

Children, Young People and Families

Health and Well-Being Briefing Paper (no. 7 of 8)

Introduction

This briefing paper, on tackling the wider determinants of health in relation to children, young people and families, is one of a series of briefings aimed at local authorities and other local partners in the West Midlands. It was developed using best available national and local evidence and guidance,^{1,2} and local case studies are included which demonstrate good and effective current practice in support of the Public Health role of Local Government. The briefing serves as a legacy of the extensive range of work done to date across the West Midlands led by the Regional Public Health Group. It is cognisant of the needs in the West Midlands and suggests how local areas and Health and Well-Being Boards can work in partnership to tackle local public health issues using innovative and effective approaches in tackling the wider determinants of health and health inequalities. These approaches can help to protect against current and future threats to health and well-being and help improve the efficiency and effectiveness of local partnership working to improve the quality and quantity of people's lives.

Key Facts: West Midlands

- The West Midlands continues to have worse outcomes for deprivation, children in poverty with 24.8% being affected, statutory homelessness, GCSE achievement, obesity in children, teenage pregnancy, smoking during pregnancy and breastfeeding initiation compared to the England average³
- The West Midlands is better than the England average for tooth decay in 5 year olds, and for road injuries and deaths⁴
- The West Midlands continues to have the highest infant death rate in England⁵
- Child Health Profiles have been produced to provide a snapshot of child health and well-being for each local council in England using key health indicators. You can use the profiles to work in partnership to plan and commission evidence-based services based on local need and compare the outcomes in your local population with others and thus identify better performing areas from <http://www.chimat.org.uk/resource/view.aspx?RID=101746®ION=101632>

Areas for Partnership Action

Health and Well-Being Boards can:

- Support delivery of the Healthy Child Programme alongside the Family Nurse Partnership to support families to build community capacity⁶
- Take care of child health and development and build people's self-esteem, confidence and resilience from infancy in order to promote mental and physical health and well-being and development, and prevent future illness⁷
- Reduce child poverty and give every child in every community the best start in life⁸
- Provide parenting support services as a way to promote health and well-being
- Adopt approaches which address the wider factors that affect people at different stages and key transition points in their lives and apply the principle of 'proportionate universalism' – by which the scale and intensity of action is proportionate to the level of disadvantage⁹
- Reduce teenage pregnancy rates by supporting local action and tackling underlying socio-economic determinants. The delivery of well publicised, accessible and high quality contraception and sexual health services for young people is key to reducing the number of unintended pregnancies.¹⁰
- Promote sexual health priorities in planning and delivery systems across agencies
- Improve maternal health and give children a better start in life, reduce infant mortality and numbers of low birth-weight babies¹¹ and promote breastfeeding
- Reduce childhood obesity
- Prevent child accidents
- Ensure issues relating to safeguarding children are integral to strategies and delivery
- One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood so it is necessary to apply guidance to improve the mental health and well-being of children and young people and their families¹²
- Ensure that the participation of children, young people, families and carers is considered when making decisions and priorities



Background

It is necessary to support delivery of the Healthy Child Programme, the framework of universal and progressive services for children and young people, to promote optimal health and well-being alongside the evidence-based Family Nurse Partnership programme. These services, working with partners, will support families to build community capacity as part of the Big Society.^{13,14,15}

Recent child poverty and social mobility strategies outline how a coherent approach to different stages of life and tackling the social determinants of health over the life course is necessary. This needs to include reaching out to those who need the most support, building the life chances of children by increasing opportunity, supporting families and raising aspirations, and addressing the root causes of disadvantage and ill-health including child poverty.^{16,17}

Child health and well-being is determined by a complex interaction of social, economic, psychological and family factors. Agencies and organisations must work in partnership to meet the needs of children and families through joint needs assessment, to raise standards, to lift children from poverty and improve health and well-being. Joint commissioning of services to ensure whole system approaches with child social care and education provision is also necessary.

Partnership and inter-agency working is essential for this shared agenda, and in order for the range of issues affecting children, young people and their families' lives in the West Midlands to be understood and to give children the best start in life.

The participation of children and young people is also an important and we need to continue to develop cultures and infrastructures which sustain and embed participation throughout our work.

Parents need to have access to high quality advice and support through inter-agency approaches. Parenting support services are a way of tackling social exclusion and problem behaviour and parenting needs to be seen as every agency's concern.

Sexual Health

The sexual health of adolescents (11 to 19 year olds) in the West Midlands is poor.¹⁸ An increase in risky sexual behaviour may have contributed to adverse outcomes such as sexually transmitted infections and unintended pregnancies amongst young people.¹⁹ It is necessary to improve access to young people friendly contraceptive and sexual health services, which should work toward You're Welcome quality criteria.

