

# Working with schools to improve the health of school-aged children

# Foreword

Children spend at least 11 years at school. They are, of course, formative years, laying the foundation for health and wellbeing in adult life. So we should see them as an incredible opportunity for public health.

But we know they are difficult. Mental health problems in children are increasing, while physical health remains a concern. One in 10 children aged five to 16 now have a diagnosable condition and treatment and support is often difficult to access. As children move from primary into secondary school, the number of obese and overweight pupils increases. As they advance into the teenage years, physical activity levels tend to tail off and nutritional guidelines are less likely to be followed.

Risky behaviour – whether it is drinking, smoking, drug-taking or sex – becomes a temptation for many. The digital world – and social media in particular – has made things even more complicated.

So how do we combat this? Schools should be a key partner for public health teams. We need to work in schools, supporting teachers and providing direct support to pupils. We need to create the right environment, supporting events that children can get involved with. By working with other partners, such as county sports partnerships, the NHS and voluntary sector, we can encourage children to pursue healthy activities.

When we do this much can be achieved – as the case studies in this report show. In Gloucestershire, the council, NHS and county sports partnership have worked together to get 10,000 pupils taking part in the Daily Mile.

Elsewhere, there are good examples of projects designed to improve mental health, healthy eating and contact with sexual health services.

If we get this right, we can help instil healthy behaviours that these children will carry with them into later life. There is also evidence to suggest that if we influence children in the right way that can change the whole family's approach to health. It's a win-win.



**Councillor Izzi Seccombe**  
Chair, Community Wellbeing Board



**Councillor Richard Watts**  
Chair, Children and Young People Board

# Contents

The challenge	6
The policy picture	7
10 Questions to ask locally	8
Case studies	9
North East: tackling mental and emotional health	10
Shropshire: mental health training for school staff	12
Greenwich (London): using a school garden to encourage healthy behaviours	14
Bristol City Council: inspiring schools through awards	16
Islington (London): using experts to deliver sex education	18
Leicestershire: using digital technologies to engage pupils with school nursing services	20
Gloucestershire County: getting kids involve in the daily mile craze	22
Oxfordshire: getting children competing	24
Using the national child measurement programme to tackle obesity	26
Leeds City Council: supporting city wide improvements in child oral health and maintenance of a healthy weight	30
Want to find out more?	32

## Numbers and key facts

8.5 million

children and young people are at school in England

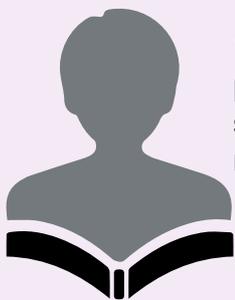


1.23 million

pupils with special educational needs



moderate learning difficulty is the most common need



31%

primary pupils and 30% secondary pupils are from minority ethnic origins

Hola

Jambo

مرحبا

20%

primary school children and 16% secondary school children have English as an additional language

14.3%

of pupils were claiming free school meals (excluding the universal infant element) in 2016

## Risky behaviours

Nearly 2/3 smokers start before the age of 18

Rates of smoking and drinking alcohol have decreased among 11-15 year olds over the last decade



but England still has a high incidence of regular drinking and cannabis use among 15 year olds compared to other European countries

### Smoking prevalence

is highest among 15 year old girls  
8% smoke

6% 15 year olds smoke regularly, 9% have drunk alcohol in the past week and 15% have tried cannabis



21% 15 year olds reported having had sexual intercourse  
19% of boys and 24% of girls

### Early reported initiation

(12 years or younger) of sexual intercourse has decreased among boys and girls from 17% for boys and 9% for girls in 2002 to 11% for boys and 4% for girls in 2014

### Teenage pregnancy

has fallen substantially in England over the last couple of decades **but is still one of the highest in Europe**



# Physical and mental health

## Over half

of mental health problems in adult life (excluding dementia) start by the age of 14 and 75% by age 18

## 10%

children and young people aged five to 16 have a clinically diagnosable mental problem



**yet 70% children and adolescents experiencing mental health problems have not had appropriate interventions early enough**

## 1 in 5

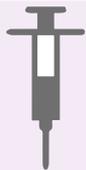
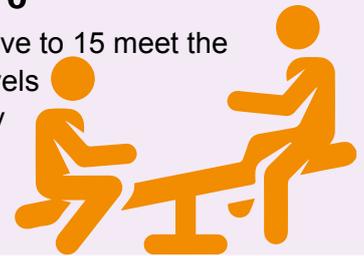
children are obese or overweight at the start of primary school



**and 1/3 of those in Year 6 are obese or overweight**

## Only 22%

of children aged five to 15 meet the recommended levels of physical activity of at least 60 minutes a day

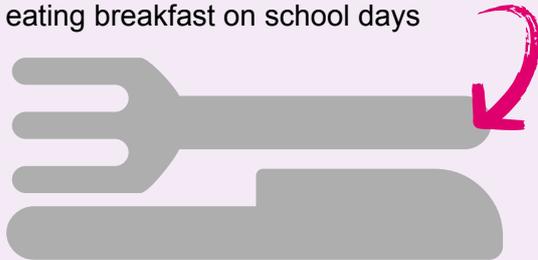


## Coverage of vaccinations

for school based immunisation programmes such as meningitis and tetanus, diphtheria and polio can vary significantly between different local areas

## 13%

of young people aged 11 to 15 report never eating breakfast on school days



**and gender differences persist with fewer girls eating breakfast**

## 22%

15 year olds reported in 2014 that they had self-harmed



**Girls are nearly three times more likely to self-harm than boys**

## Just 58%

of children visited a dentist last year

**tooth extractions are the most common hospital procedure for children aged five to nine**



## 22%

young people don't have enough sleep to feel awake and concentrate on school work during the day



# The challenge

While the health of older people gets lots of attention in the debate about the future of the NHS and the ageing population, there has been a host of warnings about the state of children's health too.

In her 2012 annual report, England's chief medical officer Professor Dame Sally Davies highlighted the "concerning" levels of obesity and mental health problems being seen among the young. In what effectively was a call to arms, she said the health of children needed to become more of a priority.

Similar warnings have been made year after year by the Children's Society in its annual Good Childhood Report, particularly over emotional wellbeing. The charity's reports have highlighted growing levels of unhappiness, depression and anxiety, which it says is leading to self-harm.

But despite these repeated warnings only limited progress has been made. In early 2017 the Royal College of Paediatrics and Child Health published an in-depth analysis which concluded that it was "tragic" so many children were growing up with their health at risk.

Latest figures show by the start of primary school, one in five children are obese or overweight, but by the end that has risen to one in three. Mental health problems are also prevalent with one in 10 school children of all ages having a diagnosable disorder. It means half of all life-time cases of psychiatric disorders start before the age of 14.

But these are not the only measures where the health of school children is a concern.

