3 Children and young people – starting on the right path

CHAPTER SUMMARY

This chapter sets out action to support children and young people, as well as their parents, families, carers and staff in the public and voluntary sectors. It aims to support development of a healthy framework for life.

- *There will be new sources of information guidance and practical support for parents, children and young people – particularly those who are disadvantaged in early years – provided in ways that are designed to meet their individual needs and be accessible to everyone.*
- *Services will be coordinated to meet needs and increasingly will be brought together in one location as part of an integrated service delivery through children's trust arrangements.*
- *The components of good health will be a core part of children's experience in schools through a coordinated 'whole school' approach to health – in lessons, sport, provision of food, personal advice and support, and travel arrangements.*
- *There will be new initiatives to promote physical activity and sport inside and outside school.*
- *We will strengthen measures to protect children and young people and help them understand and manage risk and develop responsible patterns of behaviour.*

INTRODUCTION

1. People's patterns of behaviour are often set early in life and influence their health throughout their lives. Infancy, childhood and young adulthood are critical stages in the development of habits that will affect people's health in later years.

2. This chapter outlines action to promote healthy choices early in life and to provide a supportive environment for children and young people themselves, as well as their parents, families and carers. It also sets out how the public and voluntary sectors can contribute. The actions aim to:

- reduce infant mortality;
- support all children and young people to attain good physical and mental health;
- reduce inequalities in opportunities for children to make healthy choices and address environmental inequalities that can undermine those choices; and
- ensure children and young people develop a good understanding of how they can balance the opportunities and risks in choices that impact on their health as they grow up.

‘Increasingly, evidence is showing that children and young people do not play out as much as they used to and that their opportunities for free play are restricted.’

(Demos et al May 2004, Children’s Play Council: Making the case for fair play, 2002)

3. We will integrate the action set out in this chapter with wider initiatives in the cross-government *Every Child Matters: Change for Children* programme,[1] which will involve local services, the voluntary and community sector, parents, carers and families. This approach will aim to improve the outcomes for all children – narrowing the gap between disadvantaged children and others.

Tackling deprivation and disadvantage in childhood

4. Most children now enjoy a healthy and positive start in life, but too many have poor physical or emotional health as a result of poverty and deprivation or poor parenting. This can result in lower life expectancy and poor mental health.

5. Our goal is to halve child poverty by 2010 and eradicate it by 2020. This will be achieved by a combination of hard work by people and the opportunities created by government. The Child Poverty Review[2] reinforced the importance of commitment across a wide range of public services to improving poor children’s life chances and tackling cycles of deprivation. This includes initiatives that improve health outcomes for children, such as:

- delivering more decent homes;
- investment in early years services for disadvantaged children;
- increasing the take-up of sport and activity opportunities for children;
- reducing the proportion of women who smoke in pregnancy;
- extending the coverage of child and adolescent mental health services; and
- supporting parents.

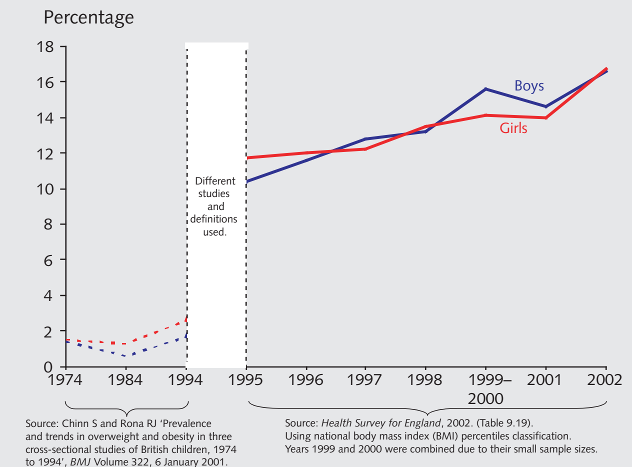
6. Addressing health inequalities among children and young people has to be a major priority for all local agencies in order to break the cycle of deprivation that has undermined so many strategies for improving health in the past. **Subject to parliamentary approval, powers set out in the Children Bill will introduce the *Children and Young People's Plan*. The plan will bring together planning for local authority services with other plans, for example for health services, voluntary and community services and drugs action for children and young people.[3] We will look to primary care trusts (PCTs) to be fully involved with the new *Children and Young People's Plan* arrangements and to contribute advice and support in taking action to promote the health of children and young people.**

1 This programme will implement the reforms in the *Every Child Matters* Green Paper and the *National Service Framework for Children, Young People and Maternity Services* across government, local services, the voluntary and community sector, parents, carers and families. The aim of the programme is to deliver improved outcomes for all children and young people under the five headings of: be healthy; stay safe; enjoy and achieve; make a positive contribution; and achieve economic wellbeing.

2 www.hm-treasury.gov.uk/spending_review/spend_sr04/associated_documents/spending_sr04_childpoverty.cfm

3 Local authority directors of children’s services will be responsible for drawing up *Children and Young People’s Plans* locally.

Obesity prevalence trends in children from 1974 to 2002 (from 1974 to 1994, primary school age; from 1995 to 2002, ages 2 to 15; England)



7. Looked-after children, disabled children and black and minority ethnic children often face more problems of health and wellbeing than others and are less likely to access services – such as immunisation programmes – that promote good health. The *National Service Framework for Children, Young People and Maternity Services* sets out the standards that local authorities and PCTs should follow in planning, commissioning and delivering services for children. The Summary of Intelligence on Inequalities discusses the action we are taking to tackle inequalities generally published with this White Paper.

Responding to changes in the way people live

8. Children need a balance of different opportunities in their lives to build the foundations of good physical and emotional health – opportunities that relate to the way people live in the 21st century.

9. Overall, many children appear to have fewer opportunities for physical activity and more are overweight – some obese. Some commentators suggest that this is because children are eating more convenience and fast foods, spending more time watching television or playing computer games, and less time being physically active because of the increase in car travel and a heightened concern about the potential risks of unsupervised play outdoors.

> The prevalence of obesity in children aged 2 to 10 years has increased from 9.6% in 1995 to 15.5% in 2002 (*Health Survey for England* 2002). Obese children, especially girls, are more likely to come from lower social groups. Children who are obese are more likely to become obese adults, and this likelihood increases the more obese a child is, as well as increasing if the child's parents are obese.

10. Halting the growth in childhood obesity is our prime objective. **We have set a national target to halt, by 2010, the year-on-year increase in obesity among children under 11 in the context of a broader strategy to tackle obesity in the population as a whole. This objective will be shared jointly by the government departments with responsibility for health, education and sport.** Many of the initiatives in this White Paper will impact on obesity, including obesity in children – these are summarised in the Summary of Intelligence on Obesity published with this White Paper.

11. Modern technology, with information, entertainment and communication available at the touch of a button, increases opportunities to learn and explore ideas but can also diminish curiosity, initiative and enthusiasm for other things.

12. We need to offer children and young people more affordable, stimulating and accessible things to do outside the school day, at weekends and in school holidays that develop skills and extend healthy choices.

Building health in

13. Consultation made it clear that we need to create a culture where being concerned about health, including emotional wellbeing, asking for help or information and discussing risk is seen as natural behaviour that is respected and valued. This means responding better to what children, young people and their families want – developing the skills, knowledge, confidence and competence of everyone who works with them and providing a better coordinated approach to the health information and services on offer. It also means recognising that emotional wellbeing underpins good physical health and reduces the likelihood that children and young people will take inappropriate risks.

14. Following recommendations in *Every Child Matters*, the Department for Education and Skills (DfES) is developing a common core of skills and knowledge to support training for all professionals working with children, young people, families and carers. The common core will pay attention to the importance of promoting good health, and of recognising and being willing to discuss health concerns in response to requests.

DEVELOPING AN INTEGRATED FRAMEWORK FOR CHILD HEALTH

15. The first step towards developing a better response to children's health needs is the *Child Health Promotion* programme set out in the *National Service Framework for Children*, *Young People and Maternity Services*.[4] For the first time, this provides a joined-up system to ensure health and wellbeing for children and young people from birth to adulthood. The new programme moves on from a narrow focus on health screening and developmental reviews to a more broad-based programme of support to children and their families that will help address the wider determinants of health and reduce health inequalities. It puts in place a comprehensive system for health that focuses on priority issues such as diet and physical activity, safety, smoking and emotional wellbeing.[5] The programme covers:

- the assessment of the child's and family's needs;
- health promotion;

4 www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrensServices/ChildServicesInformation/ChildrensServicesInformationArticle/fs/en?CONTENT_ID=4089111&chk=U8Ecln

5 National Service Framework (NSF) standards are developmental standards in the *Health and Social Care Standards and Planning Framework* and will therefore form part of the annual assessment undertaken by the Healthcare Commission. The standards in the NSF will need to be delivered in partnership with local authorities. Subject to parliamentary approval, the Children Bill will underpin this partnership-working with a duty for NHS bodies such as PCTs and Strategic Health Authorities to cooperate with other local services to deliver the *Change for Children* outcomes. The extent to which services are effectively joined up will also be considered as part of the new Joint Area Reviews of children's services.

