Children and Young People are Our Future: An Asset-based approach

What makes you and keeps you healthy?

Competition Winner: Olivia Clarke, age 11

Executive Director of Public Health Annual Report 2014

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FOREWORD

I am delighted to present the fourth Director of Public Health Annual Report, which continues the theme of improving health and reducing health inequalities in North Wales. All Directors of Public Health in Wales are required to produce an independent Annual Report on the health of their population, highlighting key issues. This year’s report is about the children and young people of North Wales and completes the series of annual reports examining the different stages of the lifecourse. The previous annual reports have focused on ‘Early Years - building the blocks for future life’ (2011), ‘Health and fulfilment in the later years’ (2012), and ‘Resilient and Resourceful Adults: an asset based approach’ (2013). These can be read and downloaded at: http://www.wales.nhs.uk/sitesplus/861/page/40903

I am very privileged this year that my report has been shaped by the views of children and young people from our communities across North Wales. They have enthusiastically contributed to the report through an engagement process which included focus groups, a survey and a school-based competition. I thank all of those who gave of their time to be involved. The experience of their individual and collective engagement was truly inspiring, and this purposeful approach is intended to highlight the need for us all to move to a culture of true co-production, where our communities are recognised as experts in their own lives.

Children and young people are rightly a target for public health and early intervention services. The fact of their youth means that there is time to both prevent damaging behaviours and attitudes developing and also time to help them establish good patterns of managing their health for the rest of their lives. By contrast, the costs of inaction are huge: a significant proportion of obese teenagers go on to be obese adults; half of life time mental illness starts at 14; many adult smokers began before they were aged 19.

This year also saw the Commonwealth Games being hosted by the citizens of Glasgow who chose to put children and young people at the very heart of the event. ‘Putting Children First’ was a key theme for the games, emphasising the importance of demonstrating the shared values for equality and human rights (UNICEF, 2014) and, in an historic single moment, brought millions of people together to make a difference to the lives of children across the world (Third Sector, 2014).

It is not just, however, in such single moments that we must have a dedicated focus to addressing inequalities in health for our children and young people. In this context I have purposefully used the phrase “children and young people are our future” in the title of this year’s report. It reminds us that it is to the nation’s and region’s children that we will pass our culture, values and principles. It is recognised that early intervention during these important years can prevent ill-health and reduce mortality and morbidity and that healthy behaviours in childhood and teenage years set patterns for later life. Continued support to children and young people can mean that society as a whole can reap all the benefits of a resilient next generation, which is happier and healthier. Indeed, in recent years, successive reviews have demonstrated the economic and social value of prevention and early intervention programmes starting in pregnancy and continuing.
through the early years, childhood and teenage years (Children and Young Peoples’ Health Outcome Forum, 2012). In Wales, the need for a public services focus on prevention and early intervention has been further highlighted by the Commission on Public Service Governance and Delivery (Welsh Government, 2014a).

Considerable variations exist in the health outcomes of children and young people across North Wales as a result of differing life circumstances. The Marmot Review ‘Fair Society, Healthy Lives’ (2010) highlights that “levels of education, supportive family and community networks, social capital and parenting skills” are unequally distributed, and result in different health outcomes for individuals. The more deprived the neighbourhood, the more likely it is to have social and environmental characteristics presenting risks to health. These include poor housing, higher rates of crime, poorer air quality, a lack of green spaces and places for children to play, and more risks to safety from traffic (Institute of Health Equity, 2010). Infant mortality, obesity, childhood accidents, and teenage pregnancy disproportionately affect more children and young people from disadvantaged backgrounds. It is not just their health that is affected – it is their social and economic potential. The recent report of the Children and Young Peoples’ Health Outcome Forum in England (2012) highlighted that the outcomes for children and young people would be improved if the wider health and public service system pays more attention to inequality. Whilst our approach needs
to be universal, it must have a clear focus to support those children and young people most in need. Tackling poverty is fundamental to this.

Investing in childhood is already a focus in Wales, highlighted by such plans as ‘Building a brighter future: early years and childcare plan’ (Welsh Government, 2013a) and ‘Tackling Poverty Action Plan’ (Welsh Government, 2012b). The forthcoming Well-being of Future Generations Bill (Welsh Government, 2014b), with its intended focus on the 6 wellbeing goals under the principles of sustainable development, provides a further focus for improving health outcomes.

Asset based approaches concentrate on the resources that people and communities have and employ to remain well and to bounce back from adversity (Woodfine et al, 2014). As last year, my report takes an assets based perspective; this emphasises that sustainably improving the health of children and young people in North Wales will require us to work in partnership to alter the physical, social and economic circumstances of people’s lives, not simply changing individual behaviours. Strengthening protective factors at home, in schools and in communities will make an important contribution to improving the life chances of individuals.

I am reminded from work in Scotland that in practice the vast majority of contacts with children and young people take place in the community with our schools, social services and the NHS together providing the ideal opportunity to identify health issues and to offer appropriate, timely interventions (Scottish Executive, 2007). In addition to prevention, the need for integrated care co-ordinated around and tailored to the needs of children, young people and their families is also fundamental to improving health outcomes. Integration means that the joins between different services and sectors are invisible. Such an integrated approach requires effective multi-agency working, with and alongside local communities, using local assets and applying learning from best practice both local and elsewhere, in order to deliver real and lasting improvements.

