

Every Child Matters: Be Healthy

This paper is one of a series of 12 that set out findings from NFER's analysis of Children and Young People's Plans (CYPPs) from a representative sample of 75 Local Authorities.¹ Following interim reporting on 50 plans, it sets out findings of how 'Be Healthy' features in this larger sample of plans and includes illustrative examples. Areas covered are:

- Priorities
- Actions
- Key Groups
- Targets
- Lead Agencies.

Summary of findings

- **Priorities** found under 'Be Healthy' in the CYPPs can be grouped into five main areas: **sexually healthy, healthy lifestyles/physically healthy, mentally healthy, substance use, and maternity/infant health**, representing some expansion and reorganisation of the ECM aims in a number of plans.
- Frequently cited **actions** include: **development of prevention programmes or services, service development and access to information, opportunities and services**. However, there is a lack of reference to service development with regard to healthy lifestyles/physically healthy.
- The **key groups** most referenced are **children with learning difficulties and disabilities and looked-after children**, although teenage parents and young offenders are also cited in about a fifth of the CYPPs. Within the plans, there is a focus on service development and access to health services for vulnerable children.
- **Targets** are predominantly non-numerical in nature, most specific within the sexually healthy priority (e.g. including a baseline and projected figure) and least specific within the mentally healthy priority (e.g. mostly referring to 'progress towards...'). Overall, 22 different targets appear in 'Be Healthy', the most common relating to **substance misuse and teenage pregnancy**. Targets for immunisation and birth weight feature less frequently.
- **Lead agencies** are identified in half of CYPPs, most frequently in relation to the physically healthy priority area. Where the lead agency is identified it is, in the main, **Health** – often Primary Care Trusts.



'Be Healthy' priorities in the CYPPs

Priorities found under 'Be Healthy' could be grouped into five main areas (see Figure 1), representing an expansion and reorganisation of the ECM aims in a number of plans. Reference to these five priorities varies across plans.

Figure 1 Coverage of 'Be Healthy' priority areas



Within the five 'Be Healthy' priorities, the following sub-priorities are referenced:

- **sexually healthy** includes priorities related to teenage pregnancy, sex and relationships education and sexual health services
- **healthy lifestyles/physically healthy** priorities include healthy eating and addressing obesity, with some plans also including substance use and sexual, maternity and infant health as part of this theme
- **mentally and emotionally healthy** includes references to emotional well-being and addressing mental health problems through access to Children and Adolescent Mental Health Services (CAMHS)
- **substance use** has priorities which relate to smoking, alcohol and drug use amongst young people, and also for young people with parents misusing substances
- **maternity and infant health** priorities focus on giving infants a healthy start in life, including breastfeeding, smoking during pregnancy and immunisation.

In addition, two-fifths of the plans include a priority for health services under the 'Be Healthy' ECM outcome, such as, for example, the need to establish an integrated treatment service to meet the needs of young people with drug and alcohol problems, or a new Primary Care and Mental Health Service (PCAMHS) (sic).

Actions

The 75 plans analysed specify a variety of actions in relation to the 'Be Healthy' arena. These actions include those focused upon strategies, policies, services and initiatives, as well as those directed at particular groups such as professionals, children and young people or parents and carers.

The ten actions most commonly cited in 'Be Healthy' are presented in Table 1 with examples.



Table 1 Ten actions most commonly cited in 'Be Healthy'