While levels of smoking, drug taking and sexually transmitted infections are all declining, England still performs poorly compared to other countries. Some 6 per cent of 15-year-olds are smoking regularly, 9 per cent have drunk alcohol in the past week and 15 per cent have tried cannabis.

On the plus side, teenage pregnancy rates are at an all-time low and the UK has one of the highest rates of coverage for HPV vaccination for cervical cancer and genital warts with over 80 per cent of girls completing the course.

But what the headline figures do not show is the variation that exists from area to area. The most deprived areas have the most acute problems. Smoking rates among 15-year-olds living in the poorest areas are twice that of those living in the most affluent, for example. Meanwhile, 40 per cent of year six pupils are overweight or obese in the most deprived areas, compared to 27 per cent in the least deprived.

Coverage of vaccinations can also vary significantly in different areas; the first vaccine coverage report for the tetanus, diphtheria and polio schools based immunisation programme in England (2015/16) shows coverage which ranged from 22 per cent to hundred per cent in year 10 and 61 per cent to 100 per cent in year 9. Similarly varied was the coverage of the school based meningitis vaccination, ranging from 59 per cent to 100 per cent in year 9, 17 to 94 per cent in year 10 and zero to 100 per cent in year 11.

# The policy picture

In the summer of 2016 the government published its Childhood Obesity Strategy. Working with and supporting schools was one of the key priorities. It promised more money for schools sports – funded by the soft drinks sugar levy – and called on schools and local authorities to work closely with county sports partnerships and other partners.

Extra investment for healthy breakfast clubs was also pledged to build on the improvements made to school food following the campaign by TV chef Jamie Oliver. A voluntary healthy school ratings system is in the process of being introduced.

New requirements are also being placed on schools in regards to sex and relationships education (SRE). Currently only local authority-run schools are required by law to provide it, but under plans announced as part of the Children and Social Work Act that is to be extended to all types of schools. The act also gives ministers the power to make personal, social and health education (PSHE) compulsory.

The Health and Social Care Act 2012 sets out local authority's statutory responsibilities for delivering and commissioning public health services for children and young people aged 5-19 years. Responsibility for children's public health commissioning for 0-5 year olds, specifically health visiting, transferred from NHS England to local authorities on 1 October 2015. This marked the final part of the overall public health transfer that saw functions transfer successfully in 2013.

Whilst the move to commissioning of children's public health services by local authorities is an opportunity to take a fresh look at ensuring coherent, effective, life course services for

children and young people aged 0-19, the squeeze on council's overall public health budgets (which equates to 10 per cent by 2020/21 ie £331million) has affected the way councils work with schools. The funding for the healthy schools programme was ended in 2011, which led to many areas cutting back on their dedicated teams. Investment in school nurses has also been hit by the cuts to public health budgets – the workforce has shrunk by 16 per cent since 2010.

Meanwhile, schools have reported that funding pressures have stopped them investing in mental health support for pupils. A joint inquiry by the House of Commons' education and health select committees heard in 2017 how 80 per cent of primary and secondary school head teachers had said a lack of money prevented from providing mental health support in schools, such as counsellors.

The Government has responded by setting aside money to help improve the support in schools.

From June 2017 teachers in secondary schools started taking part in a new training programme to help them identify and respond to early signs of mental health problems.

The training, called mental health first aid, is being backed by £200,000 of funding in the first year, and will equip teachers in how to deal with issues such as depression and anxiety, suicide and psychosis and self-harm and eating disorders.

In addition the Government announced a package worth £1.4 billion for investment in child and adolescent mental health services over a five year period in the 2015 March Budget.

# 10 Questions to ask locally

## Understanding the issues

- 1 What do school children, young people, parents and teachers think are the key issues relating to their health and wellbeing?
- 2 Which health and wellbeing issues relating to school children and young people are identified as a priority in national and local data sets in your area?
- 3 What are the key barriers or gaps in services currently provided and what is working well?

## Evaluating impact

- 8 Do local partners at a strategic level (for example through the health and wellbeing Board) take time to reflect on progress towards achieving their vision for the health of school aged children?
- 9 How do you show and communicate the contribution that services provided in your local offer make to improving the health and wellbeing of school aged children?
- 10 What are you doing to share learning and good practice across all schools in your area?

## A framework for action

- 4 Do all partners that can contribute to improving the health outcomes of school aged children have a shared vision of what you are working towards and how you will get there?
- 5 Does your local offer of support to schools align with issues highlighted in data and the views of local stakeholders?
- 6 How are you communicating this support offer to schools, parents and children?
- 7 What training and development is provided to workforce across public health, schools and children's services to support effective delivery of services?

# Case studies

## North East: tackling mental and emotional health

- A commission has been set up by schools in the north east to look at the emotional and mental health of pupils.
- It comes after rising problems have been reported, particularly in relation to self-harm.
- The aim is to learn from what works – some schools have started dedicating parts of the curriculum to the issue, while others are working with charities.

Mental health has been identified as a key priority by SCHOOLS NorthEast, a school-led regional network involving 1,250 schools. The network supports its members by running conferences and providing support services on everything from CPD to running a jobs portal. But last year it turned its attention to what it described as the ‘alarming decline’ in child mental wellbeing.

### ‘Number one worry’

SCHOOLS NorthEast director Mike Parker says: “Talking to head teachers across the region it became clear the mental health of pupils was one of their number one worries. It was keeping them awake at night.”

“Schools are very keen to address the mental health issues that they face, but often feel that they lack the knowledge and expertise to do so effectively. What you find is that the way the problems manifest themselves and the causes for it vary from school to school. There are a cocktail of factors – including poverty, parenting and the school environment.

“There is also a question of how far the remit of schools should stretch. We have young pupils who have Facebook pages and there can be some quite disturbing things on them. Is that the school’s responsibility?”

“So, to address these issues, SCHOOLS NorthEast has set up a commission, Healthy MindED.”

### Collecting evidence to understand the issues

The commission was announced in the autumn of 2016 and started taking evidence in January 2017. It is being co-chaired by Professor Dame Sue Bailey, of the Children and Young People’s Mental Health Coalition, and Steffi Ellison, a pupil from High Tunstall College of Science in Hartlepool. The 11-strong commission also includes head teachers and educational psychologists.

The commission will collect evidence from schools across the region as to the nature and the extent of the problem they face, looking at how to systematise school approaches to mental health and also identifying and evaluating examples of best practice. It will also look at how the education and health sectors can work together to improve outcomes.

Schools are being asked to submit written evidence – and to aid this head teachers are being trained in how to evaluate schemes. There will also be live select committee-style hearings where people can give evidence in person or via Skype.

Professor Bailey says it promises to be a “timely and important piece of work”. “Ensuring that children and young people have the best start in life is not only a moral imperative but is also crucial to our future prosperity as a country. There is a lot that schools can do to support their pupils’ mental health. Good education provides a protective factor for mental health, which in turn improves attainment and attendance.”

