

A scoping study concerning health and well-being issues relating to children and young people

A final report to Children England on behalf of the Speaking Out project

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ECOTEC

► Rose Court, 2 Southwark Bridge, London. SE1 9HS

T +44 (0)845 630 8633
F +44 (0)845 630 8711
www.ecotec.com

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1.0 Introduction

ECOTEC Research and Consulting Ltd are delighted to present this report of the scoping study of health and well-being issues relating to children and young people to Children England. ECOTEC were commissioned in April 2009 to identify key issues concerning children and young people's health and well-being, map the current services provided by voluntary and community sector (VCS) organisations and recommend how Speaking Out can engage with the issues. This document is the final report of the scoping study.

1.1 The purpose of the scoping study

The Speaking Out project, a joint initiative between Children England and NCVYS will be focusing on a number of key areas of interest over the next two years including health and well-being. This scoping study was commissioned to help the Speaking Out project effectively target its policy work relating to health and well-being in order to support and empower VCS organisation working with children and young people.

1.2 ECOTEC's approach

ECOTEC's methodology comprised of four workpackages and took place between April and June 2009.

Workpackage 1: Literature search and review

ECOTEC conducted a literature search to gather relevant research reports and policy documents. The search focused on the key themes agreed with Children England which were:

- diet, exercise and obesity
- mental health and emotional well-being
- support for family with a child that is disabled or has a long term condition
- substance misuse
- sexual health
- early years health.

The search methodology used pre-defined search criteria to ensure that only the most relevant and up to date policies were included. The criteria included only documents published after summer 2008 and documents that focused on children and young people that were not solely published by the Department for Children, Schools and Families (DCSF) (however joint DCSF and Department of Health publications were included).

ECOTEC were also asked to include recent Conservative party's strategies in the review, being the largest opposition party.

Workpackage 2: Policy synthesis

The literature review was used to identify the key policy issues Children England should focus on and how they can engage with each issue.

Workpackage 3: Mapping exercise

ECOTEC conducted a 15 minute survey of 29 VCS organisations concerning the service provision they offer concerning children and young people's health and well-being. The organisations surveyed included national, regional and local organisations as well as a mix of Children England, NCVYS members and non- members to ensure coverage of the different health and well-being issues.

Workpackage 4: Good practice case studies

ECOTEC identified six of the VCS organisations surveyed to act as good practice case studies and are highlighted in case study boxes in chapter 3. The selection criteria for the case studies took into account both regional spread and the health and well-being related issues which organisations covered.

1.3 The structure of the report

This report is structured as follows:

- **Chapter 2** provides an analysis of the literature review organised by the health and well-being themes focused on
- **Chapter 3** focuses on the findings of the mapping survey
- **Chapter 4** contains conclusions and recommendations.

2.0 Policy Context

This chapter presents the findings of the review and synthesis of recent policy relating to the key theme areas of interest around health and well-being. It looks at each of the six theme areas: (Section 2.1 to 2.6).

2.1 Diet, exercise and obesity

In recent years obesity in childhood has become an increasing concern for the Government and reducing childhood obesity has formed part of the Government's objective to achieve world class health outcomes for children and young people¹. Significant media attention has been targeted at this area in recent months and the Government's policy response has gradually been developing. In April this year the Government published the progress report on the *Healthy Weight, Healthy Lives Strategy*² which renewed the Government's commitment to ensure that children and their families are better informed of the content of the food they eat. For instance it was announced that the mandatory nutrient-based standards would be extended to secondary and special schools from September 2009 and Healthy Food Code will be further developed.

Prior to the progress report's publication there was a heightened emphasis of the importance of physical exercise over and above healthy eating and diet which have dominated this policy area to date. The *Be Active, Be Healthy* plan³ focused on delivering physical activity leading up to the London 2012 Olympic Games with a view to sustaining activity. The plan mainly outlined actions concerning adults but it also emphasised the free swimming programme for children, the importance of encouraging physical activity in school and also in Further Education (FE) colleges as part of the Healthy FE Programme, and the new FE Sports Coordinators.

In addition the *Be Active, Be Healthy* plan mentioned a potential role for the Obesity Programme Board to co-ordinate children and young people's physical activity policy. The importance of physical exercise was reinforced by the *Healthy Weight, Healthy Lives Strategy* progress report⁴ which wanted to place an increased emphasis on combating obesity in the PE and Sports Strategy for Young People. The progress reports outlined plans to encourage physical activity among children and young people which were:

¹ Department of Health & Department for Children, Schools and Families (DCSF), *Healthy Lives, Brighter Futures: Strategy for children and young people's health*, February 2009

² Cross-Government Obesity Unit, *Healthy Weight, Healthy Lives: One year on*, April 2009

³ Department of Health et al, *Be Active, Be Healthy: A plan for getting the nation moving*, February 2009

⁴ Cross-Government Obesity Unit, *Healthy Weight, Healthy Lives: One year on*, April 2009

- investing £5 million by April 2010 in a cycling initiative managed by Cycling England
- reviewing the success of subsidised Gym pilots for young people with a view to extending the remit
- auditing the walking scheme provision for school age children
- evaluating Healthy Towns - commissioned by the Department of Health in May 2009
- establishing an expert working group focused on sedentary behaviour to help combat children's lack of exercise by the end of 2009.

In order to achieve the plans set out in *Healthy Weight, Healthy Lives* the Government placed an emphasis on local authorities' role in tackling obesity and set aside £69 million of Primary Care Trusts (PCTs) allocations to overcome overweight and obesity. The Department of Health has provided guidance for local authorities to produce child obesity prevalence plans and will invest £1 million over three years to develop an Obesity Improvement Programme to support local authorities.

In the same month the progress report was published, the initial findings of the Change4Life campaign's *How are the Kids Survey*⁵ were announced. The findings reinforced the message that children are not very active, with 72% of respondents' children not doing 60 minutes of daily activity out of school. This finding led to the launch of a TV advert campaign. Another recent campaign to encourage children to exercise is Living Streets' annual National Walk to School Week in May, which promotes both the health and environmental benefits of walking. In addition there will be an International Walk to School Month in October 2009⁶.

The UK Youth Parliament's research to inform the Health Protection Agency's *A Children's Environment and Health Strategy*⁷ found that young people are also concerned about obesity. The workshops they held with young people highlighted that obesity and healthy eating was the second most important health issue for young people after mental health. The strategy emphasised the importance of children's access to green spaces to their physical, as well as mental, health. This finding was echoed in the *Healthy Weight, Healthy Lives* progress report⁸ which stressed the link with the Play Strategy.

More specifically to obesity, the Health Protection Agency's strategy recommended the need for a system to monitor the success of strategies to combat overweight and obesity. However the findings of the National Child Measurement Programme are beginning to be analysed. A report which focuses specifically on London published by the London Health

⁵ Department of Health, Change4Life survey, April 2009: http://www.dh.gov.uk/en/News/Recentstories/DH_098521

⁶ <http://www.walktoschool.org.uk/>

⁷ Health Protection Agency, *A Children's Environment and Health Strategy for the UK*, March 2009

⁸ Cross-Government Obesity Unit, *Healthy Weight, Healthy Lives: One year on*, April 2009

Observatory⁹ highlighted that London had the highest prevalence of children at risk of obesity for both reception year children (11%) and year 6 children (22%). It was also noted that children from black ethnic minority groups had a higher risk of obesity than other ethnic groups in these year groups but this could be a reflection of the fact that London has a higher percentage of black ethnic origin children than the rest of England.

In addition to the policy, strategies and plans concerning diet, exercise and obesity, recently there has also been research undertaken by VCS organisations concerning this issue, published prior to the *Healthy Weight, Healthy Lives* progress report. The Children Society's Good Children Inquiry¹⁰ reported the findings of a national inquiry to look at the issues that affect children and consulted with a diverse range of children, young people and adults. The main concern identified relating to diet was the focus on unhealthy food for children and the recommendations suggested that the Government should ban television adverts for unhealthy food before 9pm. There was also recognition that children need to exercise more and it was recommended that there should be a ban on building on sports fields and open spaces where children can play.

Table 2.1 Diet, exercise and obesity – key areas of interest

Key documents and interventions	
➤	Increased focus on physical activity rather than diet
➤	Cross-Government Obesity Unit's <i>Healthy Weight, Healthy Lives one year on</i> , April 2009
➤	Department of Health's <i>Be Active, Be Healthy: A plan for getting the nation moving</i> , February 2009
➤	Health Protection Agency's <i>A Children's Environment and Health Strategy for the UK</i> , March 2009
➤	Healthy Further Education Programme
➤	Cycling England's cycling initiative
➤	Review of subsidised Gym pilots for young people
➤	Audit of the walking scheme provision for school age children
➤	Evaluation of Healthy Towns – will establish a baseline for improvements in health outcomes in the selected towns
➤	Sedentary Behaviour expert working group to be established by end of 2009
➤	Obesity Programme Board
➤	Children Society's <i>A Good Childhood: A National Inquiry</i>
➤	Key players include: National Obesity Forum – membership is free to all health professionals and for children the Big Lottery Funded MEND project ¹¹ and the Infant and Toddler Forum ¹²

⁹ London Health Observatory, *Weight Matters: The London findings of the National Child Measurement Programme 2006-2008*, May 2009

¹⁰ Children's Society, *A Good Childhood: A national inquiry* see

http://www.childrenssociety.org.uk/all_about_us/how_we_do_it/the_good_childhood_inquiry/1818.html

¹¹ <http://www.mendcentral.org/>

¹² <http://www.infantandtoddlerforum.org/>

2.2 Mental health and emotional well-being

Current policy and research focuses both on long term and/or specific mental health issues, for instance self harm and bereavement, as well as general mental health and emotional well-being which is relevant for all children growing up in England for example the stress that is placed on children. Improving children's mental health is a key part of the Government's objective to achieve world class health outcomes¹³.

The focus of the independent Child and Adolescent Mental Health Services (CAMHS) Review¹⁴ was to discover how children's health, education and social care services impact on the mental health and psychological well-being of children and young people. The review highlighted areas of improvement which included new programmes and projects such as:

- new projects being developed for vulnerable children
- introduction of the Behaviour and Attendance programmes in schools
- Healthy Care programme for children in care
- targeted mental health in schools pathfinders.

One of the key areas of concern in the review was the current service provision, particularly the lack of child centred holistic support which allows children to build relationships with staff. There was also evidence of inequalities in the support available to children and young people with similar needs across the country. In addition the review highlighted a lack of understanding of child development, causes of mental health problems and how to deal with these problems. This was also identified as a concern in the Good Childhood inquiry which recommended parenting classes as well as more psychological support. The Reviews outlined four main recommendations:

- establish a National Advisory Council to maintain mental health and well-being as a national priority
- strengthen the Government's national support programme to include a national multi-agency support team
- support children's workforce to meet challenges by ensuring workforce receives training

¹³ Department of Health and DCSF, *Healthy Lives, Brighter Futures: Strategy for children and young people's health*, February 2009

¹⁴ National CAMHS Review supported by Department of Health and DCSF, *Children and Young People in Mind: The final report of the National CAMHS Review*, November 2008

- to ensure the highest quality of practice by having strategic approach to monitoring, evaluation and inspection of services.

Other research indicates that generally children and young people have issues concerning their mental health and well-being. The most recent league table of child well-being in European countries, which was based on 2006 data¹⁵ ranks the UK in 24th place out of 29 European countries. The table consisted of seven domains of well-being including physical health, behaviour and risk and children's relationships. It was stressed by CPAG, who published a briefing paper, that the findings provide a snapshot rather than a trend and do not take into account policy introduced in the last three years. However one of the areas that UK scored badly in was how children felt about their lives and health (subjective well-being). It was also highlighted under children's relationships that the quality of family relationships was below average in the UK.

NSPCC¹⁶ recently responded to Ofsted's consultation concerning new indicators of pupil wellbeing¹⁷, to inform the inspection regime and to provide stronger judgements about the contribution of schools. The NSPCC broadly welcomed the approach of introducing new indicators, but sounded a note of caution that its own Education Advisors have encountered a mixed response to pupil wellbeing in practice, and that not all schools have actively embraced a 'whole child' interpretation of pupil well-being. The NSPCC argued that such a broader interpretation is much needed, with all schools due to become Extended Schools by 2010 and offering a menu of out-of-hours activities and parenting support. In addition children's well-being and emotional development is at the heart of the plans to make Personal, Social, Health and Economic (PSHE) education compulsory from 2011. This is due to the proposed new learning programme for physical development, health and well-being recommended by Sir Jim Rose¹⁸.

The Conservative Party's Social Reform paper¹⁹ focused on the idea of quality of family relationships as they cited UNICEF's 2007 report citing Britain to be the worst place in the developed world to grow up. The Conservative Party believed that supporting families would lead to an improvement in children's general emotional well-being. The

¹⁵ CPAG, *Child Well-being and Child Poverty: Where the UK stands in the European table*, Spring 2009

¹⁶ http://www.nspcc.org.uk/Inform/policyandpublicaffairs/Consultations/2009/WellBeing_wdf63978.pdf

¹⁷ <http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Browse-all-by/Documents-by-type/Consultations/Indicators-of-a-school-s-contribution-to-well-being>

¹⁸ Sir Jim Rose, *Understanding Physical Development, Health and Wellbeing – Draft for consultation*, <http://www.dcsf.gov.uk/primarycurriculumreview/downloads/understanding-physical-development-health-and-wellbeing.pdf> April 2009

¹⁹ The Conservative Party, *Repair: Plan for Social Reform*, circa Autumn 2008

Conservative's proposals included increased funding for relationship and family support services.

The Children's Society's Good Childhood Inquiry²⁰ highlighted an increasing concern that the mental health needs of children are ignored. The Inquiry reported a lack of preventative work with support only available when there is a serious issue and echoed the CAMHS Review's finding that it is difficult for children and young people to access provision. There was also a concern regarding the lack of mental health services for adolescents and it was recommended that these services are provided more consistently across the country. The Review recommended a preventative approach including targeting 'most at risk' families as well as promoting the positive effect of exercise and nutrition and the negative impact of alcohol consumption on their mental health.

In addition to general mental health and emotional well-being needs there is also some recognition of needs specific to certain groups. The House of Commons' report on looked-after children²¹ highlighted that looked-after children are more likely to have a mental health problem (45%) than other children (10%). The report recommended that looked-after children and young people should have guaranteed access to CAMHS which reinforces the need for more support for children in care highlighted by the Good Childhood Inquiry. However the report went one step further and recommended that specialist mental health teams are established for children in care and provided throughout the country. The House of Commons' report also recommended that children entering custody should have their mental health automatically assessed. In addition the Centre for Excellence in Children's Outcomes (C4EO) has published a scoping review *Improving the Emotional and Behavioural Health of Looked-after Children*²². The review included an analysis of the effectiveness of policy interventions that are designed to improve children's emotional and behavioural health and explores this evidence in the context of children in care.