- childhood screening;
- immunisations;
- early interventions to address identified needs; and
- safeguarding children from harm.[6]

Immunisation

16. Immunisation is important in protecting individuals and population against disease which can kill or cause serious long-term ill-health. The UK's successful childhood immunisation programme means that childhood diseases (such as measles and meningitis C) are at very low levels, and some diseases (such as polio and neonatal tetanus) have virtually disappeared through the use of vaccines. It is the safest way for parents to protect their children against disease and the Government remains committed to maintaining an effective immunisation programme. However even where an area has high immunisation coverage certain groups of children may still be at risk. Health professionals therefore need to work together and ensure:

- access for vulnerable children and adults who remain unimmunised;
- that the needs of children and families with complex needs are met and services are tailored to meet their needs; and
- the organisation of services should include regular performance management with a focus on pockets of low uptake and areas of deprivation.

17. Children's trust arrangements will bring together planning, commissioning and delivery of children and young people's health services alongside education, social care and other partners, such as Connexions and (where agreed locally) Youth Offending Teams. **Children's trust arrangements will involve everybody working together locally to improve outcomes for children. The Government is recommending that all areas should have a children's trust by 2008.**

Integrating services

18. Children's centres are key to the integrated delivery of services through children's trust arrangements. **We will work with local authorities to establish up to 2,500 children's centres by March 2008. The Government's longer-term ambition is for there to be a children's centre in every community.** Children's centres are initially being developed in the 20% most disadvantaged wards – many children's centres are based on Sure Start local programmes.

6 Children's NSF – Standard 5: Safeguarding and Promoting the Welfare of Children and Young People; Paragraph 4: Impact that abuse and neglect have on children, pages 145–173. Published September 2004.
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/ChildrenServicesInformationArticle/fs/en?CONTENT_ID=4089111&chk=U8Ecln

CASE STUDY

The Manchester Family Link Workers Scheme, set up in July 2003, focuses on Harpurhey, the most deprived area in the country. It supports families with young children who have a wide variety of needs. The nine link workers were all recruited locally and spend a day a week studying NVQ Level 3 in health and social care and two days a week on placement with health professionals, including dieticians, midwives, speech and language therapists, health visitors, Sure Start workers and librarians. The remaining two days are spent supporting families, carrying out home visits, promoting primary healthcare and acting as the main link between families and Sure Start services locally.

The scheme has shown how multi-agency working tackles health inequalities, with North Manchester PCT working closely with the local Sure Start programme and the city council. Early signs are that the scheme is having a major impact on the uptake of services in the area, leading to the improved health of the community. The link workers' contracts run for two and a half years and all are optimistic that at the end of this period further opportunities will open up for them in the field of health and social care.

19. Children's centres bring together in one location a variety of services:

- ante- and post-natal care;
- routine and non-acute children's health services;
- child health preventative services;
- parental outreach and family support;
- good quality learning integrated with full day-care provision; and
- effective links with Jobcentre Plus, local training providers and higher education institutions.

20. The Child Poverty Review highlighted the importance of improving access to mental health care for children and young people. There is now evidence to demonstrate that the prevalence of mental disorders in young people has been slowly increasing, but provision for the mental health needs of 16 and 17 year olds often falls in a gap between services for children and those for adults. Self-harm in young women and suicide rates among young men are of particular concern. Child and adolescent mental health services (CAMHS) and adult mental health services need to work together more closely to ensure that arrangements at the interface between services properly take the interests and needs of young people into account. This will require services to be flexible in their approach in order to facilitate easier access to services and recognition of the importance to young people of being able to make choices

CASE STUDY

Ann, a health visitor in Leeds, leads a small public health team based in the children's centre. Her team has assessed the needs of the local population and has developed a series of initiatives that meet these needs.

The team is made up of a nursery nurse and two parenting facilitators. They use their available budgets to buy the services of a breastfeeding buddy from the local voluntary sector. The parenting facilitators support parents by running parenting groups at various sites throughout the community. The PCT sends out appointments to all parents when their first child is between two and three years old. This helps parents to manage their children's behaviour and to discuss how to give them the best start in life through healthy eating and lots of physical activity.

A few years ago the health visitor undertook a course in baby massage; she has now trained mothers from the local community to do this. The mothers now run classes for other mothers with infants where they can relax and chat for social support, and also learn techniques that improve how they bond with their babies. Mothers have found that their interaction with their babies has improved and their babies seem much happier.

about how and where their mental health care is delivered.

21. Another component of the strategy for integrated service delivery is the development of extended schools. **The Government's expectation is for all primary and secondary schools to develop as extended schools over time.** In partnership with PCTs and other agencies, extended schools can provide, or offer referral to, accessible health and social care to pupils, their families and the community. Extended schools can also provide opportunities for children and their parents to practice healthy lifestyles through opportunities for physical activity and classes, for example on cooking, outside school hours. One-stop shops and multi-agency health centres located on a school site enable health professionals to work alongside education and social care professionals, sharing both information and expertise.

22. The evaluation of the *Extended Schools Pathfinder Project* indicates that delivering health services in schools not only improves school attendance but gives health workers ready access to children and families who might otherwise not have attended clinics or doctors' surgeries.

Personal health guides for life

23. Chapter 1 set out as one of our key principles the importance of personalisation of support for

people to make healthy choices. We need to build a culture of participation where children and young people are involved in the range of issues and decisions that affect them. **We are introducing Children's Health Guides as part of the new *Child Health Promotion* programme. These health plans will be the foundation for personal health guides (PHGs) for life.**[7]

24. The health guide will encourage children and young people to build health into the way they live their lives. In a child's early life, the health guide, linked to and building on the child health record, will be developed and held by their parents or carers with advice and support from health professionals (including health visitors and school nurses). As they grow up, each child will take on responsibility for developing their own health goals with help from their parents, school staff and health professionals.

25. There will be opportunities to review plans at key transition points, such as starting school, moving to secondary school or starting work. Children and young people will get support to think about choices that impact on their health, and they will be encouraged to reassess their own progress towards good health and wellbeing.

Health visiting services

26. Health visitors bring specialist public health nursing expertise to integrated children's services, such as Sure Start and general practice. Their preventive work with families and communities helps parents to safeguard and promote the health and wellbeing of young children in areas such as healthy eating, preventing accidents and building effective relationships.

27. Health visitors will lead and oversee the delivery of the new *Child Health Promotion* programme and encourage the use of children's PHGs as part of family health plans. Working in children's centres, Sure Start local programmes and through links with local voluntary and community providers and general practice, they will deliver measurable health outcomes that focus particularly on vulnerable and disadvantaged children and parents such as teenage parents.

School nursing services

28. The Chief Nursing Officer's *Review of the Nursing, Midwifery and Health Visiting Contribution to Vulnerable Children and Young People*[8] emphasises the key role that school nurses can play, working with children and young people, parents and carers, teaching staff and others, to:

- review health at key stages and support development of children's PHGs;

7 Chapter 5 covers personal health guides for adults.

8 Department of Health, August 2004.

- provide general information, advice and support about health issues such as diet and nutrition, physical activity, emotional wellbeing, puberty, smoking and sexual health and about where to get further help and advice, including from Child and Adolescent Mental Health Services, social services and voluntary agencies; and
- support learning about health choices and managing risk.

29. We see a new and relevant role for school nurses on a wider scale than in recent years. **The Chief Nursing Officer will work with nurse leaders and the DfES to:**

- **modernise and promote school nursing; and**
- **develop a national programme for best practice that includes reviewing children's and young people's health and supporting the use of children's PHGs.**

CASE STUDY

In the North Tees and Hartlepool Trust area, there was a lack of structured, basic health education programmes for primary school children. The Trust therefore introduced a new school-nurse-led approach, stimulating children to take a positive interest in their health and in wider social and environmental issues as well as to build a sense of responsibility for their own health.

The project is a structured, basic health education programme for year 6 (10 to 11 year old) children and consists of six two-hour modules: accident prevention; personal hygiene; growing up; healthy eating; smoking/alcohol; and feeling good. It is recommended that a school nurse carries out the programme, alongside the class teacher, over one academic year.

Each module has an evaluation form in the resource pack. Feedback is encouraged from the school staff and children. The programme has now been offered to every primary school served by the Trust's school nursing service.