Findings will be shared across the region as the commission progress with a final report expected to be published in 2018.

## What does the data tell us?

What has become clear is that child mental health is declining. Data from the NHS shows in some parts of the north east there has been a three-fold increase in referrals of school-aged children to self-harm support services.

## A plan of action

But some schools have already started taking action, exploring ways of promoting emotional wellbeing and resilience in school. For example, St Wilfrid’s Roman Catholic College in South Shields has started a whole-school project to develop an environment that promotes mental and emotional resilience. This includes setting aside curriculum time, providing training for all staff, mentoring, form-time activities and days dedicated to wellbeing, including a festival called Wilfest.

Schools in the region are also working with charities and other partners to address mental wellbeing issues. For example, the Macmillan Academy in Middlesbrough is working with the charity Grit and Rock on a project to build resilience within a group of year 10 and 12 girls through climbing and outdoor activities.

“There is a lot that schools are doing, It requires a careful balancing act between pushing pupils in terms of academic achievement and supporting and helping them. We are also hearing of mixed experiences of dealing with CAMHS. In some parts of the north east referrals are relatively quick and efficient, while in other referrals can take many months.

We recognised services are over-stretched, but schools do need help. Part of the remit of the commission will be looking at what we need to ask government to do. That could involve training for teachers or more investment in services.”

### Contact

Carla Fitoiu  
Communications Officer, Schools North East  
c.fitoiu@schoolsnortheast.com  
[www.schoolsnortheast.com/](http://www.schoolsnortheast.com/)

# Shropshire: mental health training for school staff

- Shropshire Council offers mental health training to school staff as part of a wider programme of work to encourage wellbeing.
- The courses are offered to everyone from head teachers to lunchtime supervisors to encourage a 'whole school' approach.
- Over 150 local schools are taking part with staff reporting it is having a positive impact on pupils.

Shropshire's public health department runs a dedicated programme to encourage good mental and emotional health in schools. The scheme, Targeting Mental Health Support (TaMHS) programme, is a universal resource for schools and people working with children.

It was launched in 2009 as part of a national initiative initially aimed at school-age children, but has since been expanded to cover those aged 0 to 25 years and now comes under Shropshire's healthy child programme.

The school element involves training and support for staff to ensure emotional health and wellbeing is a core part of the curriculum. Over 130 primary schools, 20 secondary schools and two specialist schools are involved with the programme.

## A 'whole school' approach

Staff from head teachers down are able to access the training courses, which cover a wide variety of topics. The programme was launched in response to increasing concern about the levels of mental health problems being seen. It is estimated that there are about 4,000 children and young people in Shropshire with diagnosable mental health problems, which means in a typical class of 30 children, three will have an emotional or mental health need.

The training falls into two broad categories. There is intervention-based training, which provides resources and structured programmes that staff can deliver within the school setting. This includes courses on emotions and behaviour to help pupils understand and manage triggers for anger, how to use talking therapies to support and manage self-harming and how to increase aspiration, motivation and confidence.

There is also knowledge and skills-based training. This is aimed at increasing the knowledge base of staff in how to recognise early signs and symptoms of need, how to respond to the emotional needs of young people and what to do and say following the identification of need as well as who and where to signpost children too.

Courses are run throughout the year, although the content is always evolving to suits the needs of those who participate. The programme is run by a team of just two, who sit in the children's and young people's team within the public health department. However, they are supported on a multi-agency basis by primary mental health workers, school nurses and targeted youth support.

Schools are also given support to incorporate emotional wellbeing and resilience into the PSHE curriculum through guidance and lesson plans, while some schools have been able to make use of facilities such as gardens to run groups aimed at learning about relaxation. Self-esteem workshops have also been run and small 'nurture groups' have been organised for the most vulnerable pupils.

Bespoke support can also be offered to individual schools when and if the need arises. This can include any of the interventions or knowledge-based training, which can be delivered on site.

## Positive for pupils

TaHMS training and support development officer Renee Lee says: “Schools are places of significant influence on children’s growth, where they learn about relationships, develop self-esteem and build resilience. Schools are therefore the logical place for interventions to take place. There is increasing evidence that positive emotional health and educational achievement are intimately linked and emotional and psychological problems can obstruct various aspects of learning.

“We believe it is important to target all staff, teachers, teaching assistants and others. For example, we have run courses where lunchtime supervisors are encouraged to attend because what happens in the playground is crucial to children. It is an important part of the school day so we have taught them about how to handle situations and recognise when the behaviour of pupils might impact on others.”

**Renee Lee**, TaHMS training and support development officer, Shropshire County Council

The programme has been well received by local schools. Previous evaluations have found that the programme has reached 84 per cent of schools and those taking part reported positive findings in a wide range of areas. Some 100 per cent of participants have reported an increase in knowledge levels and confidence, while improvements have been noted in pupils’ attitudes, levels of anxiety and feelings. Attendance levels have also improved, the feedback suggested.

Meanwhile, staff have reported an increased confidence in the early identification of need, understanding of specialist services and how and when to access local specialist services such as CAHMS and child protection.

Zoe Robinson, who provides pastoral support at St Lawrence Primary School, has attended a number of the workshops and says they have proved to be “invaluable”.

“Our school has a very positive approach to mental health and we have used the knowledge I have acquired to put in place interventions in small groups and one to one support which really benefits the pupils, working towards a better outcome emotionally for them and a better outcome with their barriers to learning. The strategies that are in place are already making real impacts on the children that most need this type of care and understanding.”

### **Contact:**

Renee Lee  
Training and Support Development Officer,  
Targeting Mental Health Support, Shropshire  
Council

[renee.lee@shropshire.gov.uk](mailto:renee.lee@shropshire.gov.uk)

# Greenwich (London): using a school garden to encourage healthy behaviours

- A London Borough of Greenwich school has used its gardening project to inject healthy messages into every element of school life from maths to science.
- It has had a major impact on healthy eating with 98 per cent of pupils saying it had influenced them.
- Parents also report it has had an impact on the wider family.

Healthy living has become such an important part of Charlton Manor School that its gardening project has been incorporated into every element of school life. The school in the London Borough of Greenwich created a Secret Garden in 2005. Nestled behind the dining centre, through large ornate iron gates, the garden fulfils a multitude of roles providing an outdoor learning resource, a place for quiet contemplation, a play area, an area to produce food and a haven for wildlife.

It incorporates a wildlife pond area, bird hide with cameras, heated greenhouse, teaching and seating areas, raised beds, fruit, herb and vegetable growing areas.

In more recent years, it has been added to by the introduction of bees and chickens and the school has also purchased two new plots of land for growing at green spaces owned by the Woodlands Farm Trust.

