improve health and wellbeing.

Young people who participated commented:

“Can we do another lap?”

“I didn’t know I could run”

“I still feel a bit nervous when it starts” (when entering the stadium on week 4)

“It’s fun”.

The stadium manager and a colleague took up the opportunity to come and visit to join us for community lunch. They came and chatted with the steering group, staff and project manager. Ideas were exchanged, including buggy walks around the track, future use of the stadium space by the youth group, gym tours for adults, taster sessions for fitness classes, inflatable sports day for adults and children over the summer holidays. Some of these may not ‘fit’ traditional ideas of addressing childhood obesity but they ignited the enthusiasm of community members keen to have fun while getting fit.

The young women continue to attend the Harriers. The ‘lean machines’ (healthy weight) group has arranged a visit to the gym and Pattinson House is exploring the idea of a summer family fun day at the stadium, which will bring more local people through the doors. The idea of a football tournament for children and young people is also being explored with a sister community project, Edberts House.

What worked was proactive staff and community members, willing to build bridges and new relationships, take risks, lead and encourage participation and involvement, modelling collaborative partnerships between LA and voluntary and community services to overcome barriers to access.
Case study No 3. Pattinson House Men’s Group

You meet new people, you make new connections…it’s something to look forward to at the end of the week, you know, do something fun (Men’s FG: 6).

The challenges of engaging men in community based, health and wellbeing activities are well documented (O’Brien et al 2005, Milligan et al 2013, Men’s Health Forum 2015, Bunn et al 2016). At Pattinson House, an informal relaxed approach seemed to help, given participants’ reports of feeling uncertain or sceptical about what to expect:

It was a bit daunting at first but there are three lads who come who are really friendly and we chat and have a bit of fun. (Men’s FG: 1)

Getting on with the other men in the group suggests potential peer support opportunities. Some of the factors that influenced men’s attendance included: encouragement from their partner; practical arrangements, (timing, venue), the availability of male staff who were friendly, outgoing and polite, and opportunities to plan enjoyable activities together.

We talked about going camping

Yes, in the summer

Hiring some bikes, and going on the bikes, that would be good, gets us active, gets us together (Men’s FG: 24)

The men reported trying out sporting activities, including badminton, squash, pool and darts, using local facilities, sometimes for the first time. The group provided men with opportunities to build relationships, use their skills and expertise, share experiences, get involved in children’s activities and influence decisions about the centre. Bringing people together in this way helped to increase social connectedness and confidence, break down barriers and social isolation. Asked what would be lost if Pattinson House was not there, one of the men commented:

Well, the community, because all the kids get to interact with each other. If this wasn’t here, obviously, we wouldn’t be here. We wouldn’t know each other. We wouldn’t be going out (Men’s FG:21)

At the time of writing, there were plans to develop a community allotment, recognised as a long term project, which required time and energy from community members:

We’re looking at some places to grow veg and stuff like that…and use them for the pizzas

It’s going to be a community type garden

If people are involved from the start, and then they see the benefits, see it from start to finish and grow the veg, I think they’ll end up looking after it more (Men’s FG: 6)

The men saw the opportunities to support the fledgling pizza business as a new social enterprise creating job opportunities and increasing the availability of healthy food on the estate. More widely, involving others, doing activities together, feeling appreciated, building trust, having fun and making plans for the future appear to be valuable mechanisms to build community cohesion, facilitated by staff and community members at Pattinson House.
Appendix 1 Brief summary of literature on childhood obesity prevention initiatives.

A set of core principles for action to tackle obesity have been identified including calls for a long-term, system-wide approach, redefining the nation’s health as a societal and economic issue and higher priority for the prevention of health problems, with clearer leadership, accountability, strategy and management structures and engagement of stakeholders within and outside Government (Butland et al 2007: 14).

Research indicates that a combination of school components, such as enhanced PA, changes in the food environment and comprehensive long term, community-based approaches (e.g. awareness campaigns, parental involvement, community capacity building) are promising strategies (Brand et al 2014, Gonzalez-Suáres et al 2009). Studies of school, family and community based interventions to increase physical activity and wellbeing and reduce sedentary behaviour report mixed success (Sanigorski et al 2008, Sacher et al 2010, Whitby 2010, Coppins et al 2011, Williams et al 2013, Brand et al 2014, Lucas et al 2014, Kothandan 2014, Morton et al 2016), prompting calls for systemic efforts to address wider social and environmental influences such as family, peers, physical environment, transport and educational policy as part of possible solutions (Tymms et al 2015). It has been argued that considerable work is required to re-frame public debates about obesity, to move away from the continued focus on personal shortcomings and individual behaviour change interventions (Greener et al 2010). The National Child Measurement programme is an example of an awareness raising approach which has been criticised because of its negative impact on children’s mental health, perpetuating a sense of personal / family responsibility rather than promoting a more contextualized approach to obesity prevention (Nyanyi 2016). Others argue the only effective way to improve child health and reduce childhood obesity is to eliminate or dramatically reduce child poverty and disadvantage; a socio-economic and political issue, seen as a persistent blind spot in public health literature on obesity (Chaufan et al 2015).