Similarly children whose parents are in prison do not have the additional support they need but are under recognised in Government policy. However this group of children are supported by organisations such as Action for Prisoners' Families²³ and Clinks²⁴ which supports VCS organisations that work with prisoners and their families.

²⁰ Children's Society, *A Good Childhood : A national inquiry* see

http://www.childrenssociety.org.uk/all_about_us/how_we_do_it/the_good_childhood_inquiry/1818.html

²¹ House of Commons, *Children, Schools and Families Committee, Looked-after Children: Third report of session 2008-09 volume 1*, March 2009

²² <http://www.c4eo.org.uk/themes/vulnerablechildren/scopingreview02.aspx>

²³ <http://www.prisonersfamilies.org.uk/>

²⁴ [http://www.clinks.org/\(S\(u1gjlq453edezs5543iyw155\)\)/index.aspx](http://www.clinks.org/(S(u1gjlq453edezs5543iyw155))/index.aspx)

Social Care Institute for Excellence research (SCIE)²⁵ focusing on black and minority ethnic (BME) parents with mental health problems and their children found that people from BME communities tend to be poorly served by mental health services. The lack of treatment and support BME parents receive can have long term effects on their children and contribute to an over representation of BME children in the care system. SCIE highlighted that some organisations have developed services for specific BME communities, for example MIND provide services for Asian people with mental health problems, however these type of services tend to be relatively small in size and lack resources to provide for the level of need within BME communities.

Table 2.2 Mental health and emotional well-being – key areas of interest

Key documents and interventions
<ul style="list-style-type: none"> ➤ <i>The CAMHS Review Report</i>, November 2008 ➤ New projects for vulnerable children ➤ Behaviour and Attendance programmes in schools ➤ Healthy Care programme for children in care ➤ Targeted Mental Health in Schools Pathfinders ➤ The Conservatives' <i>Repair: Plan for Social Reform</i>, Autumn 2008 ➤ House of Commons' <i>Third Report Looked-after Children</i>, March 2009 ➤ SCIE's <i>BME parents with mental health problems and their children</i>, September 2008 ➤ National Advisory Council for Children's Mental Health and Psychological Well-being chaired by Dame Jo Williams ➤ Key organisations include Care Services Improvement Partnership (CSIP)²⁶, Mental Health Foundation²⁷ and National Institute for Mental Health England (NIMHE)²⁸

2.3 Care for children who have complex and long term health conditions

Recently there has been an increased emphasis on ensuring children who have complex and long term health conditions are given the support they need to access the opportunities that other children are able to access. In addition there has been recognition that the families of children who have complex and long term health conditions are often in need of general support as well as opportunities to have breaks from caring.

In *Healthy Lives, Brighter Futures*, ensuring specialist care for children who are ill or have a long term condition was of the highest quality formed one of the Government's four main

²⁵ Social Care Institute for Excellence, *Black and minority ethnic parents with mental health problems and their children*, September 2008

²⁶ www.csip.org.uk

²⁷ www.mentalhealth.org.uk

²⁸ www.nimhe.cisp.org.uk

objectives. In order to improve the services children and their families receive, the strategy recognised that children and their families required support that was tailored to their needs and allowed them to have choice over how their, or their child's care, is provided. To achieve this, the strategy announced that all children with complex health needs would have an individual care plan by 2010. Pilots will also be set up to test different approaches to provide more effective integrated care as part of the NHS' Next Stage Review. The Strategy referred to instances where personalised budgets could give parents more control over the care their child receives but there was no firm commitment to personalised budgets. However the Conservative's Social Reform Paper²⁹ recommended individual budgets for patients with 'stable, predictable, long term' conditions but this did not specify whether this would be offered for children with long-term conditions. The strategy also announced the development of self-management programmes for children and young people following the success of the Young People's Expert Patient Programme 'Staying Positive'.

In addition to the funding already accessible via Aiming High for Disabled Children, funding was announced for £340 million NHS monies committed from 2008 to 2011 for palliative care, short breaks, community equipment and wheelchair services.

An evaluation of the Short Breaks aspect of this support is being conducted and the interim report published by Every Disabled Child Matters³⁰ provided a snapshot of parents of disabled children's experiences to present good practice examples and highlight any issues. The key recommendations of the report were:

- Children's Trust Partnerships to demonstrate their commitment to families by taking a leadership role in meeting the Full Service Offer on short breaks by 2011
- all local authorities to review their eligibility criteria and the DCSF to provide a central steer from Government to issue guidance on the law governing eligibility criteria
- local agencies to ensure that good quality information on short breaks services for disabled children are available from a wide range of sources.

In the same month Primary Care Trusts were sent a letter from the Department of Health outlining the four priority areas of short breaks, community equipment, wheelchair and palliative care and the fact that progress and actions for 2009-10 would form part of the 2008-09 performance data which is due to be published in September 2009.

²⁹ The Conservative party, Repair: Plan for Social Reform, circa Autumn 2008

³⁰ Every Disabled Child Matters (Council for Disabled Children, Contact a Family, Mencap and Special Educational Consortium, *Short Breaks Tracking: interim report*, April 2009)

The strategy also acknowledged areas of need for children with a long term condition which overlapped with other areas such as recognising that mental health problems are common for children with a learning disability and need more support to access sport. In addition to the support and funding outlined in *Healthy Lives, Better Futures*, the £19 million Transition Support Programme³¹ was launched in 2008 to provide support for disabled children and young people aged 14 to 19 into adulthood.

There has also been some research and guidance recently concerning disabled children's mental well-being. The Children's Society has also published new guidance on protecting children with disabilities from abuse and neglect (July 2009)³². The new guidance includes measures for police, teachers, social workers and health workers to ensure that safeguarding duties are fully exercised. The guidance builds upon and replaces the 2006 document '*Working together to Safeguard Children*', and responds to growing research evidence from the UK and US that children with a disability are more vulnerable to abuse than their peers. In addition the Centre for Excellence in Children's Outcomes (C4EO) was established to coordinate evidence for good and effective practice within the children's sector³³. One of its initial policy themes is disability. The Centre has published the initial sets of materials to emerge from this theme, including disability 'progress maps' to assist practitioners to measure distance travelled by disabled children and their families. In addition a series of Knowledge Workshops are planned throughout the remainder of 2009, to share evidence at a strategic level.

Research conducted by national VCS organisations which support disabled children and their families highlighted a number of barriers to accessing services and other people. Scope's *Disabled Families in Flux: Removing barriers to family life*³⁴ highlighted that families with disabled children were more than twice as likely as other families to have little or no quality time together mainly due to being isolated from community life and leisure activities. Similarly Contact a Families' *What Makes My Family Stronger* report³⁵ identified providing more opportunities for disabled children and their families to undertake leisure activities to be a priority. The report, based on findings of their online survey of over 600 family members, also highlighted that families of disabled children lack support from professionals and understanding from society as a whole. Contact a Family recommended Government should invest in a campaign to raise awareness of the needs of disabled

³¹ see <http://www.transitionsupportprogramme.org.uk/>

³² <http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/safeguarding/>

³³ See <http://www.c4eo.org.uk/>

³⁴ Scope, *Disabled Families in Flux: Removing barriers to family life*, Disablism Audit 2009, May 2009

³⁵ Contact a Family, *What Makes My Family Stronger: A report into what makes families with disabled children stronger socially, emotionally and practically*, May 2009

children's families. In addition Contact a Family emphasised the importance that the funding for Short Breaks is sustained and the access to the monies is fair for all families.

Table 2.3 Care for children who have complex and long term health conditions - key areas of interest

Key documents and interventions
<ul style="list-style-type: none"> ➤ Department of Health and DCSF's <i>Healthy Lives, Brighter Futures</i> Strategy, February 2009 ➤ Every Disabled Child Matters, <i>Short Breaks Tracking: Interim report</i>, April 2009 ➤ Individual care plans for all children with complex health needs by 2010 ➤ £340 million for palliative care, short breaks, community equipment and wheelchair services ➤ Self-management programmes for children and young people ➤ Department of Health's Transition Support Programme launched in 2008 is supported by the national transition support team (NTST)³⁶ led by the Council for Disabled Children³⁷, Child Health and Maternity Partnership (CHaMP)³⁸ and National Strategies³⁹ ➤ Department of Health's PCT performance data to be published September 2009 ➤ Scope's <i>Disabled Families in Flux: Removing barriers to family life</i>, May 2009 ➤ Contact a Families' <i>What Makes My Family Stronger</i>, May 2009

2.4 Substance misuse

The main areas of substance misuse that policy has focused on recently with respect to children and young people have been drugs and alcohol. In terms of policy these issues tend to be addressed separately with children and young people being incorporated into strategy that are primarily aimed at adults. In contrast there is a lack of policy focused on solvent misuse which suggests this is not a current policy priority area.

In relation to drug misuse, in April 2009 the progress report for the 2008 Drug Strategy⁴⁰ highlighted areas of improvement both in respect of helping children affected by their parents substance misuse, such as pilots of Family Intervention Projects, as well as preventative work to discourage young people from drugs misuse for instance more Positive Futures projects and two FRANK campaigns. The Government plans to continue this two pronged approach as its priorities concerning support for families is to roll out the Family Intervention Projects, which includes providing intensive support to families affected by substance misuse, and encourage family friendly services to help parents receive treatment for drug misuse whilst supporting the family to stay together. The focus

³⁶ For details of all of the NTST organisations see http://www.transitionssupportprogramme.org.uk/about_us.aspx

³⁷ www.ncb.org.uk/cdc

³⁸ www.cypf.org.uk

³⁹ www.nationalstrategies.org.uk

⁴⁰ HM Government, *The 2008 Drug Strategy: One year on*, April 2009

of work to prevent young people misusing drugs is to provide high quality drug education for all young people through the new PSHE education which will be statutory from September 2011⁴¹. For young offenders a Youth Rehabilitation Order will be introduced which will require them to access treatment and support.

In relation to alcohol misuse, there has not been a recent strategy relating specifically to alcohol but a couple of consultations have taken place. The Home Office has a current consultation concerning a new code of practice for alcohol retailers⁴² which includes the issue of selling alcohol to children and young people which closes on 5th August 2009. The consultation acknowledges that there have been some steps taken to address the issue such as the publication of a Youth Alcohol Action Plan and a number of enforcement campaigns. The key problems that the new code needs to address are that surveys have found that many young people continue to be able to buy alcohol; the test purchase failure⁴³ rate is still too high; and there is increasing concern about young people buying alcohol online.

In addition, DCSF and Department of Health published a consultation concerning young people's alcohol consumption⁴⁴ which consulted on Chief Medical Officer's Guidance concerning children and young people's alcohol consumption as well as the Government's ideas for advice and information for parents and young people. The Chief Medical Officer's guidance promotes an alcohol free childhood as the healthiest option for children and young people. This view was supported by the Institute of Health and Society's review of literature⁴⁵ concerning the impact of alcohol consumption on young people. The Review concluded that delaying the age at which young people begin to drink alcohol and limiting the amount they drink is likely to have a positive effect on their health and well-being. However the review discovered gaps in the evidence of children and young people's alcohol use and its consequences and highlighted a need for further research.

DCSF recently announced an investment of £80 million to help local authorities develop a 'Think Family' model to help address the needs of families with multiple and complex problems that often need the services of more than one service. This model is particularly for families with parents who have alcohol problems as well as drug misuse. In addition to the Family Intervention Projects mentioned above, the Government:

⁴¹ Sir Alasdair McDonald on behalf of DCSF, *Independent Review of the proposal to make Personal, Social, Health and Economic (PSHE) education statutory*, April 2009

⁴² Home Office, *Safe. Sensible. Social. Selling Alcohol Responsibly: A consultation on the new code of practice for alcohol retailers*, May 2009

⁴³ The 'test purchase failure rate' refers to where a premise is caught selling alcohol to underage people more than once

⁴⁴ DCSF and Department of Health, *Consultation on Children, Young People and Alcohol*, January 2009

⁴⁵ Institute of Health and Society, Newcastle University et al. on behalf of DCSF, *Impact of Alcohol Consumption on Young People: a systematic review of published reviews*, January 2009

- introduced Parenting Early Intervention Pathfinders providing support for parents of children and young people aged 8 to 13 who are at risk of negative outcomes, such as drug or alcohol misuse
- established a cross-Government working group on families and substance misuse
- funded Adfam, a charity that supports families affected by substance use, to provide support, information and training to over 300 families across the country
- funded the Children's Society to create better joined-up, whole-family support
- will revise the Working Together to Safeguard Children guidance to ensure that Children and Young People's Plans include an assessment of the numbers of children with drug or alcohol-misusing parents

The adverse effects of both alcohol and drugs for young people were acknowledged in the Good Childhood Inquiry⁴⁶ which reported that most children and young people consulted believed that drugs and/or alcohol prevented them from having a good life as approximately 5% of 14 to 16 year olds felt they had a drugs problem and 8% had an alcohol problem. The Inquiry recommended a ban on alcohol advertisement before 9pm. The likelihood of having a substance misuse problem was reported to be even greater for young people who are in care. The House of Common's Looked after Children report⁴⁷ stated that looked-after children are believed to be four times more likely to smoke, use alcohol and misuse drugs.

Table 2.4 Substance misuse - key areas of interest

Key documents and interventions
<ul style="list-style-type: none"> ➤ HM Government, <i>The 2008 Drug Strategy: One year on</i>, April 2009 ➤ Family Intervention Projects ➤ Sir Alasdair McDonald's <i>Statutory PSHE education Independent Review</i>, April 2009 ➤ Home Office's <i>consultation on the new code of practice for alcohol retailers</i>, May 2009 (Consultation closes on 5th August 2009) ➤ Parenting Early Intervention Pathfinders Roll Out is currently be evaluated by Warwick University⁴⁸ and final report is due summer 2011 ➤ Setting up a cross-Government working group on families and substance misuse ➤ Adfam's support for families affected by substance use ➤ Children's Society's whole-family support ➤ Revising the Working Together to Safeguard Children guidance

⁴⁶ Children's Society, A Good Childhood: A national inquiry see

http://www.childrenssociety.org.uk/all_about_us/how_we_do_it/the_good_childhood_inquiry/1818.html

⁴⁷ House of Commons, *Children, Schools and Families Committee, Looked-after Children: Third report of session 2008-09 volume 1*, March 2009

⁴⁸ <http://www2.warwick.ac.uk/fac/soc/cedar/projects/current/peipprog/>

2.5 Sexual health

There has been very few recent policy and programmes focussing on sexual health specifically. However the *Healthy Lives, Brighter Futures*⁴⁹ did commit £6 million between 2008-09 and 2010-11 to support PCTs and Further Education colleges to improve information and advice on contraception to young people in Further Education. The Strategy also announced plans to launch a new campaign this year to increase young people's knowledge of effective contraceptive methods.