"I think there are things going on round here, but I don't really know about them, I think my friends used to go to a mother and toddler group, with people to talk to. Young kids are a handful, if there was one I'd love to go to it, but I don't think there is, I'm on my own here."

***Listening to Children's Voices* research, 2003**

What can children, young people and parents expect from the school nursing service:

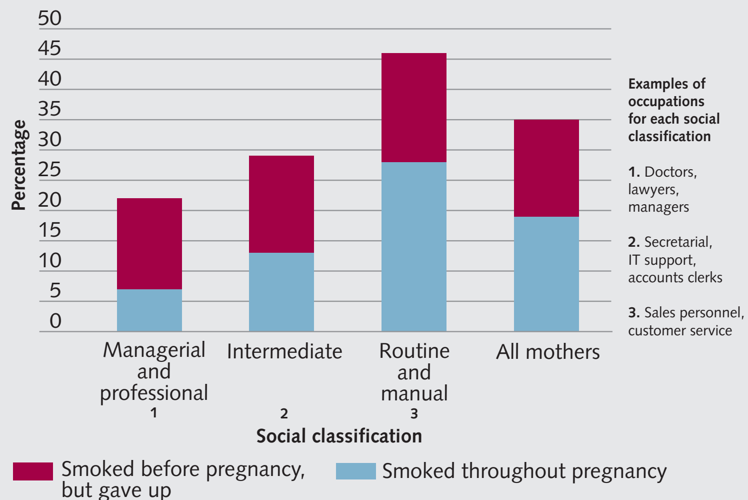
- to be involved in assessing their health needs and to be supported in caring and promoting their own health through PHGs;
- to have access to sensitive, confidential, expert health advice and support for their emotional wellbeing and health behaviours, including access to information through websites and text messaging;
- to have any health, medical and development problems identified and addressed in a way that minimises the impact of clinical conditions and disability on learning. The school nursing service will include:
  - appropriate training to support individual children with medical needs in school; and
  - to work with colleagues to ensure the school environment supports health improvement.

Cross-government strategy for tackling the root causes of physical and mental ill health in child abuse and domestic violence

Child physical, emotional or sexual abuse and neglect and domestic violence are causal factors in the mental and physical ill health of children, adolescents and adults and affect a significant proportion throughout their lives. The high costs in prevalence and economic burden on health and social care services and the criminal justice system have pushed these issues up the agenda.

They figure prominently in DH's policy on mental health, child health and women's health, and in wider government policy on child poverty, victims and witnesses, social exclusion and safeguarding children. They are also the focus of some cross-government working with DfES and the Home Office through the Inter-ministerial Groups on Domestic Violence and Sexual Offending in the wider context of new legislation on domestic violence, sexual offences and mental health.

CASE STUDY



Source: *Infant Feeding Survey*, 2000 (Table 4.9).
Note: using National Statistics socio-economic classification (NS-SEC)

Parent to Parent, based at the Centre for HIV in Sheffield, trains parents to be volunteers who run sessions and one-to-one discussions with other parents and carers on how to talk to their children about relationships and sex. The aim of the project is to increase confidence and skills in communicating with children about sex, and to promote effective and consistent messages.

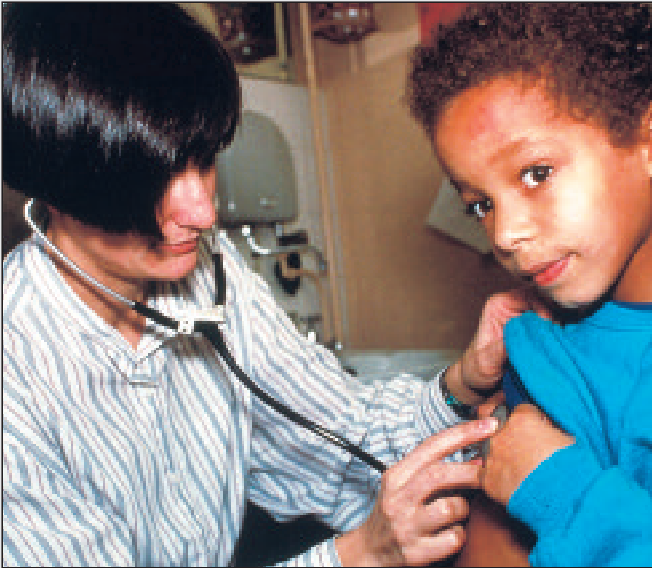
Parentline Plus runs the Time to Talk initiative, to encourage parents to talk to their children about relationships and sex. Time to Talk is supported by the Parentline Plus helpline and website.

30. We are providing new funding so that by 2010 every PCT – working with children's trusts and local authorities – will be resourced to have at least one full-time, year-round, qualified school nurse working with each cluster or group of primary schools and the related secondary school, taking account of health needs and school populations. School nurses and their teams will be part of the wider health improvement workforce described in Annex B. Roll-out will start from 2006–07 in the 20% of PCTs with the worst health and deprivation indicators.

SUPPORTING CHILDREN, PARENTS AND CARERS TO MAKE HEALTHY CHOICES

31. The new organisations for local delivery of services under children's trust arrangements will not focus on children and young people alone. Parents, both fathers and mothers, play a central role in ensuring that children get a healthy start in life. The *Choosing Health?* consultation made it clear that many parents want more support in this role and information about what they can do to make a difference. Parents and carers need access to reliable, consistent and easily accessible advice about how to support their children.[9] Individuals and families cannot provide this for themselves. Government and community organisations offer support to parents to carry out that responsibility.

9 Standard 2: Supporting Parenting, of the National Service Framework for Children, Young People, and Maternity Services.



Information

32. Chapter 2 discusses what we are doing to make general information about health issues more widely available. **We will ensure that parents can access information and advice on their children's health through the e-Gov website and telephone lines and through links to Health Direct.**

33. We will also develop:

- **expanded support for parents, with targeted help accessible at key transition points in children's lives; and**
- **information for all parents on all aspects of growing up, delivered locally to best meet their needs through outlets in places such as children's centres, extended schools, libraries and GP practices.**

Support and advice

34. A key aspect of this work will be to support parents during pregnancy and in the very early years of parenting to break the cycle of inequalities between generations. The strategy to support parents in these early stages includes:

- continued support from maternity services and health visitors;
- improvements to public support on nutrition in the early years;
- improved support for learning and development in the early years; and
- Sure Start – which works to combat disadvantage in childhood.

35. The Government's national target to reduce health inequalities as measured by infant mortality by 2010 is already focusing action on improving services and support for pregnant women, new mothers and their babies.[10]

Maternity services

36. Good maternity services support parents, both mothers and fathers, before and during pregnancy, and after their child is born. Midwives provide advice about health and targeted care to mothers, fathers and their families. They have an important role in promoting health – helping pregnant women to stop smoking, improving nutrition and rates of breastfeeding, promoting mental health and building social support.

> The latest data confirm that children born to teenage mothers have the highest infant mortality rate of 7.9 per 1,000 live births (the rate is lowest for mothers in the 30–34 age group at 4.3 per 1,000 live births).
>
> ONS, Health Statistics Quarterly, Winter 2004

10 *Tackling Health Inequalities: A Programme for Action*
www.dh.gov.uk/PublicationsandStatistics/Publications/PublicationsPolicyandGuidance/PublicationsPolicyandGuidanceArticle/fs/en?CONTENT_ID=4008268&chk=Ad%2BpLD

CASE STUDY

In one of the most deprived areas of Liverpool a multi-disciplinary team of health visitors, midwives, GPs, pharmacists, Sure Start and a local PCT are invited to a two-day course to advise them on standardised techniques and signposting to encourage smoking cessation in all pregnant women and their partners. If this pilot is successful, the scheme will be rolled out to other areas in Merseyside.

One woman in four experiences domestic violence in her life, and this is associated with rises in the rates of miscarriage, foetal death and injury, low birth weight and prematurity. In the future, pregnant women will be routinely questioned by doctors and midwives during appointments early in pregnancy, such as foetal scans, about whether they have experienced violence at the hands of their partner. Those who require help will be referred to appropriate support and counselling services, or to the police if it emerges that they need protection or want charges to be pressed. Health service professionals play a crucial role in providing access to support mechanisms for women who are being abused. Using this infrastructure, it is hoped that women can be targeted at an early stage and abuse can be stopped before it escalates.

Nutrition

37. Nutrition is a key component of a healthy start in life and we are taking a number of steps to support healthy lifestyles for both parents and children.

38. From 2005,[11] we will provide eligible pregnant women (including *all* pregnant women under 18), breastfeeding mothers and young children in low income families with vouchers that can be exchanged for fresh fruit and vegetables, milk and infant formula[12] through a new scheme – *Healthy Start*. The scheme will be backed by a new communications campaign to help these families improve their diets and wider health, and make effective use of the vouchers. Infant formula milk will no longer be available from healthcare premises, which will reduce its promotion in the NHS.