Our understanding of why children from socially disadvantaged backgrounds experience higher risk of obesity and overweight remains limited (Goisis et al 2015). Other gaps in the available evidence include the impact of social and environmental interventions for children and young people, particularly under 11s and teenagers, and research on the effectiveness of interventions aiming to improve the health of disadvantaged communities (Woodman et al 2008) and reduce inequalities (Hillier-Brown et al 2014, Garthwaite et al 2016). With few exceptions (e.g. Briggs and Lake 2011), studies of obesity among children and young people have been criticised for failing to take account of the micro-environments in which young people live or their perspectives of their own or other’s bodies (Wills et al 2006). If successful programme activities are to be embedded into everyday practices in homes, schools, child care settings, the health system and wider community as suggested by Waters et al (2011), these gaps in our knowledge need to be addressed. Taking account of local variation, engaging children and young people in the changes they would like to see locally is important (Wills et al 2015). The benefits of increased levels of joint decision-making have been demonstrated in a recent review by the What Works for Wellbeing Centre, which showed they were associated with changes to levels of depression, sense of community, partnership working, skills development, learning and training, self-esteem and sense of empowerment (Pennington et al 2017). Given the clear unequivocal evidence that public health interventions are highly cost saving to health services and the wider economy (Masters et al 2017), targeted action is required at community level.

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3 The National Child Measurement Programme is an annual Public Health programme that measures the height and weight of the majority of children in reception (aged 4-5 years) and year 6 (aged 10-11 years) in England. Participation rates in 2015/16 were 94.8%.
Appendix 2
Parents’ and community members’ perceptions of the biggest issues affecting local families.

Financial factors
Rising living costs, benefit reductions, sanctions, effects of benefit cap, increasing housing costs
Pressures on money, particularly in school holidays and at Christmas
Increased use of food banks, loans, debt, borrowing from friends, neighbours and family
Costs of healthy eating, cooking on a budget, reliance on public transport or taxis, no access to cars
Limited access to affordable activities locally, childcare or crèche facilities, cost of Slimming World, holidays, trips or days out, no subsidised activities for children (e.g. swimming) or adults (e.g. gym membership)
No Council play or youth services, no local GP practice or sexual health drop-in, Council services squeezed as funding cuts hit. Limited money for education / training courses, vet bills, fines. Age limit to use council gym.
Poor access to IT / internet, rising expectations of Job Centres re. job searches, financial insecurity.

<table>
<thead>
<tr>
<th>Social factors</th>
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</thead>
<tbody>
<tr>
<td>Loneliness and social isolation, including older people</td>
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<tr>
<td>Unemployment, worklessness, limited availability of meaningful job opportunities</td>
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<tr>
<td>Conflicts and disputes with neighbours / landlords, local tensions, fighting, DV</td>
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<tr>
<td>Discrimination, intimidation, bullying, racism, homophobia</td>
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<tr>
<td>Language and cultural barriers</td>
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<tr>
<td>Area reputation, stigma, judgmental attitudes</td>
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<table>
<thead>
<tr>
<th>Environmental factors</th>
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<tbody>
<tr>
<td>Access to ‘decent parks’, lack of safe outdoor places to play, fear of anti-social behaviour, crime, needles, drugs, drinking, broken glass, fly tipping, bullying, paedophiles</td>
</tr>
<tr>
<td>Traffic, busy roads, speeding cars, pollution, road traffic accidents</td>
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<tr>
<td>Housing in poor state of repair, no-one to keep streets clean</td>
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<tr>
<td>Access to affordable fresh fruit and vegetables locally</td>
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<tr>
<td>Easy, convenient takeaways, including KFC, McDonalds, kebabs. Unhealthy food and takeaways for ‘treats’.</td>
</tr>
<tr>
<td>Unhealthy school dinners, packed lunches</td>
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<tr>
<td>Weather</td>
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<tr>
<td>Access to and perceptions of Gateshead Stadium</td>
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<tr>
<td>Timing of activities, transport</td>
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<table>
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<tr>
<th>Individual factors</th>
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<tbody>
<tr>
<td>Physical and mental health problems, stress, anxiety, poor self-esteem, feeling low,</td>
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<tr>
<td>Ill health, bad back, side effects of medication</td>
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<tr>
<td>Diet and exercise, feeling self-conscious, anxious about body image, fitness levels, lacking confidence</td>
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<tr>
<td>Literacy and numeracy</td>
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<tr>
<td>Grief, loss and bereavement</td>
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<tr>
<td>Not knowing about healthy food</td>
</tr>
<tr>
<td>Not knowing what affordable activities are on, what’s available locally</td>
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</tbody>
</table>

Family-related
Childcare issues, infant feeding, weaning, parenting experiences
Large families
Children’s use of IPhone, IPad, Xbox, games consoles
Appendix 3 Teachers' and TA’s perceptions of the biggest issues affecting local families.