## Taking a whole school approach

### **'The benefits are felt across the curriculum'**

Alongside the school gardener, all pupils play a key role in developing and maintaining the gardens, in daily lunch-time gardening sessions, after-school clubs and during class time. The benefits are felt across the curriculum.

School head teacher Tim Baker says: "We use it in everything we do – for inspiring writing, in maths, science and geography. It is really a great resource for pupils. The weighing and measuring of the produce, working out ratios and proportions all helps with maths, while learning about pollination, seed dispersal and how plants grow and get their energy helps with science.

**"Pupils also get involved in selling the produce that is grown in the school shop and cafe which is run after school and on a Saturday. They learn about marketing and commerce. They carry out research about what sells and what doesn't, learning valuable skills in the process."**

Some of the approaches taken have been really creative. For example, year three pupils studying Roald Dahl were inspired by his books to cook 'revolting recipes, while another group studying the Stone Age foraged for food in the garden to recreate a hunter-gather meal.

## Impact on healthy eating

But, of course, a key motivation for the project was to help the children learn about the importance of healthy eating – and it has certainly done that. A recent survey of pupils in years four, five and six found 98 per cent had learned about the importance of healthy eating from the work related to the gardens. It came after a record haul last summer when the school harvested over £1,400 of food, weighing 200kg in total.

Mr Baker says: “All the fruit and vegetables we collect are used in the school kitchen and during cooking lessons or sold in the school shop so children learn about where food comes from and how to prepare healthy meals from scratch. Even the cakes we make for the café are healthy – we make granola bars and beetroot and carrot cake.”

But the produce has also inspired pupils in other ways. Last year pupils in their final year ran their own “Great British Bake Off”, while a year five group developed their own healthy balanced dish as part of Sainsbury’s Superstar Cooks competition.

## Parents’ feedback

But Mr Baker says the impact is also being felt on the wider family – as proven by feedback from parents in a recent questionnaire. One parent of a year six pupil said: “My child was a fussy eater but because of the dinners at Charlton Manor he wants me to buy more vegetables. I can’t believe he eats them.”

Meanwhile, another parent of a year 3 pupil explained the whole family was now benefiting.

“My child comes homes and speaks a lot about what they do in the teaching kitchen. They have learned the benefits of eating healthily and this is clear as when we go shopping she is always telling me not to buy unhealthy things. We now eat a lot healthier as a family. Thank you.” And another parent urged other schools to follow suit. “The approach the school takes to food is fantastic. All schools should follow this example.”

But the school sees this as just the start. It is already encouraging other schools to use their gardens and is in the process of setting up a charity to purchase more land for projects. “Gardens are a fantastic resource for schools,” adds Mr Baker. “We want other schools to benefit like we have.”

### Contact:

Tim Baker

Head Teacher, Charlton Manor School

[tbaker@charltonmanor.greenwich.sch.uk](mailto:tbaker@charltonmanor.greenwich.sch.uk)

<https://charltonmanorprimary.co.uk/>

# Bristol City Council: inspiring schools through awards

- Bristol has used public health funds to keep its healthy school awards going.
- The scheme has gone from strength-to-strength and is having a tangible impact on schools.
- It has also helped the council ensure schools benefit from sexual health and substance misuse services.

Bristol City Council is one of a small number of local authorities that has maintained its healthy schools programme following the end of dedicated national government funding in 2011.

The programme is funded through the public health grant following the transfer of responsibilities from the NHS to local government. It is embedded in the young people's public health team and with the support of the mayor was re-launched in 2013 with a new awards scheme.

## The awards

The main award is now known as the Mayor's Award for Excellence as a Health Improving School. Schools are supported to achieve 28 standards covering best practice in a range of areas including:

- food and nutrition
- workplace wellbeing
- teaching PSHE
- the environment
- mental and emotional wellbeing
- physical activity
- health protection and more.

Out of the nearly 200 schools in the area, 40 of them have already achieved the award. And another 60 are currently working towards it.

## A success story

One school which has achieved the award is Bannerman Road Community Academy. It has run a variety of initiatives including one aimed at improving the packed lunches brought into school. An audit showed that two thirds of pupils bringing in packed lunches were eating crisps – and that almost half (45 per cent) of their lunch was made up of high sugar content foods. The most popular sandwich filling was chocolate spread.

To address this, the school ran assemblies on healthy eating and put up displays around the building. Crisps were restricted to one day a week, while the whole school adopted a no-sweets-and-sugary-drinks policy. Information was given to parents to make sure they were fully included and children were rewarded with a raffle ticket when they had fruit or vegetables in their lunch boxes.

Afterwards the numbers having sweets in their lunchbox fell to 1 per cent and there was a six-fold fall in the use of chocolate spread. Fruit and vegetable consumption rose by 25 per cent.

## School years 'real opportunity for public health'

Public health director Becky Pollard says working with schools is vital.

**“The 11 years that pupils spend in school are a real opportunity to encourage and model healthy behaviours in the next generation. Get it right and children will maintain those healthy behaviours for the rest of their lives.”**

She says the council is working with schools and academies to “strengthen and improve” the programme and will soon be launching a series of new badges, including one on mental health and wellbeing, to help schools chart their progress. “By breaking our programme down into individual badges it will help create a clearer pathway to the overall award and allow schools to target key areas of need,” she adds.

## Targeting support to help for challenged areas

Bristol is also working to support schools in the most deprived areas of the city. In 10 schools the council is funding a new pilot project called, heads of wellbeing, which covers primary, secondary and specialist education. The scheme is creating posts of responsibility in schools to oversee the development of a whole school approach to wellbeing. This involves looking at all areas of school life and drawing up action plans, committing to gaining the mental health and wellbeing badge and developing a range of opportunities in the school to improve mental health and wellbeing.

“We wanted to do something extra for those schools that face the biggest challenges. These new posts will start this in September and we are hopeful that this will increase participation in the programme even further.”

## Drugs, sex and alcohol services in schools

The award scheme has also been linked with other projects Bristol commissions in secondary schools. These includes two charities, Bristol Drug Project and Brook, which run clinics in schools offering advice and referral in schools for substance misuse and sexual health respectively. Where schools have these services they must be actively supporting and promoting them to gain the award.

Ms Pollard says: “This is an important opportunity for early engagement with young people to help reduce the risk of developing problems with their sexual health or substance misuse as they grow up. Feedback from some young people – particularly boys – show that they don’t like using traditional services so by offering these in schools we are able to reach out to more young people. Most of the time the pupils just need some advice or a chat, but we can refer them on to services if anything else is needed.”

