

# **Tower Hamlets Council Healthy Lives Programme Evaluation**

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## List of abbreviations/definitions

AHT – Assistant Headteacher  
EHWB – Emotional Health and Wellbeing  
GLA – Greater London Authority  
HPSF – Health Promoting School Framework  
HSL – Healthy Schools London  
ICC – Institute for Connected Communities  
IDACI – Income Deprivation Affecting Children Index  
LSOA – Lower Layer Super Output Area  
PSHE – Personal, Social, Health and Economic Education  
RSE – Relationship and Sex Education  
SEMH – Social, Emotional and Mental Health & Wellbeing  
SENCO – Special Educational Needs Coordinator  
SEND – Special Educational Needs and Disabilities

# 1. Executive summary

## 1.1 Background

This evaluation aimed to enhance understanding of the delivery processes and impacts of the Tower Hamlets Healthy Lives Programme. It sought to address various questions, such as identifying potential improvements to enhance accessibility, effectiveness and user satisfaction; assessing the extent to which the needs of schools, children and young people were met; and evaluating evidence of the programme's effectiveness, which would inform the decision on its continued procurement. Fieldwork for this evaluation began in December 2023 and concluded in May 2024, with data analysis and report writing completed by June 2024. In total, 48 research participants took part in the evaluation, including school leads, healthy school coordinators, stakeholders<sup>1</sup> and a pupil. This study was conducted with ethical oversight, approved by UREC with the approval number ID ETH2324-0147.

The Healthy Lives Programme is an initiative designed to support and enhance the health and wellbeing of children and young people through schools and communities. It follows the Healthy Schools model, which is based on principles set out by the World Health Organization (WHO) for promoting health in educational settings. One stakeholder commented, '[they] are the only team that support schools gain the schools award, there are lots of services that support families with key issues and health inequalities'. The Healthy Lives Programme typically includes:

- **Health Promotion:** Encouraging physical activity, healthy eating and emotional wellbeing among pupils.
- **Education:** Integrating health-related topics into the school curriculum, such as personal, social, health and economic education.
- **Support Services:** Providing additional support for pupils' health needs, including mental health services and resources for those with special educational needs and disabilities (SEND).
- **Community Involvement:** Engaging with families and local communities to create a supportive environment for pupils.
- **Leadership and Management:** Supporting schools in developing and implementing health-related policies and practices.

The goal of the Healthy Lives Programme is to create a comprehensive approach to health within schools, helping to foster a positive environment that supports the overall development and wellbeing of pupils.

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<sup>1</sup> Selection of stakeholders: TastEd; LBTH Parent and Family Support Service; NEL ICB; Just Finance Foundation  
London Borough of Tower Hamlets – Public Health; and GPCG.

## 1.2 Key findings

The Healthy Lives Programme was evaluated for its effectiveness during pre-pandemic, pandemic and post-pandemic recovery phases from 2018 to 2023. This assessment utilised data from Ofsted, the Public Health Outcomes Framework, and the national Child Measurement Programme. The analysis is currently ongoing.

The programme's performance was benchmarked against two other local authorities, Hackney and Newham, as well as regional (London) and national (England) standards to determine its standing in these broader contexts.

The evaluation also assessed the staffing effectiveness of the Healthy Lives Programme. It noted that while the programme had good relationships with schools and was well-integrated into local educational networks, there were significant limitations in staff capacity. This affected the ability to expand services, take on more responsibilities, or offer additional support. Specialised expertise areas such as physical activity, PSHE and SEND were particularly noted as gaps.

Interaction with schools revealed that the programme had engaged with 65 out of 67<sup>2</sup> primary schools in Tower Hamlets, with varying levels of frequency. Schools reported that the free nature of the programme was crucial, given budget constraints, but that engagement levels varied significantly depending on the priorities of headteachers and leadership teams.

Areas of support included healthy eating, PSHE, physical activity, and emotional health and wellbeing, with the majority of focus on promoting healthy eating. Challenges cited in the evaluation included limited data from schools less engaged and difficulties in accessing schools without specific health awards.

Overall, while the programme has been effective in forming strong connections within the school network and in supporting health education, the need for increased staffing and specialised expertise is evident to fully meet the diverse needs of the community.

Schools have expressed strong approval and some recommendations for improvements regarding the Healthy Lives Programme in Tower Hamlets. They praised the programme for its timely, personal and informative communication, and they appreciated the support in activities such as the Daily Mile, healthy eating initiatives, sugar pledges and school award certifications. Schools also valued the programme's ability to share information and best practices from other schools, and noted its deep understanding of behaviour change.

The evaluation of the Healthy Lives Programme reveals several insights into the structure, processes, outcomes and impacts of this programme, highlighting challenges and achievements. The team has faced challenges in coherence, with historical confusion around resources, governance and information gathering. This has been compounded by a lack of effective coordination between teams and departments, leading to missed opportunities and duplicated efforts.

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<sup>2</sup> June 2024 data supplied by Commissioner and retrieved from:  
<https://get-information-schools.service.gov.uk/Establishments/Search?tok=1MvcGrQE>

Despite these challenges, the team has partly delivered on the programme specification, often exceeding the outlined requirements. Much of their work extends beyond the initial scope and is needs-driven, acting as both a protective factor and enabler in the organisation and delivery of services. This expanded effort strengthens health and well-being outcomes for children.

Feedback from educators indicates that the Healthy Lives Team significantly contributes to building healthy schools. Although direct input from children was limited due to school holidays and time constraints, educators describe the team as offering thought leadership and serving as a valuable resource. However, school leaders expressed a need for borough-wide collective action to address health inequalities in children, aiming to maximise impact and outcomes.

The Healthy Lives Team has focused its efforts on collaborating with schools in the most deprived neighbourhoods, aligning with the Core20PLUS5 framework. This NHS England approach targets reducing health inequalities and improving outcomes for children and young people. It emphasises enhancing maternity care, improving mental health services with early interventions, better managing respiratory diseases, combating childhood obesity, and increasing dental care access.<sup>3</sup> The team's strategic focus supports these areas, aiming to address the specific needs of disadvantaged communities effectively.

While the Healthy Lives Programme has made positive impacts on health outcomes for children and young people, schools have identified areas for improvement. They believe that the Healthy Lives Programme and Tower Hamlets should more strongly enforce participation from all schools, especially regarding sensitive topics such as religion, sex education and drug education. Schools also see a need for additional support to address the impact of social media on pupils' mental health. There is a call for greater efforts to provide opportunities for underprivileged pupils, and to offer more in-school workshops for both parents and children. Furthermore, schools would like the programme's support to extend beyond healthy eating to include areas such as Personal, Social, Health and Economic (PSHE) education.

## 1.3 Recommendations

To boost the accessibility, effectiveness and user satisfaction of the Healthy Lives Programme, here are some streamlined recommendations:

### 1. Enhance Support for Specific Areas and Vulnerable Groups:

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<sup>3</sup> The Core20PLUS5 framework for children and young people is an initiative by NHS England designed to address health inequalities and improve outcomes for disadvantaged groups. The framework targets the most deprived 20% of the population (Core20) and includes additional groups identified locally (PLUS). It focuses on five key clinical areas to enhance health outcomes: improving maternity care for safe pregnancies and healthy births, expanding mental health services with early intervention for at-risk youth, better management of respiratory diseases such as asthma, addressing childhood obesity through nutrition and physical activity programmes, and increasing access to dental care and oral hygiene education. This framework aims to ensure equitable healthcare access and support for all children and young people.

- Expand support for Personal, Social, Health and Economic (PSHE) education, particularly Relationship and Sex Education (RSE), through active engagement with both communities and schools.
  - Increase specialist support for disadvantaged and vulnerable pupils, including those with special educational needs and disabilities (SEND), and consider the needs of pupils varying in gender and ethnicity.
2. **Improve Communication:**
    - Clarify the roles and responsibilities within the Healthy Lives Team to ensure that everyone is clear on their duties and how they contribute to the team's goals.
  3. **Strengthen Partnerships:**
    - Address overlaps and define clear responsibilities between the Healthy Lives Team, the Tower Hamlets parental engagement team, and the School Health Transformation Programme to enhance collaboration.
  4. **Increase Parental Engagement:**
    - Develop strategies that overcome parents' reluctance to engage with projects they feel might reflect poorly on their parenting skills. Implement both universal and targeted initiatives to encourage broader participation.
  5. **Implement Whole-System Approaches:**
    - Combine top-down directives with bottom-up input to address health and wellbeing challenges effectively.
    - Strengthen connections with the broader London Healthy Lives Programme to ensure efforts are complementary and not isolated.
    - Adapt to demographic changes that affect funding, such as fluctuations in pupil numbers, and reassess the positioning of the Healthy Lives Programme within the Council to optimise resource allocation and in-person engagements.
    - Plan for the future by envisioning how the programme should evolve over the next 10 to 20 years, taking into account trends such as changes in the school population.
  6. **Ongoing Evaluation of Needs and Effectiveness:**
    - Systematically analyse both quantitative and qualitative data to assess how well the programme meets the needs of schools and young people, and provide evidence of its effectiveness to support continued commissioning.

These recommendations aim to refine the programme delivery, ensuring that it not only meets current needs but is also well-positioned to respond to future challenges.

## 2. Introduction

### Healthy Schools to Healthy Lives

School health programmes are based upon the principles outlined in the Health Promoting School Framework (HPSF). The HPSF proposed by the World Health Organization (WHO) in 1995 was based upon the Ottawa Charter for health promotion 1986. The WHO recommends that a health-promoting school is one that: nurtures health and learning within the whole school; encompasses health and education officials, teachers, unions, pupils, parents, health providers and community leaders; provides a healthy environment, health education and health services; has in place health promotion programmes for staff, nutrition and food safety programmes, opportunities for physical education and recreation, and programmes for counselling, social support and mental health promotion.

The focus on the health of children has identified the school as an ideal setting to change behaviours and to equip pupils with practical life skills. From the start of healthy schools programmes', the key concerns were with increased weight, reduced physical activity, and emotional and mental wellbeing. In England, the National Healthy Schools Programme was launched in 1999 by the Department of Health and Department for Education. The aim of the programme was to support schools to take a whole-school approach to promote the health and wellbeing of children and young people (Arthur et al., 2011). The overall aims of the national programme were to: support children and young people in developing healthy behaviours; help raise pupil achievement; help reduce health inequalities; and help promote social inclusion.

In England, the evaluation of the national healthy school programme set out the definition of a healthy school in 2005. It included four essential themes: Personal, Social and Health Education (PSHE); Physical Activity; Healthy Eating; and Emotional Health and Wellbeing (EHWB). The thematic criteria promote a whole-school approach: leadership, management and managing change; policy development; curriculum planning; teaching and learning; school culture and environment; provision of pupils' support services; staff professional development needs, health and welfare; partnerships with parents/carers and local communities (Langford et al., 2015).

In 2011, the national healthy schools programme was cut by the coalition government. In the national programme's absence, the London Health Improvement Board agreed to help schools continue this work by developing a scheme tailored specifically for London. The Healthy Schools London (HSL) programme was launched in April 2013, endorsed by the Mayor of London and funded by the Greater London Authority (GLA). The aim of HSL was to encourage schools to improve their health-promoting environments, support pupils to develop healthy behaviours, reduce health inequalities, and improve educational achievement. The awards-based programme sought to help schools develop their health and wellbeing policies and procedures, and to recognise and reward their endeavours. It was based on a whole-school approach, giving schools a framework to guide and record their health-related activities with pupils, staff and community (Barnfield and Rutter, 2017).

Since the commencement of the London programme, Tower Hamlets Council have sought to continue to work with schools. This endeavour is facilitated by the Healthy Lives Team,



which builds on their success within Healthy Schools London and many years of work with schools to promote childhood health and wellbeing. Since 2013, Tower Hamlets has been the top performing borough in London for the Mayor of London's Healthy Schools London awards, achieving 73 Gold, 126 Silver and 88 Bronze Healthy Schools awards..

The Healthy Lives Team in Tower Hamlets works with all school staff, pupils, parents and governors. Their work aims to support, encourage and enable children's health and wellbeing. They work in key areas of child health: healthy eating, oral health, physical activity, mental health and resilience, personal social health education, and active travel to school. The team seeks to provide vital support to schools, pupils and parents to tackle and reduce obesity and health inequalities, and to increase mental health and emotional resilience to encourage academic achievement.

The team has always been funded by both Public Health and the Council. At first, the Council's share came from the Education budget, then later from the General Fund. Over time, this funding split has stayed roughly the same, with Public Health covering about 60% of costs and the Council 40%. Most of the budget – about 95% – goes to staffing, with a small amount set aside for training and events.

This year, Public Health will fund 100% of the budget. Although funding for the Healthy Lives Team has been clear, some issues have come up around how key performance indicators are reported, the team's additional projects, and their involvement in joint work across Council teams to support children's health and wellbeing.

## **What are the Health Challenges?**

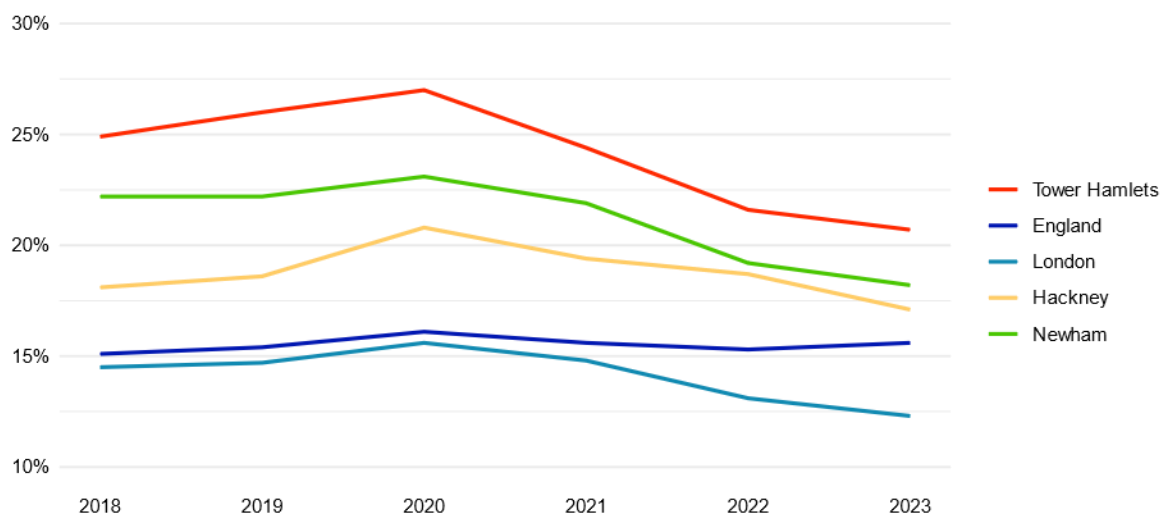
The United Kingdom is facing a public health crisis that is being experienced in all towns and cities. For children, this crisis starts in early years and develops throughout school age (Harron, 2024). There are four national concerns that demonstrate the systemic challenges (Royal College of Paediatrics and Child Health, 2023). These concerns are longstanding, but they have continued: obesity and nutrition, physical inactivity, oral health, and emotional and mental wellbeing.

The health challenges experienced by children and young people are influenced and often exacerbated by poverty and deprivation (Royal College of Paediatrics and Child Health, 2022; Department for Education, 2023). A recent study (Villadsen et al., 2023) found that children living in poverty are more likely to experience poor health and educational outcomes by the time they reach adolescence compared to children from more affluent families.

The Income Deprivation Affecting Children Index (IDACI) measures in a local area the proportion of children under the age of 16 that live in low-income households. These are calculated per Lower Layer Super Output Areas (LSOAs): areas with an average population of 1,500 people or 650 households. The IDACI can be broken into deciles which rank neighbourhoods into 10 equal groups from 1 (10% of most deprived neighbourhoods nationally) to 10 (10% of least deprived neighbourhoods nationally).

Furthermore, Tower Hamlets has the highest proportion of children in low-income families compared to the other regions. This proportion has been steadily declining since 2020 (see Figure 1).

Figure 1. Children in absolute low-income families (under 16s)



Source: Fingertips

## Obesity

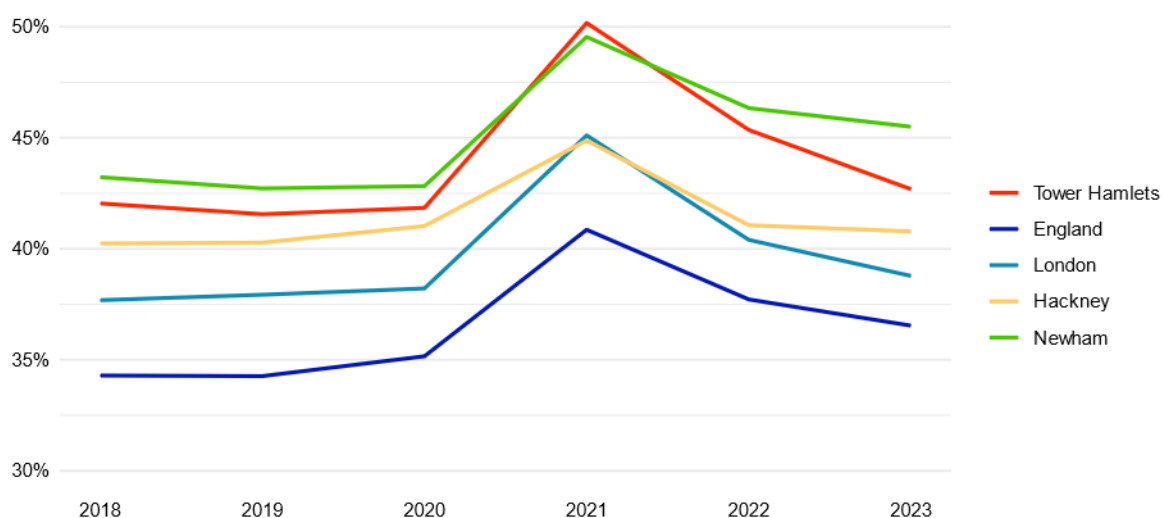
Childhood obesity remains one of the biggest health challenges that the whole country faces. The biggest risk factors include unhealthy diet, lack of physical activity, family health and behaviour, access to food outlets and spaces for active play and exercise (UK Parliament Post, 2021). Obesity increases the risk of developing a range of health conditions in childhood and later life. These include, but are not limited to: heart disease, stroke, high blood pressure, diabetes and some cancers (Royal College of Paediatrics and Child Health, 2020).