Much of Governmental policy towards sexual health is inter-linked with efforts to tackle teenage pregnancy, and the work of the Teenage Pregnancy Strategy Unit⁵⁰. The two key indicators for the TPS (to 2010) remain under-18 conception rates and proportions of teenage parents in education, training or employment. However, effective sexual health advice: particularly via youth and community organisations is identified as a key success factor in TP reduction. With Sex and Relationship Education (SRE) a recommended part of the new PSHE curriculum in schools from 2011, there is growing momentum for this policy area. Arguably, however, there is scope for a more joined-up policy that addresses the clinical, family planning and emotional aspects of young people's sexual health in a holistic way.

Similarly to the policy concerning sexual health research in this area tends to be undertaken alongside other policy areas. For instance, the Childhood Inquiry reported that sexual health services were seen to be inadequate and recommended that children and young people had access to clear, relevant and confidential advice and information. In addition, most responses felt that age appropriate sexual health and relationships education was needed but it was recommended that this was part of social and emotional learning. The House of Commons report also highlighted that there is a significantly higher rate of teenage conception and teenage motherhood among looked-after young people than the non-care population.

Table 2.5 Sexual health - key areas of interest

Key documents and interventions
<ul style="list-style-type: none">➤ Department of Health and DCSF's <i>Healthy Lives, Brighter Futures</i> Strategy, February 2009➤ Sir Alasdair McDonald's <i>Statutory PSHE education Independent Review</i>, April 2009➤ House of Commons' <i>Third Report Looked-after Children</i>, March 2009➤ Children Society's <i>A Good Childhood: A National Inquiry</i>➤ Further Education £6 million between 2008-09 and 2010-11 to support PCTs and Further

⁴⁹ Department of Health and DCSF, *Healthy Lives, Brighter Futures: Strategy for children and young people's health*, February 2009

⁵⁰ <http://www.dcsf.gov.uk/everychildmatters/healthandwellbeing/teenagepregnancy/about/strategy/>

- Education colleges to improve information and advice on contraception to young people
- New campaign concerning contraceptive methods to raise awareness among young people

2.6 Early years health

There has been little policy documents and research focusing solely on early years health which could partly be due to the fact that early years health focuses on an age group rather than a specific area of health which means it is incorporated into other themes where appropriate for instance mental health includes programmes to address issues concerning infants. The programmes and initiatives that have been announced tend take a preventative approach by focusing on educating parents during pregnancy and while their children are very young.

The *Healthy Lives, Brighter Futures* strategy⁵¹ announced a number of programmes and initiatives to ensure high quality maternity and early years services. The Healthy Child Programme⁵² covers all children and begins in pregnancy; the strategy highlighted the importance of the Programme and outlined actions to support its commissioning and delivery. One of the key actions announced was strengthening the role of health visitors in Sure Start Children's Centres and ensuring every centre has a named health visitor. The findings of the Good Childhood Inquiry reinforced the need for support for parents during pregnancy. Some responses to the Inquiry felt that if parents had any mental health issues this could adversely impact on children's well-being and therefore any issues need to be discovered as soon as possible. The Conservative Party⁵³ also advocated increasing the support for mothers while they are pregnant, proposing an increased number of midwives and community based midwifery teams as well as increasing the number of health visitors to 4,200 to visit families before birth and up until the child is 5 years old.

The Government planned to develop a new ante-natal education and preparation for parenthood programme which would include guidance on nutrition and obesity prevention. For vulnerable first time mums, a programme offering intensive support, the Family Nurse Partnership Programme, will be expanded to cover 70 sites by 2011. There were also plans to collect and track data on weight status of very young children as they develop to inform the programme.

⁵¹ Department of Health and DCSF, *Healthy Lives, Brighter Futures: Strategy for children and young people's health*, February 2009

⁵² The Healthy Child Promotion is the new name for the Child Health Promotion Programme

⁵³ The Conservatives, *Renewal: Plan for a Better NHS*, Summer 2008

In addition to the initiatives introduced as part of the Healthy Child Programme the Government will:

- build on Sure Start Children's Centres existing health focused programme especially those concentrating on obesity and smoking for instance the Health, Exercise and Nutrition for the Really Young programme (HENRY)
- roll out the NHS Early Years LifeCheck across the country during 2009
- develop a Father's Early Years LifeCheck to provide tailored information concerning their baby's health and development (involving fathers remains a key area for policy focus)
- invest £2 million to extend the Baby Friendly Initiative for promoting breastfeeding in 2009-10
- extend the reach of the Change4Life marketing campaign to include very young children as well as ethnic minority communities with high levels of childhood obesity⁵⁴
- introduce new programmes to support infant mental health⁵⁵.

In order to ensure the new and extending programmes relating to early years health are delivered to a high standard, the accompanying guidance to the strategy⁵⁶ planned to provide specific guidance for maternity services and the Healthy Child Programme.

Table 2.6 Early years health - key areas of interest

Key documents and interventions
<ul style="list-style-type: none"> ➤ Department of Health and DCSF's <i>Healthy Lives, Brighter Futures Strategy</i>, February 2009 ➤ The Conservatives, <i>Renewal: Plan for a Better NHS</i>, Summer 2008 ➤ Healthy Child Programme ➤ Family Nurse Partnership Programme ➤ Strengthened role of health visitors in Sure Start Children's Centres ➤ HENRY Programme ➤ Early Years LifeCheck for fathers ➤ Baby Friendly Initiative ➤ New ante-natal education and preparation for parenthood programme (Expert input, a survey of users' views and a literature review to inform programme are to be completed by September 2009)

⁵⁴ Cross-Government Obesity Unit, *Healthy Weight, Healthy Lives: One year on*, April 2009

⁵⁵ National CAMHS Review supported by Department of Health and DCSF, *Children and Young People in Mind: The final report of the National CAMHS Review*, November 2008

⁵⁶ Department of Health and DCSF, *Securing Better Health for Children and Young People Through World Class Commissioning: A guide to support delivery of Healthy Lives, Brighter Futures*, February 2009

3.0 Mapping the sector

This chapter presents the results of the mapping survey. The mapping exercise involved surveying 29 VCS organisations offering support for children and young people concerning health and well-being. This chapter presents the findings, including an indication of the provision that is currently offered by VCS organisations (Section 3.1), perceived gaps in provision (Section 3.2) and further support VCS organisations require (Section 3.3).

3.1 Current provision in the VCS sector

3.1.1 Diet, exercise and obesity

Overall, the mapping exercise included five organisations working in the theme area of diet, exercise and obesity. These ranged from large national charities through to small localised organisations. The mapping exercise suggested that there was a significant amount of activity going on presently in this particular theme area at both national and local levels. The minority of the organisations surveyed were Children England members. Activity in this area is increasingly focussed on physical activity and exercise as well as diet, which has been more commonly the focus previously.

The VCS organisations surveyed had identified various needs within the theme of diet, exercise and obesity ranging from a specific need to monitor the level of obesity in children to providing children and young people with opportunities to exercise. Most of the organisations' work involves at least some delivery based activity which work well due to being delivered in a fun way such as cycling, skateboarding or yoga. However a couple of organisations felt that what works well is being able to sustain the activities they deliver. For instance Yoga4UK delivers accredited training programmes to a range of staff so they can continue to deliver yoga without the need of an external trainer. Similarly Child Growth Foundation trains health service professionals to measure children and identify early signs of obesity so that this work can take place across the county.

Case Study: Cycling Communities in Hounslow, Groundwork Thames Valley

Groundwork Thames Valley's Cycling Communities was launched in 2006 to address the diminishing cycling culture in Hounslow. Local primary school children expressed an interest in cycling but the main barrier to promoting cycling was the 'perceived fear' of cycling amongst schools and parents. The aims of the project included the promotion of health and sport amongst children, by '*increasing activity and reducing childhood obesity*'; educating children on safety and understanding risks and facilitating social inclusion of vulnerable children to gain skills and confidence. Several activity strands were developed to encourage children to cycle including *Bike Trains* which take children on real journeys such as home-to-school or events after school; class workshops focusing on health benefits; cycling safety; and providing cycling equipment. As a result of this scheme, London Borough of Hounslow was commended as '*most improved cycling borough 2007*' (TfL, 2008).

Groundwork highlighted the importance of maintaining ongoing relationships with individual schools in order to change their cycling culture over time. In particular this worked well where schools had contact with the Community Development Workers before the cycling project started. In one instance a cycling scheme had developed from only having head teacher support - to the scheme being over-subscribed in a two year period. Successful methods for communicating with schools have included cycle assemblies and school bicycle user groups that use interpretive approaches to help schools take ownership of schemes. *Whole class workshops* that incorporated 'virtual reality' bikes were cited as always being successful, as well as *Bike to Fun* rides that take place at weekends.

A couple of the organisations delivering exercise based activities highlighted that there were benefits to children and young people's mental health and emotional well-being as well as the physical benefits, for instance stress relief.

3.1.2 Mental health and emotional well-being

Four VCS organisations were surveyed which focussed on mental health and emotional well-being. All these organisations were relatively small and mainly had a local focus. The organisations included Children England, NCVYS members and non members. The organisations' focus varied and included: children with behavioural problems, bullying, bereavement and children who needed counselling. The activities delivered included one

to one support for issues such as bereavement, social and leisure activities for behavioural problems and peer led support for bullying.

One benefit of a couple of the projects was that they were able to provide children and young people with a holistic service which caters for all their needs. For example Talbot School was one of the few organisations to cover all aspects of education and health for young people with behavioural problems via their range of projects. Similarly young people's information, advice and counselling services (YIACS) offered a tailored service including support with related issues such as sexual health issues, housing and general guidance.

Organisations felt they generally understood the child or young person's issues and were able to offer tailored support for their situation. In particular, Diversity Hub recognised the benefit of working progressively with young people; they recognised that if they told a young person to lead a group of young people immediately they would be scared but by gradually building up their confidence and skills, and re-evaluating the young person's progress, they develop leadership skills over time. The box below provides more details of Diversity Hub's work.

Case Study: Anti-bullying training, Diversity Hub

Diversity Hub was set up in 2005, as part of the National Coalition Building Institute to work with individuals and groups in Leicester on a wide range of issues. Twenty years ago a National Coalition consultation on young people highlighted a specific concern with bullying that encompassed many issues such as racism and homophobia. Training based at Diversity Hub focuses upon *'a multi-oppression'* approach with specific projects aiming to equip young people with anti-bullying training. The project championed against violence, including domestic violence and anger management, *'we train people to be leaders by recognising and appreciating their own and others identities; understanding the impact of stereotyping; and teaching practical skills to challenge name calling in a positive way, that aims to change the perpetrators attitude and therefore, behaviour'*.

The wide ranging success of the anti-bullying projects with young people was especially due to their prior knowledge or interest in overcoming bullying. The project undertakes developmental work with a young person that focuses upon an individual's need to build confidence and self esteem, as well as leadership skills.

Diversity Hub is constantly striving to be at the forefront of involving young people as peer leaders, and more recent consultation highlighted that practitioners working with young people did not tend to reflect on their practice or fully ensure that young people

were at the heart of their work. An attempt to overcome this challenge resulted in a piece of work called "Adulthood" or "Young person's oppression" that involved a local creative partnership. This specific project aimed to up skill young people and give them confidence in leading their peers and adults. However after the first year it was realised that adults were more in need of training so Diversity Hub has now developed a training programme especially for adults.

3.1.3 Care for children who have complex and long term health conditions

The mapping survey included five organisations offering activities and support for children, young people with a complex and long term health condition and their families. The organisations were mainly national but with a relatively small staff base. There was a mix of Children England members and non members.

The organisations that provided support for families tended to be involved in raising awareness of the issues families face and providing practical support. For example the Association of Children's Palliative Care (ACT)'s "Family Companion" initiative supports families from a child's diagnosis through to bereavement. This support works well because the organisations understand the needs of the families. In addition, two of the organisations provide effective training for professionals. ACT supports local palliative care networks across England which enables them to locate and transfer examples of good practice. For instance a dataset developed in Merseyside to help health, education and social care agencies to provide the correct services and support for children and young people with palliative care needs is now being rolled out to be used across a larger geographical area.

The activities for children and young people delivered across the organisations focused on the needs identified by children and young people and built their confidence and independence. One of the organisations discovered the needs of the young people they supported by producing a DVD that focused on the key issues they face as they approached the end of their lives (ACT). ACT is aware that many children and young people with complex and long term health conditions have difficulties communicating verbally so have used a communication consultant specialising in non verbal communication. The Staying Positive project ensured they were aware of the needs of the young people they work with by consulting with young people prior to setting up the project to ensure they met their needs. The successful element of this project is the fact that the self management courses run for young people living with long term health conditions are peer led. This group of young people tend to be told by adults such as parents, teachers

and health professionals, how to live with their conditions and the lack of adult input in this course gives young people an opportunity to express themselves and can lead to empowerment.

Supporting BME parents with disabled children, Parents for Inclusion

Established 25 years ago, *Parents for Inclusion* aims to 'celebrate all disabled young people and to steadfastly work towards their right to belong.' They support parents of disabled children by providing skills, information and guidance. Parents for Inclusion work with parents of children up to the age of 18 and also offer training programmes for professionals. A report entitled '*All our children belong*' published by *Parents for Inclusion* aimed to bring the voices of Black and Minority Ethnic (BME) parents of disabled children to the forefront, tackling the discrimination that these families can face. Aiming to become truly representative of diverse communities, *Parents for Inclusion* have BME and bilingual staff which enables them to reach more parents due to heightened cultural understanding.

One of the successes of Parents for Inclusion is that they understand families with disabled children and they have an effective training intervention model. Parents for Inclusion work directly with disabled people, and their experiences and thoughts shape the direction and the focus of the organisation. For example, through meeting many BME parents, Parents for Inclusion wanted to explore their common concerns and find ways to raise awareness of any particular issues. As a result a Parents for Inclusion BME reference group was formed, comprising of BME parents that had been supported through the Parents for Inclusion's helpline, inclusion groups and training. The reference group facilitated the exploration of issues such as double oppression that BME parents and disabled children experience.

3.1.4 Substance misuse

In total the survey included six organisations that supported children, young people and their families who affected by substance misuse which includes problems related to alcohol, drugs, smoking and solvents. The services included both support for children whose parents misuse substances as well as preventative and support activities for children and young people themselves. The organisations were both national and locally based but most only had a small staff team. The organisations were a mix of Children England, NCVYS members and non members.

Most of the organisations reported that their activities for young people are delivered locally and in places where young people go, particularly youth clubs or community centres and that this tends to work well. Hope UK felt that the fact that their volunteers tend to have good community contacts helps them to deliver at a local level despite being a national organisation. In addition Action on Addiction's Mpack project was believed to work well as it provides holistic support for children and their families who are affected by parents misusing substances.

In contrast Re-Solv's work differs from the other VCS organisations as it focused solely on preventing solvent and volatile substance abuse (VSA) which can affect children as young as seven years old. In addition to providing sessions for children and young people a key aspect of Re-Solv's work is to educate the public at a national level of the dangers of VSA. The Nilaari Agency also focuses on a specific group, providing support for BME young people and their families concerning drug or alcohol issues. More details about Re-Solv's work is in the case study box below.