### Contact:

Anne Colquhoun  
Programme Manager, Children and Young People’s Public health team, Bristol City Council

[anne.colquhoun@bristol.gov.uk](mailto:anne.colquhoun@bristol.gov.uk)

## Islington (London): using experts to deliver sex education

- Islington Council helps schools deliver sex and relationship education, including offering its experts to teach pupils.
- Three-quarters of pupils rate the help as good or brilliant.
- The council has also launched a framework to support schools with improving mental and emotional health.

The London Borough of Islington works closely with its local primary and secondary schools to ensure pupils receive comprehensive and effective sex and relationships education. The council's school health and wellbeing team – funded by public health – has developed a toolkit to help teachers deliver sex education from year two.

It starts by looking at families and friendships and the differences between girls and boys and then develops in an age appropriate way through the primary school to year 5 and 6 where children learn how babies are made. In secondary school lessons explore what makes safe and healthy relationships, influences on sex and relationships as well as accessing advice on relationships and sexual health. Training and support can be offered to teachers too.

**“It is important to support teachers, we know that some teachers find it difficult to deliver these lessons so as experts in the field we have developed lessons resources and plans to help them. We can provide support and training too when required.”**

### Getting experts in to help pupils

Toolkits are also available for secondary schools, in addition to this they are offered free education sessions for their pupils from sexual health practitioners. The service is provided by the Camish Network, which incorporates the local providers for Islington and the neighbouring borough Camden - Brook, the Brandon Centre and Homerton University Hospital. The classroom sessions involve an introduction to safer sex, sexually transmitted infections and how local services work.

Belinda Narayanan, who coordinates the service, says: “It is available to all ages, although we tend to target it most at years 9 and 10. But we can tailor it to the age group we are doing. It is a great way of supporting schools, but it also helps us introduce our services to pupils. They get to know the staff, the way the services work and it means they are more likely to access our services when they need to. We have run some drop-in clinics in the schools for pupils to get advice and we have also taken groups out to our clinics.”

The service was only set up in 2015, but has already proved very popular, says Ms Narayanan. “We have eight staff who deliver the sessions and they are constantly busy going into schools every week.” Last year more than 160 sessions were held, involving 1,500 pupils. Feedback has proved positive with three-quarters of participants rating them as good or brilliant.

## Helping schools with mental health

Islington has also launched a framework for local schools to support positive mental health and resilience. The iMHARS (Islington Mental Health and Resilience in Schools) framework details key areas of school life that can support mental health and develop resilience. The framework was developed by the health and wellbeing team in partnership with Public Health, the local CAMHS service and the Anna Freud National Centre for Children and Families.

It contains seven core components:

- A clear vision and values that are understood and consistently communicated.
- Support networks that enable pupils to develop social relationships
- Teaching and learning that develops resilient learners.
- A curriculum that teaches life skills, including social and emotional skills.
- Specific help for vulnerable pupils.
- Effective partnerships with parents.
- Support and training for all staff to build skills, capacity and own resilience.

Ms Cameron says: “The factors that influence whether or not a child develops and emotional or behavioural problem are complex but broadly fall into two categories – risk and resilience. We cannot always protect children from risks but we know that individuals respond differently to difficult life events as well as to experiences of failure and mistakes. Building resilience is about supporting and enabling children to cope better with what life throws at them. Resilience protects against mental health problems and enables effective life-long learning.”

For each component, the framework details ideas for schools’ practice. For example, it suggests schools create opportunities for volunteering to support the development of life skills. Meanwhile, it urges schools to consider how their work with specialist agencies is effectively planned and monitored to best support vulnerable pupils. The framework has been developed with schools over the past two years and has already been used by 15 schools and there are now plans to extend it further.

Ms Cameron says: “It has been going really well. The schools have reported it has been very useful.

“We know a child’s mental health will affect them for the rest of their life. It is so important. It influences their overall health, happiness and productivity. As well as lifetime wellbeing there are immediate benefits to positive emotional health. Children are happier, make friends and sustain relationships, are aware of and understand others, face problems and setbacks and learn from them, enjoy their play and leisure time and most importantly for schools they learn better.”

**Contact:**

Helen Cameron  
Health and Wellbeing Manager, London  
Borough of Islington  
helen.cameron@islington.gov.uk

# Leicestershire: using digital technologies to engage pupils with school nursing services

- School nurses in Leicestershire have set up a text messaging advice service for secondary school pupils.
- It is available to 65,000 pupils across the county.
- Users report it makes it much easier for them to access services.

Digital technologies have transformed our lives, whether it comes to shopping, watching films or socialising. That is particularly the case for young people with research suggesting three quarters of children aged nine to 16 have a mobile phone. The school nursing service in Leicestershire has sought to capitalise on this by exploring new ways of engaging pupils.

## School nurse text messaging service

Leicestershire Partnership NHS Trust launched ChatHealth, a text messaging service for young people of secondary school age, in 2013. The service was co-designed by young people and school nurses and has proved incredibly popular.

It is available to about 65,000 pupils aged 11 to 19 across Leicester, Leicestershire and Rutland. Young people who want to get in touch text the service which is staffed on a duty rota from 9am to 5pm during the week in both term time and school holidays.

The message is delivered to a safe and secure web application for the staff to view and pupils using it are guaranteed a response within 24 hours Monday to Friday. If a faster response is needed, they are given signposting information.

There are also clear safeguarding procedures in place in the event that young people disclose they are at risk of harm. But in 97 per cent of cases advice and issues are resolved via text message.

Sarah Fenwick, Leicestershire's lead for school nursing, which is commissioned by Leicester City Council, Leicestershire County Council and Rutland County Council, says it has made a huge difference to the work of school nurses.

**“We’ve found that ChatHealth significantly increases the number of young people we can reach. It’s also a helpful way to engage with teenagers who might feel less comfortable speaking face-to-face with nurses about embarrassing or sensitive issues. For example, adolescent males are more likely to ask a question by sending a text message. About one in five ChatHealth services users is male compared to one in 10 attending school nurses clinics.”**

## Service now available to one million pupils

In fact, it has worked so well that Leicestershire has started supporting other areas to implement the system. Over 30 different places including Sussex, Shropshire, Greater Manchester and Norfolk are now using ChatHealth, meaning it reaches one million young people across the country.

But what do the people who have used it think? Feedback is extremely encouraging. One user says: “It allows us to express ourselves in a way we would with our friends and to know it is confidential, makes us open up to other people other than our friends.” Another says: “Sometimes you have things that are so embarrassing that you can’t talk about so if you send a message it allows you to get over that and get the help you need.”

Jimmy Endicott, Leicestershire’s mobile media development manager, is delighted with how it has been received. “The feedback has been great. ChatHealth is all about bringing healthcare to the smart phone generation who live their lives on line – they bank, shop and communicate with family and friends online.

“ChatHealth is about challenging that tradition to give people more choices about the ways they can get in touch. We really needed an innovation like this to engage with young people. Some of them can really be quite vulnerable.”