Childhood obesity is more prevalent in London than in England overall. In 2022/23, 24.8% of children in Year 6 were considered obese in London, compared to 22.7% in England. Over the last decade, the prevalence of childhood obesity has risen by 2.4 percentage points in London and 3.8 percentage points in England. Most London boroughs had a higher prevalence of childhood obesity than England overall in both 2012/13 and 2022/23 (Trust for London, 2024).

In Tower Hamlets, in Year 6, half of children are obese or overweight – 28% are classified as obese in Year 6 (Trust for London, 2024). The numbers of children who have excess weight increased during the pandemic, following a pattern shared across the country. Children who live in deprived areas or who are from certain minority ethnic groups are less likely to be a healthy weight (CMO, 2019). As excess weight in childhood is associated with a wide range of health problems in both childhood and later in life, reducing obesity in Tower Hamlets is a key public health priority locally, as evidenced by the Child Healthy Weight Action Plan (Tower Hamlets, 2023).

Tower Hamlets shows higher Year 6 prevalence of overweight children compared to the London and national averages. However, it is comparable to Newham. The prevalence increased over the pandemic, but it has since decreased (see Figure 2).

Figure 2. Year 6 prevalence of overweight (including obesity)



Source: Fingertips, Year 6 (ages 10–11)

### **Physical Inactivity**

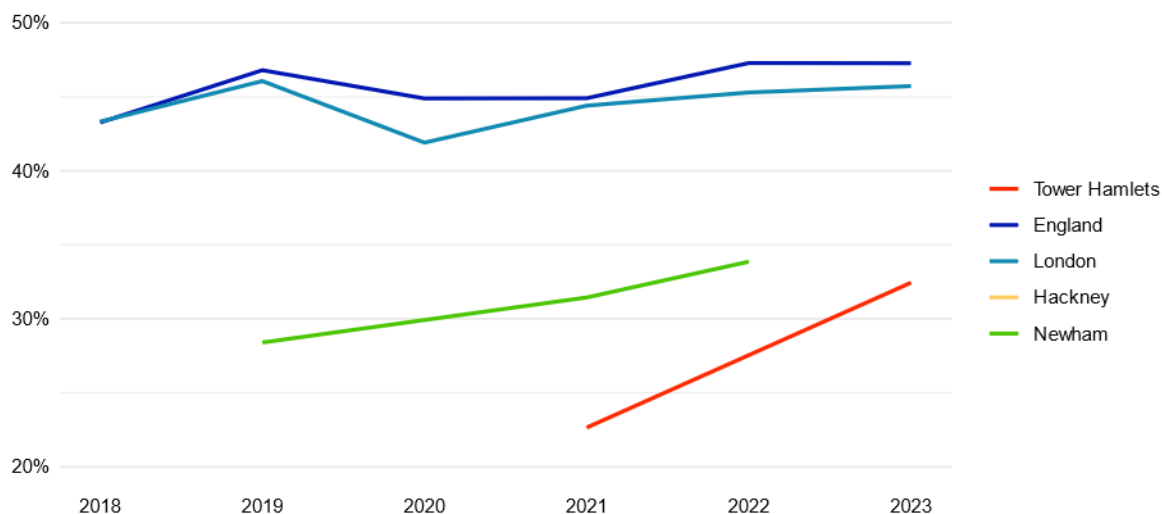
Physical activity is important to improve health outcomes and to reduce the likelihood of developing a chronic disease. Physical inactivity is connected to the rise in overweight children. As well as helping prevent health issues including cancer, heart disease, type 2 diabetes and depression, physical activity is also a major factor in preventing obesity in the capital (Sport England, 2023). The Active Lives report from Sport England (2023) identifies inequalities in physical activity in the country and in London. These contain disparities between gender, affluence and ethnicity:

- Girls in London are nearly 10% less active than boys (42% vs 50%), with the gap being 2% wider than the national average.
- Children from lower income families are more than 10% less active compared with those from higher income families (42% vs 53%).
- Black and Asian children are more than 10% less active than White children (39% Black and 39% Asian vs 51% White British and 57% for White Other).

Out of 45 regions in England, London is placed 32nd for children’s activity levels. The amount of physical activity varies in each borough, with nearly 30% difference between the most active and least active boroughs. Wandsworth topped the child activity ranking for London with 59% active, with Tower Hamlets at the bottom of the list with only 32% active (Sport England, 2023).

Data regarding the physical activity of children and young people were only available from 2021–23 for Tower Hamlets. The data did show an increasing percentage of physical activity, however this was below the neighbouring Borough of Newham, and substantially below the London and national averages (see Figure 3).

Figure 3. Percentage of physically active children and young people (aged 5–16)



Source: Fingertips

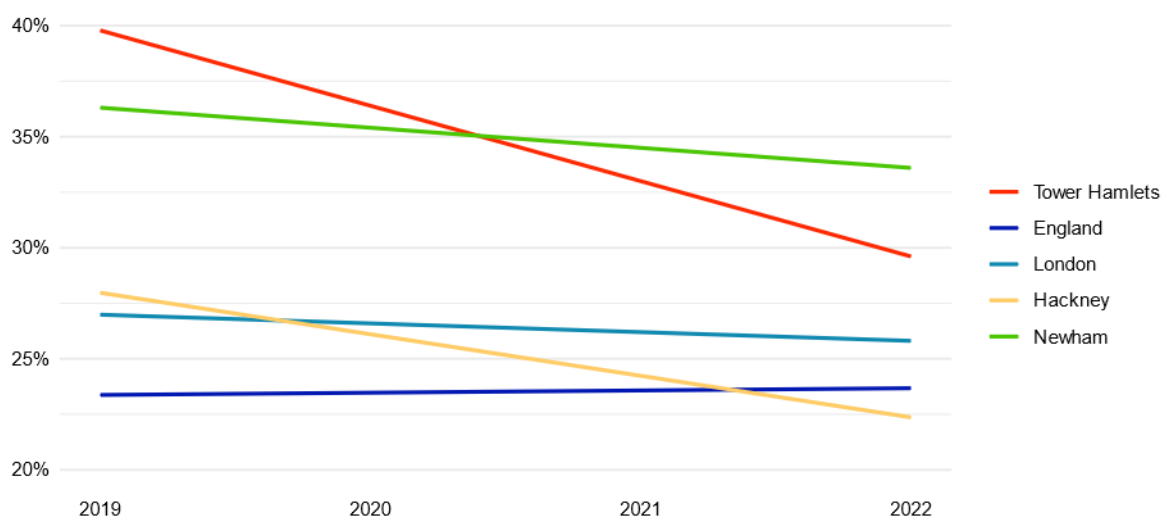
### Oral Health

Oral health is a growing problem nationally and locally. Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. Although oral health is improving in England, the oral health survey of 5-year-olds in 2019 showed that just under a quarter have tooth decay (PHE, 2020). Each child with tooth decay will have on average 3 or 4 teeth affected. For those children at risk, it can happen early in life. The oral health survey of 3-year-olds in 2020 found that 11% had visible tooth decay, with on average 3 teeth affected (PHE, 2022). Almost 9 out of 10 hospital tooth extractions among children aged 0 to 5 years are due to preventable tooth decay, and tooth extraction is still the most common hospital procedure in 6- to 10-year-olds (PHE, 2020).

In Tower Hamlets, the proportion of 5-year-old children experiencing tooth decay was 35.5%, with the need for tooth extraction being the largest single cause of hospital admissions for children. The percentage of children accessing dental services was 50.4%. This compares to 62.8% for London and 69.4% for England (Healthwatch Tower Hamlets, 2019).

Data for 5-year-olds experiencing dental decay were only available for 2019–22. Tower Hamlets shows a steadily decreasing percentage of 5-year-olds experiencing dental decay. This percentage is comparable to that of Newham, but substantially higher than Hackney, and London and national averages (see Figure 4).

Figure 4. Percentage of 5-year-olds with experience of visually obvious dental decay



Source: Fingertips

### ***Emotional and Mental Wellbeing***

The emotional health and wellbeing of children and young people has been brought into sharp relief by the COVID-19 pandemic, the effects of which are still being felt and confronted several years later. The evidence base includes several longitudinal studies and systematic reviews that have highlighted the negative impact of the pandemic. For example, a study by Wright et al. (2021) found that nearly half of the 11–12-year-old children in the cohort (44%) reported an increase in symptoms of depression, and a quarter (26%) reported an increase in PTSD symptoms since the start of the pandemic.

The 2021 Mental Health of Children and Young People in England survey supports this, revealing that 40% of 6–16-year-olds have experienced deterioration in mental health (NHS, 2021). The MHCYP 2023 reported that one in five children and young people in England had a probable mental disorder that year alone (NHS England, 2023). In addition, the Children’s Mental Health Services 2022–23 report released by the Children’s Commissioner for England revealed that over a quarter of a million children and young people (270,300) are still waiting for support after referral to Children and Young People’s Mental Health Services (CYPMHS). During this period alone, the service received referrals from 8% (949,200) of children in England.

Local authorities and services are frequently bearing the brunt of the rise in cases, as well as the blockages within the system, and schools are at the forefront in dealing with incidences of ill health and the knock-on effects. The pandemic further highlighted the disparities in experiences and treatment of emotional and mental health. Throughout the pandemic, parents in households with lower annual incomes reported that their children had more symptoms of behavioural, emotional and attentional difficulties than those with higher annual income (Mansfield et al., 2021). The challenge of emotional and mental wellbeing is an additional burden on schools and support services at a time of uncertainty around funding, provision and personnel.

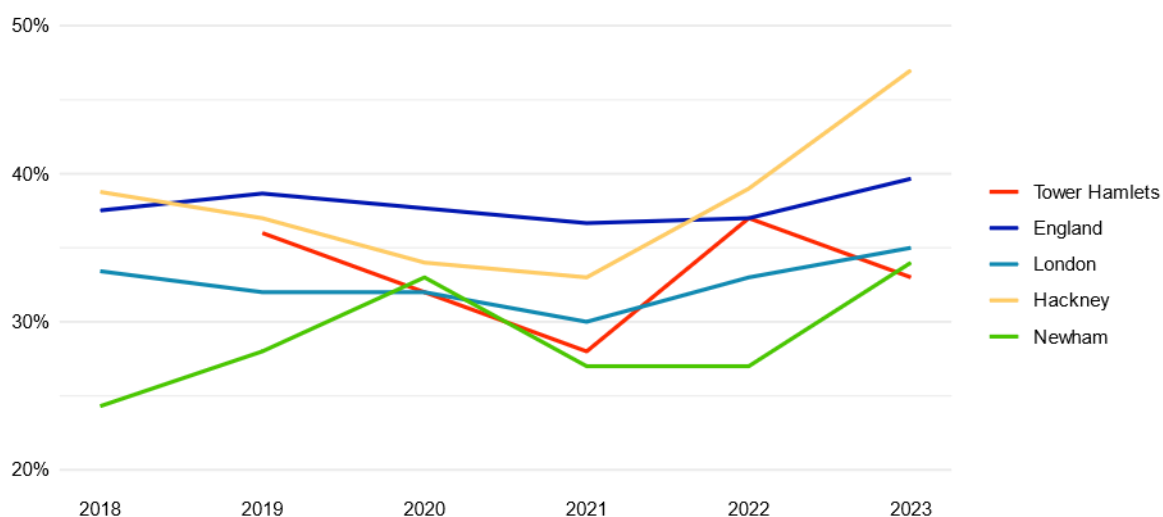
It was estimated in 2019 (Tower Hamlets CCG, 2019) that the prevalence of children with diagnosable mental health conditions will increase by approximately 3% a year and it was predicted that this trend was going to continue until 2021, resulting in a 16.4% increase between 2015 and 2021.

Data from Fingertips (Department of Health and Social Care, no date) suggest that the percentage of primary school pupils with social, emotional and mental health needs in Tower Hamlets remained relatively stable between 2019/20 and 2022/23, ranging from 2.5% (in 2020/21) to 2.8% (in 2022/23). The Tower Hamlets figures had been not significantly different from the London figures over the reported years.

Tower Hamlets Children and Young People Mental Health and Emotional Wellbeing Local Transformation Plan (Tower Hamlets CCG, 2019) highlighted that specialist CAMHS referral had also increased between 2017/18 to 2019 (16% increase in accepted referrals) and the rate of increase was expected to continue in a similar trend in the following years. Furthermore, the percentage of primary school pupils who felt happy about life decreased from 75% to 68% (Cole and Tayyab, No date).

Tower Hamlets shows comparable levels of children’s emotional wellbeing, which is a cause for concern with the other regions. This concern decreased over the pandemic, but there has recently been an uptick (see Figure 5).

Figure 5. Percentage of looked after children aged 5–16 whose emotional wellbeing is a cause for concern

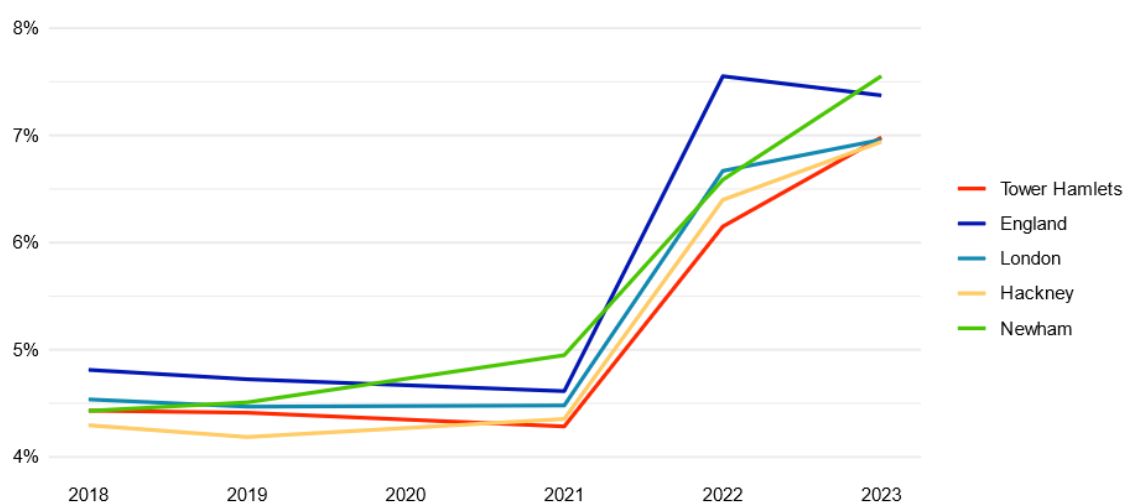


Source: Fingertips

The above trends indicate improving health outcomes for children and young people in Tower Hamlets, particular from 2022 to 2023. Physical activity and school readiness (level of phonics development – Appendix 1.a) increased, while prevalence of children who are overweight, have dental decay, and whose wellbeing is a cause for concern all decreased. However, Tower Hamlets generally shows poorer outcomes compared to neighbouring boroughs, and particularly in comparison to London and national averages.

Post-COVID, pupil absences have risen significantly, with both physical and mental health issues playing a key role in unexplained school absences. Children and young people (CYP) dealing with physical and mental health challenges are particularly vulnerable to missing school without explanation, often due to the cumulative impact of their health on attendance (Finning et al., 2022). Research has shown that during the COVID-19 pandemic, school absences increased markedly across England, highlighting the relationship between health-related factors and absenteeism (Southall et al., 2021). These findings underscore the need for schools to address the health barriers that prevent pupils from regular attendance. Pupil absence across regions showed a sharp increase through the pandemic period from 2021 to 2022. The lack of change from 2020–21 is likely due to the 2020 data collection period just falling short of the lockdown. This increase continued at a slower rate through 2022 to 2023. Tower Hamlets has followed this trend but shows lower levels of pupil absence compared to the other regions (see Figure 6).

Figure 6. Pupil absence among children aged 5–15



Source: Fingertips

The Healthy Lives Programme helps schools follow the Healthy Schools model, which is based on the World Health Organization's guidelines for promoting health in schools. This programme supports a comprehensive approach to improving wellbeing in both schools and their communities. It focuses on several key areas:

- Leading and managing change effectively.
- Developing and implementing relevant policies.
- Enhancing learning and teaching methods.
- Planning and resourcing the curriculum.
- Creating a positive culture and environment.
- Giving children and young people a voice in their education.
- Providing support services for pupils.
- Addressing staff training needs related to health and wellbeing.
- Building partnerships with parents, caregivers and local communities.
- Tracking and reporting on the progress and achievements of pupils.