Action	Example
Develop/implement/promote prevention programmes or services	<i>'We will implement programmes to increase self-esteem, communication and negotiation skills of at-risk groups of young people.'</i> (Unitary LA)
Service development	<i>'Develop satellite sexual health services in market towns to improve access for young people.'</i> (Unitary LA)
Young people's access to information, advice and guidance, to services and/or to opportunities	<i>'We will improve access to Off the Record's face-to-face counselling service for 13-28 year olds.'</i> (Metropolitan LA)
Strategic planning	<i>'Integrate the Teenage Pregnancy and Sexual Health promotion strategies and develop a commissioning strategy.'</i> (London borough)
Increase collaborative and cross-agency working	<i>'We will provide earlier interventions for children and young people with social, emotional, behavioural and mental health problems. We will do this by developing a multi-agency team to provide training and support for frontline workers and short-term interventions.'</i> (County LA)
Implement/develop treatment programmes	<i>'We will develop a multi-agency home treatment service.'</i> (County LA)
Planning, reviewing, mapping, monitoring, auditing, evaluating	<i>'Use the findings of the training needs analysis to review Healthy Minds Strategy for staff training.'</i> (Metropolitan LA)
Maintaining, extending and/or improving support to children and young people	<i>'The [LA's] Mentoring Initiative will continue to offer a service for mentors to work with young people in a variety of settings, giving them valuable support when emotionally vulnerable or affected by personal difficulties.'</i> (London borough)
Assessment and/or screening	<i>'Undertake a health needs assessment of school-age children.'</i> (County LA) <i>'Reduce the incidence of Sexually Transmitted Infections (STIs) by increasing the percentage of young people participating in Chlamydia screening.'</i> (County LA)
Maintaining, extending and/or improving support to parents and/or carers	<i>'Increase advice and support from health professionals to homes for looked after children and young people and respite units for disabled children and young people.'</i> (Metropolitan LA)

Although the ten most common actions feature in all five 'Be Healthy' priority areas, there is **variation in the extent to which they are referenced in each area.**

- The action **develop or implement prevention programmes** is cited most often in the area of physical health

'Deliver a programme to promote an improvement in children's oral health and the take-up of immunisation through Sure Start Local Programme (SSLP) and children's centres.' (London borough)

- **Service development** is less prominent in physical health. It features most often in the mental health area, particularly in relation to the development of CAMHS, followed by the sexual health area. In addition, those plans that include priorities for Health Services most frequently describe actions relating to service development. (This is the case in 15 plans).



‘Through re-shaping and development, ensure Tiers 2 & 3 CAMHS have availability on an outreach basis to provide support, training, liaise with, consult to and provide direct work with other agencies providing support to children.’ (London Borough)

- **Access to information, advice and guidance, to services or opportunities** is referenced most often in relation to physical health. It is least frequent for the maternity and infant health priority area, where citations regarding access to services, information and advice and guidance are made in only ten plans.

‘Increase the number of young people in secondary schools in areas of need with access to on-site young people health clinics.’ (County LA)

- **Strategic planning** is an action that is most notable in the physical health area.

‘Develop and implement a [LA] specific implementation plan for childhood obesity.’ (London Borough)

- The action **increase collaborative and cross-agency working** features mostly in the area of mental health, closely followed by physical health.

‘Work to achieve better strategic partnership working to sustain and improve Child and Adolescent Mental health Services.’ (Unitary LA)

- **Implement/develop treatment programmes** is cited most often in relation to substance use and least often within the area of maternity and infant health
- The action of **planning/reviewing/mapping/monitoring/auditing and evaluating** is featured the most in the physical health area, but is least frequent in the sexual health area, where it is referenced in only five plans.
- **Maintaining, extending and/or improving support to children and young people** is most prominent in the maternity and infant health priority area but is referenced in only two plans as an action in the area of mental health.
- **Assessment and/or screening** is most often referenced in the sexual health and physical health areas.
- The tenth most common action in ‘Be Healthy’, maintaining, extending and/or improving support to parents and carers is most prominent in the physical health area and features least in the mental health area.

Finally, at the other end of the spectrum, less commonly referenced actions across the five ‘Be Healthy’ priority areas are:

- **publicity/awareness raising** e.g. ‘of personal safety and reducing risk-taking activities amongst young people by providing the opportunities for them to make informed choices’ (Unitary LA)
- **model development** e.g. ‘develop and agree a model for specialist services for 16 and 17 year olds including a transition protocol by 2006’ (County LA)
- **commissioning or undertaking research** e.g. ‘evaluate pilot project on emotional resilience’ (Unitary LA).