## Health websites for kids and teenagers

But Leicestershire has not stopped there. A text message service has since been developed for the parents/carers of young children and provides help and advice on everything from diet and nutrition to parenting advice and support.

Meanwhile two websites – Health for Kids and Health for Teens – have been launched. They provide helpful advice, guides and videos on health issues. For example, Health for Kids includes information about common illnesses such as asthma and allergies and fun, interactive games that promote healthy eating and physical activity.

And Health for Teens covers topics such as relationships and sex advice and information about drinking as well as lifestyle tips on nutrition and exercise. There is also a section on coping with exam stress and anger management, while a web chat facility links to the text messaging service.

The content is produced by the team’s own experts with lots of input welcomed from pupils about what topics they would like to see covered. One teenager who was involved in the development of the website says: “I love it. What is different is that we were asked what we wanted to see, rather than just being introduced to a website for teens.”

Caroline Palmer, ChatHealth digital clinical lead for the trust, says: “We are incredibly proud of what we have achieved. Young people need access to health services like everyone else and by offering this support in this way we are reaching out to people in a way traditional services do not.”

### Contact:

Rosie Huckle  
Communications Manager for Families, Young People and Children’s Services Leicestershire Partnership NHS Trust  
rosie.huckle@leicspart.nhs.uk

# Gloucestershire County: getting kids involve in the daily mile craze

- Gloucestershire has sought to capitalise on the Daily Mile movement to get school pupils active.
- It has promoted the initiative throughout the county – and now has 50 schools taking part, involving 10,000 pupils.
- Plans are in place to embed it further into the curriculum with teachers saying the regular exercise is improving behaviour in class.

The Daily Mile is an idea that originated at a school in Stirling in Scotland and has spread to others across the UK. It is based around the concept of getting primary school kids out walking or running for 15 minutes a day during classes. Last year a number of schools in Gloucestershire started giving it try and so this year a project team bringing together Active Gloucestershire, NHS Gloucestershire Clinical Commissioning Group, Gloucestershire County Council and Cheltenham Racecourse have help expand it further.

## Getting the whole county interested

Active Gloucestershire has led the initiative, working closely with schools to get them on board, while the school games mascot – Old Spot – has also been enlisted to promote the scheme to children and parents.

To encourage participation, Active Gloucestershire has marketed it as a virtual tour around Europe – with the participation of pupils tracked online so every mile done counts towards the school's progress. Schools with under 150 pupils are given a 3,300-mile circuit taking in Spain, France, Italy and central Europe, while larger schools have to complete a 7,100 course taking in Croatia, Greece and Denmark as well.

It has proved successful. It kicked off at the start of the 2017 summer term and involved 10,000 pupils at over 50 schools, a fifth of the total in the county.

## 'It is such a simple concept'

"The beauty of it is that it is such a simple concept," says Tom Hall, Active Gloucestershire's head of education, who has been in charge of organising the programme.

"We could have tried to invent our own scheme, but sometimes there is no need.

We talked to the schools who were already involved and realised it was something we could support others to take up so that is what we have done. I have been delighted with the response.

"What is really nice is that it is not competitive – it is fun and inclusive – so children of all abilities are taking part. We leave it up to schools how they organise it but just provide support around making it fun and accessible for all students – and especially those who are less active. Some do it at the start of the day, but it seems to work best when it is left up to teachers.

"They can decide when to take the children out – if they are flagging or losing concentration they take them outside and get them running.

"At first some teachers were concerned it could disrupt work but in fact teachers are reporting that they have seen the concentration levels of students improve as a result of an active break".

## ‘The evidence is strong’

One of the schools that has got involved is Twyning School in Tewkesbury. Teachers started organised the Daily Mile a year ago and it has continued into 2017. PE coordinator Jo Leggett agrees it has far-reaching benefits.

“The evidence is strong that health improves, but they do better in class. It helps them concentrate.

“It can also improve mental health and as we know there is a lot of evidence to show that children’s mental health is getting worse as they spend more time in front of their screens.”

Mark Bacon, head teacher of Churchdown Village School, says teachers tell him the same. ‘We had one teacher who was a bit apprehensive at the start because of the potential for it to disrupt the class, but afterwards she said it really helped in terms of their resilience and attitude to work. “The thing is it is a really fun time. Children get active, but when they do they are chatting or skipping – I’ve even seen them learning French and teachers cartwheeling.”

## What about the future?

Already attention is turning to how to keep the initiative going. “We don’t want this to be a one-off,” says Mr Hall. “We want schools to do it again next year and for more to get involved in a way that works best for their school. We aim to create a programme of ideas around the Daily Mile that we will send out to all primary schools in the next academic year.

“We want all young people in Gloucestershire have access to daily activity – and that through programmes such as this they are able to embed healthy habits for life.”

### **Contact:**

Tom Hall  
Head of Education, Active Gloucestershire  
tomhall@activegloucestershire.org  
[www.activegloucestershire.org/](http://www.activegloucestershire.org/)

## Oxfordshire: getting children competing

- Oxfordshire has one of the most well-established school games movements.
- All secondary schools and 95 per cent of primary schools have got involved.
- The county has achieved this by creating opportunities for the non-elite pupils, encouraging team events and engaging pupils in organising the games.

The School Games movement was launched as part of the attempt to ensure the 2012 London Olympics left a lasting legacy on the country. Oxfordshire's county sports partnership has one of the most successful school games programmes. During the 2015-16 academic year, 95 per cent of primary schools and 100 per cent of secondary schools took part, involving nearly 30,000 participants.

There were 88 different competitions across over 20 sports, including traditional events such as athletics, gymnastics and swimming along with more unusual activities such as angling, rounders and boccia. The games start off early in the academic year with inter-school competitions from which the winners progress to district finals and then finally the county finals which start after Christmas. Many of the finals congregate around week-long Olympic-style festivals which take place in the spring and summer terms.

### The secret of success

"It is in its sixth year now and has really gone from strength to strength," says Richard Neal, the youth sport manager at Oxfordshire Sport and Physical Activity (OxSPA). "We have some schools entering over 40 competitions. It is great to see how much it means to the children taking part and the enjoyment they get from it."

Mr Neal says "There are a variety of factors behind the success of the games. The county is split into five districts with each having its own school games organiser. These are embedded in the schools giving the competition real credibility", he says.

The organisers rely heavily on young leaders from local secondary schools and colleges who help organise events, referee matches and marshal runs. More than 4,000 volunteered last year. "They mainly tend to be aged 14 and 15 but we do have some younger helpers as well as some older ones," says Mr Neal. "It would not be possible to run the games on the scale we do without their support.