### 3. Aim

The aim of the evaluation was to gain a clearer understanding of the delivery processes and the outcomes/impacts of the Tower Hamlets Healthy Lives Service. This evaluation sits within the portfolio of the Children and Adolescents team, within the Healthy Children and Families team of the Public Health Division in London Borough of Tower Hamlets.

Specifically, the Tower Hamlets Healthy Lives service evaluation aimed to:

- understand the structure, processes, outcomes and impacts of the service, including team structure, partnership working and spend
- understand how well the service delivers the requirements outlined in the service specification
- understand the experience school staff and children and young people have with the service
- understand the equitable reach and delivery of this service
- use findings to create recommendations and a logic model to inform a revision of this service.

The evaluation sought to address various questions, such as identifying potential improvements to enhance accessibility, effectiveness and user satisfaction; assessing the extent to which the needs of schools, children and young people were met; and evaluating evidence of the programme's effectiveness, which would inform the decision on its continued commissioning.

We have examined the team's organisation, partnership management, and resource used to see how well the programme meets its goals. The study also looks at the experiences of school staff and young people using the programme, and checks if it is accessible and fair for everyone.

The findings of this evaluation aimed to help create SMART recommendations for the re-procurement of the service, and a model for improving the service to respond to the needs of key stakeholders, including school communities (teachers and pupils), local communities and stakeholders involved with the service.

### 4. Objectives

The objective of the evaluation is to help answer the following questions:

- What improvements could be made to the programme to ensure accessibility, effectiveness and user satisfaction?
- To what extent are schools' and children's and young people's needs being met by this programme?
- What evidence is there that demonstrates the effectiveness of this programme and, in turn, indicates the continued commissioning need for this programme?
- Review what the market looks like for other potential providers<sup>4</sup>

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<sup>4</sup> While assessing the broader landscape of other potential providers could provide useful insights, this analysis is beyond the scope of the current rapid evaluation due to time and budget constraints.



## 5. Methodology

The Public Health Division of the London Borough of Tower Hamlets commissioned the Institute for Connected Communities (ICC), based at the University of East London (UEL), to evaluate the Healthy Lives Programme in Tower Hamlets. This contract included a service evaluation, as well as qualitative and participatory research with key stakeholders who had benefited from the programme. The ICC was expected to collaborate with community research partners to conduct interviews and group research involving a representative sample of school staff, community partners, and children and young people. We created the evaluation framework for the Healthy Lives Programme in collaboration with the Commissioner, ensuring that it was regularly reviewed and adjusted. We used a Realist evaluation approach, based on Pawson and Tilley's method (Tilley and Pawson, 2000), which focused on understanding what worked, for whom, under what circumstances, and how. This involved assessing programmes within their specific contexts and exploring the mechanisms that led to various outcomes.

The development of the evaluation tools was based on the Normalisation Process Theory (May et al., 2020). The Normalisation Process Theory (NPT) is a framework that conceptualises the adoption/implementation and embedding/integration of new initiatives.<sup>5</sup> The evaluation tools aimed to address each NPT construct, and to explore to what extent Coherence, Cognitive Participation, Collective Action and Reflexive Monitoring were evidenced in the Healthy Lives Service operational and collaborative working processes.

### Methods

We used a mix of methods, which included semi-structured interviews with service providers and school leads, surveys with primary schools, stakeholders and primary school pupils. The semi-structured in-depth interviews aimed to gain a top-down and bottom-up perspective on the effectiveness and the impact/outcomes of the Healthy Lives Service. The design of the interview guides was informed by NPT (see Interview guides in Appendix 2), and focused on practitioners' (Healthy Lives Team and commissioners) experiences of commissioning or delivering the Healthy Lives Service, and school programme coordinators' experiences with the service and with the Healthy School Programme. All interviews were conducted online or over the phone, and apart from one headteacher interview, they were recorded with permission from participants. One participant did not give permission for recording, and therefore the researcher took detailed notes during the interview.

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The primary objective of this evaluation is to examine the existing programme's impact and effectiveness, without extending into a full market review of alternative providers. This broader market assessment would require additional resources and a dedicated timeframe beyond what is feasible within this rapid evaluation.

<sup>5</sup> The NPT framework considers the factors that are needed for successful implementation and/or integration of an initiative into routine work, and the necessary steps organisations/groups carry out to operationalise new practice in a dynamic environment. The NPT framework consists of four constructs:

- Coherence: the sense-making work, shared understanding of goals and possibilities
- Cognitive participation: the relational work facilitating a community of practice
- Collective action: the operational work that people do to ensure that the intervention functions as intended
- Reflexive monitoring: the appraisal work that leads to developing best practice.

All interview transcripts were anonymised, showing only the unique ID assigned to each interview participant. The core research team, all from UEL, handled the transcription. For Microsoft Teams interviews, we downloaded the transcriptions as Word documents, and then listened to the Teams recordings to correct any errors. For phone interviews, we listened to the audio recordings and transcribed the data verbatim into Word documents. Each transcript was labelled using the ID coding sheet and stored securely on a password-protected UEL server. The evaluation team used thematic analysis to identify key themes in participants' experiences and descriptive analysis to summarize demographics, responses, and engagement levels etc.

We used three different survey tools to gather data from schools, stakeholders and pupils (please see surveys in Appendix 3.). First, we distributed School Surveys to primary schools in Tower Hamlets that agreed to participate, potentially reaching up to 65 primary schools. These surveys aimed to collect schools' views on the Healthy Lives Programme, identify barriers and facilitators to achieving its goals, and assess how well the Healthy Schools Programme supported them. The School Survey assessed which awards the schools had achieved from 2023 to the present, and which awards they were currently working towards. As set out by the Healthy Lives Programme, these awards fell into four health categories: Healthy Eating; Physical Activity; Social, Emotional and Mental Health & Wellbeing (SEMH); and Personal, Social, Health and Economic Education (PSHE). School Survey participants also responded to questions which asked how successful the Healthy Lives Programme was across four categories of service delivery: Community Engagement, Health Promotion, Needs Identification, and Health Support.

Second, we administered Stakeholder Surveys to a range of stakeholders. These surveys explored stakeholders' experiences of working with the Healthy Lives Programme.

Lastly, we conducted a Pupil Survey to gather pupils' experiences regarding their schools' adherence to the Healthy Schools Programme's key areas: Physical activity; Healthy eating; Personal, Social, Health, and Economic Education; Emotional health and wellbeing; and Educational attainment.<sup>6</sup>

All the surveys were hosted on Qualtrics using the ICC Qualtrics account to ensure consistency and centralised data management. As this research was a rapid evaluation with a small budget, undertaken over one school break and testing period, it was important to find a survey method that was least disruptive to school life. This online approach enabled efficient data collection and analysis, helping us to gain a comprehensive understanding of the perspectives and experiences related to the Healthy Lives Programme.

We supplemented our primary data with administrative data from the Healthy Lives Programme, provided to Tower Hamlets Council. This approach helped us to quickly gather insights into planning, delivery and participant experiences.

By combining these methods, we aimed to gain a comprehensive understanding of the programme's effectiveness, and to identify areas for improvement. We used both primary

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<sup>6</sup> Although Educational attainment is not a key area of the Healthy Schools programme, it provides important information on pupils' school experiences and school engagement, as it serves as an underlying primary goal of schools.

and service data to produce strong evidence for shaping the recommissioning of the Healthy Lives Programme.

## Participants

The project involved a total of 37 participants (see Table 5.1). This included conducting interviews with 4 school programme leads or headteachers, 6 members of the Healthy Lives Service delivery team, and 1 person from Tower Hamlets Education Partnership, and 2 people from the Commissioning team. Additionally, the project gathered input from 6 participants through a stakeholder survey, 1 pupil through a pupil survey, and 17 schools through a school survey.

**Table 5.1** Number of participants

	Interviews	School Survey	Stakeholder Survey	Pupil Survey
<i>n</i>	13	17	6	1

The Tower Hamlets Children and Adolescents Team and the Tower Hamlets Healthy Lives Service supported the recruitment of individuals and schools through headteacher network forums, school newsletters and direct interactions.

### In-depth interviews

We carried out semi-structured in-depth interviews with the total of 13 participants. Service provider participants (i.e. the 6 members of the Healthy Lives Service) were recruited through request from the commissioner (The Tower Hamlets Children and Adolescents Team). We interviewed two participants from the commissioning team: the Lead Commissioner, who is the Schools and Families Manager in the Children and Adolescents Team, and the Associate Director of Public Health for Children and Families. Furthermore, we conducted an interview with the Director of Primary for Tower Hamlets Education Partnership, who is line managing the lead of the Healthy Lives Service. Furthermore, we recruited 4 school programme leads, out of which 3 were headteachers and one was a Chair of Governors. The school programme leads' institutions represented gold and silver award schools.<sup>7</sup>

Informed consent for interview participation was obtained by electronic copy in a pre-interview mail-out (email), and supplemented by oral consent by participants at the start of their interview. Both written and oral consent was recorded and kept in password-protected, secure UEL servers.

### School surveys

The Healthy Lives Service assisted the recruitment of participants for the school survey. We produced a new item that was included in the Heads Bulletin and the Healthy Lives newsletter. The Healthy Lives Team distributed the survey link, alongside a description of

<sup>7</sup> Please see limitations section for further information on participant recruitment challenges and the lack of representation of bronze award and no award schools in the qualitative interviews.

this research to all primary school Heads and all Healthy Schools Leads they had been engaged with (65 schools), and we requested the Director of Primary Education and Partnerships to send it out to schools as well. Following the first wave of responses (approximately one month after the first recruitment phase), the Healthy Lives Team sent out the survey link to all primary schools on their list the second time.

The school surveys were filled in by 17 participants. The school survey participants were from the following roles (number per role): Assistant Headteacher (AHT; 1), Head of School (1), Headteacher (6), Deputy Inclusion Lead (1), School Business Manager (1), Clerical Officer (1), Teacher (2), SENCo (1), Executive Head (1). Detailed information on the number and types of awards the participating schools achieved and pursued is discussed later (see Tables 6.2 and 6.3).

### **Stakeholder surveys**

Stakeholder survey links were emailed to key stakeholders within Tower Hamlets Public Health, identified by the commissioners, including Service Manager of the School Health Service, Programme Lead of School Health Transformation, Programme Manager of Maternity and Early Years, and Healthy, Parental Engagement in Children's Learning, Development and Wellbeing School Programme team. These key stakeholders were asked to fill the survey and to distribute the survey among their contacts. The commissioning team supported the stakeholder survey distribution by contacting the Volunteer Centre Tower Hamlets (VCTH) and requesting them to distribute the survey among their contacts. Members of the Healthy Lives team were also approached with the request to distribute the survey among key stakeholders as identified by the Healthy Lives Service.

The stakeholder surveys were completed by 6 participants. The Stakeholder participants were from the following organisations: Just Finance Foundation, London Borough of Tower Hamlets – Public Health, North East London ICB, GP Care Group, LBTH Parent and Family Support Service, TastEd.

Informed consent for the Schools Survey and Stakeholder Survey participation was obtained on the first page of the surveys. Participants were asked to indicate that they read and understood the Information Sheet on the first page and that they consented to participating in the evaluation. If they did not click on agree to participate, they were unable to complete the tools.

### **Pupil survey**

The interviewed Healthy Schools Programme coordinators in each of the four schools helped identify two pupils/school to share the pupil survey link with. The programme coordinators were asked to share the survey with pupils, and to provide them with an opportunity to complete the survey. Consent was obtained from parents prior to giving pupils the Participants Information Form. The parent consenting procedure was organised through the headteachers/school coordinators. Parents were able to decide if they wished to use an electronic copy or hard copy. The headteachers/school coordinators collected the parent consent forms and sent them to the research team. Pupils were provided with an Assent form (see Appendix 4) that included information about the goal of the research, and what they were asked to do as part of the evaluation. Pupils were asked to read and sign the

Assent form prior to completing the survey. Furthermore, a short assent section was included in the first page of the survey where pupils were asked to indicate that they agreed to participate in the survey.

The Pupils survey was completed by one pupil from Manorfield Primary School. However, due to the date of birth indicated on the survey (1986), we were unable to decide whether the survey was completed by a pupil or an adult, therefore the data was not included in the analytic process.

## **Remuneration**

Pupils who took part in the survey received a £10 high street voucher each as a thank you. The vouchers were sent to their teacher, who had nominated them, and the teacher distributed them to the pupils. Additionally, school leaders who provided their email addresses after completing the survey were entered into a prize draw to win £100 worth of vouchers. School leaders who participated in an in-depth interview also received high street vouchers worth £100 as a token of appreciation.

All interview transcripts were anonymised, showing only the unique ID assigned to each interview participant. The core research team, all from UEL, handled the transcription. For Microsoft Teams interviews, we downloaded the transcriptions as Word documents, and then listened to the Teams recordings to correct any errors. For phone interviews, we listened to the audio recordings and transcribed the data verbatim into Word documents. Each transcript was labelled using the ID coding sheet and stored securely on a password-protected UEL server.

# **6. Findings**

## **Assessing Programme Staffing Effectiveness**

The assessment of the Healthy Lives Programme's staffing revealed several key findings. These results primarily emerged from the in-depth interview data with the Healthy Lives Team and Commissioners, therefore it represents practitioners' assessment of the service. However, certain factors posing challenges for the service were also emphasised by the School Survey participants.

**The team stayed updated with national policies through ongoing training and conferences**, keeping abreast of changes in areas such as healthy eating, relationships and sex education (RSE). However, their responsibilities shifted frequently based on current priorities, which posed challenges.

**Over time, there has been a decrease in both staff and resources.** Previously, the programme provided more direct support and funding to schools, but now they primarily offer their expertise. This reduction has limited the level of support they can provide:

"So previous to me starting in my role, the team experienced funding cuts. Is my understanding from [service lead]. So it's a big service specification. They should be doing a lot with a lot of people and with funding cuts and a reduction in the size of their team. It's kind of been trimmed down and trimmed down,

and now it's mostly the Healthy Schools London programme and kind of some bits, you know, in addition to that, am I in essence the service specification is too broad." (Commissioner)

"It's staff, it's money and it's, you know, we used to have more members of staff and now we have not as many. That means that we can't offer the same sort of supports in schools that we used to. We used to offer kind of team teaching and support. We used to offer much more direct delivery of sessions in schools, and it's just not possible in terms of manpower to do that... We've had time. We've had little pots of money here and there over the years that have been able to be given to schools for various things, but nothing substantial and nothing sustainable" (Healthy Lives Advisor)

Schools also recognised the demand on the service, and highlighted that the service would work better with more funding:

"I would imagine they could do with more funding to help meet the demand." (School survey participant)

Information provided by the Healthy Lives Service drew attention to their cost allocation: "Staffing costs are about 95% of the budget, with a very small amount allocated for training and events."<sup>8</sup>

"... we have a very, very, very small budget. ... And after you paid salaries and the core costs of the team and our budget is very, very, very small... so if we had additional funds. I can't even imagine having it. To think maybe we could offer something more is really hard when you don't have the budget to." (Healthy Lives Advisor)

The team's strong educational background enables them to connect with schools and understand their challenges:

"I think it comes down to the background and experience of Kate and her team. I think they very much have an education background, and they can engage with schools as peers with this kind of shared understanding of the challenges of being a headteacher or a staff member with that shared language for educators." (Commissioner)

"I think the other thing is that between us we've all got such different experience. So, you know [Healthy Lives Advisor name-1] got his teaching background, so he understands the context. I've got a nutrition background, so I can talk more technically about that, and [Healthy Lives Advisor name-2]'s organisational skills are her spreadsheets are beyond belief because again, when you're dealing with 70 schools and we're working with 20 or 30 schools... Plus some specific teaching or nutrition, or, you know, [Service Lead] got vast experience in mental health ... It all come together to fit together a really strong team... We've got people with teaching experience. We've got people who have worked in school kitchens, we've got people who I've worked in mental health for years..." (Healthy Lives Advisor)

Despite this, they face a lack of resources and a need for additional staff, especially in areas such as nutrition and physical activity. Healthy Lives Advisors stated that managing multiple initiatives across numerous schools with a small team has been challenging. For example, programmes/larger initiatives that are targeting a number of schools often require a phased approach:

"... when we've worked with schools to implement the daily mile, it's been kind of in batches because it's just not been possible to work with every school at the same time. So, when we introduced the daily mile a very long time ago, it was kind of working with the schools that were interested, and then couple more, couple more, couple more, couple more, that's kind of how it works." (Healthy Lives Advisor)

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<sup>8</sup> Information obtained through direct email communication from the Healthy Lives Service Lead.

