

## Speaking Out Briefing No.22

### Health and well-being: an overview

**Health and well-being is an essential part of ensuring children and young people can enjoy life and reach their potential. This briefing summarises findings of a scoping study into health and well-being issues relating to children and young people that was commissioned by Children England and carried out by ECOTEC Research and Consulting Ltd.**

**This briefing is part of the Speaking Out series.**

#### Speaking Out

Speaking Out is a partnership between the National Council for Voluntary Youth Services (NCVYS) and Children England, which seeks to build a voice for the children and young people's voluntary and community sector across government.

The project aims to develop closer links between a range of government departments - including the Home Office, Ministry of Justice, Department of Health, Communities and Local Government, Cabinet Office and HM Treasury - and the voluntary and community sector in delivering cross-departmental policies, such as Every Child Matters and *The Children's Plan*, and the direct implementation of initiatives that affect children and young people.

Speaking Out aims to support voluntary and community organisations that work with young people to better understand the impact of government policies on their service users and provide routes to influence policymaking.

The project is funded by the Office of the Third Sector in the Cabinet Office.

#### Who are these briefings for?

This series of briefings intends to provide members of both NCVYS and Children England and other interested parties with background and analysis on specific policy items affecting the sector.

## Other activities

In addition to these briefings the Speaking Out project is developing work streams around policy themes which include:

- organising a series of seminars and events;
- establishing communities of interest amongst members and other organisations on specific policy themes;
- making representations to government; and
- linking with wider NCVYS and Children England campaigns.

To discuss this briefing or any other aspect of the Speaking Out project please contact Sophie Griffiths, Policy and Information Officer at Children England on 020 7833 3319 or email [sophie@childrenengland.org.uk](mailto:sophie@childrenengland.org.uk) or Hannah Dobbin, NCVYS's Policy Officer on 020 7278 1041 or email [hannah@ncvys.org.uk](mailto:hannah@ncvys.org.uk)

## 1. Introduction

The health and well-being of children and young people has been identified, by members of NCVYS and Children England, as one of the policy priority areas for the Speaking Out project for 2009-10 and beyond.

Health and well-being is an important area which is increasingly forming part of the Government's agenda. The growing importance that the Government is placing on health and well-being is reflected for example in the *The Children's Plan*, in which the very first chapter focuses on securing the well-being and health of children and young people. There is also now a strategy for children and young people's health, *Healthy Lives, Brighter Futures*<sup>1</sup>, published in February 2009, which sets out the Government's objectives and commitments.

This briefing paper is primarily intended for voluntary and community organisations that are involved, or wish to become involved, in providing health and well-being support to children and young people. It focuses on five main areas related to health and well-being: diet, exercise and obesity; mental health and emotional well-being; support for families that have a child who is disabled or with a long-term condition; substance misuse; sexual health; and early years health.

This briefing summarises key findings of a scoping study commissioned by the Speaking Out project and carried out by ECOTEC Research and Consulting Ltd. We are grateful to ECOTEC for their work on the scoping study and for their permission to share their findings in this way. Copies of the full report are available to download at [www.childrenengland.org.uk](http://www.childrenengland.org.uk) and [www.ncvys.org.uk](http://www.ncvys.org.uk)

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<sup>1</sup> Department of Health and DCSF (2009) *Healthy Lives, Brighter Futures: Strategy for children and young people's health*. Available via:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_094400](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094400)

## 2. Policy context

### 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 objective to achieve world class health outcomes for children and young people.

In April 2009, the Government published the progress report on the *Healthy Weight, Healthy Lives Strategy*<sup>2</sup> which renewed its commitment to ensure that children and their families are better informed of the content of the food they eat. 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* plan<sup>3</sup> focused on delivering physical activity leading up to the London 2012 Olympic Games with a view to sustaining activity.

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 report 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 included investing in a cycling initiative, reviewing the success of subsidised gym pilots, auditing the walking scheme provision for school age children, evaluating the Healthy Towns programme and establishing an expert working group to help combat children's lack of exercise.

In order to achieve the plans set out in *Healthy Weight, Healthy Lives*, the Government placed an emphasis on the role of local authorities (LAs) 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 LAs to produce child obesity prevalence plans and will invest £1 million over three years to develop an Obesity Improvement Programme to support LAs.