Educating children and young people about solvent and volatile substance abuse – Re-Solv

For 25 years Re-Solv has aimed 'to contribute to happier, healthier, safer social environments by preventing death, suffering and crime which may result as a consequence of solvent and volatile substance abuse (VSA)'. Re-Solv is the lead body within this field and a national organisation which focuses on educating young people about volatile substance misuse. Re-Solv delivers sessions in particular for young people in-and-out of schools as well as training for adults who work with young people to give them the skills and knowledge to engage with VSA. Re-Solv has also produced health education materials such as resource packs for parents and carers of children.

Re-Solv is a unique organisation in that it runs a project that aims to highlight awareness of VSA at a national level. Education concerning VSA differs from other substance misuse as children from as young as seven are at risk of VSA. Part of the success of Re-Solv is due to engagement with partner organisations such as drug action teams, sitting on advisory boards for both the Welsh Assembly and Scottish Government and working alongside the Department of Children Schools and Families. Consultation on the part of Re-Solv to develop their health education materials such as the *Aqua Card*, a business card warning of the dangers of VSA, led to its launch in 2007 with 5,000 being purchased since their publication. The card has proven to be Re-Solv's most popular resource in 2007, with an additional 2,000 being distributed free of charge within England to Children's Trusts, Drug Action Teams and Young Offenders Institutes. Young people who were consulted in the design of the card highlighted that *'they won't pick leaflets up –*

a small business card that you can put in your pocket would be best with a number on it for help'. Such insight undoubtedly contributed to the success of the Aqua Card as a tool for highlighting the dangers of VSA to young people.

The review indicated a significant amount of peer led activity taking place, across all themes but feedback suggested it has been particularly effective in the area of combating substance misuse. The Anti Tobacco Youth Campaign (ATYC) following on a ten year study of children and young people's experiences of smoking, recognised the importance of giving young people a voice and expressing their opinions. The ATYC groups are established and led by young people, which means the groups focus on the areas of smoking prevention and cessation that are important to them. The groups are also open to any young people and can be set up by any young people across the country.

3.1.5 Sexual health

Four organisations were surveyed under the theme of sexual health which included national, regional and local charities. The size of the organisations ranged from under five paid staff to over 300 staff members. The organisations included both NCVYS members and non members. The VCS organisations surveyed tended to offer sexual health related services as part of a wider support for young people which included healthy eating, emotional well-being and substance misuse. It was rarely addressed on its own as organisations tended to provide a holistic service which included sexual health advice.

The exception was the Naz Project London which solely delivers sexual health advice to BME people including BME young people. Across the organisations there was an emphasis of the importance of involving young people in the projects offered to them. YWCA received feedback from young women that sex education in schools does not cover emotional well-being. This feedback informed the services YWCA now provide at their centres and each centre's activities is further tailored to the needs of the young women accessing the centre. In addition peer led programmes have been delivered by both Naz Project London and Youth Aid providing young people with the opportunity to discuss issues among themselves as well as developing their leadership and interpersonal skills.

A couple of the organisations have developed successful partnerships with other agencies and services which has helped them to deliver their services to young people. For instance at a national level National Youth Agency has developed a booklet for young people in partnership with Brook as well as being involved in several national bodies such as Sex Education Forum. At a local level, Naz Project London has worked with other services in Lambeth and Southwark to raise awareness of safe sex and HIV.

The YWCA case study was interesting as it explored the relationship between alcohol misuse, sexual health and teenage pregnancy; see the case study box below.

YWCA's Sexual Health Projects

YWCA's sexual health projects provide a 'safe space' where girls and women can discuss their sexual health with peers and trained youth workers. All projects involve a 'holistic approach' treating young women as a whole person and providing education 'about a number of things including contraception, sexual health, alcohol abuse and risk-taking'. The projects are led by young women using their 14 Centres. Each centre provides a sexual health clinic or advice programmes to a diverse number of young women. For example, YWCA Doncaster offers sexual health services that are sensitive to BME women, especially young Asian women, and projects that focus upon girls and women with learning disabilities. YWCA Dagenham projects aim to directly challenge statistics that link alcohol to sexual health and raise awareness of how drinking can increase sexual risk-taking. YWCA Bristol promotes sexual health education to mothers and use of contraception to prevent unwanted second pregnancies.

Young women inform the development of the work of YWCA and their projects directly target their needs, with these inputs YWCA feel their model is working very well. For instance, women that have used the programme expressed that they 'like the fact that the programmes are in a women only space' and that sexual health sessions are delivered in a discrete way, often being made available during childcare or parenting courses that are considered respectable by the community. YWCA have also produced a "risky relationships" DVD covering the impact of sexual relationships on emotional and mental health – an aspect of sexual education that young women using the YWCA services feel is lacking in mainstream education.

YWCA has found that most of the young women they have worked with had no prior knowledge of the location of their local sexual health clinics, which could leave the most vulnerable girls and women still at risk. As a result of this work there is increasing recognition of the need to channel future funding into marketing and publicity of projects.

3.1.6 Early years health

In total five, early years health organisations were involved in the mapping survey. The charities focussed across a mix of national and regional levels but tended to be relatively small, with one exception. All of the organisations were Children England members and

there were difficulties finding VCS organisations focusing on early years health as much activity tended to be statutory funded and delivered rather than third sector led.

The VCS organisations surveyed relating to early years health services tended to offer home visits for new parents or tailored services for families facing a particular issue such as families experiencing a stressful situation. An important element of all the services is that they tended to be delivered locally. The involvement of parents in service provision has been particularly successful. For instance Home Start in Leeds uses parent volunteers to support other parents who have been through a similar situation.

Some of the organisations had developed some successful partnership working with other organisations as well as local authorities. For instance Howgill Family Centres had formed a partnership with Age Concern relating to working with grandparents who cared for their grandchildren. Family Friends in Windsor and Maidenhead have good working relationships with local services such as Woman's Aid, Youth Offending Teams and Domestic Violence teams in order to cater for the needs of the families they work with.

Family Friends in Windsor and Maidenhead

Family Friends was formed in 1995 to provide support for families with pre teen children in Maidenhead who were experiencing a period of stress or difficulty and could not access the support they needed from mainstream services. The service was extended to cover the whole area of the Royal Borough of Windsor and Maidenhead four years later.

Family Friends provide family support workers who work directly with parents on a range of issues including managing behaviour. The workers run 12 week parenting courses which are often delivered on a one to one basis in parents' homes. Volunteer workers also provide practical and emotional support as well as acting as an extra pair of hands for parents for example the workers might help to look after the children of a mother suffering from post natal depression or work with a child to support them with anger management, bereavement, or parental divorce. Recently Family Friends have widened their provision to include 6 week courses for families where children have witnessed domestic abuse that involves both a mothers' group and a separate children's group to talk about the impact of abuse. One of the key successes of Family Friends is the fact that they are responsive and flexible to families' individual needs.

3.2 Perceived gaps in service provision

The VCS organisations involved in the mapping survey provided useful feedback on what they perceived as the main gaps in terms of service provision for children and young people's health and well-being. Some of the suggestions were very specific to individual organisations' remit. For example the shortage of help for young people with drug and alcohol abuse who have a mental health problem and the lack of 24 hour palliative care for children nearing the end of their lives. However there were other gaps that were identified by a number of service providers across themes.

One of the main gaps in service provision identified was that services tended to focus on an individual issue for a child or young person and do not take into account any other problems the person may face or the wider context of the issues for the wider family, or other family members. It was suggested that more holistic services were needed that provide continuity of support across all a child or young person's needs in tandem perhaps with services targeted at a whole family level rather than purely at the child. Organisations reported that providing ongoing support for even a specific issue can be difficult due to the uncertainty of funding. A related concern was the fact that services that are provided for children and young people can be dependent on where they live (the idea of a postcode lottery). This was identified as a particular issue for long term health conditions and bereavement services. Helping organisations to access funding, particularly in the current economic climate and with the possible change of Government approaching will be important, as well as helping organisations to plan better for building sustainability into their projects from the start.

Some VCS organisations believed that there is limited service provision for teenagers. One of the main areas of concern is the lack of services for adolescents who do not fit in children or adult services. This is a particular issue for adolescents with long term health conditions or mental health problems who have to spend time in hospital. There was also recognition of the need for a focus on the transition from childhood to adulthood across the issues of health and well-being.

In addition to the general gaps in service provision mentioned above there were also some more specific areas of service provision that organisations felt were not fully addressed including:

- lack of support for young people's mental health relating to drug and alcohol misuse
- lack of health promotion activities for young people particularly young women
- lack of support for emotional well-being including bereavement and therapeutic support

- limited resources relating to under 18s who smoke.

VCS organisations can help to fill these gaps in provision however there tends to be a general lack of understanding of the role and benefits of VCS organisations among local authorities and the general public. This is compounded by the issue that organisations, especially smaller VCS organisations, do not have the funds to promote their services and would appreciate further support in this area around disseminating and sharing learning.

3.3 Support required by VCS sector

The general areas of support VCS organisations reported they would like are:

- support relating to funding: either advertising or accessing actual funding or more realistically, guidance on where to find funding coupled with support on building sustainability into their funding bids and projects
- help to promote the services to widen the reach of their service which could include developing resources for them such as DVDs
- help to work with other organisations and services to provide holistic services as well as avoiding duplication
- support to find out what other VCS organisations do and how to best work with them.

VCS organisations were asked what specific support they would like from NCVYS and Children England. One of the main comments was that organisations were unclear how NCVYS and Children England could support them with one organisation commenting that there are a number of different membership organisations available at a national and regional level that they find it difficult to know which of the organisations to approach. In contrast, some members of NCVYS and Children England were content with the support they currently receive. In particular, praise was given for NCVYS identifying funding sources and training opportunities and Children England's e newsletters.

The main areas that organisations would like NCVYS and Children England to support them with are:

- lobbying Government e.g. so that their local authority understands the value of VCS work
- expanding their services to whole country or rolling out
- supporting organisations to work together in order to prevent duplication and share good practice
- supporting a holistic approach to health and well being

- providing support for grass roots organisations
- being more creative in support they offer e.g. offer a menu of support.

The areas that organisations wanted help with include activities that NCVYS and Children England are already involved in, for instance lobbying Government on their behalf and providing opportunities for VCS organisations to work together. This reinforces the importance of informing VCS organisations, both members and non members, how NCVYS and Children England are already supporting them.

4.0 Conclusions and Recommendations

This scoping study has highlighted the range of policy documents, research and activities across the field of health and well-being. This section outlines five headline recommendations and sets out more specific action points which are linked to the headline findings.

The headline recommendations are:

- 1) To review the current membership of Children England, to ensure that there is sufficient representation from key organisations within the sector that have a focus on health and well being, and particularly mental health.
- 2) To consult more widely within the sector, to examine the scope for additional partnership work and sharing of resources, so that children's health and wellbeing is supported in a holistic and more sustainable way.
- 3) To take further action to raise awareness of the specific gaps that emerged from the study in relation to supporting children's health and well-being.
- 4) To link with current policies and initiatives through consultation responses and policy work.
- 5) To continue to support the VCS concerning health and well-being.

4.1 Review the current membership of Children England

Children England should take the following actions in relation to reviewing their current membership:

- Exploring potential contact and linkage to web based organisations such as NetMums and/or MumsNet would be beneficial. NetMums for instance works across a range of policy areas including health and well-being, as well as within mental health and works closely with DCSF. For example they support mothers with post natal depression and those at risk of suicide. Building relationships with this type of organisation may be beneficial in reaching new audiences through new mediums.
- Contact a Family are a leading charity focussing on families and children with a disability. It would be useful to make contact with this charity and this could be done by

inviting Contact a Family to present their findings from their *What Makes My Family Stronger*⁵⁷ report at Children England's annual conference.

- It may be beneficial for Children England and NCVYS to explore whether there are any viable linkages to be made with father focussed organisations where they may have a remit for any of the health and well-being theme areas, including in particular obesity and physical activity, for example father-child football events. Organisations such as Families Need Fathers and Family Matters Institute who run the DadTalk⁵⁸ website and Dad's Space⁵⁹ may be useful to engage with.
- Engaging with Young Minds who are a leading charity dealing with mental health issues for young people would be beneficial. One way of engaging with Young Minds could be to engage with the National Advisory Council for Children's Mental Health and Psychological Well-being. In addition a potential contact would be Roger Catchpole, a principal consultant at Young Minds, who was part of the CAMHS review expert panel and has been promoting CAMHS Review recommendation to have a clear transition plan for adolescents up to the age 25. It could be useful to work with Youth Access, a NCVYS member, who has undertaken research concerning the Transition to adult services with reference to counselling and can also draw on the experiences and practices of the young people's information, advice and counseling services they represent across England.
- In addition it could be beneficial to strengthen Children England's link with the Expert Patient Panel with regards to transition services for young people. Expert Patient Panel's Staying Positive project was involved in the mapping survey and currently receives the Children England e-newsletter. They are currently a high profile project as the Government cited the Staying Positive project in the *Healthy Lives, Brighter Futures Strategy*.
- The Anti-Bullying Alliance's Anti-Bullying Week this year is 16th to 20th November and will have a cyber bullying⁶⁰ theme. A good link to make prior to the anti-bullying week is Bullying UK⁶¹ (formerly known as Bullying Online). The charity provides support for young people and their parents via the website and email as well as schools work.
- Children England could link with other organisations that represent the families of prisoners, and consider how the health and wellbeing of these children can be supported through more effective awareness-raising and campaign action

⁵⁷ Contact a Family, *What Makes My Family Stronger: A report into what makes families with disabled children stronger socially, emotionally and practically*, May 2009

⁵⁸ <http://www.dadtalk.co.uk/index.php>

⁵⁹ <http://www.dads-space.com/default.aspx>

⁶⁰ For more details see [http://www.anti-](http://www.anti-bullyingalliance.org.uk/Page.asp?originx_5240ck_84140993665645e88j_20071121142y)

[bullyingalliance.org.uk/Page.asp?originx_5240ck_84140993665645e88j_20071121142y](http://www.anti-bullyingalliance.org.uk/Page.asp?originx_5240ck_84140993665645e88j_20071121142y)

⁶¹ <http://www.bullying.co.uk>

4.2 Consult more widely within the sector

Children England should take the following actions in relation to consulting across the sector:

- It may be useful for Children England and/or their members to attend the Family and Parenting Institute's annual conference entitled *Policies for families - Challenges and choices*⁶² on 30th November 2009. The conference will focus on current and future family policy as well as effective interventions and services for families.
- The Family Commission⁶³ was launched by 4Children on 1st April 2009 to explore views on family life in the UK and what type of support families require. Over the course of the year the Commission will hold a number of regional events to talk to parents across the country and policy seminars in Westminster concerning issues such as families as carers and families under stress. It might be beneficial for Children England to attend the policy seminars or share their details with members who have an interest in the issues relating to families.
- The National Institute for Mental Health in England held a conference entitled *Bridging the Divide: Transition of care from CAMHS to adult mental health services* in April 2009. The conference acted as an opportunity for service users, clinicians, managers, commissioners and policy makers to share ideas related to improving the transition of care from CAMHS to adult services. It is possible that a similar conference may be held next year⁶⁴.
- National Mental Health Development Unit (NMH DU), the agency responsible for supporting the implementation of mental health policy in England, has recently published a briefing⁶⁵ for commissioners of Adult Mental Health Services and CAMHS in preparation of a new duty 'to admit and treat patients aged under 18 into an environment in hospital which is suitable having regard to their age'. This duty does not take effect until April 2010 which means there is an opportunity to raise awareness of the knowledge of Children England and NCVYS members, such as Youth Access, concerning this area.
- Children England could engage with the Mental Health Research Centre at the Centre for Clinical and Academic Workforce Innovation (CCA WI)⁶⁶ at University of Lincoln. A key contact is Dr Fiona Warner-Gale who specialises in research relating to child and

⁶² See <http://www.familyandparenting.org/conference2009>

⁶³ For more information see <http://www.4children.org.uk/campaigns/view/node/29>

⁶⁴ For more details see <http://www.mhact.csip.org.uk/>

⁶⁵ National Mental Health Development Unit, *Working Together To Provide Age-Appropriate Environments and Services For Mental Health Patients Aged Under 18, June 2009* see <http://www.nmhdu.org.uk/news/new-publication-working-together-to-provide-ageappropriate-environments-and-services-for-mental-health-patients-aged-under-18-june-2009>

⁶⁶ For more information: <http://www.lincoln.ac.uk/ccawi/MHRC.htm>

adolescent mental health and is also the lead for East Midland's Care Services Improvement Partnership (CSIP) CAMHS Programme.