"I mean, because of the priorities, I mean the kind of overarching priorities, the health and wellbeing. But in terms of particular initiatives, they kind of shift and change ... So we are kind of chopping and changing trying to manoeuvre the kind of particular targets." (Healthy Lives Advisor)

"been able to manage your time and juggle various roles... I've written the newsletter every month for the Bronze Awards, Silver Awards Gold Awards, do the asthma, friend of schools work, taste, education, lessons, assemblies, staff training, stuff in sets around RSC." (Healthy Lives Advisor)

Training needs are identified through annual appraisals, one-to-one meetings between the service lead and Healthy Lives Advisors, team meetings and discussions, and ongoing work and self-assessment. While the team manages training internally and through external providers, there is a need – identified by the team – for specific training in motivational interviewing and engaging hard-to-reach schools:

"...we always kind of discuss training needs. So, we have, like, regular one to ones and I had my kind of annual review slash appraisal where we always kind of discussing our training needs and my particular training need is, well. There isn't just a particular time, so there's always an opportunity to kind of go to attend training if you find, like, a particular need." (Healthy Lives Advisor)

"I think as a team we will self-assess, like, this might be an area that I'm not that familiar with. So, we've done trainings within the team as in another team member is, you know, giving information about the area that they might be particularly okay with. We've had and external organizations ... had a lot of training over the years with them on various elements of the curriculum." (Healthy Lives Advisor)

The team maintains strong relationships with schools due to their experience and dedication. They have a good internal communication system and a supportive work environment. However, more staff would help them cover additional schools and initiatives.

Leadership within the team is highly praised for its support and dedication. **There is a collaborative approach to training and working with other professionals to meet the needs of children and families.**

The team finds it rewarding to support larger communities, making broad changes that impact many children, rather than focusing on individual cases. Their work is valued for improving the overall health and wellbeing of pupils in Tower Hamlets.

Overall, while the team is committed and skilled, challenges such as the perceived limited resources, detailed above, staffing and shifting responsibilities affect their effectiveness and the level of support they can offer.

## **Understanding the Programme: Structure, Processes, Outcomes and Impacts**

The Healthy Lives Team operates with a small, tightly knit group that uses established relationships with schools to implement health initiatives and manage various projects. Tension exists between this team and the School Health Service due to overlapping responsibilities and unclear role definitions. The team works with a variety of external organisations, including the London Marathon events, Daily Mile and Royal Ballet, to introduce and promote new types of physical activities in schools. However, issues with transparency and partnership working arise, partly due to competitive dynamics among service providers and unclear roles.

Schools usually refer themselves to the Healthy Lives Team through existing relationships and word-of-mouth, rather than through formal channels. The team also uses proactive outreach, such as community advertisements and public health communications, to extend their reach.

The Healthy Lives Team supports schools by organising events such as cookathons and taste sessions, which are generally well-received. There is, however, a desire for these activities to be more frequent to strengthen their impact. The team often handles paperwork and award applications for schools, raising concerns about whether this administrative work effectively improves school health outcomes. The team is seen as a project manager for health-related initiatives, but there is debate over whether the time spent on administrative tasks could be used more effectively elsewhere.

Strong relationships with schools allow the team to act as intermediaries, connecting schools with other services and organisations. This trust is essential for ensuring that schools engage with various health initiatives. The programme is funded and prioritised based on council directives and current health priorities, which can shift with changes in council leadership and policy. Balancing resources with the administrative workload, particularly in managing award applications, is a key concern. The team has access to various training resources, both internal and external, which support their role in managing and delivering health initiatives.

There is confusion about the roles of the Healthy Lives Team and the School Health Service. Schools often view the Healthy Lives Team as the main contact for health promotion, even though this responsibility belongs to the School Health Service. Engaging schools is crucial for the success of health initiatives, but the service struggles to make an impact in schools that are less engaged or active. Improving transparency between service providers and commissioners is vital, as a lack of collaboration sometimes undermines the effectiveness of health programmes and service delivery. With the national Healthy Schools Programme under review, there is an opportunity to reconsider the role and approach of the Healthy Lives Programme. The team's strong integration with council structures, and its proven track record, may influence future decisions about the programme. **Overall, while the Healthy Lives Team plays a crucial role in promoting health in schools through effective relationships and project management, challenges related to role clarity, partnership working and administrative burdens need to be addressed to enhance the team's impact and effectiveness.** School participants shared their motivations and the different ways they engage with the team. They suggested:

'The Healthy Lives Team have been invaluable in supporting with the RSE content, including supporting parents. We have worked with the Healthy Lives Team to set up chefs in schools.' (School participant)

'Updating data for awards we are working towards.' (School participant)

'We are working towards GOLD Healthy Living award.' (School participant)

'I had a lot of contact with them when we were working on our RHSE policy, and they used to offer more training and support. More recently, I have only spoken to a member of the team when renewing our Healthy Schools accreditation.' (School participant)

'We keep aware through communication and updates regarding a wide range of issues. They support schools through a broad network of activities and expertise.' (School participant)



'Regular information giving emails, attending training, working with advisors for Healthy School Awards, supporting parent workshops.' (School participant)

## Access and Engagement with the Team and Award scheme

The assessment of the Healthy Lives Service's approach to supporting schools highlights several key issues related to access and engagement, particularly for vulnerable groups. Stakeholders comment on the strengths and weaknesses of working with the Tower Hamlets Healthy Lives Programme highlighted both positive and negative aspects of engagement with the Healthy Lives Service. For example, the Healthy Lives Team's enthusiasm, knowledge and responsiveness were praised by stakeholders, which contributed to better engagement and collaborative working with the service, while opening up access to schools for these stakeholders. However, stakeholders highlighted two critical weaknesses: firstly, that partnership working within LBTH and other services needs improvement; and, secondly, the need for clarity on how the service fits with existing services and organisations. These comments highlight the positions and opportunities the Healthy Lives Service holds, and they emphasise that better partnership working would allow increased access to schools for other services as well:

'The team are enthusiastic and passionate; the work seems thorough and consider. The only thing from our perspective would be a clearer picture of how our work fits into the bigger picture.' (Stakeholder Participant, Organisation: TastEd).

'[The team] respond quickly to requests – have up-to-date curriculum information – There could be more partnership work between HL and PFSS as we both work with TH schools.' (Stakeholder Participant, Organisation: LBTH Parent and Family Support Service)

'The good part is they are willing to work collaboratively and have many of creative ideas. The part bad is lack of capacity.' (Stakeholder Participant, Organisation: North East London ICB)

'The openness of the staff and willingness to get their schools suitable resources information is fantastic. It would be wonderful to have other opportunities to network with schools directly in future.' (Stakeholder Participant, Organisation: Just Finance Foundation)

'A critical weakness of the service is that they refuse to collaborate with other services, when all services have a shared vision and goal. The relationship they have with schools and school leaders is inspiring, but what use is this if they are unable to utilise this relationship to support other services within the landscape.' (Stakeholder Participant, Organisation: London Borough of Tower Hamlets – Public Health)

School surveys (Table 6.1) highlighted challenges in accessing team services and engaging with the Healthy School Programme's award scheme. These complexities hinder school leadership's efforts to address the social determinants of health affecting pupils.

**Table 6.2** A list of issues related to accessing and experiencing the Healthy Schools Programme

Research Insight	What matters most to research participants?
<b>COVID Impact:</b>	Schools have fewer resources because of reduced funding due to the pandemic.
<b>Affordability Issues:</b>	Rising costs of living lead to choosing cheaper, unhealthy food options.
<b>Award Process:</b>	Getting a Healthy School Award feels like just a formality, rather than a meaningful achievement.

<b>Bureaucracy:</b>	Excessive paperwork and procedures frustrate staff.
<b>Vision vs Reality:</b>	There is a gap between the project's goals and its actual implementation.
<b>Simplify Awards:</b>	The award system needs to be more straightforward.
<b>Cyberbullying:</b>	Concerns about online bullying and unintentional sharing of content are growing.
<b>Mental Health Support:</b>	There is a lack of adequate mental health resources and support.
<b>Family Education:</b>	Consistent lack of health education within families.
<b>Mental Health Challenges:</b>	Significant mental health issues within the community.
<b>Deprivation:</b>	High levels of deprivation contribute to overall health and wellbeing issues.
<b>Budget Constraints:</b>	Limited budgets affect the ability to provide adequate health resources.
<b>Insular Communities:</b>	Communities are isolated, making it harder to address health and wellbeing needs.
<b>Competing Priorities:</b>	Schools and families have to juggle multiple priorities, impacting health initiatives.
<b>Healthy Eating:</b>	Low levels of healthy eating habits are prevalent
<b>Resource Shortages:</b>	There is a general lack of health resources available.
<b>Cultural and Language Barriers:</b>	A large proportion of the borough's population is of Bangladeshi heritage, adding complexities related to language, culture and religion.
<b>Financial Constraints:</b>	Many families lack financial resources to support healthy lifestyles.
<b>Social Media Pressure:</b>	Difficulties in managing social media use and the inability to disconnect.
<b>Poor Diet</b>	Many families struggle with maintaining a healthy diet
<b>Exercise Limitations:</b>	Lack of exercise due to poor living conditions and environments.
<b>Family Routines:</b>	Family routines often lack outdoor physical activities.
<b>Mental Health in Families:</b>	Children often live with parents who have mental health issues, although parents may be reluctant to acknowledge this.
<b>Unemployment:</b>	Children living with unemployed parents face additional challenges.
<b>Domestic Violence:</b>	Children from homes with domestic violence experience significant stress.
<b>Community Health Issues:</b>	Widespread health and wellbeing issues within the community.
<b>New Pupils:</b>	New arrivals from outside the UK face difficulties with unfamiliar food and lack of options such as packed lunches.
<b>Staffing Shortages:</b>	Schools are often short-staffed, and the community's needs exceed available support.
<b>Parental Fear:</b>	Parents are scared of being blamed for their children's anxieties, and they are hesitant to take them to parks.
<b>School Absences:</b>	Children may not attend school due to their parents' needs or issues.
<b>Language and Cultural Barriers:</b>	Language and cultural differences create obstacles.
<b>Gender Disparities:</b>	Gender-related disparities in physical activity opportunities, such as boys being allowed to play football after school, while girls are expected to go home.

One significant challenge is the variability in how schools engage with the programme, which often depends on the priorities and interests of school leaders. **Some schools are highly engaged, benefiting from tailored support and resources, while others, especially**

**those with high staff turnover or less responsive headteachers, are less involved.** This disparity can be exacerbated when there is a change in school personnel, causing previously established relationships to falter and hindering ongoing support efforts.

The schools surveys draw attention to the challenges experienced by school programme coordinators. The AHT, Clerical Officer, SENCo and Executive Head all stated that the service allowed sufficient time for them to fulfil their role, and 4 (of 6) Headteachers and 1 (of 2) Teacher stated that they had sufficient time. The Head of School, Deputy Inclusion Lead and School Business Manager all stated that they did *not* have sufficient time to fulfil their role. Overall, 60% of participants believed that they had sufficient time to fulfil their input into the service.

The programme strives to support schools by improving the overall food experience through inclusive environments, better lunch rules and training for kitchen staff. However, limited budgets restrict their ability to fund additional projects, such as school gardening, which schools have shown interest in. The lack of coherence between what the programme focuses on and what commissioners expect creates tension, with a need for clearer consensus on how to balance resources between engaged and non-engaged schools.

Another issue is the challenge of engaging schools that have not previously participated in the Healthy Schools Programme. This effort involves continuous outreach and trying different strategies to spark their interest, such as inviting schools to events or focusing on specific needs, such as swimming lessons. Schools are more likely to engage when there is a strong presence from enthusiastic new headteachers who prioritise health and wellbeing, and when the programme aligns with their current interests and needs.

**Furthermore, the programme faces difficulties due to the high turnover of public health staff, which disrupts partnerships and creates inconsistency.** In contrast, the Healthy Lives Team provides a steady point of contact, maintaining relationships over time. This continuity is crucial, as it helps schools feel supported and less frustrated by the changing landscape of public health staffing.

Engagement with schools also hinges on understanding and addressing their diverse needs and priorities. For instance, tailoring support to individual school contexts and directly communicating with parents, even overcoming language barriers, is essential for effective implementation. Schools' growing interest in health promotion is met with increasingly limited resources, making it vital for the programme to maintain a high level of input and support to ensure that these programmes can continue to thrive.

Overall, while there is a strong commitment to improving school health and wellbeing, the effectiveness of the Healthy Lives Programme is impacted by varying levels of school engagement, inconsistent support due to personnel changes, and the need for clearer communication and priorities among all stakeholders involved.

## **School Awards**

The School Survey data highlighted that among the 17 represented schools, 28 awards were held or were being pursued in the Healthy Eating category, 11 in the Physical Activity category, 7 in the SEMH category and 6 in the PSHE category (see Table 6.2).

**Table 6.3** Awards being achieved and pursued by each school across the four categories

School	Type	Healthy Eating	Physical Activity	SEMH	PSHE
John Scurr Primary	Achieving		Gold		
	Pursuing	Silver, Gold			
Hague Primary School	Achieving			Bronze	
	Pursuing			Silver	
Seven Mills	Achieving	Silver	Silver		
	Pursuing	Gold	Gold		
William Davis	Achieving	Silver			
	Pursuing	Gold			
Blue Gate Fields	Achieving	Bronze			
	Pursuing	Silver			
Arnhem Wharf Primary School	Achieving	Gold			
	Pursuing		Bronze	Bronze	Bronze
Thomas Buxton Primary School	Achieving	Bronze			
	Pursuing	Silver			
Osmani Primary School	Achieving	Silver			
	Pursuing	Gold			
English Martyrs Primary School	Achieving	Silver	Gold	Bronze	Bronze
	Pursuing	Gold	Gold	Gold	Gold
Halley Primary School	Achieving	Bronze	Bronze, Gold	Bronze	Bronze
	Pursuing	Bronze	Bronze	Bronze	Bronze
Mayflower Primary School	Achieving	Silver			
	Pursuing	Gold			
Solebay Primary Academy	Achieving	Bronze			Silver
	Pursuing		Gold		
Halley Primary School	Achieving	Bronze	Silver		
	Pursuing				
Wellington Primary School	Achieving	Bronze, Silver			
	Pursuing	Gold			
Federation St Paul's and St John's	Achieving	Silver			
	Pursuing	Silver			

Olga Primary	Achieving	Bronze		
	Pursuing			
<b>Total Awards</b>		<b>28</b>	<b>11</b>	<b>7</b>
			<b>6</b>	

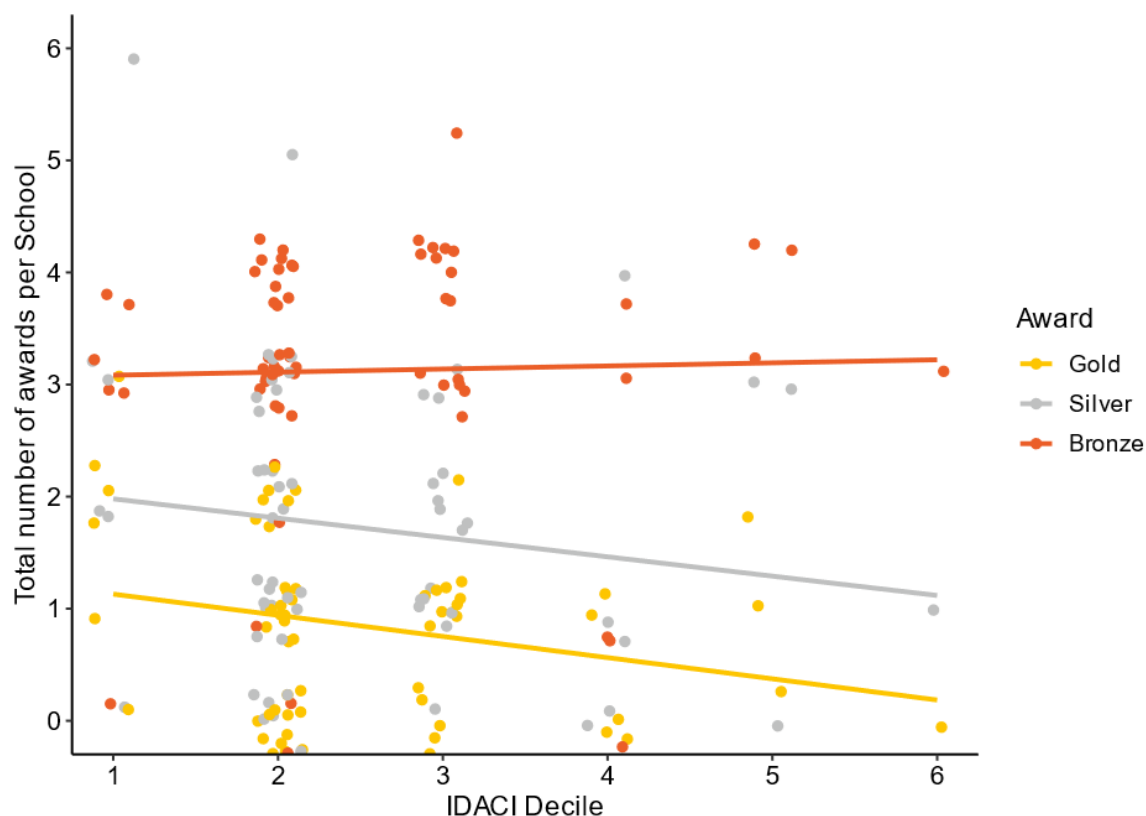
In total, the participating schools achieved 6 gold, 10 silver and 13 bronze awards, and were pursuing 12 gold, 5 silver and 7 bronze awards (Table 6.3). The table shows that no schools have achieved either gold or silver awards in SEMH, and only one school achieved a silver award in PSHE, further highlighting the importance of focusing on, and strengthening support for, schools for these categories.