39. Further action will include the review of Infant Formula and Follow-on Formula Regulations (1995) with a view to further restrict the advertisement of infant formula. **We will continue to press for amendments to the EU Directive on infant formula and follow-on formula.**

40. Health professionals will have a more visible role in the *Healthy Start* scheme, providing information and support to families on breastfeeding, child nutrition and other key health issues, including smoking and alcohol consumption. An important aim of *Healthy Start* will be to help health professionals to identify those pregnant women and young families who need extra support to make healthy choices. **A communications and training programme for health professionals will be introduced in parallel to the scheme and will be linked to the wider programme of support for staff described in Annex B.**

11 Once phase one has been completed in 2005, we will roll out the scheme nationally to around 800,000 families.

12 This replaces the existing *Welfare Food Scheme*.

CASE STUDY

As obesity and its effects are a real and current concern, Archbishop Sumner School set up the *Fit4kids* programme led by school nurses and that tackles any issues children have with food and exercise by providing exciting and fun after-school activities such as weekly exercise, cooking and gardening.

Parents are encouraged to participate by accompanying their child on a half-term basis, thus enabling the family as a whole to understand the issues around living healthily. *Fit4kids* has been extended to offer support to children from surrounding primary schools. One year 5 child has said, "it is great fun and I will learn about things to keep me healthy".

Supporting learning and physical and emotional development in the early years

41. The DfES's *Birth to Three Matters Framework (0–3)* and *Curriculum Guidance for the Foundation Stage (3–5)* support the provision of effective learning and development in the early years. They emphasise how crucial personal, social and emotional development are to very young children and are designed to give children the best opportunity for success in all areas of learning. More generally, they support development of physical skills and awareness of the benefits of being healthy and active, and the things that contribute to that such as sleep, hygiene, diet and exercise. Initiatives are already in place to drive forward these aims. For example, *Top Start*, a programme developed by the Youth Sport Trust, supports development of early movement and coordination skills in early years settings.

Sure Start

42. The Sure Start programme, launched by this Government in 1999 to improve outcomes for children, has already had a major impact in combating childhood disadvantage.[13] It has led a whole range of innovative developments to support the physical and emotional health of children and their parents in the early years, particularly those from the most deprived communities.

43. The Sure Start Unit will put in place by late 2005:

- **a training programme on social and emotional development to improve support for people delivering services for children between birth and age five;**
- **guidance for early years practitioners, focusing on changing patterns of parental behaviour and delivering activities that influence the physical health of babies and young children from conception to age five; and**
- **a *Community Parental Support Project* to promote greater parental involvement in children's early learning and development in some of the most disadvantaged areas. This will involve training four lead workers in each of the 500 communities supporting every Sure Start local programme, Early Excellence Centre and children's centre in England.[14]**

Other sources of advice

44. Parents often look to informal sources of help and advice. A wide range of voluntary organisations play an important role in supporting parents. For example, ***Home Start***[15] **provides a home visiting programme with trained volunteers to support parents and families under stress in caring for and nurturing children during their early years. We have significantly increased funding to**

13 Five hundred and twenty-four Sure Start programmes have already been set up to increase the availability of childcare for all children, improve physical and emotional development in young children, and support parents.

14 Priority will go to training and support to health visitors and staff most likely to be in contact with families with very young children.

15 Home Start: Supporting families – Freephone National Information Line 0800 068 6369 www.home-start.org.uk

***Home Start* so that by 2006/07 nine out of ten local authorities will have this service available.**

45. Parents will also be able to get more help and advice through the NHS to improve family health. Chapters 5 and 6 describe how NHS-accredited health trainers will offer personalised support to help people change their lifestyles and how all NHS staff will be better equipped to advise on healthy choices.

HEALTHY SCHOOLS – HEALTH AND EDUCATION GOING HAND-IN-HAND

46. Children spend on average a quarter of their waking lives in school. The school environment, attitudes of staff and other pupils, as well as what children learn in the classroom, have a major influence on the development of their knowledge and understanding of health.

47. The *National Healthy Schools Programme*[16] seeks to harness these opportunities by bringing policies and approaches that foster better health into everything that schools provide. **The Government has a vision that half of all schools will be healthy schools by 2006, with the rest working towards healthy school status by 2009.**

48. The *National Healthy Schools Programme* currently gives priority to improving children's health in the most disadvantaged areas. A recent evaluation[17] shows that the programme is beginning to have a positive effect on health and wellbeing, particularly in deprived areas. Pupils in healthy secondary schools were, for example, less likely to have used drugs, had higher self-esteem, and were less likely to watch excessive amounts of television. In primary schools, pupils were less likely to be afraid of bullying. The evaluation also showed that Ofsted rated healthy primary and secondary schools as having better provision for Personal, Social and Health Education (PSHE), and pupils had more positive attitudes towards schooling. **We will encourage local *Healthy Schools* programmes to target deprived schools including Pupil Referral Units. We will also look to extend healthy schools to include nursery education.**

49. The results of the evaluation will inform the next phase of the *Healthy Schools Programme*. **From 1 April 2005, a healthy school will provide:**

- **a supportive environment, including policies on smoking and healthy and nutritious food, with time and facilities for physical activity and sport both within and beyond the curriculum; and**

16 www.teachernet.gov.uk/management/atoz/n/nhss/ and Healthy Living: the Blueprint.

17 Thomas Coram Research Unit/National Foundation for Education Research (2004) Evaluation of the Impact of the National Healthy School Standard – Research Summary. London: Thomas Coram Research Unit, Institute of Education, University of London/National Foundation for Education research. www.wiredforhealth.gov.uk/word/summary%20evidence%20+cru_nfer.doc

- **comprehensive PSHE.**[18] This includes education on relationships, sex, drugs and alcohol as well as other issues that can affect young people's lives, such as emotional difficulties and bereavement.

The *Healthy Schools Programme* will therefore focus particularly on key health priorities and will contribute directly to the delivery of national targets including those on childhood obesity and teenage pregnancy.

50. This new vision of healthy schools will be supported by the *Healthy Living Blueprint*. The Blueprint and supporting website[19] raise the issue of healthy living with both schools and early years settings and direct them to where they can access guidance, support and information.

51. These initiatives will be supported through the new approach to schools inspections that will be implemented by Ofsted from September 2005. Subject to parliamentary approval of relevant legislation, Ofsted will report on the contribution that every school makes to the five outcomes for children underpinning the *Every Child Matters: Change for Children* programme with increased emphasis on the health, safety and wellbeing of children and young people. These reports will be issued to parents and communities, identifying where there are strengths and areas for improvement.

52. Ofsted is looking more widely at the contribution of education across children's health, drawing together evidence from across the curriculum, gathered by Her Majesty's Inspectors of Schools. It will also be conducting a review of the Physical Education (PE) School Sport Club Links strategy and the impact that educational provision has on pupil health and wellbeing.

53. From 2005, all relevant inspections for services for children[20] will be carried out under a single overall inspection framework. This will focus on how services contribute towards improving the wellbeing of children and young people, including their physical and mental health. New joint area reviews undertaken by teams drawn from several inspectorates will assess how, within a children's services authority area, services taken together improve children's wellbeing.

Food in schools

> 88% of all omnibus respondents think action to ensure schools only provide healthy meals would be effective.
>
> Opinion Leader Research

18 We will continue to support the roll-out of the PSHE Certificate Programme for teachers and community nurses in order that all schools are supported by PHSE specialists.
19 See www.teachernet.gov.uk/healthyliving
20 Including those by the Healthcare Commission, Commission for Social Care Inspection, Ofsted, Audit Commission and others.

CASE STUDY

St Thomas' is a small urban school with a higher than average number of children with caring responsibilities and children from transient families on roll. Learning Mentor, Deborah Stoker (a former Home Economics teacher), therefore established a Cookery Club with the aim of engaging with some children not accessing the full curriculum and with their families.

Every Tuesday afternoon, a small group of up to six children are taken off timetable for the last hour of the day and attend Cookery Club in the school hall. During the first hour, the children work with Deborah to prepare from fresh ingredients a simple healthy starter and pudding. Food safety and hygiene knowledge is developed, literacy and numeracy skills are reinforced and collaborative working encouraged. At the end of the school day, and for the second hour, the children are joined by their parents and carers. Deborah demonstrates a main meal. Everyone samples all the food and each family takes home the ingredients to make the main meal.