<table>
<thead>
<tr>
<th>Financial factors</th>
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<tbody>
<tr>
<td>Low income, poverty, benefit reductions, sanctions, financial insecurity and exclusion</td>
</tr>
<tr>
<td>Restricted choices about food, heating or washing clothes</td>
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<tr>
<td>Limited access to affordable activities locally, prohibitive costs</td>
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<tr>
<td>Reducing Council and school budgets, services squeezed as funding cut, lack of follow-up support e.g. NCMP</td>
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<table>
<thead>
<tr>
<th>Social factors</th>
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<tbody>
<tr>
<td>Unemployment, lack of job opportunities, worklessness</td>
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<tr>
<td>Shift patterns, work commitments, timing of activities, limited time</td>
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<tr>
<td>Education and awareness</td>
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<tr>
<td>Perceptions of Stadium</td>
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<tr>
<td>Stigma, judgement, embarrassment, racism</td>
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<table>
<thead>
<tr>
<th>Individual factors</th>
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<tbody>
<tr>
<td>Mental health, stress, self-esteem, use of alcohol, drugs.</td>
</tr>
<tr>
<td>Use of technology, IPad, Xbox, games consoles, laptops</td>
</tr>
<tr>
<td>Diet and exercise, feeling self-conscious, anxious about body image, fitness levels</td>
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<tr>
<td>Asthma, hay fever</td>
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<table>
<thead>
<tr>
<th>Environmental factors</th>
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</thead>
<tbody>
<tr>
<td>Access to green spaces, safe outdoor places to play, anti-social behaviour, needles, broken glass, parks in disrepair, dog mess</td>
</tr>
<tr>
<td>Transport issues, limited access to car, traffic, busy roads, pollution, road traffic accidents</td>
</tr>
<tr>
<td>Housing, overcrowding, unsuitable facilities to cook / eat together as a family, no table to sit at</td>
</tr>
<tr>
<td>Access to affordable fresh fruit and vegetables locally</td>
</tr>
<tr>
<td>Cheap convenient takeaways, including KFC, McDonalds, kebabs.</td>
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<tr>
<td>School dinners, packed lunches</td>
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<th>Family-related</th>
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<tbody>
<tr>
<td>Childcare issues</td>
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<tr>
<td>Large families</td>
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<tr>
<td>Parenting expectations and experiences</td>
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Appendix 4
Children and young people’s views about what helps people to be fit & healthy

Do sports activities including:
- football, running, athletics, basketball, swimming, gymnastics, dog walking, rounders, tennis, trampolining,

Be outside - play out in the garden, park, fields or in the street
- Go for bike rides or walks with your friends or family
- take the dog out.
- Go on trips

Drink water and milk, and avoid sugary drinks, pop and energy drinks.

Eat fresh fruit and vegetables, including apples, bananas, oranges, kiwis, strawberries, broccoli, salad, fruit smoothies. Avoid chocolate.

At school
- Go to breakfast club, do the Daily Mile, use the MUGA, playground and sports facilities, climb, go to after school clubs, meet coaches, do forest school, go to cooking club, grow veg, get motivated, have your say, meet your MP, bully busters, the friendship bench.
Appendix 5 Teachers and Teaching Assistants’ views about how school could help children and young people to be fit and healthy

- Develop school garden to grow herbs, fresh fruit and vegetables
- Sports and PE coaches coming in to school
- Forest school to encourage outdoor play
- Be responsive to parents’ ideas and suggestions
- Educate parents, support parents and offer activities for parents and children together e.g pram push
- Cookery courses for children to attend with parents
- Encourage children to cycle and scoot to school with prizes and incentives like ‘bling’
- Free or affordable holiday clubs
- Be responsive to parents’ ideas and suggestions
- Forest school to encourage outdoor play
- Sports and PE coaches coming in to school
- Encourage attendance at breakfast club
- Encourage healthy packed lunches, and healthy school dinner options
- Promote mental health
- Encourage children to be involved in School Council to influence what goes on
- Run or walk Daily Mile
- After school clubs for sport, dance, athletics, football etc
- Links with sports’ leaders & apprentices at local colleges
- Health Roadshow with visiting speakers in school
- Learn about healthy eating and physical activity through curriculum, science and PSHE
- Links with sports’ leaders & apprentices at local colleges
- Forest school to encourage outdoor play
- Sports and PE coaches coming in to school
- Educate parents, support parents and offer activities for parents and children together e.g pram push
- Cookery courses for children to attend with parents
- Encourage children to cycle and scoot to school with prizes and incentives like ‘bling’
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