**"They really get a lot out of it in terms of developing their leadership and organisational skills. But I think what is perhaps even more important is the human skills they gain – empathy, compassion, humour."**

### Ensuring competition for elite and non-elite

Another factor is that participation is encouraged no matter what level of sport the child plays. "We have also sought to encourage and support those children who are not the elite ones. There are some events that are specifically aimed at the non-elite, angling and boccia for example, while a Panathlon competition is held for pupils with disabilities. In many areas, there is also a level of competition for primary schools leading up to the district finals. They compete in clusters against neighbouring schools – it encourages smaller schools in particular to take part."

Many of the events are based on teams rather than individuals. For example, tennis is organised in a similar format to the Davis Cup whereby schools compete as teams. A similar approach is taken to gymnastics. In recent years, the county finals have started to be held at the more prestigious venues in the county. “We have organised competitions to be held at the major swimming pools and the big independent schools. It makes it even more of an experience for the participants. But practical things – like making sure there is enough parking – are also important.”

The organisation of the events requires a closer working relationship between OxSPA and School Games organisers. “We are lucky to have a fantastic team of organisers to work with, and we try to ensure the format of all competitions is consistent all the way through. We have district medal tables so schools can see how they are collectively doing against each other. It sounds pretty simple, but it does require a lot of organising and teamwork from everyone.”

## ‘Sport is part of who I am’

But what do those taking part think? Feedback from those who have competed showed that 90 per cent said taking part in sport made the “feel good about themselves” and 89 per cent described sport as a “part of who I am”. Meanwhile, Nikki Farmer, a teacher at Kingfisher School, which won the secondary school Panathlon finals this year, says it was an “excellent experience” for everyone involved – over 100 pupils took part in the event. “They look forward to it each year – I see pupils that are the happiest they have been all year.”

### **Contact:**

Richard Neal  
Youth Sport Manager Oxfordshire Sport  
and Physical Activity

[rneal@oxfordshire.gov.uk](mailto:rneal@oxfordshire.gov.uk)

[www.oxspa.co.uk/school-games/](http://www.oxspa.co.uk/school-games/)

# Using the national child measurement programme to tackle obesity

- Some councils have used the National Child Measurement Programme as a catalyst to launch initiatives to tackle obesity.
- Solihull is one of the local authorities to have done this, setting up weight management programmes in schools.
- Another is Bournemouth, which is running a variety of initiatives.

The National Child Measurement Programme (NCMP) measures the height and weight of children in reception - aged 4 to 5 years – and year 6 – aged 10 to 11 years – to assess overweight and obesity levels in children within primary schools. Some councils are using evidence gathered during the process to inspire and target their obesity work in schools – examples of which are being looked at by researchers at University College London.

## Solihull

A new approach to family weight management commenced in 2015. While overall Solihull childhood obesity rates have been at the England average for reception, and significantly lower for year 6, rates in a number of deprived wards were showing increasing trends that were of concern.

So in 2015 Solihull Metropolitan Borough Council launched a new approach by starting to run family weight management programmes in schools. The 12-week courses are run in six schools each term with sessions alternating between healthy eating and physical activity.

The nutrition sessions include advice on portion size, sugar swaps and lunch box ideas, while the activities are focused around fun games.

Parents are encouraged to attend at least one session. The public health team, which runs the programme, works closely with the schools to decide which pupils to include and how to approach them.

Programme manager Sadie Walker says: “We have kept it quite flexible. Some schools will have a mix of fussy eaters and pupils who are overweight, some will open it up to all and others will target only those who are overweight. In terms, of approaching children, schools can talk to the parents themselves or the school nurses get involved. We do find some families refuse to take part, but not that many.”

Last year 179 pupils started the programme and 133 completed it. Nearly half had increased their physical activity levels by the end and over half had increase fruit and vegetable consumption. BMI centile was maintained and improved for over 100 pupils. In fact, the programme has proved so popular that the council now has a waiting list of schools wanting to take part.

## Bournemouth

Like many areas, Bournemouth Borough Council has been taking a keen interest in tackling obesity. Locally, midwives and health visitors are trained to support weight management and behaviour changes. They work closely with children’s centres to support breastfeeding and healthy eating, while school nurses offer support once children started school.

But over the last two years, public health has worked closely with local schools, many of them academies, to engage them in a range of activities to promote activity and healthy nutrition.

These include:

- Fruity Fridays where PE kits are worn and there is a focus on getting pupils to be active during the whole day, including a health-themed assembly.
- Taking part in the Daily Mile in the playground.
- Aerobics in the playground one morning a week before school starts with staff and parents involved too.
- Change 4 Life information boards being prominently displayed in schools.
- Targeted games and healthy eating clubs for those children whose weight falls outside the healthy range.

Families have also been engaged after the NCMP measurement with follow-up calls and interventions.

School nurses take the lead with this by getting into contact with the parents and carers of children that are identified as underweight or very overweight following the NCMP measurements and talking to them about the support that is available.

Evaluation shows there is generally positive engagement from the parents and families when contacted and interventions are initiated. Re-weighing of the children in some of these families has shown an improvement in their BMI.

London Borough of Tower Hamlets: targeting support through using school readiness as an early indicator of neglect

## The rationale for the project

There were two drivers for the school readiness-early neglect pilot identified in early 2016 in Tower Hamlets:

- Consistent message from primary heads that many children were not school ready taking up valuable resources to get children to the required baseline for learning.
- Despite the levels of deprivation in the borough and a refreshed neglect strategy, there remained a low number of referrals to children social care services.

The project – school readiness and early neglect – was created in 2016 to test the hypothesis that a focus on school readiness would:

- Support the identification of families where there may be signs of low level neglect, families who normally would not meet the threshold for social care and are unlikely to engage with early help services without persistent outreach.
- By offering a bespoke intervention within a universal service (education) there would be improved school attendance and improved partnership work between the school and the parent.
- The intervention if effective would lessen the impact of neglect and this could be measured through a number of outcomes.
- That early identification and effective intervention would reduce demand on statutory service or would identify the need for statutory involvement at an earlier stage.
- Why identification of neglect as early as possible in a child's life is important.

There is now a considerable body of research which demonstrates the damage to young children living in situations of neglect; this includes the impact of a lack of stimulation, resulting in delayed speech and language, and the development of insecure attachments. The pervasive and long-term cumulative impact of neglect on the well-being of children of all ages is also well documented. National research in analysis of serious Case Reviews highlight that neglect is a feature in 60 per cent of cases indicating a focus on early identification of children is of real value.

## Engaging schools in the pilot

Six primary schools where children have low levels of attendance in Nursery and Reception classes were invited to take part in the pilot. The work was delivered by a parenting practitioner (from the Parental Engagement Service) working with school staff in the school.