Action to promote good sexual health, in particular to target those children and young people who experience a disproportionate burden of poor sexual health should be enhanced through strengthening local needs assessment, commissioning and links with education and youth provision, the roll out of the Chlamydia screening programme and working with GUM services and schools to raise awareness, provide support, enable access to services and education.

Teenage Pregnancy

Teenage pregnancy is often both a cause and consequence of social exclusion²⁰ and is a public health and inequalities issue. Teenage parents are more likely to live in poverty or be unemployed than other teenagers. They are prone to poor antenatal health, lower birth weight babies and higher infant mortality rates. The health of young parents and that of their children is worse compared to their peers and the outcomes of children born to older parents.

Educational attainment and engagement in school, low aspirations and self-esteem are all factors increasing the risk of teenage pregnancy and it is also a consequence of poor access to appropriate services and methods of contraception. Strong inter-agency working to target vulnerable groups and high rate areas is essential in reducing teenage pregnancies.

Infant Mortality

The West Midlands persistently has the highest infant and perinatal mortality rate in England. The links associated with inequalities and social deprivation suggest that broader social policies aimed at tackling poverty play an important role in reducing infant and perinatal mortality.²¹

Efforts should focus on women and families in disadvantaged social groups and include measures to reduce known risk factors including smoking, poor nutrition and obesity, teenage pregnancy with its associated high rates of infant mortality, increased initiation and duration of breastfeeding, early antenatal booking and effective antenatal care, improved quality of obstetric and neonatal services and education and support in promoting health.

Breastfeeding

There is clear evidence that breastfeeding has positive health benefits for both mother and baby in the short and longer-term (beyond the period of breastfeeding).²² Services need to be commissioned that provide sustainable, high-quality, universal support as well as targeted support for mothers who are least likely to breastfeed.

Childhood Obesity

Obesity levels for children aged 10 to 11 in the West Midlands are 20.5%, compared to 18.7% for England.²³ Strategies to reduce overweight and obesity must be based on promoting healthy eating patterns and encouraging physical activity. A partnership approach is needed involving schools, children's centres, sports partnerships and many others in order to tackle childhood obesity.

Child Accidents

Partnership working provides clear leadership, coordination of policy and local activity and initiatives have led to progress in preventing child injury.

Children's Centres and the voluntary sector are important partners in raising awareness of and preventing accidents. An extensive regional programme of work is being delivered with the Child Accident Prevention Trust (CAPT).

Programmes based in schools are essential in strengthening risk and safety education including road safety; school travel plans, cycle training and use of cycle helmets and raising community awareness.



Children's Trusts and local agreements should identify injury prevention as a core priority.

The recording of accident and emergency (A&E) data has problems and cause of injury is often not well captured. To tackle this issue the West Midlands has an A&E Surveillance Centre to make reliable, accurate and relevant information available to agencies.

Safeguarding Children

Safeguarding children should be an integral part of all local organisations' governance and commissioning arrangements. It is necessary to use effective local partnership working and to take into account guidance and other developments.²⁴

Child Mental Health and Emotional Well-Being

No health without mental health: a cross-Government mental health outcomes strategy for people of all ages²⁵ describes how a whole-family approach rather than focusing on the child alone, a focus on the prevention of mental health problems, tackling the wider determinants of mental ill-health and promotion of mental well-being are all necessary for children.

It is necessary to improve joint commissioning and use early intervention and diverse approaches supported by evidence that allow for greater choice, control and personalisation. Increase access to timely, high quality, flexible, appropriate and comprehensive services and involve families and carers in child interventions as they have detailed knowledge and insight about the child. Also, those in contact with young people should be aware of how, and when, to refer somebody on for further assessment and support, for example with self-harming.

Provide appropriate and accurate information and advice so that young people can exercise choice effectively and participate in decisions and so they know who to contact and improve their self-efficacy.

It is also necessary to plan for the transition from child and adolescent mental health services (CAMHS) to adult mental health services or back to primary care and to strengthen ability of young people to take control of their lives and relationships and help them to increase their self-esteem and emotional resilience during the transition to adulthood.

Finally, it is necessary to work in partnership involving individuals, families and communities to tackle child mental health and emotional well-being and issues such as bullying, and to tackle stigma and discrimination regarding mental health that is due to ignorance, fear and negative attitudes.

Case Studies

West Midlands *Advocating Child Safety*

Advocating Child Safety is a networking resource developed jointly by the Department of Health in the West Midlands and the Child Accident Prevention Trust (CAPT) to support partnerships for child injury prevention in the West Midlands. Working to prevent childhood accidents has been an important priority for the Department of Health West Midlands.