- The Parental Mental Health and Child Welfare Network is a development network which was set up to promote joint working between social care and health staff working with parents with mental health problems or their children⁶⁷. This Network links in with the area of trying to ensure holistic support is provided for children and young people. It is led by a steering group of representatives from leading mental health and children's organisations and service users and coordinated by the Social Perspectives Network. A potential link into the Social Perspectives Network is Executive Committee member Vicki Coppock⁶⁸ who is a reader in Social Work and Mental Health at Edge Hill University and her research has included an emphasis on the positive rights agenda for children and young people in mental distress.
- Children England could consider inputting into a relevant consultation in this area. There is currently a consultation concerning revised statutory guidance for *Promoting the Health and Wellbeing of Looked After Children*⁶⁹. The purpose of the guidance is to inform Local Authorities, Primary Care Trusts (PCTs), and Strategic Health Authorities (SHAs) on their role in working together to improve the well-being of children and young people and the making of arrangements to safeguard and promote the welfare of children. The deadline for responding to the consultation is Monday 3rd August 2009.
- A potential contact from the Institute of Education, University of London is Professor Marjorie Smith Co-Director⁷⁰ of the Thomas Coram Research Unit at the University. She is a psychologist with an interest in studying the influences on child outcomes and well-being and has published research concerning methods to improve the emotional health and well-being of children.
- It might be beneficial for Children England to link with the Centre for Excellence in Children's Outcomes (C4EO), and ensure that Children England is represented in any consultations or seminars that are held in relation to the C4EO Priority Themes.

4.3 Further action to raise awareness of the specific gaps

Children England will need to focus their attention and capacity on specific areas in order to avoid spreading resources too thinly. It may therefore be worthwhile focussing on child and teenage mental health issues as this appears to be a key area where value could be added. Some specific gaps that need to be addressed are:

⁶⁷ <http://www.pmhcnw.org.uk/>

⁶⁸ Contact details coppockv@edgehill.ac.uk

⁶⁹ <http://www.dcsf.gov.uk/consultations/downloadableDocs/FINAL%20Looked%20after%20children%20statutory%20health%20guidance%20consultation%20draft.doc>

⁷⁰ For contact details: http://www.ioe.ac.uk/staff/TCRU/TCRU_51.html

- Support for young people with drug and alcohol abuse who also have mental health problems.
- Availability of 24 hour palliative care for children nearing the end of their lives.
- Health promotion activities specifically geared towards children and young people, and particularly young women.
- Resources relating to under-18s who smoke.
- Support for emotional well-being, including bereavement and therapeutic support.
- Children in care or looked after children who tend to have worse health outcomes than other children.
- BME groups as there appeared to be rather less evidence, and policy relating to the health outcomes for BME children and young people.

There are also key themes that cut across the main health and well-being areas for instance there is a focus on the transition from childhood to adulthood and transition from associated child or adult services and life stage transitions when people may need additional support. This is an area that VCS organisations can really add value to statutory services as there were indications from the mapping survey that some VCS organisations are already providing holistic services that are well placed to offer this support, if they are provided with the additional funding and support they require. This support is likely to include further encouragement of networking and sharing of good practice between VCS organisations as well as making national and local Government aware of the services VCS organisations provide. This is particularly pertinent to mental health services where adolescents often face difficulties transitioning from child to adult mental health services.

4.4 Linking to current policies and initiatives

Children England should take the following actions in linking to current policies and initiatives:

- To track the outcomes from the Ofsted consultation on schools' duties towards pupil well-being, and to ensure that there is effective third sector representation in supporting schools around the new indicators.
- The National Children's Bureau's will be holding regional events⁷¹ at intervals from June 2009 and February 2010 relating to Looked after Children in residential care and will include policy overview, progress with children's trusts and engaging and empowering

⁷¹ For more details see http://www.ncb.org.uk/resources/conferences_and_events.aspx

children and young people. It might be useful to promote these events to Children England members.

- It might be advisable for Children England to examine the new Children's Society guidance on protecting children with disabilities from abuse or neglect, and consider the implications for voluntary or community organisations who work with these children and their families.
- In addition to engaging with the current Government's policy it is likely to be beneficial to look in more detail and continue to engage with the Conservative Party's policy documents which have a strong focus on strengthening the family and the National Health Service.

4.5 Continue to support the VCS concerning health and well-being

There are a number of areas where Children England could provide support to the VCS or do more to make members and non members aware of the support they are already providing. The main action points suggested are:

- VCS organisations would benefit from further support in relation to issues such as promoting their services in order to attract more service users, for example effective press, Public Relations and marketing, as well as funding.
- Children England and NCVYS need to clearly outline to members and the non members who have some contact with Children England via the e newsletter what they currently can provide to them.
- It could be beneficial to raise awareness of any additional services Children England and NCVYS could potentially offer and canvas VCS organisations opinions. A number of toolkits and packages of support are already available, for example the Abbey National Charitable Trusts' PR guide for VSOs⁷².
- The study revealed a significant amount of activity involving peer led approaches, and the movement towards involving beneficiaries is clearly growing in strength in the VCS sector and in this health and well-being theme area. Children England could explore some dissemination or publicity around sharing learning from these types of activities. For instance many funders, such as Big Lottery Fund continue to try to encourage VCS organisations to adopt this type of approach in any funding bid, and also in the management and delivery of projects as well as in evaluation. It would also be interesting to identify some of the more innovative approaches to this and explore where the boundaries lie in terms of how far a project can be peer led.

⁷² See

http://www.abbeynational.com/cs/cs/Satellite?c=GSInformacion&cid=1237838784412&pagename=AboutAbbey%2FGSInformacion%2FPAAI_generic

Annex One: Feedback from mapping survey

Organisation name	Child Growth Foundation
Children England/ NCVYS member	No
Health theme	Diet, exercise and obesity
Geographical remit	National
Background information (remit of organisation; established date; number of staff)	The Child Growth Foundation is national organisation that focuses on the growth and weight of children and young people. The CGF and the Child Obesity Forum are linked and COF tend to take forward issues that CGF ask them to. The Child Growth Foundation was established 30 years ago and has 7 paid staff. The Child Obesity Forum was established 10 years ago and has 4 paid staff.
Main services/projects relating to children and young people's health and well being	CGF campaigns to get routine screening of children as there has been very poor growth screening in UK. Similarly weight of child has been largely unmonitored and currently 25% of children are obese by the time they reach primary school and this rises to 33% of child aged 11. The foundation believes that children's weight and growth needs to be routinely monitored in order to pick up obesity as well as malnutrition.
The aspects of the services/ project(s) that are working well	CGF produce growth charts which are included in every child's personal record book, They also manufacture equipment to measure children which is used by the health service They train health service professionals to measure children and spot the early signs of obesity. They raise awareness via the media on a regular basis.
What they would do differently if they were setting up the service now	no information
Perceived gaps in health and wellbeing service provision	no information
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	There are 4 key areas that need to be addressed: 1. ensuring all children's weight and height are routinely monitored. 2. Food is properly regulated to ensure sat, fat and sugar levels are not too high and that parents are aware of the levels of salt, sugar and fat are in products. 3. Ban the advertisements of unhealthy food directed at children 4. Ensure children have the right and ability to play as currently children have to travel too far to access a play area or their parents are concerned the play areas are too dangerous.

Organisation name	Groundwork Thames Valley - Hounslow Satellite Office
Children England/ NCVYS member	No – receives Children England newsletter
Health theme	National
Geographical remit	Local – Hounslow
Background information (remit of organisation; established date; number of staff)	Groundwork UK supports local Groundwork Trust in improving their local area. Each Groundwork Trust is a partnership between public, private and voluntary sectors. Groundwork was set up in 1981. The Cycling communities were launched in 2006. There is 40 staff at Groundwork Thames Valley but only 1 permanent staff member works on cycling communities. They bring in contractors to help deliver the project.
Main services/projects relating to children and young people's health and well being	The need for the project was that Hounslow had less than national average level of cyclists coupled with the fact that School Travel research with primary school children revealed 70% wanted to cycle to school but only 1% was in 2005 due to perceived fear of schools and parents. There were several benefits of the project but the health related benefit is <i>"increasing activity and reducing childhood obesity"</i> . The project has several strands to encourage children to cycle: bike trains which take children who have achieved level 1 National standard cyclist training on real journeys such as home to school or events after school; using different methods to help schools own the scheme; whole class workshops focus on health benefits, cycling safety and global warming issues; providing cycling equipment and bike to fun rides and after school cycling clubs.
The aspects of the services/ project(s) that are working well	It works well when they have an ongoing relationship with individual school and are able to change the culture. This usually works where schools had contact with community development workers before the cycling project began. E.g. 1 school had no cycling at the school 2 years ago and parents were not interested in the scheme and only the head teacher supported the scheme. Now the culture is very different and a planning cycling event is oversubscribed. Successful methods for communicating with schools include cycle assemblies and school bicycle user groups. In whole class workshops a <i>'virtual reality'</i> bike fitted up to a computer is always successful. Bike to Fun rides involves working parents as they are at weekends or holidays. The project has begun to share knowledge: up skilling 'expert' and non expert volunteers has helped to staff programme; training cycle training providers to deliver schools cycling starter package to roll out across Hounslow; cycling innovations toolkit including CD and DVD to share best practice.

<p>What they would do differently if they were setting up the service now</p>	<p>Cycling Communities is run in partnership with LB Hounslow, TfL, Groundwork UK, Hounslow schools and local partners. They are currently struggling to maintain this partnership due to funding cuts. They have also lost funding for community development workers to work in new schools. Hounslow Council want the scheme to be offered to all schools but in less depth rather than focusing on a few schools. There is concern about this approach as the scheme is successful where the work with a school is ongoing. They had to stop developing DVD due to lack of funds. Another issue is there is only one Groundwork member of staff involved in the delivery and all others are contractors which means has a heavy workload trying to promote the service and deliver. There is a concern about the quality of some of the work the contractors do.</p>
<p>Perceived gaps in health and wellbeing service provision</p>	<p>No information</p>
<p>Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on</p>	<p>They need additional funding in order to maintain the service they have been providing and in order to change the culture towards cycling including parents concerns regarding safety. They would also value support in helping to promote the service. They have been putting together a resource pack including a DVD but due to funding cuts they are struggling to find the money to complete the resource cuts.</p>

Organisation name	One eighty
Children England/ NCVYS member	No
Health theme	Diet, exercise and obesity
Geographical remit	Local – Bath and Bristol
Background information (remit of organisation; established date; number of staff)	One Eighty is a Christian mobile skate project which runs detached youth work at skate parks, 6 week courses to help learn about life through skating, weekly sessions at youth centres and a graffiti project with people who have committed, and are at risk of committing, illegal graffiti. One Eighty was set up 5 years ago and has 3 part time staff; 2 sessional works and 11 volunteers.
Main services/projects relating to children and young people's health and well being	The need for the service came out of the number of skaters in Bath, but there wasn't any adult supervision or guidance for them; because of the skating sub-culture they are unlikely to engage with other youth provision. 180 provide holistic youth work including exercise, faith and leadership opportunities.
The aspects of the services/ project(s) that are working well	They are activity focused; unlike other drop in youth sessions, these have a focus so it's easier to engage with the young people.
What they would do differently if they were setting up the service now	Don't think they would do anything differently; they are the only project like this, so they haven't been able to pick up tips from other people.
Perceived gaps in health and wellbeing service provision	There is a shortage of help for young people with drug and alcohol abuse and with mental health problems. The voluntary sector are starting to cater for these areas but they don't get and financial support from the government so it's hard/
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	She felt that the two main areas that need support are finances and volunteers; she's heard of NCVYS and in the local area they have helped identify funding sources and training opportunities for them, so it's ensuring that carries on. She thinks that there needs to be more of an individual approach to working with young people because different people require different things. She also felt that the mental health and drug and alcohol support are currently stretched so there needs to be more support for them.

Organisation name	RSPB
Children England/ NCVYS member	NCVYS
Health theme	Diet, exercise and obesity
Geographical remit	National
Background information (remit of organisation; established date; number of staff)	RSPB is a conservation charity established in 1869. It began with a specific focus on birds but now has a far broader remit for wildlife generally and has 200 reserves across the UK and internationally. RSPB has over 1,500 staff and 15,000 volunteers which equate to 300 to 400 FTE
Main services/projects relating to children and young people's health and well being	RSPB have always valued educating children about the environment. RSPB believe that spending time in the natural environment gives children a sense of awe and wonder about the natural environment and is good exercise for children. RSPB delivers "Out of the Classroom Learning to 66,000 children a year across its reserves. RSPB employ 130 specially trained PT field teachers. RSPB's 'Natural Thinking' paper outlines the further health benefits of spending time in the natural environment including emotional wellbeing.
The aspects of the services/ project(s) that are working well	RSPB have been campaigning for Government funding to support the out of the classroom learning and from April 2009 Government began to fund out of the classroom learning and created a manifesto (more info at lotc.org.uk). Spending time learning about the natural environment can benefit children's health in lots of ways such as it is good exercise; can act as diversion from crime and substance misuse as well as emotional wellbeing benefits. Anecdotally school teachers have commented on the difference in pupils when they are involved in out of the classrooms activities e.g. one school teacher said how disruptive one child was in school but was totally different and a lot calmer after spending time learning outdoors at the nature reserve.
What they would do differently if they were setting up the service now	There have been barriers to get the Government to recognise the benefits of out of classroom learning. Some of these challenges have been overcome but there is still more development work needed.