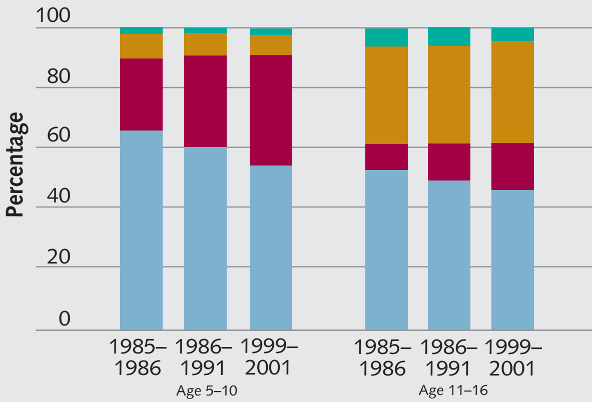
54. We are committed to developing approaches that take account of health in everything a school does. In terms of action on nutrition, that means we want to see all schools:

- deliver clear and consistent messages about nutrition and healthy eating;
- provide opportunities to learn about diet, nutrition, food safety and hygiene, food preparation and cooking as well as where food comes from; and
- actively promote healthy food and drink as part of an enjoyable and balanced diet and restrict the availability and promotion of other options.

55. Many schools have taken a fresh look at school lunches and have found that with a little creativity and enterprise they can provide attractive, nutritious meals that children enjoy eating.

56. As part of the School Fruit and Vegetable Scheme, by the end of 2004 all four to six year old children in local education authority (LEA)-maintained infant, primary and special schools in England will be eligible for a free piece of fruit or vegetable every school day. We are launching new materials and resources – including teaching materials, a video, a book, posters and a CD – to help schools integrate the scheme into the whole school approach to healthy eating and link to the 5 A DAY programme. Following evaluation, which

Children are increasingly being driven to school, rather than walking



Children's travel to and from school in Great Britain

Walk Car/van Bus Other

Source: *National Travel Survey*, graph taken from the Department of Transport website.

will be completed early in 2005, we will consider extending the scheme to LEA-maintained nurseries.

The scheme has had the most positive impact on younger parents (under 24 years) and parents from socio-economic groups C2DE. These parents have not only learned more than the other parents about the importance of eating fruit and vegetables, but they have also reported the highest increases in their consumption of fruit and vegetables at home.

57. We will invest over the next three years to improve nutrition in school meals by:

- **revising both primary and secondary school meal standards, to reduce the consumption of fat, salt and sugar and to increase the consumption of fruit and vegetables and other essential nutrients. We will strongly consider introducing nutrient-based standards. Ofsted inspectors will be looking at healthy eating in schools, and will take account of any school meals provided in doing so;**
- **subject to legislation, extending the new standards to cover food across the school day, including vending machines and tuck shops; and**
- **supporting schools to provide the best meal service possible – for example through new guidance on food procurement for heads and governors, and improving training and support for school meal providers and catering staff.**

This investment will enable schools to have more confidence in trying out new approaches and investigating whether they can build links with the local community, working with local providers and sourcing local produce.

58. The DH/DfES *Food in Schools* programme is assisting schools across England to implement the whole school approach to healthy eating and drinking. Over 700 local food partnerships have been established, where secondary school food specialists train their primary school colleagues in teaching diet, nutrition and cooking.

59. Following successful pilots in over 300 schools, a comprehensive *Food in Schools* package is being developed to support implementation of the whole school approach to healthy eating and drinking. Available from early 2005, this package will provide guidance and resources for schools to encourage, for example:

- **cooking clubs where children prepare and cook healthy food in a fun and enjoyable way;**
- **how to set up and manage healthy vending machines;**

CASE STUDY

Southend Borough Council introduced 'walking buses' in 1999 to enable children to walk to school safely and give children greater independence; there are now 24 operating in the borough. A walking bus lets a group or 'bus' of 15 to 20 children walk from home to school each morning guided by a 'driver' and a 'conductor', usually parents or volunteers, who pick the children up at predetermined bus stops along the way.

A sticker reward system is operated giving children the opportunity to claim small prizes for walking to school each day. Once a bus has been in operation for a year, the school receives a small grant of £1,500 to be used on green issues within their school. The service is promoted to children on the www.walkingbus.org website as a means through which they can spend time having fun with their friends before school, and to parents who are given advice on how to check if a walking bus route already exists for their children's school, and on setting up a new walking bus route.

CASE STUDY

Pupils at Oaklands Secondary School have been getting on their bikes in unprecedented numbers since it signed up to a travel plan. This was because of staff and parents' concerns over increasing traffic around the school, pupils' health and the contribution of the 'school run' to poor air quality and climate change. The school has seen over a 60% increase in cycling.

A mountain biking club was established, which also contributed to Oaklands' successful bid to become a sports college. City of York Council backed the travel plan by investing in secure cycle parking at the school and providing advanced cyclist training. Local cycle retailer, Cycle Heaven, provided pool bicycles for staff to use for short journeys during the day.

When asked her views on the travel plan as a pupil, Hannah Stone, aged 13, said, "The new bike sheds are much safer and there is much more room." Her classmate Ben Jameson added, "There are less cars than before so it is safer for everyone."

"There have been a lot of children coming through and asking for healthy lunches since the scheme was introduced."

"Some children have overcome a reluctance to eat fruit – often as a result of seeing their classmates enjoying it – while others were trying fruits they'd never eaten before."

"an excellent filler between breakfast and lunch, especially as certain children have little or no breakfast."

School Fruit and Vegetable Scheme participants

- **healthier breakfast clubs;**
- **tuck shops;**
- **lunch boxes;**
- **water provision;**
- **growing clubs; and**
- **the dining room environment.**

The package will be fully integrated into the *Healthy Schools* programme and supports the *Healthy Living Blueprint*.

Encouraging children to be physically active

60. Children's and young people's habits and their attitudes to physical activity impact on the choices they make later in life. We need to extend the opportunities that schools, working with local partners in the public and voluntary sector, provide through formal and informal opportunities for sport, play and active travel to and from school.

School travel plans

61. The number of children travelling to school by car has doubled over the past 20 years, with a corresponding decrease in walking and cycling to school. Rising car use on the school run contributes to congestion and pollution as well as reducing the likelihood that children will develop the habit of taking regular exercise.

62. We are encouraging more children and their parents to beat the traffic and improve their health by walking or cycling to school through the *Travelling to School* action plan published last year.[21] *Travelling to School: A Good Practice Guide*[22] provides practical advice based on the many excellent school travel plans that already exist around the country.

> The contribution of the school journey to children's physical activity is important. Research by University College London showed that among the year 8 pupils sampled, more calories were burned up walking to and from school than during their two hours of weekly PE lessons.

63. Building on existing progress, by 2010 all schools in England should have active travel plans. We are supporting the *Travelling to School* initiative by:

- **funding around 250 local authority-based school travel advisers who are helping schools develop and implement travel plans; and**
- **providing small capital grants to help schools with an approved school travel plan to pay for items such as secure cycle parking and lockers.**

64. The School Transport Bill is designed to enable a number of local authorities to develop innovative school travel schemes. The Government expects local authorities applying to run school travel

21 www.teachernet.gov.uk/docbank/index.cfm?id=5154
22 www.teachernet.gov.uk/docbank/index.cfm?id=5172

schemes to consider the travel needs of all pupils in their area. Each scheme will be tailored to meet local needs and priorities, but must aim to reduce car use and support measures to encourage pupils and parents to walk, cycle or take the bus wherever possible.

Support for children who want to cycle

65. Research suggests that after training, people cycle both more safely and more often. Cycling training in schools and communities across England is patchy, and while some local authorities run model schemes, others provide no training, or training on the playground only. Working with more than 20 road safety and cycling organisations, the Department for Transport has produced a new National Standard for cycle training. The Standard aims to ensure that trained children have the skills to cycle safely on the road.

66. We will drive forward action to implement the new National Standard for cycle training for children across England by 2005/06 by:

- **establishing a formal cycle training and curriculum body – the Cycle Training Reference Group;**
- **funding instructor training schemes and accrediting existing training schemes and centres; and**
- **providing a help desk and web database of trainers to support local authorities, schools and parents administer the National Standard.**

Physical education and sport

67. Research by the Qualifications and Curriculum Authority has demonstrated that using PE and school sport strategically makes a significant contribution to improving pupils':

- behaviour;
- attitudes to learning;
- attendance;
- engagement in healthy active lifestyles;
- standards in leadership and citizenship;
- inclusion in PE and sport; and
- attainment in PE and in subjects across the curriculum.