Level of detail

The level of detail of actions presented varies across CYPPs, for example, between plans that detail actions in the form of low-level statements, characterised by a basic outline of proposed



intentions, and those that provide high-level action statements, which often provide information related to: what they are proposing; explicit operational details; an attached timescale; and a lead agency responsible for the action.

Examples of **low-level statements** include ‘increase drug screening of vulnerable groups of young people’ or ‘provide young people with services that promote healthier lifestyles, healthy eating, exercise, smoking prevention, and drug and alcohol awareness...’ (both County LAs).

High-level action statements include, for example: ‘The Primary Care Trust (PCT) will develop, through extra investment in 2006, the role of the school nursing team to support the health improvement agenda particularly around sexual and relationships education, with links to contraceptive services, child obesity, support for looked after children, smoking cessation and to give basic health messages to parents on diet and nutrition’ (Metropolitan LA).

Key groups

The CYPPs analysed make reference to 32 different key groups of children and young people when presenting priorities, actions and targets for ‘Be Healthy’. Across all 75 CYPPs, the three most commonly mentioned key groups are, in order of frequency: vulnerable groups (in terms of addressing health inequalities), children with learning difficulties and disabilities, and looked after children.

The other key groups most frequently and specifically mentioned in relation to ‘Be Healthy’ include teenage parents, young offenders, black and minority ethnic groups (including Travellers and refugees/asylum seekers), and children and young people excluded from school. Examples of actions for the most commonly cited key groups in relation to ‘Be Healthy’ are provided in Table 2.

Table 2 Most commonly cited key groups in CYPPs in relation to ‘Be Healthy’

Key group	Example of actions cited
Vulnerable groups/at risk of health inequalities	<i>‘Visit every newborn baby within the first two months of life to make sure parents and carers can access any services for children and young people that they may need.’</i> (Metropolitan LA)
Children with learning difficulties and disabilities (CLDD)	<i>‘Make sure disabled children and young people have access to, and enjoy, the full range of mainstream services and activities that are available to their non-disabled peers.’</i> (Metropolitan LA)
Looked after children (LAC)	<i>‘Each young person leaving care would be screened using the Substance Misuse Screening Tool for misuse of drugs and/or alcohol in the Needs Assessment and Pathway Plan referring those young people in need of specialist support.’</i> (County LA)
Teenage parents	<i>‘Teenage parents will have access to ante-natal and post-natal services tailored to their needs, to improve the physical and mental health outcomes for them and their children.’</i> (London borough)
Black and minority ethnic groups (BME) (including Travellers and refugees/asylum seekers)	<i>‘Ensure that actions will be adapted to meet the specific needs of black and minority ethnic groups, Gypsy and Traveller children and young people, young people with disabilities and gay and lesbian young people.’</i> (Unitary LA)
Young offenders/those at risk of offending	<i>‘Young Offenders entering the system to be screened for substance misuse.’</i> (County LA)
Children and young people excluded from school	<i>‘Ensure that all young people excluded from school, where substance misuse is a factor, have an assessment from the specialist service.’</i> (County LA)



Other key groups referenced within ‘Be Healthy’, but to a lesser extent, include: homeless or missing young people and runaways; substance misusers; children of parents with health issues (e.g. mental health, substance abuse); young people subject to/at risk of domestic abuse; and young carers.

Targets

Where mentioned across the CYPPs, analysis shows that targets for measuring progress within the priority areas in ‘Be Healthy’ are:

- mostly **non-numerical** in nature, as characterised by statements referring to ‘improvements’ or ‘reductions’ but without any quantification given or baselines and projected figures set down. For example, ‘increase the proportion of 5–16 year olds with Learning Disabilities undertaking PE and school sport for at least 2 hours a week’ (County LA).
- **most specific within the sexually healthy priority and physically healthy/healthy lifestyles**, in that targets in this area are most likely to be set out with a baseline and a projected figure: ‘a decrease in 15 to 17 year old conceptions from 34.7 per 1000 in 2005/06 to 17.3 per 1000 by 2010’ (County LA) and ‘There will be a 50% reduction in the prevalence of obesity among children under the age of 11 using the PCT 2005 baseline’ (Unitary authority).
- **least specific within the mentally healthy priority**, i.e. it is most common here for targets to be in the form of a statement that strategies or provision would be put in place (e.g. ‘progress towards comprehensive CAMHS’) or for there to be no targets given.

