CHILD’S PLAY?
Diversity and inequality in the East End of London – the challenge of the Olympic legacy

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Overview of the presentation

• Following the Olympic Legacy objectives

• Our approach to measuring/presenting the inequality baseline

• Understanding diversity and explaining differences

• Key messages
The Olympic legacy

The Olympic convergence goals:
• Creating wealth and reducing poverty
• Supporting healthier lifestyles
• Developing successful neighbourhoods
• Closing the gap between London and the Olympic boroughs

Marmot Review of Health and Inequalities in England:
• Focus on early years’ development and the life course
• Give every child the best start in life and enable children, young people and adults to maximise their potential
Child’s Play? The Olympic legacy begins here!

**Infancy: 0-1 Year**
Olympic infants have a promising start. Babies are as likely to survive as the London average. Three Olympic boroughs have breastfeeding rates higher than the London average.

**Adolescence: 13-18 Years**
Olympic teenagers seem to struggle most, with some having high levels of smoking, pregnancy, and court appearances. They perform lower GCSEs and are more likely to be unemployed.

**Early Years: 2-5 Years**
Olympic 2-5 year olds seem to lose early gains. Through higher levels of obesity, generally lower ratios of MMRs, and Rubella immunisation, and being less ready for school.

**What do the hurdles mean?**
- Significantly better than London average
- Significantly worse than London average
- Statistically similar to London average

**Olympic Boroughs**
- Barking and Dagenham
- Greenwich
- Hackney
- Newham
- Tower Hamlets
- Waltham Forest

**Antenatal:** Early antenatal assessment gives Olympic women a good start to their pregnancies. Low birth weight and smoking in pregnancy remain issues in some Olympic boroughs.
Child's Play? The Olympic legacy begins here!

**Adolescence: 13-18 Years**
Olympic teenagers seem to struggle most, with some having high levels of smoking, pregnancy, and court appearances. They often have good GCSEs and are more likely to be unemployed.

**Infancy: 0-1 Year**
Olympic infants have a promising start. Babies are as likely to survive as the London average. Three Olympic boroughs have breastfeeding rates higher than the London average.

**Early Years: 2-5 Years**
Olympic 2-5 year olds seem to lose early gains. Through higher levels of obesity, generally lower rates of MMRs Mumps and Rubella, immunisation, and being less ready for school.

**What do the hurdles mean?**
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Infancy: 0-1 Year
Olympic infants have a promising start. Babies are as likely to survive as the London average. Three Olympic boroughs have breastfeeding rates higher than the London average.

Adolescence: 13-18 Years
Olympic teenagers seem to struggle most, with some having high levels of smoking, pregnancy, and court appearances. They gain fewer good GCSEs and are more likely to be unemployed.

Children: 6-12 Years
Olympic children make up a big group with good exercise levels in 2 boroughs but poor support is no better than the London average.

Antenatal: Early antenatal assessment gives Olympic women a good start to their pregnancies. Low birth weight and smoking in pregnancy remain issues in some Olympic boroughs.

What do the hurdles mean? Significantly better than London average: significantly worse than London average; statistically similar to London average.

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Child’s Play? The Olympic legacy begins here!

- Infancy: 0-1 Year
  - Olympic infants have a promising start. Babies are as likely to survive as the London average. Three Olympic boroughs have breastfeeding rates higher than the London average.

- Early Years: 2-5 Years
  - Olympic 2-5-year-olds seem to lose early gains in health. They generally have lower rates of obesity and lower rates of vaccinations, and are less ready for school.

- Adolescence: 13-18 Years
  - Olympic teenagers seem to struggle most, with some having high levels of smoking, pregnancy, and court appearances. They gain fewer good GCSEs and are more likely to be unemployed.

- Antenatal: Early midwife assessment gives Olympic women a good start to their pregnancies. Low birth weight and smoking in pregnancy remain issues in some Olympic boroughs.

- Employment
- GCSEs
- Court Appearance

- Exercise
- Peer Support
- School Readiness
- Obesity
- MMR

- Barking and Dagenham
- Greenwich
- Hackney
- Newham
- Tower Hamlets
- Waltham Forest

- What do the hurdles mean?
  - Significantly better than London average
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ANTENATAL: Early midwife assessment gives Olympic women a good start to their pregnancies. Low birth weight and smoking in pregnancy remain issues in some Olympic boroughs.

INFANCY: 0-1 YEAR
Olympic infants have a promising start. Babies are as likely to survive as the London average. Three Olympic boroughs have breastfeeding rates higher than the London average.

BARKING AND DAGENHAM
GREENWICH
HACKNEY
NEWHAM
TOWER HAMLETS
WALTHAM FOREST

What do the hurdles mean?

- Significantly better than London average
- Significantly worse than London average
- Statistically similar to London average

EARLY YEARS: 2-5 YEARS
Olympic 2-5 year olds seem to lose early gains. Through higher levels of obesity, generally lower rates of MMR, Mumps, and Rubella immunisation, and being less ready for school.

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Child’s Play? the Olympic legacy
“forecast”

Three consecutive years of improvement.