68. This is why **we are investing an unprecedented amount – in PE and school sport. The Government's national strategy for PE School Sport Club Links is the keystone of a bridge being built from PE to lifelong participation in sport via out-of-school-hours learning, inter-school sport and school–club links. DfES and the Department for Culture, Media and Sport (DCMS) will announce shortly funding they will make available in 2006–07 and 2007–08 to support school sport and the national strategy.**

69. We are working through the PE School Sport Club Links strategy to ensure that continuing professional development programmes provide teachers with the knowledge and skills to:

- identify and support children who may be at risk from obesity; and
- work in partnership with the health sector to provide appropriate services.

70. Our national target, shared by DfES and Department for Culture, Media and Sport (DCMS), is to increase the percentage of schoolchildren spending a minimum of two hours each week on high-quality PE and school sport within and beyond the curriculum to 75% in 2006 and 85% in 2008. Currently, 62% of pupils in school sport partnerships meet the minimum requirement in a typical week.

71. Central to the strategy is the roll-out of school sport partnerships – families of schools that come together to widen and enhance opportunities for all their pupils, irrespective of their background and ability. **By September 2005, we will have increased by 33% (to 75%) the number of maintained schools (secondary, primary and special) in a school sports partnership and will achieve 100% coverage from September 2006. By 2006, we also aim to have at least 400 sports specialist schools and academies with a sports focus.**

72. We know that being in a partnership makes a difference. Evidence from the 2003/04 survey of school sports partnerships indicates that prolonged membership increases both curriculum provision of PE and overall participation in high-quality PE and school sport.[23]

73. School sport partnerships are required to ensure that all pupils benefit. For many partnerships this means offering a wider range of activities than before to engage those pupils who are not interested in 'traditional' team games. Over 40 sports are offered across all partnerships, and each partnership school provides an average of more than 14 different sports and activities. Dance, gymnastics and fitness are all popular. Many schools target provision at groups that are hard to reach or at risk of becoming disaffected. In particular, the Nike *Girls in Sport* project has had a real impact: 2,300 secondary schools (over 65%) to date have benefited from resources and training enabling teachers to rethink delivery of PE and sport in such a way that girls' interest is maintained.

74. Big Lottery funding is supporting each school sport partnership to set up a sustainable menu of out-of-school-hours learning opportunities. Many partnerships are using the funding to promote healthy lifestyles and physical activity as well as participation in sport.

23 The survey found that 68% of young people in those school partnerships that had been established for more than three years were participating in at least two hours of high-quality PE and school sport. This compares with those schools that had just joined the programme where 54% of young people were taking up their entitlement. Ofsted's second report on the programme (July 2004) confirms good progress and substantial improvements – particularly in terms of the quality of teaching – since their June 2003 report.

75. The Government is firmly in favour of competitive sport as a means of teaching teamwork, discipline, self-respect and how to cope with winning and losing. Increasing the quality and amount of competitive school sport is at the heart of our national strategy and is one of the key objectives for the network of school sport partnerships. In 2003/04, 96% of partnership schools held a sports day and 33% of pupils in partnership schools took part in inter-school competition.

76. Young people who see participation in sport and physical activity as something that only happens at school are more likely to give up once they leave. As part of the national strategy, we are supporting partnership schools to develop and strengthen links with community sports clubs to encourage participation beyond school. Through *Step into Sport* and *Club Links*, we are providing increased opportunities for young people to participate in community-based sport both as volunteers and as performers. More details of the Government's plans to provide access to sport through Extended Schools will be published shortly by DfES and DCMS.

77. The school sports strategy is making a significant contribution to our bid to stage the 2012 Olympic and Paralympic games. It is supporting and nurturing our most talented and

CASE STUDY

Bishop Challoner, serving a deprived inner-city area in Birmingham, has been a specialist sports college since 2000. The school has used specialist status and sport to raise standards. The percentage of pupils gaining five or more A*–C grade GCSE passes has risen from 37% in 1998 (well below the national average) to a staggering 76% in 2003. Provisional results for 2004 show another big increase with 85% of pupils gaining five good GCSE passes, well above the national average.

The benefits are being felt well beyond the school. In September 2003, the school setting became the hub of a school sport partnership – a family of 34 schools working together to enhance sports opportunities for all children. The 2003/04 school sport survey found that, after just two terms, the partnership was enabling 54% of its pupils to take up their entitlement to two hours of high-quality PE and sport each week. Funding from the *New Opportunities in PE and Sport* Lottery programme enabled the school to build a multi-purpose sports hall, a performance room and a martial arts dojo, which they share with other schools and the community.

"To be able to meet friends in safe places."

"To get involved in more sports or physical activities, a wider range of activities, eg dancing, skateboarding, mum and daughter keep-fit, self-defence."

"Be involved in making decisions, eg on the local estate, or planning and delivering youth and health promoting activities or campaigns."

West Lincs PCT survey responses

gifted young athletes, some of whom will go on to compete at the 2012 games. Many of the volunteers being trained by *Step into Sport* will also be able to help with the increased demand for sporting activity generated through the bid to stage the games. Through *Dreams and Teams* and the *Global Gateway*, we are developing an international dimension to our network of sports colleges and school sport partnerships to foster world awareness.

78. Looked-after children and young people sometimes have particular difficulties in taking part in sports and leisure activities. The *Out of Hours Learning Project* is exploring the benefits to these children of being encouraged to take up sport as a hobby.

School playing fields

79. The Government has taken extensive measures to protect school playing fields. Legislation introduced in 1998 prevents schools from selling playing fields unless the land is surplus to the needs of other local schools and the community. **We are further strengthening the regime governing the sale of school playing fields by local authorities to ensure that:**

- **the sale of a playing field is an absolute last resort;**
- **as a first priority, sale proceeds are used to improve outdoor sports facilities; and**
- **new sports facilities are sustainable for at least 10 years.**

Developing emotional health and wellbeing

80. We know that children and young people who have good mental health learn more effectively. Emotional problems such as depression and anxiety and conduct problems have increased in children since the 1980s.[24] Deprived and abused children are more likely to suffer from mental health problems than average – for example behavioural problems have been found to be higher among homeless children. Although there is a strong association between emotional problems in childhood, teenage pregnancy and poor outcomes in adulthood, effective and timely interventions can reduce the incidence of serious health and social problems later in life.

81. The *Healthy Schools Programme* supports schools in developing an environment that promotes good mental health. We are evaluating the use of ENABLE – a CD-ROM designed to help schools identify and address the emotional health needs of children with emotional and behavioural difficulties – with a view to extending this model more widely.

24 *Time Trends in Adolescent wellbeing,* The Nuffield Foundation, 2004.

CASE STUDY

"Ban drinking on the street."

"Free or cheap leisure and sports activities designed by and promoted to young people, including more accessible services for young people with disabilities."

"For a teenager, the social benefits of risk-taking may well outweigh any perceived long-term consequences."

West Lincs PCT survey responses

82. We will continue to promote development of the skills that help children and young people make healthy choices through PSHE and Citizenship in school and the community. This explicitly supports emotional and social development and self-esteem, as well as developing key life skills such as assertiveness, conflict resolution, managing peer influence and peer pressure and identifying and managing risks.

83. A high proportion of looked-after children and young people have emotional and behavioural problems.[25] **We will publish guidance[26] next spring to help carers engage looked-after children in creative activity to improve their self-esteem, social skills and emotional wellbeing.**

84. The ethos and culture in schools impacts on all pupils. Anti-bullying has a high profile in the national key stage 3 Behaviour and Attendance programme and we are funding partnership working with key voluntary sector organisations to support anti-bullying work.[27]

SUPPORTING YOUNG PEOPLE IN SCHOOL AND BEYOND

Developing opportunities

85. The previous section set out some of the opportunities that children have to build up skills and understanding of what makes for a healthy life through their experiences at home, through

The MAC's programme has introduced multi-disciplinary teams into five schools in North Staffordshire to offer teenagers a one-stop shop to meet their personal needs, with another four schools planning to introduce them by spring next year and funding secured for a further five schools in the next financial year. The centres' professional health teams provide help and advice on issues such as alcohol, drugs, bullying and healthy eating as well as on relationships, sexual health and contraception.

The centres are generally open at lunchtimes throughout the school term on a drop-in basis, so no appointment is needed. As well as drop-in sessions, confidential advice is offered, including to those under 16 years of age, and this confidentiality aspect is very much emphasised to all pupils. Centre staff have been drawn from across the spectrum of health teams: from youth workers, school and 'Clinic in a Box' nurses, a local sexual health initiative, Connexions and Sure Start Plus advisers.