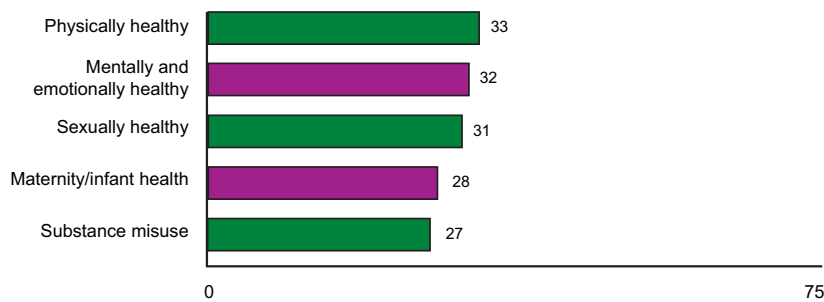
Overall, 22 different targets appear within ‘Be Healthy’:

- The **most common** of these relate to **under-18 conceptions** and **substance misuse** (both in over three-fifths of the 75 plans). Half the plans have targets relating to: obesity, usually measured at the age of 11, e.g. ‘Reduce the year on year rise in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole’ (London borough).
- Also featuring in half the plans are targets around children’s ‘**best start in life**’, specifically mothers breastfeeding and smoking during pregnancy, e.g. ‘Increase the percentage of mothers breastfeeding by 2 percent year on year’ and ‘Reduce smoking amongst pregnant women by 1 per cent per year’ (both Unitary LAs). In contrast, targets on immunisations and on birth weight feature less frequently.
- Targets around the **health of LAC** appear in more than two-fifths of the plans (particularly around annual health and dental checks, e.g. ‘the percentage of LAC who have had their teeth checked and a health assessment’ (County LA), and substance misuse, e.g. ‘Reduce from 29% (2004–05) to 25.5% in 2008–09 the percentage of care leavers who misuse drugs or alcohol’ (County LA). Some plans also have specific targets for the **health of CLDD** (including their participation in sport, and user satisfaction with health services), **young offenders** (e.g. around substance misuse, access to CAMHS) and **teenage mothers** (e.g. around smoking).

Lead agencies

Overall, around half of the CYPPs explicitly identify a lead agent responsible for specified actions and, although this identification is common across all five ‘Be Healthy’ arenas, it is most frequent in relation to physically healthy, as illustrated in Figure 2.



Figure 2 'Be Healthy' priority areas where lead agent responsibilities are specified

Where specified, the lead agency is, in the main, Health – often Primary Care Trusts (PCTs), though this ranges from the Director of Public Health to Drug and Alcohol Action Teams. The most commonly cited lead agencies within 'Be Healthy' are, in order of frequency:

- Health
- Children and Young People's Service/Children's Trust
- Education
- County Borough/Metropolitan/City Council
- Youth Service
- Social Services
- Sure Start/Children's Centres
- Police
- Voluntary agencies.

A minority of CYPPs specify lead agencies that are unique to particular areas of the 'Be Healthy' ECM outcome. For example, sports organisations and transport are identified as lead agencies for actions in some CYPPs relating to the **physically healthy area**. Similarly, Children's Centres and Sure Start teams are identified for actions relating to **maternity and infant health** in four CYPPs.

Other lead agencies cited include Learning and Skills Council and Housing.

Notes

- 1 When interpreting these findings from analysis of 75 plans, it is necessary to bear in mind that LAs had freedom to draft their CYPPs in order to meet their needs and circumstances best. Therefore, there would be no imperative for every plan to include all the pieces of information and detail discussed in the findings in this paper.



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