**Table 6.4** Number of each award being achieved or pursued in each category

Awards	Healthy Eating	Physical Activity	SEMH	PSHE	Total
Achieving Gold	2	4	0	0	6
Pursuing Gold	7	3	1	1	12
Achieving Silver	7	2	0	1	10
Pursuing Silver	4	0	1	0	5
Achieving Bronze	7	1	3	2	13
Pursuing Bronze	1	2	2	2	7

In line with the high levels of absolute low-income families in Tower Hamlets (see Figure 1), most schools fall into the 2nd and 3rd most deprived IDACI deciles, and all were within the 6th decile. Figure 7 shows the means for the number of awards per school per award type (Bronze, Silver and Gold). Bronze awards are the most awarded, followed by Silver and Gold. This figure suggests that the programme has appropriately dealt with schools with the most amount of deprivation, although the number of Gold awards achieved are limited to two.

Figure 7. Number of each award per school across the IDACI deciles in Tower Hamlets

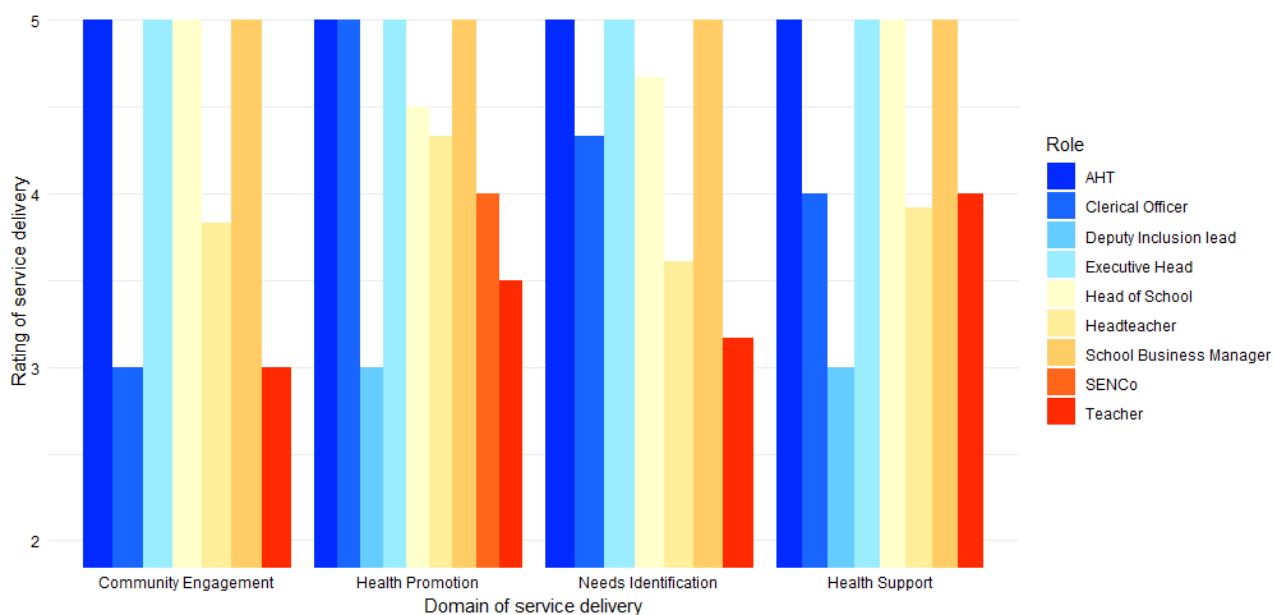


Source: Service data, English Indices of Deprivation 2019 (Postcode Lookup)

## Schools' perception on the support provided by the Healthy Lives Team

Participants in the School Survey rated the Healthy Lives Service on how successful it was across four categories of service delivery: Community Engagement, Health Promotion, Needs Identification and Health Support. They rated on a scale from 1 (Not at all) to 5 (To a great extent). All participants responded at least 3 (Somewhat), suggesting that the programme provided a strong net contribution. On average, the participants rated Health Promotion (rated 4.3) and Health Support (rated 4.2) as being most successful, closely followed by Community Engagement and Needs Identification (both rated 4). Figure 8 depicts these ratings per school role.

Figure 8. School Survey participants on how successful the Healthy Lives Programme was across four categories, per school role



Source: Schools Survey. AHT: Assistant Headteacher, SENCO: Special Educational Needs Coordinator

In general, upper management roles (e.g. School Business Manager) indicated strong endorsement for the success of the Healthy Lives Programme. Less senior roles (e.g. Teacher) provided less strong endorsements. This finding may suggest that the award programme was implemented correctly, but was limited by the responsiveness of pupils. This could explain why those in senior roles overseeing its implementation viewed it more positively than those focused on its impact on the pupils. It could suggest that the service needs to be further adapted to realistic experiences and the needs of the pupils.

For instance, pupil absence continued to increase post-lockdown (Figure 6), with attendance not returning to pre-pandemic levels. This suggests that the impact of the Healthy Schools Service might be limited due to limited contact with children and young people. With this in mind, parental involvement may be crucial to the service having an extended impact on health outcomes.

### Health-promoting environment

The participating schools report how the Healthy Lives Programme has influenced the health-promoting environment of their school. Participants distinguish:

‘School dinners, including not having cakes on the menu.’ (School participant)

‘Offered guidance, help, support, ... all invaluable.’ (School participant)

‘We have a longstanding relationship with the Health Lives Team, and they have always been incredibly supportive and knowledgeable regarding whichever aspect of health we are currently working on.’ (School participant)

‘Regular information received, opportunities to become a healthier school available.’ (School participant)

'I meet with Eleanor and other members of the team to discuss the menu, dining room logistics, waste and liaising with lunchtime staff.' (School participant)

'Help with policies – e.g. healthy eating policy.' (School participant)

'Aiding us with moving forward towards a healthier lifestyle by visiting us during lunch service to see where help was required.' (School participant)

'Sugar free school promoting health food/eating.' (School participant)

'Shared various frameworks for Healthy Schools Awards, and provided advice and guidance when required. They are the experts.' (School participant)

'By breaking down barriers through an action plan in order to embed healthier habits.' (School participant)

'Work closely on improvements.' (School participant)

'Through supporting us to gain a Gold Healthy School Award for Physical Exercise, and now supporting our next award in Healthy Eating. To help to run parent workshops about healthy eating, RHE signposting us to other services and opportunities to promote the health and wellbeing of our whole school community.'

Stakeholders were asked to share their thoughts on the past challenges their organisation or service faced in helping clients benefit from the programmes offered by the Healthy Lives Service in Tower Hamlets. They had this to say:

'Access to schools and knowledge of the local area.' (Stakeholder Participant, Organisation: TastEd)

'Healthy Lives services are not well promoted outside of schools, apart from the Healthy School Award, I am not aware of what else they are delivering.' (Stakeholder Participant, Organisation: LBTH Parent and Family Support Service)

'Engaging schools on the Asthma Friendly Schools programme has been and remains a challenge.' (Stakeholder Participant, Organisation: North East London ICB)

'Collaborative working – challenge.' (Stakeholder Participant, Organisation: London Borough of Tower Hamlets – Public Health )

## **Assessing School Needs for Additional Contract Elements to Support Vulnerable Groups**

The assessment of the population's needs for additional elements of the Healthy Lives Programme contract, particularly for vulnerable groups, revealed several insights.

Firstly, there is some uncertainty about the existing anti-racism practices within the programme. Although there is an objective to incorporate anti-racism into the health and wellbeing strategy, specific practices and their effectiveness are not clearly defined.

**Deprivation significantly impacts families, and this issue is a major consideration in the planning of the programme.** High levels of poverty contribute to food insecurity and other challenges, which have been worsened by the rising cost of living. Efforts are being made to address these issues by providing support with benefits and access to resources, but the extent of the effectiveness of these interventions is not fully clear.



When working with schools, the programme considers the diverse cultural backgrounds and financial needs of the pupils. **The borough's multicultural nature, including significant Bengali, Somali and migrant populations, alongside more affluent schools with predominantly white English pupils, means that the needs can vary greatly from one school to another.** This diversity influences how the programme tailors its work to meet the specific needs of different schools.

Overall, while the programme acknowledges and considers these factors, there is a need for clearer strategies and more targeted approaches to address the varying needs of vulnerable groups effectively.

## Evaluating How Well the Programme Meets the Needs of Schools and Young People

The Healthy Schools (HS) Programme is making strides in addressing the needs of schools and their pupils in Tower Hamlets, but it also has areas that require improvement. Currently, the programme has been criticised for being too narrow in scope, particularly missing out on crucial topics such as school-age immunisations. Schools express a need for the programme to expand its focus to include these areas, allowing them to address issues such as vaccine hesitancy that have emerged in recent years. Table 6.4 presents a list of how the Healthy Lives Team is meeting the needs of children and schools.

**Table 6.5** How the Healthy Lives Team is meeting the needs of children and schools

Research Insight	What matters most to research participants?
<b>Encouraging Mindful Eating:</b>	The team helps children slow down and enjoy their meals, which supports better eating habits and social skills.
<b>Improving Lunchtime Structure:</b>	By limiting unstructured lunchtime, the team aims to create a more organised and pleasant eating environment.
<b>Working on Food Quality:</b>	The team collaborates with contracted services to improve menus and remove sweet treats such as cakes from school menus.
<b>Promoting Healthy Cooking at Home:</b>	Children are encouraged to influence their parents to cook and eat healthier meals at home.
<b>Renewed Enthusiasm:</b>	The appointment of a new chef and senior midday supervisor has revitalised efforts to meet health goals.
<b>Highlighting the Importance of Health:</b>	The team emphasises the value of the Healthy Lives Programme, especially in underprivileged and challenging communities.
<b>Supporting Healthy Choices:</b>	The programme helps communities make healthier food choices, and increases awareness about existing health initiatives.
<b>Parent Workshops:</b>	The Healthy Lives Team creates and supports workshops for parents on topics such as sex education and healthy eating.
<b>Managing Leftover Food:</b>	Pupils take home uneaten breakfast food on Fridays, reducing waste and ensuring it is used.
<b>Using Ambassadors:</b>	Pupil ambassadors are utilised during mealtimes to encourage their peers to eat well and monitor eating habits.
<b>Supplementing Meals:</b>	The team ensures that milk products such as cheese, custard and yogurt are included to replace sugary snacks.
<b>Changing Food Perspectives:</b>	They work on shifting children's understanding of food from merely pleasure to also being about nutrition.

<b>Focusing on Nutritious Meals:</b>	The emphasis is on providing nutritious meals to support children's wellbeing, rather than just their preferences.
<b>Incorporating Healthy Ingredients:</b>	The introduction of mixed salads, vegetables and fruit is seen as a positive development.
<b>Engaging Parents:</b>	The team invites parents to see the healthy eating programme in action at schools, fostering greater involvement.
<b>Pilot School Initiatives:</b>	They have tested approaches in pilot schools to improve the overall community attitude towards health.
<b>Enhancing Educational Outcomes:</b>	Good health and wellbeing are linked to better concentration, attention spans, and educational performance in pupils.

**On the positive side, the programme works well with schools by supporting their chosen health priorities, such as healthy eating and physical activity.** The Healthy Schools team is noted for its enthusiasm and dedication, which helps in fostering a supportive environment for schools. They align their efforts with the broader council priorities, targeting issues such as excess weight and mental health, which are prevalent in the borough.

**However, there are notable gaps, such as the lack of tailored support for special schools and pupils with special educational needs (SEND).** The programme's existing initiatives do not fully address the unique requirements of these schools, suggesting a need for specialised support to better meet their needs.

The Healthy Schools Team is also proactive in adapting to changing school needs and health landscapes. They have been responsive to various challenges, including the impact of the COVID-19 pandemic and the cost-of-living crisis, which have heightened issues such as child poverty and food insecurity. The programme's work in school food and physical activity is particularly beneficial, given the borough's high rates of child poverty and excess weight.

Despite these strengths, there is a lack of coordination with other secondary school services, and efforts to address barriers in physical activity and health education are still evolving. The team is also working on improving their reach by engaging with external stakeholders, and by providing support such as gardening training and health workshops.

Overall, while the Healthy Lives Programme is effective in many areas, and demonstrates flexibility and commitment, there is a clear need for broader focus and improved integration with other support services to better address the diverse needs of all pupils in the borough.

## **Exploring the Experiences of School Staff and Pupils with the Programme**

The support schools receive from the Healthy Lives Team is adaptable to their needs. For example, when schools engage in projects such as the Daily Mile, they find the support they get to be very effective. If schools were to choose different projects, they expect they would receive similar levels of tailored support.

However, engaging school staff in training sessions poses challenges due to time constraints and limited capacity. Many school staff members struggle to find time for training opportunities because of staff shortages and budget constraints. In the past, training was

more accessible to everyone, so it is important for training providers to consider these current limitations when offering sessions.

## How Can the Programme Be Improved for Better Accessibility, Effectiveness and Satisfaction?

To enhance accessibility, effectiveness and user satisfaction in the Healthy Lives Service, several improvements could be made. Table 6.5 presents a list of suggested improvements for the Healthy Lives Programme.

**Table 6.6** Suggested improvements for the Healthy Lives Team and Awards Programme

<b>Research Insight</b>	<b>What matters most to research participants?</b>
<b>Promote the Daily Mile</b>	Actively support and encourage participation in the Daily Mile programme to get more schools involved.
<b>Organise Celebratory Events:</b>	Host events that bring children together to celebrate and promote the work being done in health and fitness.
<b>Encourage Positive Attitudes:</b>	Work on developing positive attitudes towards exercise and healthy eating among children.
<b>Flexibility for Schools:</b>	Allow schools to address health issues in ways that suit their specific needs and conditions, as each school is different.
<b>Simplify Processes:</b>	Make the processes for health initiatives and awards simpler and easier for schools to manage.
<b>Address Cyberbullying:</b>	Integrate Healthy Lives projects with efforts to tackle online bullying, especially on social media.
<b>Engage Parents:</b>	Create a team focused on parental engagement, and develop programmes around healthy eating to involve families more.
<b>Centralised Resource Hub:</b>	Provide a central point for parents and families to access information on health and wellbeing topics.
<b>Increase School Budgets:</b>	Consider increasing the budgets for schools to better support health initiatives.
<b>Empower Coordinators:</b>	Give more authority to coordinators across the borough to work with the Healthy Lives Team effectively.
<b>IT Support:</b>	Get IT consultants to develop new interactive games or apps for parents and the parental engagement team.
<b>Parent Workshops:</b>	Offer workshops to help parents learn to use YouTube and monitor their children's online activity, as less than half currently do so.
<b>Audit Systems:</b>	Implement auditing systems to evaluate schools on their safeguarding practices and ensure consistency across all schools.
<b>Maintain Free Service:</b>	Keep the service free to avoid placing a financial burden on schools that may not be able to afford it.
<b>Healthier Traditional Foods:</b>	Help parents cook traditional and festive foods in healthier ways by reducing fats and sugars.
<b>Change Mindsets:</b>	Educate parents to shift their mindset about food, and encourage healthier eating and cooking habits.
<b>Increase Staffing:</b>	Add more staff to the programme to assist with implementation, as headteachers have limited time.
<b>Support Families:</b>	Provide informal support to families dealing with challenging behaviours or children with anxiety, using appropriate approaches.
<b>Culturally Skilled Staff:</b>	Recruit staff who understand the local community's language and culture to engage better with parents.

<b>Sustainability:</b>	Develop comprehensive strategies to support and sustain changes in parenting and health habits.
<b>Inclusive Physical Activities:</b>	Increase opportunities for physical activity that are inclusive of all pupils.
<b>Upgrade Facilities:</b>	Increase funding to modify school gyms to make them more comfortable for female pupils who may not want to share facilities with males.

**Expanding the range of sport offerings is crucial.** The current programme's reduced scope means that many children miss out on sports opportunities they previously enjoyed. Providing more sports activities would give pupils additional objectives and encourage greater participation, particularly for those who do not have access to sports clubs outside of school.

**Additionally, the Healthy Schools London Programme could be leveraged more effectively.** This framework is valuable for engaging schools in health-related programmes and awards, which schools find beneficial for showcasing their achievements to parents and Ofsted. Ensuring that schools are familiar with and supported through this process can enhance their participation and make the programme more appealing.

The introduction of a new School Health Service presents an opportunity to refine the Healthy Lives Programme's focus. By clearly defining what each service is responsible for, the new specification can help ensure that the Healthy Lives Programme's goals are realistic and achievable within their resource limits. This would prevent duplication of efforts, and would reduce unnecessary pressure on the existing team.

Navigating the landscape of health programmes can be challenging due to its fluid nature and shifting priorities. To address this, the programme could benefit from clearer guidelines and support on which programmes to prioritise and which stakeholders to engage with. This would streamline their efforts and improve their ability to address schools' needs effectively.

While the team's priority discussions help shape their work, **there is a need for greater alignment between their activities and the overall priorities of public health.** By ensuring that their work aligns more closely with these priorities, the team can avoid focusing on less critical tasks and improve their impact. Additionally, providing more support for schools to handle administrative tasks related to health programmes could streamline the process and reduce the burden on school staff.

In summary, broadening sports offerings, utilising the Healthy Schools London Programme more strategically, clarifying service responsibilities with the new School Health Service, improving navigation through the health programme landscape, and aligning work priorities with public health goals are key steps toward improving the Healthy Lives Programme's accessibility, effectiveness and user satisfaction.