Perceived gaps in health and wellbeing service provision	No information
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	No information

Organisation name		Yoga4 UK
Children England/ NCVYS member	CE member	
Health theme	Diet, exercise and obesity/mental health and emotional well-being	
Geographical remit	National	
Background information (remit of organisation; established date; number of staff)	<p>Yoga4 UK is a social enterprise and not for profit. They are based in Sheffield but works national wide due to their national partnership with the National Day Nursery Association (NDNA). It was formally established in May 2007 but they had done a lot of development work prior to this. 6 staff - 3 directors and 3 trainers. The trainers include specialists in early years and developmental baby massage and 'active birth'. They also bring in associates when this is needed.</p>	
Main services/projects relating to children and young people's health and well being	<p>Need: They started by looking at health inequalities in cities and towns and thought about how they could ensure everyone had access to local health opportunities. Approach: They decided on a 'cradle to grave' approach and focusing on particular stages in life such as pregnancy, early years, schools, and work. Yoga4 UK deliver sessions in 'natural' locations people go such as schools, nurseries, workplace rather than gyms. Activities: Yoga4 deliver a range of accredited training programme to medical staff, nurseries, schools and families as well as direct delivery.</p>	
The aspects of the services/ project(s) that are working well	<p>The training delivered means that the work is sustainable as those trained can carry on delivery in their settings. She also felt that settings might be more comfortable their own staff delivering the sessions as they know then and do not have to worry about checking CRBs etc. Yoga4 UK secured the partnership with NDNA within 8 months of being established and are the exclusive sponsor of Physical Activity Element of National Day Nurseries "Healthy Body Happy Me" Campaign. They were awarded Best Start Up Social Enterprise for South Yorkshire Region in YandH regional Awards in October 2008 and the BA Award for Health and Fitness in Education 2009. Yoga4 are currently building their work with Youth and are in discussions with the Youth Hostels association.</p>	

<p>What they would do differently if they were setting up the service now</p>	<p>She felt that it might have been better to secure more finance at the setting up stage however it is difficult to get the balance right of securing finance and building up client base.</p>
<p>Perceived gaps in health and wellbeing service provision</p>	<p>There policy agendas talk about children's physical and mental wellbeing but she felt that private companies can promote their services but are not necessarily meeting the need. Organisations like Yoga4 UK are meeting this need but they do not have the funds to promote their work as widely as private sector organisations.</p>
<p>Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on</p>	<p>The main support Yoga4 wants is promotion of their services. She has asked CE to do a case study of their work. They would also like to hold a presentation of their work with an opportunity for people to ask questions. She did not know if CE does direct funding but if they do they would like support in this way. She felt a holistic approach to health and wellbeing is needed. Yoqa can play a part in this as it is a non competitive and inclusive form of exercise which can benefit both physical health as well as emotional health as it relaxes people and can act as stress management. She felt it is particularly useful for young children as thy can teach them how to stretch and the correct posture which can reduce back problems in later life.</p>

Organisation name	Browning House
Children England/ NCVYS member	CE member
Health theme	Early years health
Geographical remit	National (but emphasis on North)
Background information (remit of organisation; established date; number of staff)	Browning House work with children and families where there are child protection concerns. They have a national focus. Most of the children they work with are babies but they do work with some children up to the age of 5; they are a residential centre so house families with young children and assess their ability to look after their child. Browning House was established in 1950 and has 20 full time and 8 part time staff and 1 volunteer.
Main services/projects relating to children and young people's health and well being	Work with assessing the ability of parents to meet the needs of their child, this is done in a residential setting. These are families where the child may not stay with the parents, the family is assessed at the beginning of their residential and then there are ongoing assessments during their stay and have help looking at the issues which affect the parents.
The aspects of the services/ project(s) that are working well	Its child centred, and there is an honest and open relationship with parents. The work team is a strong team with a long service. They don't work with any partners at the moment, but they are looking to start.
What they would do differently if they were setting up the service now	They are currently going through a period of upgrading their staff and services, so they would have done that earlier if possible.
Perceived gaps in health and wellbeing service provision	They are one of a few organisations who aren't a preventative organisation, but work with parents who may have their child taken away from them. A lot of these parents are normally young and show that health and well being issues haven't been addressed in their earlier lives. These people have issues with how they were parented.
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	The main support they wanted was to be kept up to date with what's going on with child policy. Feels they need to have a strong voice for the Children VCS community in the next few years, especially in the recession. They also think there should be more mergers with other VCS organisations and that CE could act as an honest broker to get that to happen.

Organisation name	Home Start
Children England/ NCVYS member	CE member
Health theme	early years
Geographical remit	Local – Leeds, but affiliated with a national organisation
Background information (remit of organisation; established date; number of staff)	Home Start has been supporting families with Children under 5 for 23 years. Home Start has 7 full time and 9 part time staff sand more than 200 volunteers.
Main services/projects relating to children and young people's health and well being	Volunteers (who are parents, so have "been there") visit parents with a child under five in their homes. They identify the families' needs and give them 1to1 support.
The aspects of the services/ project(s) that are working well	The parent to parent support. They also work in an integrated way with all services in Leeds which provide support for children under 5
What they would do differently if they were setting up the service now	No
Perceived gaps in health and wellbeing service provision	There are huge gaps around mental health services for children and adolescents; no one service meets all of a child's needs.
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	Not at the moment, they find the support they are offered through their membership very useful. Home Start was unsure what the priority areas should be.

Organisation name		Howgill Family Centre – parenting plus
Children England/ NCVYS member	CE member	
Health theme	Early years	
Geographical remit	Sub-regional focus	
Background information (remit of organisation; established date; number of staff)	The organisation is a VCS local charity which delivers out of four children's centres. They have a focus on early year's education and family support. They work with pre birth - 16 years. It was established 32 years ago and has 35 full time, 20 part time staff and 40 volunteers	
Main services/projects relating to children and young people's health and well being	They run Parenting Plus workshops with new parents, it's an 18 month programme ran in their homes offering support around developmental and health issues. They also offer baby massage courses which focus on the emotional well being of babies and parents and offer nutritional advice and breast feeding support.	
The aspects of the services/ project(s) that are working well	The projects are very well taken up in the local community. They take the support to the parents, offering it in their houses, church halls, libraries or scout huts. Because they have been around for 32 years they are very trusted in the local community and they have a lot of access to parents. They work with partners such as Local authorities, local regeneration authorities, social landlords and other charities. Recently they've been working with Age Concern around grandparents helping with grandchildren.	
What they would do differently if they were setting up the service now	No, they have been successful in what they offer, making sure their services are in line with local needs and government policies.	
Perceived gaps in health and wellbeing service provision	There is a gap around emotional well being; they employ a play therapist and a bereavement worker and there is a long waiting list for those services.	
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	Thinks there is a good flow of information from CE. Thinks that there needs to be more of an understanding in the health economy of the necessity to share information; there aren't any national guidelines on how to share information around health and young people between health centres and other providers e.g. charities, and that would be useful.	

Organisation name	National Association of Toy and Leisure Libraries
Children England/ NCVYS member	CE member
Health theme	Early years health
Geographical remit	national
Background information (remit of organisation; established date; number of staff)	They have several toy and leisure libraries but also act as an umbrella organisation, providing support for other toy libraries. They cater for children between 0-5. It has been established for 42 years and has 36 staff (didn't know the split between full time and part time) and 6 volunteers.
Main services/projects relating to children and young people's health and well being	They provide spaces and resources for play. The toy libraries also act as a gateway to other services; they can signpost parents to PCTs and other services as they are more likely to come to a non statutory body. They also provide training for toy library staff, and are developing resources with DCSF around nutrition which will equip their librarians to offer advice.
The aspects of the services/ project(s) that are working well	They work with partners such as children's centres and PCTs. They are unique because they give young people the space to play
What they would do differently if they were setting up the service now	No, recently they've become more political taking issues such as obesity, lone parents and supporting fathers which they couldn't have done 40 years ago.
Perceived gaps in health and wellbeing service provision	Professionals don't understand the role and benefits of VCS organisations which is a big gap.
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	They already get lots of support from Children England; they would be interested in doing some joint work with CE around training for VCS staff. The main priority area is children and young people's right to play.

Organisation name	Norwood
Children England/ NCVYS member	CE member
Health theme	Early years health
Geographical remit	National
Background information (remit of organisation; established date; number of staff)	The organisation works with people of all ages with learning disabilities but also has a focus on children and families in need. It specialises in the Jewish community, but caters for other people as well. Norwood was established in 1795. There are 1200 staff, a mix of part time and full time and over 800 volunteers.
Main services/projects relating to children and young people's health and well being	They offer 2 distinct services: 1) services to children and families in need, they cater for these people from family centres which are based locally. These centres offer social work, group work, toddler and young people services. Some centres also have integrated nurseries and PCT linked health services. 2) They offer support for special education; they go into mainstream schools and provide additional teaching and therapy to try and keep people in mainstream schools. They also have 2 inclusion units and provide after school and extended school services. In both strands of support they include parents and careers.
The aspects of the services/ project(s) that are working well	Its user focused; the children and families are always at the centre of the plans that are made. The local centres also mean that services can be locally focused.
What they would do differently if they were setting up the service now	Yes, there would be different ways of going about things and newer opportunities to take.
Perceived gaps in health and wellbeing service provision	Would like a larger health component in all their centres, and a focus on the support for children moving into adulthood.
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	Keeping them informed and flagging up where there are areas they could, and should be involved with. There should be information and representation of organisations and for CE to support them getting into a dialogue with members on the areas those users is having difficulty with. CE should also be more aware of what other organisations deliver so they know what to focus on i.e. not everyone needs to know about education or regional work.

Organisation name	Family Friends in Windsor and Maidenhead
Children England/ NCVYS member	CE member
Health theme	early years health (but also includes mental health and emotional well-being)
Geographical remit	local - Windsor and Maidenhead
Background information (remit of organisation; established date; number of staff)	Support families with children U13, who live in Windsor and Maidenhead, who are going through a period of stress or difficulty. Family Friends was set up 15 years ago and has 5 full time and 1 part time staff and 40 volunteers.
Main services/projects relating to children and young people's health and well being	<p>The family support workers offer direct support to families, working with parents on a range of issues including managing behaviour. They run parenting courses which last 12 weeks, these happen on a 1to1 basis in homes. Volunteer workers provide practical and emotional support; they visit families for 2 hours a week for 6-12 weeks, they act as an extra pair of hands for parents who have just had twins, suffering post natal depression, substance misuse etc. They also work directly with children to support them with anger management, self esteem, bereavement, or parental divorce.</p> <p>This support can happen in schools or in the Family Friends offices. Recently they have begun offering 6 week courses for families where children have witnessed domestic abuse. They have a mothers group to talk about the impact of abuse on the child and a children's group.</p>
The aspects of the services/ project(s) that are working well	They are responsive and flexible for the families needs and will work around them. They work with other services in Windsor and Maidenhead to deliver the support work on domestic abuse. They also work closely with the Local Authority, schools, East Berkshire Woman's Aid, Youth Offending Teams and the Domestic Violence team to deliver all of their services.
What they would do differently if they were setting up the service now	They've only recently got a part time fundraiser who works one day a week; they would have liked to have that in place earlier because it makes a big difference.

<p>Perceived gaps in health and wellbeing service provision</p>	<p>In Windsor and Maidenhead they are the only organisation providing parenting support, they have a long waiting list so they feel there is a need for more similar services. There are also gaps for supporting parents with teenage children and supporting children who have witnessed domestic abuse.</p>
<p>Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on</p>	<p>They would like advice on where to get more funding from. There should be a focus on mental health and well being because all of the other strands tap into that one.</p>

Organisation name	Daisy Dream
Children England/ NCVYS member	No
Health theme	Mental health and emotional well-being
Geographical remit	Local – Berkshire and surrounding area
Background information (remit of organisation; established date; number of staff)	Daisy Dream supports bereaved children in Berkshire. They cater for toddlers to the age of 19. Daisy Dream has been running for 13 years and has 6 part time staff and 40 volunteers.
Main services/projects relating to children and young people's health and well being	They offer one to one support in a school and home setting as well as offering group activities at several points through out the year. It gives young people a chance to share stories with each other.
The aspects of the services/ project(s) that are working well	They are unique because they are very flexible to the needs locally and also to the needs of young people. They are in the process of arranging some partners to work with.
What they would do differently if they were setting up the service now	No, Daisy Dream was set up in response to local need, and they have evolved and changed over the years to keep offering what their clients want.
Perceived gaps in health and wellbeing service provision	They are aware that this support isn't available nationwide only in some regions, so they think that it is important for this to be offered nationally.
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	They pointed out it can sometimes be hard to access organisations like Children England, because there are a number of organisations that seem to do similar things nationally and regionally. However, they do think it would be useful for them to communicate national initiatives in accessible formats to smaller organisations. The priority should be trying to form meaningful relationships with other providers.