No trend could be determined

Three consecutive years of worsening
The six Olympic Boroughs
Diverse boroughs – diverse issues

Population aged 0-19 years

School age children from black and minority ethnic groups

Source: ONS
* significantly greater than England (p<0.05)
Diverse boroughs – diverse issues

Population Mobility, aged 0-19yrs (2010)

Population change (%)

Source: ONS
### The baseline picture: Underlying causes and outcomes

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Barking and Dagenham</th>
<th>Greenwich</th>
<th>Hackney</th>
<th>Newham</th>
<th>Tower Hamlets</th>
<th>Waltham Forest</th>
<th>London</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth (girls)</td>
<td>81.1</td>
<td>81.8</td>
<td>83.0</td>
<td>81.1</td>
<td>81.4</td>
<td>81.9</td>
<td>83.3</td>
</tr>
<tr>
<td>Life expectancy at birth (boys)</td>
<td>77.0</td>
<td>76.7</td>
<td>77.4</td>
<td>76.2</td>
<td>76.7</td>
<td>77.4</td>
<td>79.0</td>
</tr>
<tr>
<td>Children living in poverty</td>
<td>37.0</td>
<td>33.0</td>
<td>39.7</td>
<td>38.2</td>
<td>50.9</td>
<td>32.6</td>
<td>29.7</td>
</tr>
</tbody>
</table>

**How to interpret the table:**

- **Red:** Borough is doing significantly worse than the average for London;
- **Amber:** Borough is statistically similar to the average for London;
- **Green:** Borough is doing significantly better than the average for London;
- **White:** Significance could not be calculated

* Data recording <50% interpret with caution
# Crossing the ‘health hurdles’: the differences?

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Life Stages</th>
<th>Barking and Dagenham</th>
<th>Greenwich</th>
<th>Hackney</th>
<th>Newham</th>
<th>Tower Hamlets</th>
<th>Waltham Forest</th>
<th>London</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Antenatal visit?</td>
<td>1. Antenatal</td>
<td>58.3</td>
<td>45.3*</td>
<td>44.5</td>
<td>58.1</td>
<td>68.9</td>
<td>60.5</td>
<td>56.8</td>
</tr>
<tr>
<td>Low birth weight</td>
<td></td>
<td>7.0</td>
<td>6.7</td>
<td>7.5</td>
<td>11.5</td>
<td>8.8</td>
<td>9.4</td>
<td>7.8</td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
<td>13.6</td>
<td>11.0</td>
<td>6.9</td>
<td>4.6</td>
<td>4.3</td>
<td>6.6</td>
<td>6.5</td>
</tr>
<tr>
<td>Breast feeding</td>
<td>2. Infancy</td>
<td>72.5</td>
<td>80.6</td>
<td>92.7</td>
<td>85.9</td>
<td>91.1</td>
<td>90.7</td>
<td>87.5</td>
</tr>
<tr>
<td>Infant mortality</td>
<td></td>
<td>5.0</td>
<td>4.5</td>
<td>5.6</td>
<td>5.3</td>
<td>4.0</td>
<td>5.4</td>
<td>4.5</td>
</tr>
<tr>
<td>MMR (by age 2)</td>
<td>3. Early years</td>
<td>81.4</td>
<td>82.6</td>
<td>75.4</td>
<td>80.8</td>
<td>94.4</td>
<td>87.0</td>
<td>83.8</td>
</tr>
<tr>
<td>Obesity (age 4-5 years)</td>
<td></td>
<td>13.9</td>
<td>12.0</td>
<td>14.3</td>
<td>12.9</td>
<td>12.7</td>
<td>10.0</td>
<td>11.1</td>
</tr>
<tr>
<td>Achieving a good level of devt. age 5</td>
<td>4. Childhood</td>
<td>55.0</td>
<td>63.0</td>
<td>54.0</td>
<td>57.0</td>
<td>50.0</td>
<td>51.0</td>
<td>60.0</td>
</tr>
<tr>
<td>Someone to talk to</td>
<td></td>
<td>63.0</td>
<td>61.0</td>
<td>63.0</td>
<td>58.0</td>
<td>59.0</td>
<td>61.0</td>
<td>62.0</td>
</tr>
<tr>
<td>Physically active</td>
<td></td>
<td>54.3</td>
<td>57.5</td>
<td>42.9</td>
<td>51.0</td>
<td>48.6</td>
<td>61.3</td>
<td>55.2</td>
</tr>
<tr>
<td>First time entrants to Youth Justice System</td>
<td></td>
<td>1210</td>
<td>1400</td>
<td>1430</td>
<td>2020</td>
<td>1420</td>
<td>1460</td>
<td>1270.0</td>
</tr>
<tr>
<td>GCSE achieved 5A*-C inc. Eng and maths</td>
<td>5. Adolescence</td>
<td>56.6</td>
<td>53.6</td>
<td>56.5</td>
<td>55.0</td>
<td>60.4</td>
<td>53.7</td>
<td>61.0</td>
</tr>
<tr>
<td>Not in education, employment, training</td>
<td></td>
<td>6.9</td>
<td>6.2</td>
<td>6.2</td>
<td>6.4</td>
<td>5.3</td>
<td>4.2</td>
<td>5.0</td>
</tr>
<tr>
<td>Young people smoking</td>
<td></td>
<td>3.0</td>
<td>3.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>4.0</td>
<td>2.9</td>
</tr>
<tr>
<td>Teenage conception rate</td>
<td></td>
<td>56.0</td>
<td>63.6</td>
<td>55.7</td>
<td>48.1</td>
<td>40.1</td>
<td>52.7</td>
<td>43.7</td>
</tr>
</tbody>
</table>

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Explaining the differences

• Socioeconomic factors
• Ethnic factors
• Cultural and generational factors
• Impact of services
• Government policy
Key Messages

• Early intervention remains pivotal: the Marmot life course Approach shows that the good start in life experienced by the Olympic children is eroded by adolescence.
• The baseline findings need to be understood in terms of diversity within the populations as well as socio-economic and service factors.
• High levels of minority ethnic communities are synonymous with good as well as poor outcomes.
• We can’t afford to neglect poor outcomes in deprived white communities.
Useful resources

• Child’s Play: The antenatal to adolescence Olympic Health legacy

• Local health profiles: www.healthprofiles.info

• Further information about LHO: www.lho.org.uk

• Further information about PHOs in England: www.apho.org.uk