## **How Effective is This Programme, and Why is It Important to Continue Funding It?**

The research findings on the effectiveness of the Healthy Lives Programme highlight several key points regarding its impact and the ongoing need for its commissioning.

## ***Effectiveness of the Programme***

The Healthy Lives Programme has been generally beneficial, particularly in providing schools with a clear plan and achievable objectives, supported by ongoing assistance. This support is appreciated, as it offers a structured approach to healthy living programmes within schools. However, there is some uncertainty about the programme's impact on pupils beyond primary school years. This uncertainty is partly due to limited resources and financial constraints faced by schools, which can affect the overall effectiveness of the programme.

Despite financial challenges, schools have managed to continue delivering the Healthy Lives content within their curriculum. The programme's goal of maintaining high awards within London has led to significant engagement from schools, although there is some concern that this might be overselling the actual impact. The Healthy Lives Team's approach involves a whole-school community focus, engaging staff, governors and parents to promote wellbeing.

## ***Challenges and Areas for Improvement***

We asked stakeholders what changes or improvements they would like to see in the Tower Hamlets Healthy Lives Programme over the next two years. Here is what they suggested:

'To develop partnerships with other services supporting family health to promote HL services available to partners in TH so we are aware of their offer.' (Stakeholder participant, Organisation: LBTH Parent and Family Support Service)

'Increased capacity so they able to offer more support.' (Stakeholder participant, Organisation: North East London ICB)

'Networking opportunities in person/online.' (Stakeholder participant, Organisation: Just Finance Foundation)

'I would like to see their priorities focused more on areas where there is currently not enough resource or capacity to deliver work. They are a very generously funded service, yet the amount and breadth of their work does not reflect the funding envelope.' (Stakeholder participant, Organisation: London Borough of Tower Hamlets – Public Health)

One major challenge is the lack of proactive planning and transparency in addressing issues. While the programme excels in maintaining communication through newsletters and events, there is a need for more strategic forward planning and critical discussions about areas needing improvement. The programme's emphasis on its achievements, including high levels of school engagement and creative initiatives, sometimes overshadows the need for a more balanced evaluation of its impact.

There is also a concern that the programme's focus on awards and the number of schools engaged does not fully capture the real-world impact of its programmes. This can make it difficult for stakeholders to assess the true value of the programme and justify continued funding. **The Healthy Lives Team has developed comprehensive databases to track engagement and awards, but there is limited in-depth data on the actual impact on public health.**

## Success Factors

The programme's success is largely attributed to the strong relationships it has built with schools over time. These relationships help maintain engagement and ensure that schools view the programme as reliable and supportive. The team's good people skills and collaborative approach are crucial in fostering these connections.

To enhance effectiveness and transparency, it is recommended that the Healthy Lives Team engage in more critical discussions about their challenges and improve their data reporting practices. Providing a clearer picture of how their initiatives translate into tangible outcomes could help in securing continued support and funding. Additionally, sharing successful practices from one school to others, and expanding effective initiatives, could further strengthen the programme's impact.

Table 6.6 presents a list outlining the demonstrable areas of effectiveness performed by the Healthy Lives Programme, and reasons for recommissioning it.

**Table 6.7** Demonstrable areas of effectiveness performed by the Healthy Lives Programme, and reasons for recommissioning it

Research Insight	What matters most to research participants?
<b>Holiday Food Distributions:</b>	The programme provides food distributions during holidays, ensuring that families have access to meals when they need them most.
<b>Food Pantry:</b>	A food pantry is available to support families in need with good food.
<b>Sharing Best Practices:</b>	The programme fosters partnerships between schools to share successful practices and learn from one another.
<b>Workshops for School Community:</b>	Workshops are conducted for staff, parents and pupils within schools to address various health and education topics.
<b>Support with Relationships and Sex Education:</b>	The Healthy Lives Team offers essential support in relationships and sex education, an area that has been challenging in the borough.
<b>Engaging with Community Leaders:</b>	The team has productive conversations with leaders in local mosques to clarify and support sex education policies.
<b>Improved Healthy Eating:</b>	Significant improvements in healthy eating have been observed due to cookery lessons and better dietary practices.
<b>Effective Award System:</b>	The awards system monitors and maintains the quality of the programme, encourages pride in achievements, and serves as a model for other schools.
<b>Showcasing Good Practice:</b>	Stalls are set up to highlight and share elements of good practice.
<b>Positive Impact of Mindfulness:</b>	Mindfulness programmes have positively affected behaviour, especially after lunch, by helping pupils stay calm and focused.
<b>Benefits of the Daily Mile:</b>	The Daily Mile initiative has improved pupils' physical fitness and their enjoyment of being active.
<b>Structured Change Planning:</b>	The programme implements a well-structured approach to embed healthy eating and exercise routines into the school day.
<b>Gradual Habit Change:</b>	The Healthy Lives Team works slowly to change habits, involving all stakeholders in the process.

<b>Support for School Staff:</b>	The team supports headteachers with planning, writing and motivating staff, even during challenging times.
<b>Portion Size Adjustments:</b>	Changes in portion sizes provided by kitchen staff have helped address issues related to obesity.
<b>Mindset Shift for Kitchen Staff:</b>	The programme has successfully changed kitchen staff's mindset, reducing the practice of giving extra helpings of less healthy foods.
<b>Reduced Sugar Intake:</b>	The removal of sugary snacks from menus has helped pupils make healthier food choices, such as opting for fruit over sweets.
<b>Community Habit Changes:</b>	There is a noticeable shift in community habits towards healthier eating and lifestyle choices.
<b>Parental Acknowledgement:</b>	Parents recognise and appreciate the benefits of the Healthy Lives Programme for their children's health and wellbeing.
<b>Positive Impact of Daily Mile Project:</b>	The Daily Mile project, including funding for indoor paint, has been a positive addition, supporting physical activity even in bad weather.
<b>Trust and Support:</b>	The programme has built trust among parents, staff and pupils, leading to additional support such as child play therapists and mentors.

These points illustrate how the Healthy Lives Programme effectively meets the needs of children and schools, and why it should continue to be funded and supported.

Overall, while the Healthy Lives Programme has demonstrated success in engaging schools and promoting healthy living, there is room for improvement in how its impact is measured and communicated. Addressing these areas will be crucial in ensuring the continued effectiveness and funding of the programme.

### ***How Well Does This Programme Meet the Requirements in Its Service Specification?***

The Healthy Lives Team's performance in meeting their contracted obligations has shown some mixed results. They have effectively explored various ways to reach out to schools. For instance, having an engaged headteacher greatly helps in starting work with a school, but if the headteacher is too stretched, the team has other useful strategies to connect with schools.

However, contract management has not been as rigorous as it could be. The internal contract has led to a relaxed approach with minimal oversight, giving the programme significant autonomy. This has allowed the team to lead and control their activities more freely. The programme has diverged from its 2017–19 specification in response to the evolving needs of schools, although this divergence has not been closely monitored by the commissioners, who are still figuring out how to best oversee the contract.

Financial transparency is another issue, as the commissioners do not have a clear understanding of how the programme spends its funds. There is no detailed breakdown of expenditures, including staffing costs, which complicates financial oversight.

Funding cuts have led to a reduction in the team's size and focus. The original service specification was broad, but with decreased funding, the team's activities have been

narrowed down, primarily focusing on the Healthy Schools London programme and some additional efforts.

The team is also not well-connected with other council services. For example, they could be a bridge between schools and council services, such as mental health support, but this linkage is currently missing.

Current numeric outreach metrics do not fully capture the Healthy Lives Team's positive impact on schools and pupil wellbeing. The team's work goes beyond numbers, actively reducing health inequalities through tailored initiatives. To better reflect this, the study proposes a revised logic model aligned with the team's scope and national standards. For example, current Key Performance Indicators (KPIs) such as the number of schools registered for programmes such as the Daily Mile do not effectively measure improvements in children's physical activity or health. This revised model will guide commissioning discussions to ensure KPIs better reflect the programme's true impact on children's lives.

Finally, there is confusion about what data need to be reported in the future. The lack of clear reporting requirements makes it difficult for the team to plan what information to keep or discard from their databases.

## 7. Discussion

**The report provides evidence that the Healthy Lives Team is a high-performing group that consistently demonstrates ongoing effectiveness in delivering the Healthy Schools Programme across the London Borough of Tower Hamlets.** Normalisation theory<sup>9</sup> is key to understanding how the Healthy Lives Team integrates and maintains its practices. This theory explains how new methods become routine and essential within organisations. By applying it, we can see how the team's health initiatives are embedded into school operations and assess their effectiveness. It reveals how these practices are institutionalised, and it helps us understand the factors that contribute to the team's high performance. This perspective is vital for evaluating the team's impact and guiding improvements for greater effectiveness.

### Coherency

The research conducted in collaboration with the Healthy Lives Team under the leadership of the Director of Primary for Tower Hamlets Education Partnership underscores several critical insights into the intersection of public health, education and child wellbeing. The study highlights a missed opportunity to better align the needs of pupils with the goals of the Council and the Healthy Lives team. Through more effective co-commissioning and

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<sup>9</sup> Normalisation theory is a sociological concept that explains how new ideas, practices or behaviours become accepted and integrated into everyday life. The theory suggests that for something to become 'normalised', it must be perceived as beneficial, easy to implement, and compatible with existing practices. This process involves changes in social norms and attitudes, where the new practice is gradually adopted by individuals and groups until it becomes part of the routine or standard behaviour. Normalisation theory is often used to understand how innovations, such as new technologies or health interventions, are adopted within societies.



engagement in the commissioning cycle, there is potential for evidence-based decision-making that would allow the team to be more agile and responsive to the evolving needs and aspirations of the community. This mismatch in priorities arises from the differing perspectives of the team and the Council compared to the direct, day-to-day interactions that teachers have with pupils, which often provide a more nuanced understanding of their underlying needs.

Local authorities have demonstrated challenges in consistently addressing the support required by children, a situation exacerbated by frequent staff turnover at the director level. This instability contributes to a lack of continuity and, consequently, to a diminished capacity to respond effectively to the evolving needs of children.

The investigation highlights discrepancies in the coverage of critical health topics across schools. **Issues such as childhood obesity, sedentary lifestyles and dental care are prevalent but inconsistently addressed.** The data indicate that childhood obesity rates are alarmingly high, and poor dietary habits, alongside insufficient physical activity, are significant concerns. This is compounded by a general lack of comprehensive data on these issues, suggesting a need for more systematic tracking and intervention.

The impact of the COVID-19 pandemic has reportedly exacerbated these health concerns. The disruption in schooling and daily routines has led to deteriorating health habits among children, including reduced physical activity and worsening dietary patterns. The pandemic's influence extends beyond physical health, with a marked increase in mental health issues observed among children. These developments underscore the urgency of addressing both physical and mental health challenges in the post-pandemic context to foster healthier futures for children.

Overall, the findings stress the need for enhanced collaboration between public health entities and educational institutions, a more stable and informed local authority response, and a comprehensive approach to addressing the multifaceted health issues facing children today.

## **Cognitive Participation**

The research highlights several key issues related to the Healthy Lives Team's involvement in schools. Teachers often feel unprepared and uncomfortable teaching sex and drug education, which can result in these important topics being rushed or avoided altogether. This discomfort means that pupils' needs in these areas are not always fully met.

On the positive side, the Healthy Lives Team benefits greatly from collaborating with public health experts, who provide valuable information and support. This collaboration helps schools feel more supported and informed. The team also places a strong emphasis on staff mental health, recognising that a well-supported team is better able to support others.

The team is noted for its stability and low staff turnover, which contributes to a positive work environment where staff members feel valued and cared for. This stability is seen as beneficial in maintaining consistent support for both staff and pupils.

However, there are challenges as well. Some community members have expressed hostility towards schools, feeling that their needs are not being met. Additionally, there can be barriers to the Healthy Lives Programme's integration into schools, particularly when certain headteachers are not engaged or supportive. This resistance is often more about individual personalities than the team's efforts.

## Collective Action

The research findings highlight the effective collective action taken by the Healthy Lives Team to support schools in addressing health and wellbeing challenges. **The team assesses the needs of schools, and prioritises their support based on this evaluation, collaborating with other organisations to determine which schools would benefit most from additional resources.** For example, when a school expresses interest in focusing on oral health, the team carefully considers which schools are best positioned to take on this work.

One significant challenge identified is the need for additional funding and resources to support training and events for school staff. The team currently has limited funding beyond salaries, which affects their ability to upskill staff and organise necessary events.

Working with external organisations can be difficult when they lack an understanding of how schools operate. The team emphasises the importance of building relationships and trust, as schools cannot be forced to participate in health initiatives. The effectiveness of these initiatives often depends on the willingness of school leaders to engage.

The Healthy Lives Team has managed to create a supportive and collaborative environment, although some schools are less receptive due to headteachers' reluctance. Despite these challenges, the team's efforts to implement health initiatives are generally well-received and valued by schools that engage with them. Their approach is characterised by reliability, consistency, and a willingness to adapt to schools' needs.

The team also fosters collaboration among schools, encouraging them to share knowledge and experiences. This peer support helps schools to address common health issues, and inspires them to prioritise health and wellbeing more effectively.

**Additionally, the team's deep understanding of the education system, national curriculum, and best teaching practices enhances their ability to work successfully with schools.** They also provide direct support to the community, offering guidance and advocacy when needed.

Overall, the Healthy Lives Team plays a crucial role in supporting schools, from facilitating health initiatives such as the Daily Mile to providing essential support and training. Their efforts are highly valued by schools, reflecting their effective and collaborative approach to improving children's health and wellbeing.

## Reflexive Monitoring

The research highlights the importance of reflexively monitoring the practices of the Healthy Lives Team to ensure that they effectively address key issues. For instance, while headteachers often focus on initiatives such as the Daily Mile based on their experiences with pupils, it is crucial to assess whether such initiatives truly impact behaviour and achieve their intended outcomes. Reflecting on this connection helps ensure that practices are genuinely beneficial.

**The findings also emphasise the need for a greater focus on mental health, which is sometimes overshadowed by physical health concerns.** The research points out that many children report feelings of anxiety and lack of support from significant adults, highlighting the importance of addressing mental health alongside physical health to avoid missing critical needs.

**Moreover, the research notes that pupils who identify as LGBT in Tower Hamlets face particular mental health challenges.** The team is actively working on relationships and sex education to support these pupils, acknowledging their specific needs, and striving to improve their wellbeing.

Finally, the research suggests that delivering sex and drug education through in-house sessions could be more effective. Past experiences have shown that this approach, which includes demonstrating best practices and team teaching, was successful and should be considered for future implementation. This reflection on past successes helps the team adapt and refine their strategies to better serve schools and pupils.

## Limitations

This evaluation was carried out rapidly and with a limited budget, which constrained the time and resources available for the project. Consequently, the scope and quality of the data collected may be affected. Despite these constraints, the evaluation aimed to be thorough, and to provide valuable insights for enhancing the programme's design and delivery to better address the needs of the population and key stakeholders.

However, the tight timeframe meant that we had limited access to schools that usually do not engage with the programme, and we were unable to gather input from all pupils and stakeholders, particularly those on the margins. Furthermore, the study overlapped with an exam period and school holidays, which impacted the recruitment process.

We aimed to recruit eight school programme leads, from four different types of schools: 1) with no Healthy School Award(s), 2) with bronze Healthy School Award(s), 3) with silver Healthy School Award(s), and 4) with gold Healthy School award(s), i.e. the goal was to recruit schools that was representative of all levels of engagement with the Healthy Lives Service and in the Healthy Schools Award Scheme. The schools were identified based on the Healthy Lives Service records, which highlighted all achieved awards as well as types of engagement. However, despite repeatedly reaching out to 12 schools over the recruitment period, we were only able to engage with 4 school leads in the interview process. Two of these schools achieved gold, and two achieved silver awards.

Similarly, we aimed to survey all 65 primary schools that the Healthy Lives Service had engaged with, however the response rate was low, and only 26% of primary schools

engaged with our survey (17 schools). We experienced the lowest response rate in the pupil survey; instead of the planned 20 pupils, we only received 1 response. As the recruitment of pupils for the survey was carried out through gatekeepers (school programme leads), the low response rate might be attributable to their capacity.

## 8. Conclusion

The Healthy Lives Team evaluation highlights several important findings regarding the structure, processes, outcomes and impacts of the programme. The team has faced challenges in achieving coherence, as there has historically been confusion regarding resources, governance and information gathering. This lack of clarity has led to ineffective coordination among teams and departments, resulting in missed opportunities and duplicated efforts. Despite these challenges, the team has partially delivered on the service specification. The work undertaken often extends beyond the specified requirements, driven by needs, and acts as a protective factor and enabler in service delivery.

This work significantly strengthens health and wellbeing outcomes for children. Feedback from educators indicates that the team adds value to building healthy schools, providing thought leadership and serving as a resource. However, there is an unmet need for collective action across the borough to address health inequalities and maximise outcomes. The team's efforts have been positively directed towards the most deprived neighbourhoods, aligning with the Core20PLUS5 framework, which targets reducing health inequalities at both national and system levels. This framework focuses on improving health outcomes in areas such as maternity care, mental health services, respiratory diseases, childhood obesity and dental care, particularly for disadvantaged families. The Healthy Lives Team's alignment with this approach underscores its commitment to addressing health disparities and enhancing the wellbeing of children and young people in the community.