Organisation name	Diversity Hub
Children England/ NCVYS member	No but receives Children England newsletter
Health theme	Mental health and emotional well-being
Geographical remit	Local-Leicester
Background information (remit of organisation; established date; number of staff)	As part of the National Coalition Building Institute they were responsible for support community leadership across the country as well as developing their own work in Leicester. A couple of years ago Diversity Hub was formed to focus on the Leicester area. They work focuses on training people in leadership skills on a range of diversity issues for both adults and young people. As part of the National Collation Building Institute they have been established for over 20 years. Diversity Hub was set up in 2005. Diversity Hub has 6 full time staff. 3 of the staff are involved in the young people work.
Main services/projects relating to children and young people's health and well being	Their young people work focuses on anti-bullying training. When the organisation was set up 20 yrs ago they undertook young people consultation to identify what focus they wanted the training to take. The overwhelming result was they were concerned with bullying as this encompassed may of the young people's issues e.g. racism, homophobia. Bullying continues to be a big issue esp. as it is currently a national and local agenda. One consultation 5/6 yrs ago focused on reducing the prejudice and discrimination that young people face. She realised practitioners working with young people don't tend to reflect on their practice. The young people consulted and her team did not know how to overcome this and ensure young people are at heart of their work. This led to a piece of work called "Adultism" or "young people oppression" with local creative partnership. This project worked with young people to up skill them and give them confidence in leading their peers and adults. After the 1st year she realised it was the adults who needed training so developed a training programme for them.
The aspects of the services/ project(s) that are working well	She believed their success rate with young people was high because their focus on bullying can attract a range of young people as most have some knowledge or interest in overcoming bullying. Then they can undertake developmental work with young people who focus on their individual needs to build confidence and self esteem as well as leadership skills. She felt that if they mentioned developing leadership skills immediately young people would be scared off but because they build young people's confidence and skills, constantly re-evaluating their progress,

	<p>they gradually develop leadership skills. The training programme for young people practitioners was piloted in a training event for which was piloted in Birmingham as their creative partnership had hear about the training project. They also published a training programme.</p>
<p>What they would do differently if they were setting up the service now</p>	<p>No information</p>
<p>Perceived gaps in health and wellbeing service provision</p>	<p>The main gap is a lack of continuity of services for young people as services tend to focus on a particular issue that a young person rather than being interested in the young person. For instance if a young person is referred to a practitioner because she is pregnant the practitioner will work with the young person to deal with the pregnancy issue but is not concerned with the other issues the young person may have.</p>
<p>Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on</p>	<p>She has just started receiving CE's newsletter but did not know a lot about the organisation's remit. She felt what they needed was funding as they are constantly aware that they could easily become bankruptcy. She believed the organisation could not provide this sort of support. She felt she could not comment on what the priority areas should be for Children England as she does not know enough about what other organisations are doing and what the sector CE can offer.</p>

Organisation name	Talbot House
Children England/ NCVYS member	CE member
Health theme	Mental health and emotional well-being
Geographical remit	Regional-North East
Background information (remit of organisation; established date; number of staff)	Talbot House School is a non maintained special school for 11-16 year olds with behavioural problems. It was established in 1974. There are 8 full time and 17 part time members of staff. They do not have any volunteers.
Main services/projects relating to children and young people's health and well being	They work in education but focus on running social and leisure programmes for the young people as well as running behaviour and guidance programmes for young people and their parents.
The aspects of the services/ project(s) that are working well	The projects give them an opportunity to provide outreach support to young people and to create better teacher/ student and student/student relationships. The behaviour programme has been so successful that they run it the school and communities that the pupils are originally from, as well as for foster agencies. They are one of a few organisations who cover all aspects of education and health for young people with behavioural problems.
What they would do differently if they were setting up the service now	They would want more of a commitment from local authorities who don't always understand the value of the work that the VCS can do.
Perceived gaps in health and wellbeing service provision	There are gaps with regards to fundraising, because the pupils are older children and have behavioural problems they don't get sympathy votes.
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	They would like some direction and guidance where they might be able to get some funding from. Thinks that CE could lobby the government about getting Local Authorities to understand and value the work that the VCS do.

Organisation name	Youth Access
Children England/ NCVYS member	NCVYS member
Health theme	Mental health and emotional well-being
Geographical remit	National
Background information (remit of organisation; established date; number of staff)	Youth Access is a national membership organisation for young people's information, advice and counselling services (YIACS) across England established in 1975. Youth Access is a 2nd tier infrastructure organisation which provides consultancy, support, national training and national quality standard for its members. The organisations they support provide street based service to young people aged 13 to 25. YA are also has a national strategic partnership with NYA. 10 staff in Youth Access who support approximately 270 members.
Main services/projects relating to children and young people's health and well being	Two recent Youth Access projects are: 'Making Tracks' for DH which is a 3 yr evaluation re whether a combined offer for counselling and rights based advice and physical care in partnership with GPs in 3 pilot areas: Newcastle, Manchester and Norwich. The other project is for DH in response to the fact that the evidence is not recognised by NIACE as they don't use randomised control trials so this projects aims to address that.
The aspects of the services/ project(s) that are working well	A benefit of YIACS service is they are tailored to the young person and are community based and accessible. There are YIACS that also provide support for related issues such as sexual health, housing and guidance.
What they would do differently if they were setting up the service now	The issue with the RCT project is the cost and Youth Access have only been able to raise £500k of the £1.5m they need
Perceived gaps in health and wellbeing service provision	The biggest gap is the underfunding of counselling services in YIACS as research has found that young people don't access statutory provision due the stigma attached. Also there is lack of services which offers holistic approach which includes related issues such as housing, guidance and sexual health. As part of the comprehensive CAMHS agenda DH recommended that YIACS setting would be part of the offer but this has not happened and she thinks it needs to be made compulsory.

Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	1 to 3 are relevant to all 3rd sector mental health services. 1. NCVYS to recommend their recommendation in listen up report to fund YIACS service sufficiently. 2. Need to fund an outcome tool to measure the efficiency of youth counselling for 16yr olds upwards. 3. 3rd sectors services are not currently included in a national mapping exercise for DCSF/DH and this info is used for commissioning so this needs to be addressed. 4. Youth access members - need further funding for the RCT project.
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Organisation name	
ACT - the association of children's palliative care	
Children England/ NCVYS member	CE member
Health theme	Long term health conditions
Geographical remit	National
Background information (remit of organisation; established date; number of staff)	ACT is the only UK wide organisations that cater for the whole range of children's palliative care needs. ACT is primarily focused on the needs of children and young people with the long term condition. Established 25 years ago when the awareness of palliative care needs was starting to develop in the UK. 8 paid staff - 4 FT, 3 PT. Until recently Act had a number of Trustees but they tend to have clinical focus not fundraising. The structure was changed 6 months ago and the trustees have become a council of advisers. They have couple of volunteers who do marketing work when this is needed.
Main services/projects relating to children and young people's health and well being	ACT's key focus is campaigning and lobbying across UK. They develop resources for families and professionals and also have a helpline for families. They have recently developed "family companion" which supports families from diagnosis to bereavement. They produce newsletters and summaries of relevant policies and resources. ACT's young people involvement has included working with ACOSH a film company to produce a DVD focusing on key issues for young people as they approach the end of their life. They also used a communication consultant that is used to working via non verbal communication. Recently young people who found out about Act via DVD have been contributing to ACT's newsletters. There is one young person who is writing an article about how he put together his own care package rather than his parent putting together the package.
The aspects of the services/ project(s) that are working well	In England Dept of Health provides funding which allows ACT to support palliative care local networks. KM and another ACT staff works closely with the networks and find out about good practice which can be shared with other local networks. The practice that KM felt can be transferred and be used in other local networks are: In NW a small area of Merseyside developed a Minimum Data Set (MDS) which helps health, education and social care agencies to provide the right services and support for children and young people which is now being used in the rest of Merseyside and Cheshire. A few areas of the country have using a template for end of life plans.

<p>What they would do differently if they were setting up the service now</p>	<p>Until recently ACT have responded to the needs of practitioners in the field when practitioners report needs. Now they are taking a more strategic approach and are assessing if the needs that are reported to them have been addressed by other practitioners before they decide to address the issue. This change in approach is linked to the change in ACT's structure in the last 6 months.</p>
<p>Perceived gaps in health and wellbeing service provision</p>	<p>Gaps specific to palliative care: There is a lack of 24 hour palliative care for children who are near the need of their lives. Currently this care is provided out of good will of the community service. There needs to be more availability of specialist symptomatic advice for health professionals.</p>
<p>Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on</p>	<p>She was not fully aware of the support CE could give them so she felt the starting point would be that CE informs them what they can do for them. She would like to see a focus on the national framework standards which were meant to be achieved in 2004. She would like to see PCTs and SHA's meeting their targets in order to improve the care and lives of children with palliative care needs.</p>

Organisation name	Huddleston Centre
Children England/ NCVYS member	CE member
Health theme	National
Geographical remit	Local – Hackney
Background information (remit of organisation; established date; number of staff)	The Huddleston Centre is a centre for disabled young people for the ages of 9-25 set up 30 years ago. They focus on giving young people independence and creating opportunities for them that they might not have had access to. The centre has 2 full time and 18 part time staff and they are currently recruiting for volunteers.
Main services/projects relating to children and young people's health and well being	They deliver different health strands to disabled children such as sexual health awareness, personal hygiene and healthy eating and exercise. They also offer trips and activities that young people might not have had access to, for example joining mainstream youth projects or going on a sailing trip to France.
The aspects of the services/ project(s) that are working well	Young people develop their confidence and independence; it's a unique project they are the only project in Hackney to offer these services. They also offer a pick up and drop off service so all young people have the opportunity to attend.
What they would do differently if they were setting up the service now	They would make the support last for people over the age of 25 years; currently there isn't any support for people over that age.
Perceived gaps in health and wellbeing service provision	There should be more to do around educating parents around healthy eating.
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	They would like to be made aware of funding opportunities. There needs to be a focus on disability awareness; buildings now legally have to be accessible by disabled people but if the people in those buildings don't know how to cater for young people with disabilities it isn't worth them having access to the building.

Organisation name	Parents for Inclusion
Children England/ NCVYS member	No
Health theme	Long term health conditions
Geographical remit	National
Background information (remit of organisation; established date; number of staff)	Parents for Inclusion have been supporting parents of disabled children for 25 years. They work mainly with parents giving them the skills, support, information and guidance that they need to be able to be a good parent. They also offer training programmes for professionals. They work with parents of children up to 18. They have 12 part time staff and 20 volunteers.
Main services/projects relating to children and young people's health and well being	They work with families and people running nurseries and schools to work out what the barriers are for young people to stop them being fully involved. They don't have specific programmes for BME children but they have staffs that are bilingual and from BME backgrounds which enable more people to get involved because there is a cultural understanding.
The aspects of the services/ project(s) that are working well	They understand families with disabled children and they have an effective training an intervention model. They work directly with disabled people, and their experiences and thoughts shape the direction and the focus of the organisation.
What they would do differently if they were setting up the service now	The national network would be stronger
Perceived gaps in health and wellbeing service provision	The main gap they are trying to address is from the moment of diagnosis when the child is born; they need to improve the understanding of all medical staff and professions to help families welcome the child as a baby, not as a disabled baby. It's a huge perception shift but it would have massive benefits to the health and well being of the child.
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	They would like secure, core funding and help with developing services and programmes. They would like CE/ NCVYS to promote the work they are doing and help them develop a training programme for the medical profession. The priority should be making all areas of a young person's life inclusive, so a disabled child doesn't face any social problems or barriers.

Organisation name	
Staying Positive project, Expert Patient Panel CIC	
Children England/ NCVYS member	No but receives Children England newsletter
Health theme	Long term health conditions
Geographical remit	National
Background information (remit of organisation; established date; number of staff)	Expert Patient Panel is a not for profit social enterprise and has been a Community Interest Company since April 2007. EPP provides self-management courses for people living with any long-term health conditions(s), through the NHS and other organisations interested in running self-management courses. It mainly provides services for adults but has begun to provide a service to young people. EPP has been established for a number of years and has been in existence in the form of Chronic Disease Self-Management Programme for over 20 years. The Staying positive project pilot was set up in 2006. EPP employs roughly 130 staff as well as several 100 volunteers. The Staying positive project is part of EPP but is now a distinct project employing 11 staff (3 part times, 8 full time).
Main services/projects relating to children and young people's health and well being	There was not a distinct service for young people and although PCTs gave money for young people to take part in the adult programme this did not work very well. EPP researched the types of issues that young people would want to discuss and ran a pilot project in the West Midlands. The project provides a series of peer led workshops to 14 to 25 year olds who have long term health conditions and is facilitated by young people who have been trained by EPP during a 4 day accredited residential course and receive a manual as well as receiving ongoing support. Young people mainly find out about the project via health clinics and specialist nurses but they also contact schools and youth service and they are now conducting market research in concerning how to access young people directly.
The aspects of the services/ project(s) that are working well	From the young people's feedback it is the fact that the workshops are facilitated by young people. As they have long term conditions they are constantly told by their parents, schools and health professionals what to do which can be difficult to accept combined with the fact that they felt "wrapped in cotton wool". The workshops do not have any adult input and give them a chance to empower themselves.

<p>What they would do differently if they were setting up the service now</p>	<p>There is now a Government commitment for self management to be available to young people. However their biggest challenge is the fact that they are a national organisation but they have to negotiate funding and support on a local basis with individual PCTs and hospitals which is a time consuming process which means their national rollout is going slowly and there is a bit of a postcode lottery. Another challenge is engaging schools and youth services and other organisations working with young people</p>
<p>Perceived gaps in health and wellbeing service provision</p>	<p>1. She felt there were some great services available for children and young people however services available vary across areas. In particular children and young people who live in rural areas have access to limited services. 2. It is difficult to measure the impact of preventative services like the staying positive project which can make it difficult to get funding. 3. There is a lack of adolescent specific inpatient facilities. Young people are either in a children's adult ward and neither of which cater for their needs.</p>
<p>Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on</p>	<p>She felt that CE/NCVYS are communicating what their projects do. She finds the e bulletins very useful. She is keen to work with VCS organisations. She felt that there are a lot of policy documents concerning young people and safeguarding and the policy seems to be changing at too great a pace. This means it is difficult for commissions to identify what the priority areas are. A big challenge is to work together with other organisations and services which despite pooled budgets she does not think is currently happening.</p>

Organisation name	
Naz Project London	
Children England/ NCVYS member	No
Health theme	National
Geographical remit	Regional – London (but deliver training nationally)
Background information (remit of organisation; established date; number of staff)	NPL delivers sexual health advice in relation to STIs, HIV, sex and sexuality and MSM (men having sex with men) for BME people in London. NPL has been established for 18 years. It has 11 full time and 5 part time staff and over 25 volunteers.
Main services/projects relating to children and young people's health and well being	They deliver a peer education programme in schools, focusing on sexual health, HIV and AIDs and teenage pregnancies. They also offer advice on MSM, tackling homophobia and education young people about homosexuality; there is an element of this being runs through the peer education programmes, but young people can contact NPL directly for more information. NPL also attends parent's evenings at schools to educate parents, and hosts sessions for parents on their premises.
The aspects of the services/ project(s) that are working well	They focus on educating the BME community and raising the profile of safe sex. In Lambeth, Southwark and Lewisham they work with 7 other services to raise awareness about MSM and HIV.
What they would do differently if they were setting up the service now	They would like to work with more partners including NHS, education and other stake holders to provide more comprehensive support for young people.
Perceived gaps in health and wellbeing service provision	There are unmet needs around mental health, MSM and testing and treatment of HIV and AIDs
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	They would find it useful to tap into training services and reach other organisations for partnership work. A priority should be training the VCS workforce to be able to deliver high quality support. Feels that the priorities of CE/ NCVYS needs to be led by the young people in response to what they want and need.

Organisation name		Youth Aid, Lewisham
Children England/ NCVYS member	NCVYS member	
Health theme	Sexual Health	
Geographical remit	Local – Lewisham	
Background information (remit of organisation; established date; number of staff)	Youth Aid was set up 36 years ago to offer support for young people aged 13-25. Youth AID Lewisham is a small agency which provides holistic advice and support to young people; they either help young people directly or signpost them to other services. Currently they are running a peer mentoring programme for the borough for teen pregnancy and sexual health. It has 3 part time and 1 full time staff and 3 volunteers	
Main services/projects relating to children and young people's health and well being	They are a holistic project offering counselling and support for young people, they also signpost young people to other organisations. They also run a young leaders programme which includes sexual health peer training. Youth Aid also offers a listening ear to parents and can signpost them to other organisations if required. They are also currently running programmes equipping young people with the resilience they need for things that they are facing in their day to day lives. The majority of young people who access their services are BME, but they don't offer any services aimed just at BME young people.	
The aspects of the services/ project(s) that are working well	The community are very comfortable with Youth Aid because they're an established organisation. They have activities agreements; connexions offer IAG, Streetwise offer legal support and Youth Aid provides training and support for young leaders; providing young people with soft skills and interpersonal skills to become leaders and access volunteering opportunities regionally, nationally and globally.	
What they would do differently if they were setting up the service now	They would look to have more sustainable funding and to have better links with HE around learning opportunities they can offer.	