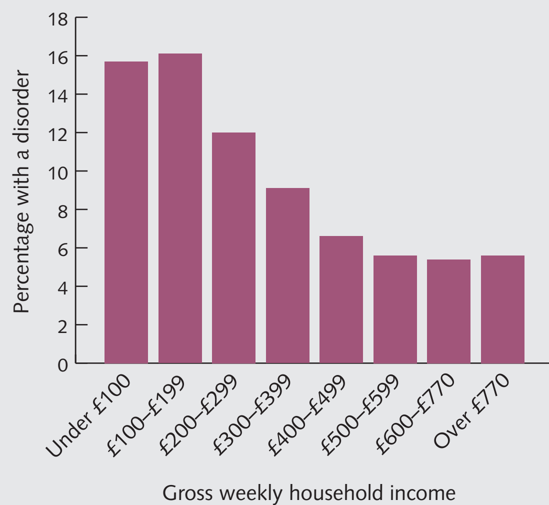
The programme is managed through the local Teenage Pregnancy Teams and receives funding from the four local PCTs of North Stoke, South Stoke, Newcastle-under-Lyme and Staffordshire Moorlands.

25 49% of looked-after young people aged 11–15 have a clinical mental disorder (Meltzer, H et al (2003) *The Mental Health of Young People Looked After by Local Authorities*. Office of National Statistics).

26 As part of the *wellbeing, Creativity and Play* project within the *Healthy Care Programme* for looked-after children and young people.

27 This includes the Anti-Bullying Alliance (launched June 2004), Parentline Plus, Childline in Partnership with Schools and the Diana Award.

CASE STUDY



Antenna Outreach in North London is helping African and African-Caribbean clients aged 16–25, who are socially isolated and have complex mental health problems, to participate in community life and to gain local acceptance by reducing the stigma associated with mental health.

Work placements, personal training, home tuition, short holidays and volunteering are offered as well as supported access to recording studios and sports facilities, medication and psychological therapies. The emphasis is on helping clients to develop social roles and explore the potential for independence rather than simple symptom reduction. Education and mentoring services are also available alongside traditional mental health services.

Clients are visited mainly between 9am and 5pm on weekdays, but there is also provision to see those who need extra social support at weekends. Users, their relatives and carers can contact a worker 24 hours a day via an on-call telephone. Clients report high levels of user satisfaction, particularly with regards to participating in the decision-making process, information about their treatment and understanding of their cultural needs.

interactions with their friends and at school. Adolescence is an important period of transition and a time when young people make many new lifestyle choices. Consistent support, clear boundaries and incentives can help young people to make positive choices as they gain independence.

86. Taking risks, experimenting and pushing boundaries is an important part of growing up. Young people need opportunities to learn about their world in ways that provide challenge and excitement through positive things to do and opportunities to play – as alternatives to experimenting with underage sex, smoking, alcohol and drugs. We need to help them understand and enjoy experimenting while minimising the risks of long-term damage to their health – accepting and understanding the responsibilities that go with choice in matters such as sexual behaviour.

There is a sharp increase in the prevalence of smoking with age – 1% of 11 year olds smoke regularly compared with 22% of 15 year olds.

The overall higher prevalence of smoking among girls than boys was found among all ages except age 11, where only 1% smoked regularly. For example, smoking was reported by 16% of 14-year-old girls and 26% of 15-year-old girls, compared with 9% of 14-year-old boys and 18% of 15-year-old boys.

Volatile substance abuse (VSA), the deliberate inhalation of volatile substances such as lighter fuel, glue or aerosols, is responsible for more deaths in young people aged 10 to 16 years in England and Wales than illegal drugs.

Sexually active under-16s are at particular risk of pregnancy and contracting sexually transmitted infection. They have high levels of regret and are the group least likely to use contraception.

87. The first step in influencing health behaviours in any group is to understand why people make the choices that they do. The second step is to design and deliver any new initiatives in consultation with them. Young people tell us that issues of smoking, drinking and sexual health tend to be presented from an adult perspective and do not fit the context of their lives or their experiences. Well-intentioned messages are either mistrusted or seen as irrelevant and about someone else. Young people do not consider the risks and benefits of different choices in the same way as adults.

88. We are currently developing a new youth offer that will be the subject of a forthcoming cross-government Green Paper. The offer will focus on creating the conditions for all young people to live healthy, happy, safe and prosperous lives and successfully make the sometimes complicated transition to adulthood. This will include specific new proposals to improve young people's mental and physical health and provide alternatives to risk-taking behaviour that has an adverse impact on health. It will start from the perspective of improving outcomes for all young people and will have at its core proposals that build on initiatives in this White Paper to:

- increase the choice and availability of opportunities for young people to engage in positive activities in their spare time, and to ensure there are places where they can be themselves and feel safe. This will include initiatives to encourage young people to access more physical and sporting activities;
- improve the relevance and accessibility of information, advice and guidance services that are available to all young people when they make everyday choices about lifestyles and

CASE STUDY

South Manchester PCT was one of 75 PCTs involved in the first national pilot of *Your Life!* magazine – an initiative designed to communicate key public health messages to younger women in disadvantaged groups.

South Manchester's edition of the magazine, produced in partnership with independent health information provider Dr Foster, focused on local priorities including breast cancer awareness, children's health, smoking cessation and sexual health.

The magazine represented a radical departure from traditional health communications and covered sensitive issues, particularly around sexually transmitted infections. Nevertheless, *Your Life!* won the support of Manchester's Chief Education Officer, Mick Waters.

Some 7,000 copies of the magazine were distributed through Manchester's secondary schools, attracting a positive response from both pupils and education professionals. South Manchester PCT's communications manager, Loren Grant, who led on the project, said, "It was not expected that all schools would welcome the way the magazine covered issues such as sexual health, but we were surprised by the positive response. We were also asked for extra supplies by some of our youth centres."

health – in particular smoking, drinking and sexual health;[28]

- build on *Every Child Matters* by ensuring that all young people are able to access expert advice and guidance when they need it – with a particular focus on those who are experiencing, or at risk of experiencing, poor outcomes because of mental health problems or substance misuse. This will include specific initiatives with groups who are traditionally hard to reach;[29] and
- develop new ways of supporting the parents of teenagers so that they feel equipped to help their children make informed choices, particularly on sensitive issues such as sex and relationships.

Targeting advice and support to young people

89. During adolescence, some young people, often those who are most vulnerable, may not attend school or access health services for advice and support. The youth service, *Young People's Development Programme* and outreach services have an important role in ensuring young people receive advice about health issues, particularly those who often feel excluded from services – such as those who are looked after, disabled or from black and minority ethnic groups, or from families who have experienced homelessness.

90. We have funded a three-year *Young People's Development Programme* to pilot ways of

28 Dedicated, accessible information and advice (for example, website information for teenagers) on sexual health and teenage pregnancy, and non-verbal communication techniques for some disabled young people. Modern communication routes such as text messaging, magazines and radio stations.

29 This means accessible services provided by adults who feel confident working with young people, for example youth workers, Connexions Personal Advisers, learning mentors and others who are equipped to offer basic health messages and understand when and how to refer teenagers on.

CASE STUDY

reducing teenage pregnancy and substance misuse and improving sexual health, particularly among vulnerable young people.[30]

91. The charity, SMARTRISK, runs an innovative *Heroes* programme warning adolescents about the risks of accidental injury and explaining how they can modify their behaviour to avoid such risks. We will work closely with SMARTRISK to assess the effectiveness of the *Heroes* programme approach in changing behaviour and how lessons might be applied in other programmes to improve health.

92. We are supporting implementation of the Royal College of General Practitioners *Getting it Right for Teenagers* initiative, which provides a review checklist and training for GPs to help them develop services for young people.

93. We are developing a resource to support PCTs in making NHS services easy to use and trusted by young people. *You're Welcome* will be published early in 2005.

94. From 2006, the Department of Health will pilot health services dedicated to young people and designed around their needs. These services will include primary care and specialist services in locations that are aimed at attracting young people and will include facilities such as internet access.

The Teenage Health Freak website, www.teenagehealthfreak.org, provides a wide range of information and advice about health issues for young people, such as stress, alcohol and other drugs, smoking, sex and relationships. It also gives answers to commonly asked questions and offers factual information on the range of health issues relevant to young people. The website is interactive and includes a range of quizzes and surveys that young people can do to check their knowledge about health.

There is also a virtual surgery where Dr Ann can be asked specific questions. Over 1,000 questions are sent to the site every month and a new question and answer goes on the site every day. Young people whose questions aren't answered get an automated response, based on a key word search, telling them where to look on the site and linking to information that is already available on the site. Over 1 million hits were received in July 2004, with teenagers staying online for an average of 10½ minutes.

30 The programme is based on evidence from the USA demonstrating that intensive development programmes that meet certain criteria can improve young people's life skills, motivation and health-related behaviours. The programme is being extensively evaluated for possible wider development and to identify examples of good practice.