## 9. Recommendations

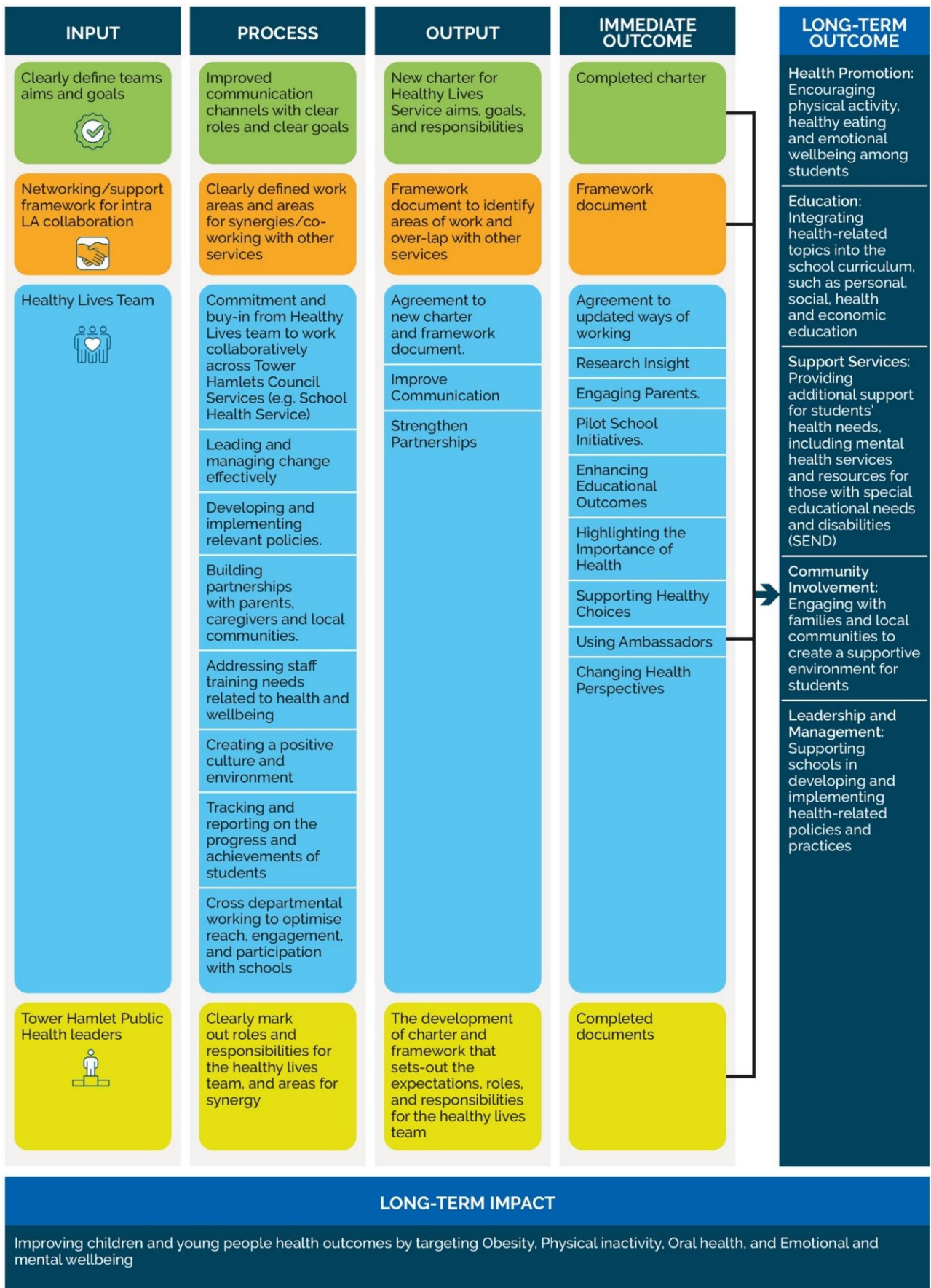
To boost the accessibility, effectiveness and user satisfaction of the Healthy Lives Programme, here are some streamlined recommendations:

1. **Enhance Support for Specific Areas and Vulnerable Groups:**
  - Expand support for Personal, Social, Health and Economic (PSHE) education, particularly Relationship and Sex Education (RSE), through active engagement with both communities and schools.
  - Increase specialist support for disadvantaged and vulnerable pupils, including those with special educational needs and disabilities (SEND), and consider the needs of pupils varying in gender and ethnicity.
2. **Improve Communication:**
  - Clarify the roles and responsibilities within the Healthy Lives Team to ensure everyone is clear on their duties and how they contribute to the team's goals.
3. **Strengthen Partnerships:**

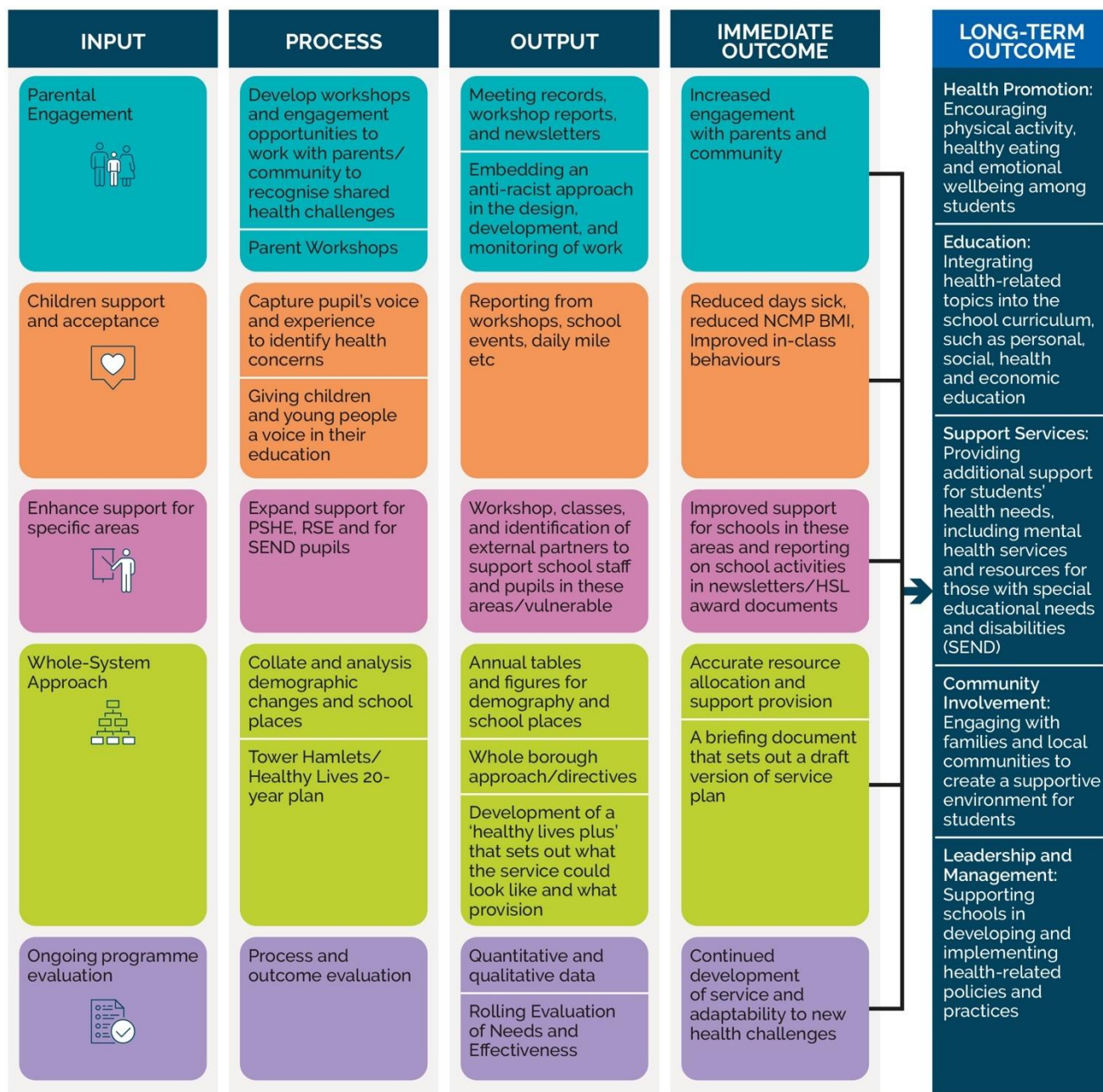
- Address overlaps and define clear responsibilities between the Healthy Lives Team, the Tower Hamlets parental engagement team, and the School Health Transformation Programme to enhance collaboration.
4. **Increase Parental Engagement:**
    - Develop strategies that overcome parents' reluctance to engage with projects that they feel might reflect poorly on their parenting skills. Implement both universal and targeted initiatives to encourage broader participation.
  5. **Implement Whole-System Approaches:**
    - Combine top-down directives with bottom-up input to address health and wellbeing challenges effectively.
    - Strengthen connections with the broader London Healthy Lives Programme to ensure that efforts are complementary and not isolated.
    - Adapt to demographic changes that affect funding, such as fluctuations in pupil numbers, and reassess the positioning of the Healthy Lives Programme within the Council to optimise resource allocation and in-person engagements.
    - Plan for the future by envisioning how the programme should evolve over the next 10 to 20 years, taking into account trends such as changes in the school population.
  6. **Ongoing Evaluation of Needs and Effectiveness:**
    - Systematically analyse both quantitative and qualitative data to assess how well the programme meets the needs of schools and young people, and provide evidence of its effectiveness to support continued commissioning.

These recommendations aim to refine the service delivery, ensuring that it not only meets current needs but is also well-positioned to respond to future challenges. Figure 9 illustrates the findings and recommendations of this research in a logic model.

Figure 9. Logic model - theory of change Tower Hamlets Healthy Lives Service







**LONG-TERM IMPACT**

Improving children and young people health outcomes by targeting Obesity, Physical inactivity, Oral health, and Emotional and mental wellbeing

## Funding

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## Acknowledgements

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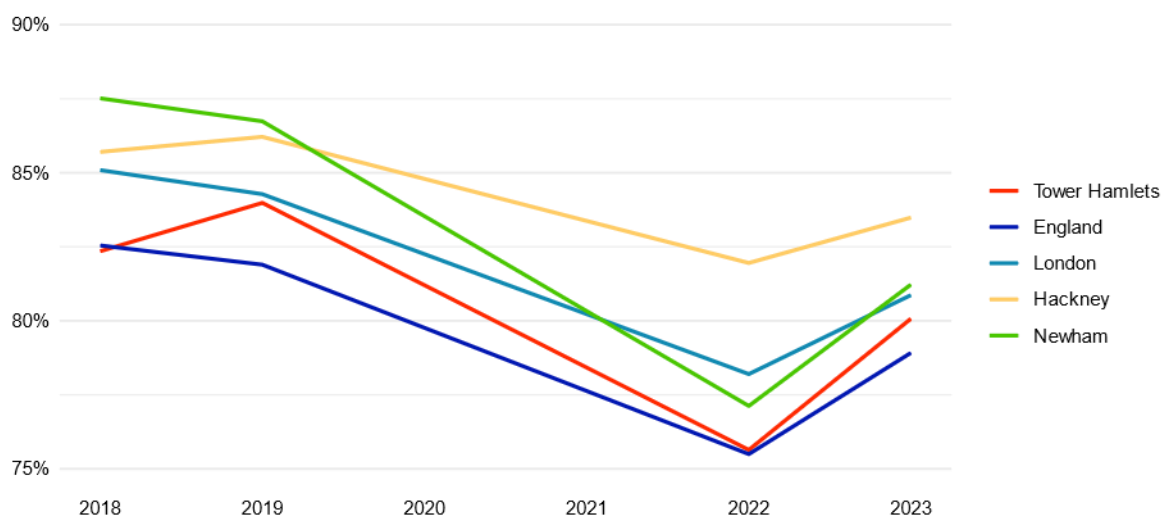
## APPENDIX

### Appendix 1: Contextual information on Tower Hamlets pupils

#### 1.a Children achieving expected phonics levels

Tower Hamlets shows comparable expected levels of phonics among children with the London and national average. However, it slightly underperformed compared to Newham and Hackney. Across all regions, the expected level of phonics decreased particularly over the pandemic period, before showing a recent uptick at the start of 2023, although this uptick does not reach pre-2019 levels (see Figure 10).

Figure 10. Percentage of children achieving the expected level in the phonics screening check in Year 1



Source: Fingertips. Year 1 (ages 5–6)

## Appendix 2: Semi-structured interview guides

### 2.a Interview guide for Practitioners- Healthy Lives Team, Commissioners

<p><b>INTRODUCTION</b></p> <p>The interview should take about 30-45 minutes. We will ask you questions about your views on the Healthy Schools Programme in Tower Hamlets. We will feedback the results of this evaluation to Tower Hamlets Public Health Healthy Children and Families Team.</p> <p>No individual staff member will be identifiable in our report, however because the sample size is small, we cannot guarantee that information provided is not traceable back to your service. If you do not want to answer a particular question, you don't have to, and if you feel uncomfortable, we can stop the interview at any point.</p> <p><b>Do you agree to take part? <u>We need you to fill in and sign a consent form. Is that OK?</u></b> Have you got any questions before we start?</p> <p><b>Interviewer to complete</b> Researchers initials: Date/time: Research participants name: Organisation name: Have you gained informed consent Yes/No</p>
<p><b>BACKGROUND INFORMATION</b></p> <p><b>What is your role at the organisation?</b></p> <p><b>When did you start working at this service?</b></p> <p><b>What are the local goals of the Healthy Schools Programme?</b></p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"><li>➤ <i>What strategic needs in Tower Hamlets this programme respond to and what outcomes it aspire to achieve at borough level?</i></li></ul> <p><b>In your opinion what historical school-needs has the programme responded to?</b></p> <p><i>Interviewer probe:</i></p> <ul style="list-style-type: none"><li>➤ <i>Supporting schools to implement programmes/project that help achieve change in children' health outcomes</i></li><li>➤ <i>Supporting schools in participating/engaging in the Healthy Schools programme</i></li><li>➤ <i>Building trusting relationships with schools/communities</i></li><li>➤ <i>Pressure on school staff</i></li><li>➤ <i>Supporting school staff</i></li></ul>
<p><b>DELIVERY OF THE SERVICE</b></p>

**1. Can you tell me about the characteristics of the schools that most frequently use your service? How they access your help?**

*Prompts:*

- *How is the service being promoted to the target population?*
- *What have been some of the challenges so far in reaching these schools?*
- *What strategies have been put in place to overcome some of these challenges and how well are they working?*
- *Which staff are responsible? (Some/all?)*
- *What are the opportunities/challenges in partnership/collaborations between schools to achieve Healthy Schools Awards?*

**COHERENCE**

**2. Are there any factors that facilitate or hinder achieving the goals of the programme? What changes have you experienced over your time of working at this service?**

*Prompts:*

- *What have been the facilitators and barriers? How have they changed over time?*
- *Change in workforce deployment?*
- *Change in the frequency of contact with schools or the way you support schools?*
- *Change in the way schools are getting in touch?*
- *Changes to your tasks?*
- *Changes in the goals of the service?*

**3. What types of training have you and other staff at the service accessed and how frequently? Did it support staff's work at the service?**

*Prompt:*

- *What type(s) of training you/or staff attended that specifically aimed to contribute to the successful support of the healthy schools programme? (e.g. types of training and number of sessions)*
- *How did the training contribute to your understanding of the goals and visions of the programme?*
- *What additional training needs did you identify?*

**COGNITIVE PARTICIPATION**

**4. Do you think other staff members see the benefits of the programme and support the short-term and long-term goals of the programme in the right way?**

*Prompt:*

- *Do you think that the service is set-up in a way that key staff members, strategic leads and stakeholders are involved in the right positions to help achieve the goals of the healthy schools programme?*
- *What are those characteristics of the staffing of the service that help achieving the programme goals?*
- *Are key workforce members involved in the service in the right position?*
- *If no, in what key staff members or partners are missing that would optimize the operation of the service?*
- *Do staff members involved in the service believe the potential benefits of the healthy schools programme?*
- *Do you think there is a collective (rather than individual) support from staff for the programme?*
- *If they don't see the benefits, why?*
- *Do you feel that staff's voices have been heard if/when defining actions and procedure for the service?*

## COLLECTIVE ACTION

### **5. How would you describe your experience working with your colleagues and your experience of working with outside organisations?**

*Prompt:*

- *Do you feel there is a good partnership work environment with colleagues?*
- *If not, what have been the main barriers?*
- *If yes, what have been the main facilitators?*
- *Are there any issues around staffing: capacity, staff turnover, differences between individual practices?*
- *What external partnerships have been developed? What has been the value of these partnerships?*
- *How do you find the collaborative working with schools and other partners and stakeholders?*
- *How do your partners and local stakeholders view the value of the programme?*

### **6. What resources do you think are needed to continue to provide effective support for schools in the borough?**

*Probes:*

- *What do your co-workers view as the best aspects of the service?*
- *What do your co-workers/ think could be improved?*
- *What have been the significant barriers and drivers from your perspective in terms of resources (people, financial, partnerships, etc)?*
- *What additional resources the service needs to sustain or improve the effective support of the healthy schools programme?*