<p>Perceived gaps in health and wellbeing service provision</p>	<p>There are gaps with regards to emotional well being / therapeutic support</p>
<p>Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on</p>	<p>They would like support in sustainability, providing accreditation packages, short courses and residential opportunities for young people, where they can address a range of issues-social and developmental needs. There needs to be more support for accessing funding. NCVYS also needs to outreach to small grass root organisations in ways that would provide real support. They need to be more proactive/ creative in the support they offer their members i.e. offer from a menu put forward by both parties.</p>

Organisation name	
Organisation name	YWCA
Children England/ NCVYS member	NCVYS member
Health theme	Sexual health (but also involved in health eating, emotional wellbeing)
Geographical remit	National
Background information (remit of organisation; established date; number of staff)	YWCA works across England and Wales but focuses on areas of high deprivation. They have 14 centres as well as outreach and satellite offices and working in schools. They run about 140 programmes which is a mix of short and indefinite programmes. They work across 3 main themes: crime and violence, health and wellbeing and education, employment and training. Their main age group is women aged 18 to 30 but they do work with young women such as school aged children and young mums. They have specific projects for BME young women. YWCA has been set up for approximately 150 years and has roughly 320 paid staff and about 20 volunteers.
Main services/projects relating to children and young people's health and well being	YWCA delivers a lot of different services across health and wellbeing but the survey focuses on sexual health projects. The young women told YWCA that the sex education they were given at school focused on biology and did not cover the emotional side. Each centre has some form of drop in sexual health clinic or advice programme. Some examples are Dagenham centre has a responsible sexual health programme and a drop in clinic that provides condoms, Chlamydia testing and pregnancy advice. Bristol supports young mums and young mums go into school to give sex education talks. Doncaster there is a BME project and one of the things the group (mainly young Asian women) wanted was sexual health sessions. Young women are also campaigning to make abortion advice available on the NHS for all parts of the country. Recently YWCA has started sexual health work with young men as young women wanted their partners to have the same info that they were being given.
The aspects of the services/ project(s) that are working well	Feedback from the young women has been they like the fact that the programmes are in a women only space. They also like the fact that the sexual health sessions are delivered in the centres as it is not obvious that they are going for advice about sex as the centres have a youth club atmosphere. YWCA have also produced a "risky relationships" DVD that some young women have said should be the way sex education is taught in schools as the DVD covers the impact of sex on emotional and mental health. In addition to the

	<p>sexual health work covered in the survey YWCA also does work concerning healthy eating. YWCA offers cooking and healthy eating courses for young women on a budget. YWCA Doncaster has a café where women can learn to cook healthily but also buy affordable healthy food.</p>
<p>What they would do differently if they were setting up the service now</p>	<p>Sexual health work tends to be hugely underfunded and most of the young women they work with have no knowledge of where their local sexual health clinics are. If she started again she would like to be able to put more money into marketing and publicity. She would not change the actual work as the young women are involved in developing the work so it meets their needs and this model is working well.</p>
<p>Perceived gaps in health and wellbeing service provision</p>	<p>These are gaps in health promotion for young people in general. YWCA would like to do more in schools with younger aged children across sexual health as well as diet and exercise work. They also recognise that young women tend to stop regular exercise earlier than young men and many, especially BME groups, want women only spaces which do not tend to be provided. Young mums tend to be at high risk of poverty which means they struggle to eat healthy and more work needs to be done with this group.</p>
<p>Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on</p>	<p>Every few years YWCA chooses policy areas to focus on in terms of their campaigning and they would like more support from NCVYS concerning these areas. Currently YWCA is focusing on domestic violence and alcohol and they will be holding a conference in September focusing on young women and alcohol. The priority areas for the young women YWCA supports are domestic violence, alcohol, lack of opportunities and recognition that young women have specific needs.</p>

Organisation name	
National Youth Agency – youth Work for Health	
Children England/ NCVYS member	No
Health theme	Sexual health (but also involved in mental health, substance use and healthy lifestyle)
Geographical remit	National
Background information (remit of organisation; established date; number of staff)	The organisation focuses on non formal education with young people aged 13-19. They work in England and cover four health areas: mental health, substance use, healthy lifestyle and healthy relationships and sex. The National Youth Agency was established 25 years ago but it hasn't always had a health focus. It has 50 full time and 30 part time staff and no volunteers.
Main services/projects relating to children and young people's health and well being	Provide training in the four health areas as well as sub-sections in the areas. They do a lot of resource development and partnered with Brook on "sexplanations: healthy relationships and sex", a booklet for young people. They offer information, advice and guidance as well as policy guidance. They sit on several national bodies including the sex education forum.
The aspects of the services/ project(s) that are working well	They have the right staff with the right experience, knowledge and skills. It means they are able to produce good quality resources in-house so they are free or very cheap. They do a lot of work with partner organisations and have also managed large projects such as the Young People's Development Programme for DCSF.
What they would do differently if they were setting up the service now	Would ensure that health was a key area of the NYA. Richard would also be very clear about what evaluations can actually achieve, and build more realistic targets on the back of them.
Perceived gaps in health and wellbeing service provision	Thinks that more could be done around mental health and also for smoking for under 18s - most of the resources out there are aimed at adults, not 15 yr olds. There should also be more around healthy lifestyle, particularly diet and obesity.

Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	They need advice on where to get funding in the next 2-5 years; up until this point they have been very successful with funding but fear that it may change with the recession. They would like help in drawing together a group of people who work in the non-formal education sector who all have an interest in young people's health, that way they can prevent duplication and share good practice with each other. The priority should be upgrading the importance of young people's health.
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Organisation name	Action on Addiction
Children England/ NCVYS member	CE member
Health theme	Substance misuse
Geographical remit	National
Background information (remit of organisation; established date; number of staff)	Action on Addiction is a national charity which helps people with substance misuse problems. Emma works for the Families Plus unit which works with family members, including children, to help. It has 2 full time and 3 part time staff, some sessional workers and volunteers.
Main services/projects relating to children and young people's health and well being	Families Plus work with young people. Specifically Mpact is aimed for children affected by parents and careers using drugs. The services were developed in response to Every Child Matters and the knowledge that children were being affected by these things and had nowhere to go to.
The aspects of the services/ project(s) that are working well	Mpact works well because it provides holistic support - working with young people and their parents/ careers
What they would do differently if they were setting up the service now	No, she thinks she would keep it the same
Perceived gaps in health and wellbeing service provision	There is a general gap for those 16-18 when they move between children and adult services; it's a black hole for them.
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	They are currently trying to make families + available across the UK, it only supports people in Wiltshire at the moment; so they would like some support from CE to do that. CE needs to support organisations which are already out there, but at the same time they need to be careful that the market isn't getting oversaturated and organisations don't start to work against each other not with each other.

Organisation name	
Anti tobacco youth campaign (ATYC), Roy Castle Lung Cancer Foundation	
Children England/ NCVYS member	No
Health theme	Substance misuse
Geographical remit	Foundation is national. ATYC is local - Liverpool, Salford, Cumbria, Rochdale and Widnes
Background information (remit of organisation; established date; number of staff)	The charity was set up in Liverpool as the Lung Cancer Fund to raise awareness of the problem of lung cancer, to promote an intensive research programme into the causes, prevention and management of the disease, to provide support for patients and their families during the course of their illness and to help people not to smoke, especially children. The name was changed to Roy Castle lung cancer foundation in recognition of Roy Castle's contribution to the foundation. ATYC is part funded by the foundation and Big lottery fund. The foundation was founded in 1990. ATYC project began 3 years ago. The foundation staffs include 9 SMT members. ATYC has 2 PT staff.
Main services/projects relating to children and young people's health and well being	The campaign was set up after the publication of the Liverpool Longitudinal Study on Smoking conducted by Liverpool John Moores Uni. This was a 10 year study into the experiences of children and smoking between the age of 4 and 16. The campaign involves youth led action groups which aim to give young people a voice, an opportunity to express their opinions and ideas and make a positive contribution to the development and management of local and national projects on youth smoking prevention and cessation. It aims to enthuse young people and get them active about issues of concern to them or directly affecting them, such as exploitative advertising tactics by the Tobacco Industry, tobacco smuggling and smoking in public places.
The aspects of the services/ project(s) that are working well	She felt what works about the project is the fact that the campaign is not only targeting young people but is also led by young people. Anyone can set up a group and the young people decide the form the group will take.

What they would do differently if they were setting up the service now	No information
Perceived gaps in health and wellbeing service provision	No information
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	No information

Organisation name	Hope UK
Children England/ NCVYS member	NCVYS member
Health theme	Substance misuse
Geographical remit	National
Background information (remit of organisation; established date; number of staff)	Hope UK's focus is drug prevention work for children and young people. Hope UK was established in 1859 and was initially called Band of Hope. There is currently 14 staff which will be reduced to 8 at the end of June due to a restructure. The staffs are a mix of full time and part time staff. They also have 204 volunteers across the country.
Main services/projects relating to children and young people's health and well being	Their focus is on training suitable volunteers, which can include accredited training, to undertake drug and alcohol work in places where young people are e.g. youth clubs and schools. They also train people who work with young people such as youth workers.
The aspects of the services/ project(s) that are working well	The volunteers they employ tend to have community contacts which help them to deliver their work locally. The work requires a high level of commitment from the volunteers but they do receive a lot of support and their work is quality checked. The fact that they employ a lot of volunteers enables them to have a small staff team which reduces costs.
What they would do differently if they were setting up the service now	The main barrier they face is that people do not always realise the value of drug prevention work which is compounded by the fact that drug misuse is misrepresented in the media and it is not easy to prove the impact of preventative work.
Perceived gaps in health and wellbeing service provision	She could not think of any gaps in the service as lots of people are working towards tackling drugs including schools and the Government.
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	As a member of NCVYS Hope UK benefits from networking with other VCS organisations and she could not think of any other support they could be given. (She asked a colleague the question and she could not think of anything either). She felt that the coordination work NCVYS already undertakes should be their focus as they ensure members know each other and network.

Organisation name	Manchester Stop smoking Service
Children England/ NCVYS member	No
Health theme	Substance misuse
Geographical remit	Local – Manchester
Background information (remit of organisation; established date; number of staff)	The stop smoking service is provided for the whole of the Manchester population but tends to focus on the adult population in the most deprived areas. There are two posts for work with young people but these posts are currently empty. The service was set up in 1999 and has 16 to 17 members of staff which are a mix of full time and part time staff.
Main services/projects relating to children and young people's health and well being	The service for young people tends to be reactive and involve talks in schools, youth service and children's homes. If there is interest from these session they will do some work focussed on cessation. They also provide training for practitioners that work with young people such as school nurses.
The aspects of the services/ project(s) that are working well	With reference to the direct delivery work the fact they have been flexible such as going to youth services in the evening as worked well.
What they would do differently if they were setting up the service now	School nurses tend to lack the time to focus on these issues as they have other priorities that are high up the agenda. She felt that cessation work is not that effective with young people as it is very rare that young people quit smoking for even a 4 week period which is when the service rings to check how things are going. She felt the emphasis with young people should be on educating on the affects of smoking and where the help to stop smoking is for when they are older.
Perceived gaps in health and wellbeing service provision	No information
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	It would help to have materials to support work in highlighting the impact of smoking on the environment and the exploitation involved in making cigarettes. She would welcome campaigns that were less focused on overtly trying to get young people to quit smoking and an increased focus on the tactics the tobacco industry uses to encourage young people to take up smoking.

Organisation name	Re Solv
Children England/ NCVYS member	No
Health theme	Substance misuse
Geographical remit	National
Background information (remit of organisation; established date; number of staff)	Re Solv is a national organisation which focuses on educating young people about volatile substance misuse. They have recently started working with parents and teachers of young people, education them about substance misuse. It was established 25 years ago. Re Solv have 11 full time and part time staff and 2 volunteers.
Main services/projects relating to children and young people's health and well being	The main focus of Resolv is educating young people and their teachers about the dangers of volatile substance abuse. They run sessions for young people in and out of schools and recently they have started offering training for the workforces who work with young people to give them the skills and knowledge to engage with VSA. They also produce resource packs for parents and carers. The service was originally set up by Bostick, glue manufacturers, who realised their social responsibility.
The aspects of the services/ project(s) that are working well	People have a very low knowledge of VSA and this is the only project which educates people on a national level. In those respects this is a unique organisation, as well as the fact that it works with children from as young as seven. They also work with partner organisations such as drug action teams. They are on the advisory board for the Welsh Assembly and Scottish Government and they work alongside DCSF.
What they would do differently if they were setting up the service now	They might have concentrated on educating the children and young people's workforce earlier.
Perceived gaps in health and wellbeing service provision	VSA doesn't comfortably fit into the substance misuse theme group because they have a different approach because they work with younger children, it isn't illegal for them to buy things and 40% of users die on their first attempt unlike a lot of other substance misuse.

Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	They main support they need is help finding funding organisations and also help with getting their resources out in wider circulation so more adults can be educated on the dangers of VSA. Thinks that everything that fits into the Every Child Matters should be focused on.
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Organisation name		Nilaari Agency
Children England/ NCVYS member	No	
Health theme	Substance misuse, BME	
Geographical remit	Local – Bristol	
Background information (remit of organisation; established date; number of staff)	They help and support people with substance misuse problems in the Bristol area. They have a service for 11-19 year olds BME people with substance misuse problems. Nilaari Agency was set up in the mid 1990s and currently has 12 staff which is a mix of full time and part time staff and 1 volunteer.	
Main services/projects relating to children and young people's health and well being	They have one project for young people which is "young people and parents BME project", they help and support young people with drugs and alcohol related issues and make them aware of the effects of using. They also run awareness sessions for parents.	
The aspects of the services/ project(s) that are working well	Young people access these projects through youth clubs, community centres; they are an outreach project (the only one in Bristol) and will go to where the young people and parents are based. They don't do any work with partners.	
What they would do differently if they were setting up the service now	They would have made sure they could go into schools; they are only just in the process of arranging access to a school.	
Perceived gaps in health and wellbeing service provision	There are gaps in provision for young people who don't attend schools. There is also a gap of services offered to BME communities and what is actually taken up.	
Support would like from Children England/NCVYS and the priority areas for Children England/NCVYS to focus on	They would like help in setting up partnership work with statutory agencies like YOTs and other drug and alcohol services for young people. They need help in facilitating links with other organisations who work with BME young people. Thinks there needs to be a focus on education, training and employment.	

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