A consistent theme from stakeholder feedback has been the need for shared learning, better training and 'signposting' of cross-cutting connections in this particularly broad area of child health and well-being.

Also highlighted was the need for local areas to identify opportunities and incentives for improved partnership working for child injury prevention, including support for professional development and skills. The nature and varied settings of child injury prevention means that this is a dynamic process.

New policy developments and research, emerging evidence and fresh opportunities for collaboration create new measures of effectiveness and milestones of success, so *Advocating Child Safety* was made available as a downloadable resource which can be personalised and updated as a living document on www.capt.org.uk. The aim is to build on the progress already being by:

- extending awareness of childhood accidental injury
- signposting key sources of information, evidence and guidance, including the wider cross-cutting links and connections
- sharing first-hand experience and practice
- providing support for capacity building, networking and community engagement
- facilitating partnerships for prevention and behaviour changes

We all have a part to play in keeping children 'safer, together'. As we build on progress already made and take forward new opportunities this resource will provide a focus for advocacy and action, adding value to prevention initiatives and strategies and improving the safety, well-being and life chances of all children and young people in the West Midlands.

See reference sheet and the other briefing papers in the series:

Planning, Transport and Health
Housing and Health
Environment and Health
Economy, Skills and Health
Culture, Leisure and Health
Safer Stronger Communities
Later Life

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Wolverhampton *Food Dudes*

The primary aim of the rollout of the Food Dudes programme in Wolverhampton Primary Schools (4-11 year olds) is to increase children's daily consumption of fruit and vegetables and to reduce their intake of unhealthy snack foods. The scheme will benefit 20,000 pupils at primary and special schools. The programme was developed by the psychology department of Bangor University in Wales and the Food Dudes programme was awarded Chief Medical Officer Award in 2010.²⁶ Wolverhampton is the first place in the UK to introduce it on a city-wide basis.

The scheme uses four healthy eating cartoon characters - the Food Dudes - to encourage children to develop a liking for fruit and vegetables, encourage them to eat them at home and be proud that they are healthy eaters.

In the first 16-day phase of the project pupils try four fruits and four vegetables with different colours, textures and density and are given a small reward – such as juggling balls, a pencil or a pedometer – to encourage them to repeatedly taste the produce.

Teachers also act as role models by trying the same foods as the pupils and each child is given an information pack to take home to encourage them to eat more fruit and vegetables with their family.

In the second phase, children are encouraged to continue eating fruit and vegetables and classroom charts record what each pupil has eaten and they can earn further rewards and Food Dudes certificates.

An evaluation conducted in five schools shows that the programme resulted in substantial increases in children's fruit and vegetable consumption both at school and at home and unhealthy snack food consumption was significantly reduced. The Food Dudes programme was found to reliably improve the diets of children from diverse social and ethnic backgrounds. These improvements were shown to be maintained at a one year follow up. Further information can be found at www.fooddudes.co.uk.

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References - Health and Well-Being Briefing Papers

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Further Information, Organisations and Links

Learning for Public Health www.wmpho.org.uk/lfp	Department of Health www.dh.gov.uk
Department for Education www.education.gov.uk	Training and Development Agency for Schools (TDA) www.tda.gov.uk
West Midland Councils www.wmcouncils.gov.uk	National Institute for Health and Clinical Excellence (NICE) www.nice.org.uk
NHS Information Centre www.ic.nhs.uk	West Midlands Public Health Observatory www.wmpho.org.uk
National Obesity Observatory www.noo.org.uk	Association of Public Health Observatories www.apho.org.uk
Obesity Learning Centre www.obesitylearningcentre-nhf.org.uk	West Midlands Obesity Website www.obesitywm.org.uk
Change4Life www.nhs.uk/change4life	West Midlands Change4Life Website www.change4lifewm.org.uk
West Midlands Physical Activity Website www.pan-wm.org.uk	Investing for Health www.ifh.westmidlands.nhs.uk
The Marmot Review www.marmotreview.org	West Midlands Infant Feeding Website www.infantfeedingwm.org.uk
Perinatal Institute www.perinatal.nhs.uk	Play England www.playengland.org.uk
Sport England www.sportengland.org.uk	National Children's Bureau NCB www.ncb.org.uk
Child Accident Prevention Trust www.capt.co.uk	The Big Society www.thebigsociety.co.uk

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Ginder Narle Learning for Public Health Manager, Sandwell Primary Care Trust

Sarah Pullen Project Lead

Allison Orchard Personal Assistant to Deputy Regional Director of Public Health, Department of Health West Midlands

Karen Saunders Senior Public Health Manager, Department of Health West Midlands