### **7. What skills do you think you or staff at the organisation need to continue to provide effective service?**

*Prompts*

- *What was the impact of the training provided on the delivery of the service?*
- *What additional training needs have you identified?*
- *What skills staff at the service should improve to ensure effective support of the programme?*

## REFLEXIVE MONITORING

### **8. What are the characteristics of the schools that have been the most responsive and the least responsive in engaging with the service?**

*Prompt:*

- *In your opinion why were those schools more responsive than others?*
- *Has the service been successful in encouraging engagement in the healthy schools programme among those schools that have historically not been engaged?*
- *What have been the barriers for those schools that have been less engaged or not engaged at all?*

### **9. Do you or your team make full use of insights gathered (e.g. service data, surveys, polls and complaints) about the thoughts and feelings of schools, pupils, parent groups and stakeholders regarding the healthy school programmes?**

*Prompts*

- *What type of feedback (e.g. surveys, complaints, polls, forums) have you gathered and from whom (e.g. schools, stakeholders, parent groups, children)?*
- *If yes, in what ways did you use the feedback from schools/stakeholders/parent groups/children use feedback and what has changed in the way you deliver your service as a result?*
- *What have been the main reasons for schools not to engage?*
- *What were the primary benefits for schools who have been engaged?*

**10. What have been the best aspects of designing and delivering the support for the healthy schools programme?**

*Prompt:*

- *Improved uptake among targeted schools, improved reach of target communities.*
- *Better public health outcomes for children (healthy weight and physical activity, healthy eating, less tooth decay, immunisation, improved mental, health improved health literacy among children and parents, reduced illness and school absence, children improved skill)*
- *Improved and trusting relationship with schools.*
- *School satisfaction and perceived support from the service*
- *Increased number of health promotion and prevention initiative within schools*
- *Changes in physical school environments and their ethos to support the goals of the programme*
- *Staff workload*
- *Parent satisfaction*

**11. What aspect have been the most challenging aspect of the service?**

*Prompt:*

- *Lack of knowledge/understanding of the programme*
- *Access problems (e.g. accessing the healthy lives service, accessing support materials)*
- *Lack of knowledge of local stakeholders that can further support schools*
- *Lack of engagement between schools*
- *Lack of individualised support prior to engaging with the service?*
- *Lack of time to build relationships with schools or support schools effectively?*
- *Staff workload? Continuity of engagement (i.e. dedicated staff member supporting a school)*

**12. Is there anything else that you would like to tell that we have not covered already?**

*Prompt:*

- *What would be the key message to consider for improving the service and potentially scaling-up?*

**Thank you!**

**2.b TH Healthy Schools- Healthy School Coordinators/Headteachers draft interview schedule**

1. What is your role within the school and in relation to the Healthy Schools programme?
2. How long has your school been involved in the Healthy Schools Programme?
3. What achievements have your school had since your involvement in the Healthy Schools Programme?

4. What are the challenges regarding health and wellbeing in the school?
5. What is the biggest change that has happened in your school in relation to health in the last 2-3 years?
6. What support does the Tower Hamlets Healthy Lives Service provide you and your school?
7. Do you feel that this support is as much as you want/need?
8. Where do you find ideas to help your work in promoting health?
9. Is it easy to find relevant and appropriate evidence to support your work in promoting health in your school?
10. What are the barriers and the facilitators to this school becoming healthier? What are the barriers and facilitators for your school to achieve the goals of the Healthy School's Programme?
11. Does the Healthy Lives Team help to establish connection with other schools in your area?
12. What is the interaction with parents and the wider community? Do you feel supported in your work?
13. What are the challenges you face when implementing a health promoting intervention? E.g., healthy eating, physical activity, or mental health awareness.
14. How would you like to see the Tower Hamlets Healthy Lives team service develop?
15. To what extent does the Tower Hamlets Healthy Lives programme positively impact learner outcomes in your school?
16. In what ways could the Tower Hamlets Healthy Lives service be improved?

## Appendix 3: Surveys

### 3.a Healthy Lives - School Survey

Q2

#### The Tower Hamlets Healthy Lives Evaluation for Schools

##### Introduction

This evaluation has been commissioned by Tower Hamlets council. The purpose of this evaluation is to build evidence and insights into the work of the Tower Hamlets Healthy Lives Service.

This survey contains 17 questions and should take no longer than 15 minutes to complete. All the information provided will be fed directly into the evaluation being undertaken by the Institute for Connected Communities based at the University of East London. At the end of the survey, you can opt-in to the prize draw to win £100 in High Street shopping vouchers.

##### Data governance

The information you provide on this self-assessment form will remain strictly confidential, in accordance with the Data Protection Act 1998 and GDPR 2018. The University will process your personal data for the purpose of the research outlined above. Research is a task that we perform in the public interest. Further information about your rights with respect to your personal data is available [here](#).

##### Contact

If you have any further questions or enquiries about this evaluation, please contact Dr Darren Sharpe at [d.sharpe@uel.ac.uk](mailto:d.sharpe@uel.ac.uk).

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Q1 1. I give my consent to participate in this evaluation.

Yes

No

End of Block: Default Question Block

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Start of Block: Block 1

name

**About Your School**



2. What is the name of your school?

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postcode 3. What is the postcode of your school?

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Q32 4. In the Academic year of 2023-2024, which of the following areas does your school hold a Healthy School Award(s) in? (Select all that apply)

	Bronze	Silver	Gold
Healthy Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social, Emotional and Mental Health and Wellbeing (SEMH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal, Social, Health and Economic Education (PSHE) including Relationships and Sex Education, Health Education and Drug Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q32 5. In the Academic year of 2023-2024, which of the following areas is your school working towards a Healthy School Award(s) in? (Select all that apply)

	Bronze	Silver	Gold
Healthy Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social, Emotional and Mental Health and Wellbeing (SEMH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal, Social, Health and Economic Education (PSHE) including Relationships and Sex Education, Health Education and Drug Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Page Break

Q33

**About You**

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time\_coordinator 6. How long have you been the healthy school's coordinator?

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time\_allocate 7. How much time is allocated to the role?

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yn\_time\_fulfil 8. Does the time enable you to fulfil the role?

Yes

No

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role/position 9. What is your role/position at the school? (e.g. headteacher, PE teacher, etc.)

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End of Block: Block 1

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Start of Block: Block 2

aware

**Working together with the Healthy Lives Service**

10. Are you aware of the Tower Hamlets Healthy Lives Service?

Yes

No

contact 10/a. If yes, how much contact have you had with them since you have become the Healthy Schools Coordinator? Please select what best describes the frequency of contact.

- No contact at all
- Less or once a year
- 2-4 times a year
- 1-3 times each semester
- Monthly
- Biweekly
- Weekly
- More than once a week

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reasons\_contact 10/b. Please explain the reasons for the frequency of contact you had with the Healthy Lives Service.

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Q15 11. In which of the following areas do you receive support or information from the Healthy Lives Service?

- Personal, Social and Health Education (PSHE)
- Healthy Eating
- Physical Activity
- Emotional Health and Wellbeing
- Other, please specify:

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End of Block: Block 2

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Start of Block: Block 3

12 12. Please indicate the extent to which the Tower Hamlets Healthy Lives Service:

	Not at all	Not much	Somewhat	Quite a bit	To a great extent
Influenced the health promoting environment of your school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supported your school to become a healthier place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17 12/a. Please explain in what ways have the Healthy Lives Service influenced the health promoting environment of your school.

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Q18 12/b. Please explain in what ways the Healthy Lives Service has supported your school to become a healthier place.

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End of Block: Block 3

Start of Block: support

Q25 13. Please indicate the extent to which the you feel that the Tower Hamlets Healthy Lives Service:

	Not at all	Not much	Somewhat	Quite a bit	To a great extent
supports you to identify the health and wellbeing priorities of your school/community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
positively impacts learner outcomes in your school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q26 13/a. Please explain in what ways the Tower Hamlets Healthy Lives Service supports you to identify the health and wellbeing priorities of your school/community.

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Q27 13/b. Please explain in what ways and through which actions have the Tower Hamlets Healthy Lives Service positively impacted learner outcomes in your school.

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End of Block: support

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Start of Block: supportive environment

Q19 14. Please indicate how much you agree with the following statements. The Tower Hamlets Healthy Lives Services helps your school to provide:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. A supportive environment for children who are reluctant to participate in healthy eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Opportunities for children who are reluctant to participate in sport to be physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q20 14/a. Please explain in what ways the Tower Hamlets Healthy Lives Services helps your school to provide a supportive environment for children who are reluctant to participate in healthy eating.

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Q21 14/b. Please explain in what ways the Tower Hamlets Healthy Lives Service supports your school to provide opportunities for children who are reluctant to participate in sport to be physically active.

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End of Block: supportive environment

Start of Block: engage

Q22 15. Please indicate how much you agree with the following statements. The Tower Hamlets Healthy Lives Services:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. Helps to engage with the local community on health initiatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Works with your school to identify the mental health needs of pupils and staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q23 15/a. Please explain in what ways the Tower Hamlets Healthy Lives Service helps to engage with the local community on health initiatives.

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Q24 15/b. Please explain in what ways the Tower Hamlets Healthy Lives Service works with your school to identify the mental health needs of pupils and staff.

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End of Block: engage

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Start of Block: Block 7

Q28 16. In your opinion, in what ways could the Tower Hamlets Healthy Lives service be improved?

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Q30 17. Thank you for completing this survey. If you wish for your school to be a part of the prize draw to win a hundred-pound high street voucher, please enter your email address below:

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End of Block: Block 7

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### 3.b Healthy Lives - Stakeholder Survey

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Start of Block: Default Question Block

#### Q3 Introduction

We're doing this survey to gather information that will help us understand what works well and what works less well when it comes to working together with Tower Hamlets Healthy Lives Service. The Healthy Lives service supports the implementation of the Healthy Schools model which draws on the health promotion principles and the healthy settings approach set out by the WHO Health Promoting Schools Framework.

The evaluation is being done by the Institute for Connected Communities at the University of East London. We are looking at the information provided to give advice on how to make service improvements.

This survey should take around 5-10 minutes to complete.

#### Data governance

The information you provide on this survey will remain strictly confidential, in accordance with the Data Protection Act 1998 and GDPR 2018. The University will process your personal data for the purpose of the research outlined above. Research is a task that we perform in the public interest. Further information about your rights with respect to your personal data is available [here](#).

#### Contact

If you wish for your personal information to be withdrawn from the evaluation you can contact *Dr Darren Sharpe (D.Sharpe@uel.ac.uk)*.

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consent I give my consent to participate in this service evaluation.

Yes

No

End of Block: Default Question Block

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Start of Block: Block 1

stakeholder 1. I am a stakeholder partnering/collaborating with Tower Hamlets Healthy Lives Service.

Yes

No

Other \_\_\_\_\_

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organisation 2. What is the name of your organisation/service?

\_\_\_\_\_

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nature 3. What is the nature of your organisation/service? (e.g. GP, clinical lead, school nurse, ICB, social support service, community health service, play service, etc.)

\_\_\_\_\_

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benefit 4. How does the Tower Hamlets Healthy Lives Service directly benefit your organisation/service goals? (e.g. widening access for children and families, building partnerships with schools, or achieving organisational goals in tackling children's health and health inequalities)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

End of Block: Block 1

Start of Block: Block 2

Q8 5. How would you rate the benefits of partnering/collaborating with Tower Hamlets Healthy Lives Service for your organisation/service?

- Below expectations
  - Met expectations
  - Exceeded expectations
- 

Q9 5/a. Please explain how

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Q10 6. Has your organisation/service been sufficiently consulted in the design and delivery of the Tower Hamlets Healthy Schools Programme?

- Not at all
  - A little
  - A moderate amount
  - A lot
  - Completely
- 

Q11 6/a. Please provide an example

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Q12 7. In your opinion, what are the good parts, and the not-so-good parts in working with the Tower Hamlets Healthy Lives Service?

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Q13 8. What have been the historical challenges for your own organisation/service in supporting clients to benefits from the programmes that are delivered by the Healthy Lives Service in Tower Hamlets?

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End of Block: Block 2

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Start of Block: Block 3

Q14 9. What do you think other organisations - who also help the people you work with - feel about how useful the Tower Hamlets Healthy lives Service is?

- Not at all useful
- Slightly useful
- Moderately useful
- Very useful
- Extremely useful

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Q15 9/a. Please explain why

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Q16 10. What changes or improvements would you like to see in the Tower Hamlets Healthy Lives Service over the next two years?

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Q17 11. In your opinion, what 'place-based' issues should the Healthy Lives Service and the Healthy Schools Programme better address to tackle health inequalities amongst your client group?

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End of Block: Block 3

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### 3.c Healthy Lives - Pupil Survey

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Start of Block: Default Question Block

Q2 You are invited to complete this survey about your school life. We would like to learn more about what activities and opportunities you have at your school, and how much your school helps you and other pupils to feel good, healthy and supported.

Your response will help us understand in what areas your school could improve and what is working well to ensure that all pupils are healthy, safe, happy and feel supported in the school environment. This survey will no longer than 10 minutes to complete. Your participation in this survey is voluntary.

The data you provide will be stored on a password protected servers only accessible for the research team, a full statement regarding the use of data is available [here](#).

If you tell anything in the survey about you or anyone else being in danger, we will have to tell someone at school who gave you the link to this survey.

If you have any questions about the survey or evaluation, please talk to the person who told you about the survey, or you can contact our research team leader, Dr Darren Sharpe (D.Sharpe@uel.ac.uk).

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consent By clicking yes, you agree to take part in this survey:

Yes, I am happy to take part in this survey

No, I do not wish to take part

End of Block: Default Question Block

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Start of Block: Block 1

school What is the name of your school?

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dob What is your date of birth? (dd/mm/yy)

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End of Block: Block 1

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Start of Block: Block 2

sport What types of sport does the school encourage you to get involved in? Please select ALL that you do in class or school clubs.

- Athletics
- Gymnastics or trampolining
- Football or five-as-side
- Dance
- Cricket
- Rounders
- Swimming, diving or lifesaving
- Tennis
- Netball
- Basketball
- Hockey
- Martial arts (e.g. judo, karate, take, taekwondo)
- Cycling
- Other: please tell us what other sports does your school encourage you to do? \_\_\_\_\_

top3 List the top three activities you do at school that keeps you active outside of class or school clubs?

- \_\_\_\_\_ 1.
  - \_\_\_\_\_ 2.
  - \_\_\_\_\_ 3.
- 

unable Is there any other activity you are unable to do but would like to? Please tell us what they are and what is the reason you are unable to do them.

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End of Block: Block 2

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Start of Block: Block 3

friends Do you think your school helps you to build friendships?

- Yes
  - No
-

kindness In your opinion how much do pupils and teachers show kindness to each other?

- None at all
- A little
- A moderate amount
- A lot
- A great deal

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eg\_kind Please write an example about how you show kindness to other pupils of teachers.

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End of Block: Block 3

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Start of Block: Block 4

healthy\_eating What do you think healthy eating is? Please explain what healthy eating means to you and what types of foods and drinks are healthy in your opinion?

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at\_school Do you think you eat healthily at school?

Yes

No

End of Block: Block 4

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Start of Block: Block 5

sad Who is the person you can talk to when you feel sad at school?

\_\_\_\_\_

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support Do you feel supported to talk about your feelings at school?

Not at all

Very little

Somewhat

Quite a bit

A lot

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Q17 How ready are you to learn at the start of each class? Please tell us on a scale of not ready at all to very ready, how ready you feel to learn at different times of the day?

	Not at all ready	A little ready	Somewhat ready	Quite a bit ready	Completely ready
In the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After breaks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
End of the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Appendix 4: Pupil Assent Form

### ASSENT TO PARTICIPATE IN ONLINE SURVEY (Primary School Pupils)

Title of the project: Evaluation of the Tower Hamlets Healthy Lives Service



Hello, my name is Darren Sharpe



We are asking you to take part in an online survey because we are trying to learn more about pupil's thoughts about their school lives, and the activities and opportunities they have at schools that help them feel healthy and happy.



If you agree to take part in the survey, your teacher will show you where you can find the survey online. This survey will take no longer than 10 minutes to complete. The survey will ask your opinion about your school life and about what activities and opportunities you have at your school, and how much your school helps you and other pupils to feel good, healthy and supported.



No one outside of the research team will know what you have said, and we will not share details of this survey with anyone else, unless you are at risk of harm. We will have to inform the Safeguarding Officer at this research team (Dr Darren Sharpe) to get you - or another child - help if we felt you were at risk of harm.



Please talk this over with your parents before you decide whether to participate. We will also ask your parents to give their permission for you to take part in the survey. But even if your parents say "yes" you can still decide not to do this.



If you don't want to participate in the survey, that is fine, you don't have to get involved. Remember, completing this survey is up to you and no one will be upset if you don't want to get involved or even if you change your mind later and want to stop. If you decide at a later point to remove your information you should contact the researcher.



You can ask any questions that you have about the study. If you have a question later that you didn't think of now, you can call me on 0208 223 2167 or [mobile number] to talk with a member of the research team.



You will be provided with a ten-pound voucher that you can spend in various shops to thank-you for taking part in this survey.

Signing your name at the bottom means that you agree to be in this project. You and your parents will be given a copy of this form after you have signed it.

**Name of Participant** \_\_\_\_\_  
(To be written by pupil)

**Printed Name of Researcher**  
\_\_\_\_\_

**Signature of Researcher** \_\_\_\_\_

*Date*

*Time*