The delivery plan for the project included a programme of educational / information sessions and workshops, parenting programmes, targeted individual family support, home visiting and peer support focussing on key messages, key areas of child development and parent / child relationships. The delivery model / content was flexible and included:

- Getting children off to the best start in the Early Years – the benefits of regular school attendance / impact of non-attendance.
- The impact of a rich home – learning environment.
- How to manage common childhood illnesses.
- The importance of modelling a positive approach to school (parent to child).
- Managing behaviour: use of positive parenting strategies to increase confidence in parenting and developing parents' capacity to meet the needs of their children across all areas.
- Triple P Discussion Group, with one off topics to include, developing good bedtime routines, encouraging positive behaviour, developing good bedtime routines and encouraging positive behaviour.

One of the aims of this pilot project was to facilitate co-working with other professionals, with practitioners modelling a 'whole family' approach alongside school staff and building capacity within the school to take the work forward beyond the pilot.

## Measuring success

The pilot has collected data on the following measurable outcomes:

- Numbers of families successfully engaged in interventions.
- Improvements in school attendance.
- Improvements in parental engagement with schools and in their capacity/confidence in supporting their child.
- Improvements in parental confidence to respond to their child's needs including emotional, basic care, managing behaviour and keeping them safe.
- Increased confidence of school staff to build relationships with parents, identify and respond to issues.
- Development of improved relationship between participating schools and provision of early help.
- Increased awareness and confidence of parents to access help and support from local services.

## Early findings to date

Although work is still in the early phase, there has been an average of 7 per cent increase in attendance of the children highlighted for one to one support and schools have reported better engagement with parents as a result of the pilot.

## Next Steps

Tower Hamlets will continue with another small scale pilot but within an Outcomes Based Accountability framework led by Dr Tony Munton with a newly created performance dashboard ready for 2017-18. This will provide a robust evidence base for wider roll out.

**Contact:**

Jill McGinley  
London Borough of Tower Hamlets  
Jill.McGinley@towerhamlets.gov.uk

# Leeds City Council: supporting city wide improvements in child oral health and maintenance of a healthy weight

Information in Leeds from the annual “My School, My Survey” highlighted that on average only 20 per cent of children and young people ate five portions of fruit and vegetable each day, and that the majority of children consumed between two to four sweetened drinks daily.

Data also showed that just over twenty per cent of children in year 6 are recorded as being obese and the most recent survey of the dental health of five year old children indicates that just over 30 per cent of children in Leeds experienced tooth decay compared with 24.7 per cent in England.

Reducing the amount and frequency of free sugars consumed is not only important for improving good oral health but also for maintaining a healthy weight. Poor oral health can impact on eating, sleeping and socialising. In addition days missed from school time may impact on education.

Leeds City Council meal provider - Catering Leeds serves over 33,000 meals a day to schools in the area. Following discussions with the council, it was agreed that making small changes could achieve a positive impact on healthy eating behaviours. Catering Leeds and the council decided to run a pilot project involving six primary schools.

The aim was to offer healthy school meals with reduced sugar content to meet the recommendations of the Scientific Advisory Committee on Nutrition (2015) which specify that free sugars should not make up more than five per cent of total food energy and that school lunches make up approximately 30 per cent of a child's daily intake.

In practice this means that school lunches should:

- contain no more than 6.3g of free sugars per school meal for four to six year old children
- contain no more than 8g of free sugar per school meal for seven to 10 year old children

In order to meet these targets the pilot replaced dessert with a starter twice a week and also introduced a minimum of two fresh fruit desserts twice a week. The initiative was supported by Leeds City Council, the oral health promotion team from the Community Trust and parents and children from six schools.

Following support from the head teachers of the pilot schools, consultations took place with parents and pupils. Pupils were engaged through school assemblies and through interactive workshops, where they sampled foods and decided which starters should be introduced. Parents were invited to assemblies to explain the rationale for the pilot and seek feedback.

Using Saffron software the average daily amount of free sugars in the standard menu and the new menu were estimated and then successfully reduced. Nutritional analysis showed that average grams of free sugar were reduced from 9.6 grams in the standard menu, to 4.6 grams in the new menu.

The changes have been well received by both parents and children with feedback largely positive, “I think the starters are a great healthy option and a great idea to mix up the week’s choice”.

Parents and children have also shared ideas to further improve the new menus, saying “A greater choice/selection of starters would be good” and “I Would prefer more fruit and yogurt desserts”.

Following introduction of the new menu, there has been no significant impact on school meal uptake and the positive support from parents has continued. Further work is being taken forward to develop menu choices following consultation with pupils and the pilot is now being rolled out to a further seven schools across Leeds.

**Contacts:**

**Catering Leeds:**

Mandy Snaith  
Head of Service  
Mandy.A.Snaith@leeds.gov.uk

**Leeds City Council:**

Laura Hodgson  
laura.hodgson3@leeds.gov.uk

**Swarnjit Shahid**

Consultant in Dental Public Health, Public Health England  
Swarnjit.shahid@phe.gov.uk

# Want to find out more?

Good Childhood Report 2016  
(Children's Society)

[www.childrenssociety.org.uk/what-we-do/research/the-good-childhood-report](http://www.childrenssociety.org.uk/what-we-do/research/the-good-childhood-report)

Health Behaviour in School-Aged Children  
2015: World Health Organisation

[www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf](http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf)

CMO 2012 Report: Our Children Deserve  
Better

<https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays/cmos-annual-report-2012-our-children-deserve-better-cmos-summary-as-a-web-page>

State of Child Health 2017  
(Royal College of Paediatrics and Child Health)

<http://www.rcpch.ac.uk/state-of-child-health>

Young People's Health  
(Association for Young People's Health, 2017)

<http://www.youngpeopleshealth.org.uk/wp-content/uploads/2017/03/Young-Peoples-Health-Update-2017-final.pdf>

Improving Young People's Health and  
Wellbeing Framework

(Public Health England, 2015)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/399391/20150128\\_YP\\_HW\\_Framework\\_FINAL\\_WP\\_\\_3\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/399391/20150128_YP_HW_Framework_FINAL_WP__3_.pdf)

A Public Health Approach to Promoting  
Young People's Resilience

(Association for Young People's Health, 2015)

[www.youngpeopleshealth.org.uk/wp-content/uploads/2016/03/resilience-resource-15-march-version.pdf](http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/03/resilience-resource-15-march-version.pdf)

Future in Mind (NHS England's strategy  
for young people's mental health, 2015)

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

Childhood Obesity Strategy  
(Department of Health, 2016)

[www.gov.uk/government/publications/childhood-obesity-a-plan-for-action](http://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action)









**Local Government Association**

Local Government House  
Smith Square  
London SW1P 3HZ

Telephone 020 7664 3000

Fax 020 7664 3030

Email [info@local.gov.uk](mailto:info@local.gov.uk)

[www.local.gov.uk](http://www.local.gov.uk)

© Local Government Association, July 2017

For a copy in Braille, larger print or audio,  
please contact us on 020 7664 3000.  
We consider requests on an individual basis.

REF 15.4