In the same month the progress report was published, the initial findings of the Change4Life campaign's *How are the Kids Survey*<sup>4</sup> 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.

The UK Youth Parliament's research to inform the Health Protection Agency's *A Children's Environment and Health Strategy*<sup>5</sup> found that young people are also concerned about obesity. The Strategy itself recommended the need for a system to

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<sup>2</sup> Cross-Government Obesity Unit (2009) *Healthy Weight, Healthy Lives: One year on*. Available via: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH\\_097523](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_097523)

<sup>3</sup> Department of Health et al (2009) *Be Active, Be Healthy: A plan for getting the nation moving*. Available via:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_094358](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094358)

<sup>4</sup> Department of Health (2009) Change4Life survey

<sup>5</sup> Health Protection Agency (2009) *A Children's Environment and Health Strategy for the UK*. Available via: <http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1204707136075>

monitor the success of strategies to combat overweight and obesity.

### **Mental health and well-being**

Improving children's mental health is a key part of the Government's objective to achieve world class health outcomes.

The focus of the independent *Child and Adolescent Mental Health Services (CAMHS) Review*<sup>6</sup> 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, the introduction of Behaviour and Attendance programmes in schools, a Healthy Care programme for children in care and 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 county. 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<sup>7</sup> which recommended parenting classes as well as more psychological support.

The CAMHS review outlined four main recommendations:

- establish a National Advisory Council to maintain mental health and well-being as a national priority;
- strengthen Government's national support programme to include a national multi-agency support team;
- support the children's workforce to meet challenges by ensuring the workforce receives training; and
- ensure the highest quality of practice by having a strategic approach to monitoring, evaluation and inspection of services.

The Children's Society's *Good Childhood Inquiry* 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 consistently across the country.

In addition to general mental and emotional well-being needs, there is also some recognition of needs specific to certain groups. The Children, Schools and Families

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<sup>6</sup> National CAMHS Review supported by Department of Health and DCSF (2008) *Children and Young People in Mind: The final report of the National CAMHS Review*. Available via:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_09039](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_09039)

<sup>9</sup>

<sup>7</sup> Children's Society (2009) *A Good Childhood : A national inquiry* . Available via:

[http://www.childreassoc.org.uk/all\\_about\\_us/how\\_we\\_do\\_it/the\\_good\\_childhood\\_inquiry/1818.html](http://www.childreassoc.org.uk/all_about_us/how_we_do_it/the_good_childhood_inquiry/1818.html)

Select Committee's report on looked-after children<sup>8</sup> 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.

There is also evidence that children from Black and Minority Ethnic (BME) backgrounds who have mental health needs are not always well provided for. Social Care Institute for Excellence research (SCIE)<sup>9</sup> focusing on 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.

### Care for children who have complex and long-term health conditions

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 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's 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. The Conservative's social reform paper<sup>10</sup> 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.

Research conducted by national voluntary and community sector (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*<sup>11</sup> highlighted that families with disabled children were more than

<sup>8</sup> House of Commons (2009) *Children, Schools and Families Committee: Third Report Looked-after Children*. Available via: <http://www.publications.parliament.uk/pa/cm/cmchilsch.htm#reports>

<sup>9</sup> Social Care Institute for Excellence (2008) *Black and minority ethnic parents with mental health problems and their children*. Available via: <http://www.scie.org.uk/publications/briefings/briefing29/index.asp>

<sup>10</sup> The Conservative Party (2008) *Repair: Plan for Social Reform*. Available via: [http://www.conservatives.com/~media/Files/Downloadable%20Files/Social\\_reform.ashx?dl=true](http://www.conservatives.com/~media/Files/Downloadable%20Files/Social_reform.ashx?dl=true)

<sup>11</sup> Scope (2009) *Disabled Families in Flux: Removing barriers to family life*. Available via: <http://www.scope.org.uk/cgi-bin/np/viewnews.cgi?id=1243173267>

twice as likely as other families to have little or no quality time together. Similarly Contact a Families' *What Makes My family Stronger* report<sup>12</sup> identified providing more opportunities for disabled children and their families to undertake leisure activities to be a priority.

### Substance misuse

Most substance misuse policy aimed at children and young people has related to drugs and alcohol.