95. We are working with PCTs to pilot a new resource aimed at delivering health information for younger men aged 16 to 30. *FIT* magazine will be based on the *Your Life!* model, bringing together national and local content to reflect local priorities such as exercise, nutrition, smoking, alcohol, drugs, sexual health, violence and depression. *FIT* magazine will use the formats and techniques of lads' magazines to communicate health information to young men who are often hard to reach. A young men's editorial advisory board will be set up to work with the producers and advise them on how to ensure that the format is relevant and acceptable to the target audience.

96. We will ensure a broader reach of information about sexual health for young people in ways that they can access in complete confidence. This will include:

- **confidential signposting to advice, plus easier access to 'teenage test your sexual health knowledge' material, to ensure all teenagers have access to the information they need at the time they need it;**
- **a confidential email service offered by trained sexual health advisers;**
- **provision of information via www.ruthinking.co.uk partnerships with specialist websites such as www.teenagehealthfreak.org and online youth portals;**
- **increased support for parents in talking to children about sex and relationships;**
- **provision of advice in settings where young people go;**
- **development of interactive learning material; and**
- **provision of targeted material for specific groups such as disabled children, young people in public care and care leavers.**

Incentives for healthy choices

97. Choosing health will be harder for some than for others. It will be hardest when children and young people have experienced poor approaches to health while young, for those who have poor self-esteem and emotional health, and for those where risk-taking behaviours are already established. There is some evidence of incentive schemes being used successfully in the USA. They have also been used more recently in England, largely to reduce truancy and crime-related behaviour, and in Scotland to promote healthy eating among young people.

98. Such incentive schemes offer rewards to young people for adopting positive behaviours. **The**

CASE STUDY

The Karrot project is designed to help young people aged 11 to 16, living in the London Borough of Southwark, to feel safe, active and valued, to reduce numbers of young victims and perpetrators of crime, and to increase school attendance. Karrot offers sport, art, drama and music activities as well as a reward scheme for excellent school attendance each term, with special rewards to recognise improved behaviour and good citizenship.

The Karrot Internet Bus, containing state-of-the-art computers, synthesizers, software and broadband Internet access, tours schools, youth clubs, parks and estates around the borough. Special events are also organised to provide new and exciting experiences and challenges, including Kitch, a fashion show held at Tate Modern and attended by 1,000 people to showcase 10 young designers' winning collections. In its first year, the London Borough of Southwark saw youth-on-youth crime fall by 17%.

Department of Health has recently commissioned a review of the international evidence for incentive schemes. The aim is to assess which areas of public health could benefit the most and to consider some piloting work should the general approach look to be encouraging.

99. Through their national network of Connexions Partnerships, Personal Advisers are offering support on all aspects of young people's lives, including education, health, housing and employment, to some of the most vulnerable young people in England. Personal Advisers support the emotional and physical health and wellbeing of young people through offering tailored advice and support as well as effective referral to other services, and opportunities for play, creativity and recreation including sporting activities. Personal Advisers will be linked into the new local networks of NHS-accredited health trainers discussed in Chapter 5.

100. The Connexions Card is a secure smartcard available to all 16 to 19 year olds in England. The card enables young people to collect points for learning, training and development activities that can then be exchanged for rewards. **Connexions Partnerships and Learning Centres participating in the scheme can already award points to young people for progress in working towards an agreed goal or target. If the Learning Centres or Partnerships choose to, this can include rewarding**

positive health choices. We will continue to offer this facility and seek to encourage Connexions Partnerships and Learning Centres to link the card's reward opportunities with their other activities related to positive health choices.

Further educational settings

101. Young people need support as they go through the transition into adult life. **We will support the initiatives being taken locally by some colleges and universities to develop a strategy for health that integrates health into the organisation's structure to:**

- **create healthy working, learning and living environments;**
- **increase the profile of health in teaching and research; and**
- **develop healthy alliances in the community.**

PROTECTING HEALTH AND MANAGING RISK

102. While this chapter has focused on how we can provide support to children, young people and parents in making healthy choices, the Government also has a role in securing an environment that makes those choices easier. In some areas this means taking positive steps to protect children's and young people's health. Chapter 2 discusses the action we are taking on food, tobacco and alcohol promotion. We also need to strengthen action to tackle underage smoking and teenage pregnancy.

Underage tobacco sales

103. The Government is concerned about the number of children and young people who take up smoking. Too many children risk becoming addicted through buying tobacco illegally from shops. Much progress has been made recently on strengthening proof of age awareness among retailers through, for example, *Citizencard's* 'No ID/No Sale' campaign and the *Pass* (proof of age standards scheme) which is supported by all the leading retail trade associations. The scheme allows good proof of age cards to use their hologram logo which is difficult to forge. However, despite these excellent initiatives, there is evidence that illegal sales to young people under 16 continue to be a matter for concern.

- In 2002, 18% of children aged 11 to 15 tried to buy cigarettes from shops. Only 23% found that it was difficult to do so.
- Of children who tried to purchase cigarettes, fewer than half (48%) had been refused at least once.
- There were just 105 prosecutions in England and Wales for underage tobacco sales in 2003, with 84 defendants found guilty and 73 fined. Of these, just 11 fines were above £350.

CASE STUDY

Launched in 1995, the Health Promoting University initiative (HPU) is now well established within the University of Central Lancashire. It aims to promote the health and wellbeing of staff and students.

The 'touch' peer education and outreach project has been one of the most successful ventures, winning a North West Health Challenge Award. Launched in 1998, this is a multi-agency project focusing on safer nightlife issues, such as alcohol, drug rape and sexual health, with students trained to deliver outreach work within Student Union pub and club nights.

A number of resources specifically targeting younger students have been produced by the volunteers. Other key achievements include development by the University of corporate health and stress management policies and procedural guidelines on drug misuse, as well as the distribution of health handbooks for students and staff.

104. As part of our wider strategy, set out in Chapter 4, to protect children from exposure to smoke and smoking in restaurants, public houses and other leisure outlets, **we propose that legislation be brought forward to create new powers to ban retailers from selling tobacco products, on a temporary or permanent basis, if they repeatedly flout the law. This complements the work already under way to improve proof of age schemes. We intend to support this measure by looking at higher fines and updated guidance for magistrates, along with education for retailers on better compliance with the underage sales law. Before introducing these measures, we will consult with local authorities, the retail industry and other key stakeholders. We will support this with a communications programme for local authority enforcement.**

Teenage pregnancy

105. The Government's *Teenage Pregnancy Strategy* has two key goals: to halve the under-18 conception rate; and to increase to 60% the proportion of teenage parents aged 16 to 19 in education, employment or training by 2010. It aims to provide young people with the knowledge and skills to develop safe and responsible sexual relationships. The strategy has four themes:

- joined-up local action;

- a national campaign aimed at helping young people resist pressure to have early sex, raising awareness of sexually transmitted infections and encouraging the use of contraception and condoms by those who choose to be sexually active;
- better prevention through improved sex and relationship education in schools and community settings, support for parents in talking to their children about relationships and sex, and increasing access for sexually active teenagers to 'young-people-friendly' contraceptive and sexual health advice services; and
- support for teenage parents, including prevention of second unplanned pregnancies.

106. While the overall trend in teenage pregnancy is downward, in some areas of the country rates are level or increasing. Under-18 conceptions are highly concentrated, with the geography of 'hot spots' closely mirroring the pattern of deprived areas and low educational attainment. These 'hot spots' are distributed across England with the highest concentration in London. **We will support Teenage Pregnancy Partnership Boards to strengthen delivery of their strategy in neighbourhoods with high teenage conception rates.**

107. Choices for young people who become parents as teenagers are often limited in terms of continuing education, developing social networks and getting a job. This can lead to a loss of self-esteem and disadvantages for both young parents and their children. We are putting in place a range of initiatives to support teenage parents, including:

- *Care to Learn* – a programme designed to provide young parents with a focus for advice and support, and funding to provide for registered childcare and associated costs; and
- *Sure Start Plus* – a pilot programme to provide a coordinated package of support, including dedicated personal advisers, for pregnant teenagers and teenage parents. Evaluation has shown the benefits to young parents of having a dedicated adviser, including a significantly higher level of participation in education and training than the national average. The final evaluation of the programme will inform the most effective ways to improve outcomes for all young parents.

CONCLUSION

108. Actions in this chapter will build better opportunities for good health from birth to adulthood in all communities, and will provide all young people with the opportunities and understanding to choose healthy lifestyles by addressing inequalities.

- There will be new sources of information, guidance and practical support for parents, carers, children and young people themselves, provided in ways that are designed to meet their individual needs and be accessible to everyone.
- Services will be coordinated to meet the needs of children, young people and their parents and increasingly brought together in one location as part of integrated service delivery through children's trust arrangements.
- The components of good health will be a core part of children's experience in schools.
- There will be strengthened action to manage risk associated with underage smoking and sexual activity.