In April 2009, the progress report for the 2008 Drug Strategy<sup>13</sup> 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. The Government plans to continue this two pronged approach, including through rolling out the Family Intervention Projects (FIPs), which includes providing intensive support to families affected by substance misuse, and by encouraging family friendly services to help parents receive treatment for drug misuse whilst supporting the family to stay together. The focus of work to prevent young people misusing drugs is to provide high quality drug education for all young people through the new personal, social, health and economic (PSHE) education which will be statutory from September 2011.

In relation to alcohol, the Department for Children, Schools and Families (DCSF) and the Department of Health published a consultation concerning young people's alcohol consumption<sup>14</sup> 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.

DCSF recently announced an investment of £80 million to help LAs 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 Fips mentioned above, the Government has:

- 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; and
- funded the Children's Society to create better joined-up, whole-family support; and

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<sup>12</sup> Contact a Family (2009) *What Makes My Family Stronger: A report into what makes families with disabled children stronger socially, emotionally and practically*. Available via: <http://www.cafamily.org.uk/pdfs/wmmfs.pdf>

<sup>13</sup> HM Government (2009) *The 2008 Drug Strategy: One year on*. Available via:

<http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-strategy-2008-one-year-on>

<sup>14</sup> DECS and Department of Health (2009) *Consultation on Children, Young People and Alcohol*

- has said it 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.

### Sexual health

Much of Government policy towards sexual health is inter-linked with efforts to tackle teenage pregnancy, and the work of the Teenage Pregnancy Strategy Unit. The two key indicators for the Unit 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 teenage pregnancy reduction. With sex and relationship education 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.

### Early years health

There has been little policy and research focusing solely on early years health, no doubt partly due to the fact that early years health is often incorporated into other themes. 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* strategy announced a number of programmes and initiatives to ensure high quality maternity and early years services. The Healthy Child Programme 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 Conservative Party<sup>15</sup> has 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 five years old.

In addition to the initiatives introduced as part of the Healthy Child Programme the Government has said that it 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;

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<sup>15</sup> The Conservative Party (2008) *Renewal: Plan for a Better NHS*. Available via: [http://www.conservatives.com/News/News\\_stories/2008/09/Our\\_plan\\_for\\_a\\_better\\_NHS.aspx](http://www.conservatives.com/News/News_stories/2008/09/Our_plan_for_a_better_NHS.aspx)

- extend the reach of the Change4Life marketing campaign to include very young children as well as ethnic minority communities with high levels of childhood obesity; and
- introduce new programmes to support infant mental health.

### 3. Mapping the voluntary and community sector (VCS)

As part of their scoping study, ECOTEC carried out a mapping exercise involving 29 VCS organisations – including Children England and NCVYS members - offering health and well-being support for children and young people. This looked at current provision, perceived gaps and further support needed by VCS organisations.

#### Current provision by the VCS

In terms of current VCS provision the mapping exercise found that:

- Diet, exercise and obesity - the VCS organisations surveyed 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.
- Mental health and emotional well-being – 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. Organisations felt they generally understood the child or young person's issues and were able to tailor support for their situation.
- Care for children with complex and long-term health conditions – organisations providing support for families tended to be involved in raising awareness of the issues families face and providing practical support.
- Substance misuse – services provided included both support for children whose parents misuse substances as well as preventative and support activities for children and young people themselves.
- Sexual health – the VCS organisations surveyed tended to offer sexual health related services as part of 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.
- Early years health – the focus tended to be on offering home visits for new parents or tailored services for families facing a particular issue. An important element of the services was that they tended to be delivered locally.

#### Perceived gaps in health and well-being 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.

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 also 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. This was identified as a particular issue for long-term health conditions and bereavement services.

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; and
- limited resources relating to under 18s who smoke.

### Support required by the VCS

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; and
- support to find out what other VCS organisations do and how to best work with them.

VCS organisations were also asked as part of the mapping study what specific support they would like from NCVYS and Children England as leading umbrella organisations. The main areas that organisations would like NCVYS and Children England to support them with are:

- lobbying Government, for example so that their local authority better understands the value of VCS work;
- help rolling out their services;
- 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 grassroots organisations; and
- being more creative in the support they offer.

The full report that this briefing paper is based on, *A scoping study concerning health and well-being issues related to children and young people*, carried out by ECOTEC Consulting and Research Ltd is available to download from [www.childrenengland.org.uk](http://www.childrenengland.org.uk) and [www.ncvys.org.uk](http://www.ncvys.org.uk)