I am, therefore, delighted that my annual report has again been produced by a broad range of stakeholders from health, local government and the Third Sector. In times of austerity, it is vital that we pool our collective knowledge and resources and work in partnership to focus ‘upstream’ on the determinants of health.

The report this year draws upon and is complimented by a detailed needs assessment of the Health of Children and Young People in Wales (2013), published by the Public Health Wales Observatory. I am grateful to them for this work which includes individual local profiles for our 6 Local Authority areas. These are available at: http://www.wales.nhs.uk/sitesplus/922/page/69312. I invite all agencies to view these local profiles alongside this report, and consider the findings and further action that can be taken in partnership at community, local authority and regional level.

Finally, I am very grateful to Professor Robert Atenstaedt (Editor), Siobhan Jones (Deputy Editor), Dr Graham Brown (Deputy Editor), as well as to Sian ap Dewi, Sarah Andrews, Delyth Jones, Kim McInally, Dafydd Gwynne and Claire Jones from Public Health Wales for their significant contributions; also to Karen Chambers and Emma Murphy from Flintshire Local Authority. My thanks also to colleagues in the Local Public Health team, Public Health Observatory of Public Health Wales, Betsi Cadwaladr University Health Board, Local Authorities and the Third Sector. Also to those who contributed to the case studies and helped to make the engagement process such a success.
EXECUTIVE SUMMARY

“\textit{I feel happy about myself and looking forward to the future}” (young participant)

This Annual Report aims to engage with professional stakeholders in North Wales in order to draw their attention to the value of taking an asset-based approach in the planning and delivery of their services, describing the variation in assets and health needs across North Wales for children and young people, and making evidence-based recommendations on how this variation should be tackled. Local case studies have also been highlighted.

Across North Wales we are becoming better at recognising and supporting individual resilience and community strengths, which are protective factors of wellbeing. These attributes help to act as buffers against things that lead to unhealthy lifestyles and environments that are not beneficial to health. This is known as an asset based approach. Assets are the things that help to make or keep children and young people healthy and include those things that are ‘within’ the individual, as well as those from their wider lived experience.

There are 44,000 children aged 5-10 years currently living in North Wales, representing 6% of the population. Young people aged 11-15 number 39,000 (6%). The approximate population of 16-24 year olds is 75,000, about 11% of the total population.

Children and young people have contributed to this year’s report in a number of ways from online surveys to focus groups, as well as participating in a competition to design the front cover. Their contributions are featured throughout and are reflected in the key messages.

KEY MESSAGES

Health assets support and promote resilience throughout childhood and adolescence - a period of transition, experimentation, and rapid development.

Children and young people are in themselves a major asset. As they grow and mature, they take increasing responsibility for their own health, as well as making a positive impact on the wellbeing of their communities. Areas that the report highlights include: satisfaction with life; mental wellbeing; getting enough sleep; maintaining a healthy weight; keeping smoke free; drinking alcohol in moderation and not taking illicit drugs; maintain good dental health; staying injury free; keeping sexually healthy; keeping up to date with immunisations; keeping children looked after well; protecting our children and young people.
Good health underpins a child’s ability to flourish, stay safe and achieve as they grow up. Health is crucially linked with education; good health and emotional wellbeing are associated with improved attendance and attainment at school, which in turn lead to improved employment opportunities and broader career options.

Vitally important are the relationships between children and young people and their family, friends, and the wider community. These offer a source of emotional support and promote positive mental wellbeing. Families play a key role in fostering interpersonal relationships and directing children in developing personal values and behaviours.

Local public service organisations play a key role in enabling children and young people to make the most of their assets in order to remain healthy and resilient. Childhood and adolescence is a period of transition that presents countless opportunities for self-development and personal growth, but for some it can be a time of great challenge and anxiety. By providing accessible services that promote and develop health assets, public sector organisations can help to mitigate against these challenges and support this generation in remaining healthy. The things that children and young people specifically asked for included: easier access to mental health advice; easier ways of accessing leisure opportunities; more affordable, organised events closer to home; better maintenance of playing fields and things for older children to enjoy; more places for older teenagers to go; better signposting to the natural resources in North Wales and encouragement for local people to use them.

The economic, natural and built environment in which children and young people live, play, study and work, is integral to health and wellbeing. Work is good for both physical and mental health but the quality of that work matters. North Wales has a spectacular natural environment that provides countless opportunities for physical activity and play. Additionally, good quality housing and a range of public buildings provide a built environment that offers a safe place to live, learn and work, supported by a strong local culture and enhanced by the Welsh language.

An asset based perspective can help identify those things that local services can build upon and develop to support the children and young people of North Wales to stay healthy and happy. To do so requires a truly co-productive approach, and enables services to make the most of the most important asset available – the children and young people themselves.
Local Authorities, local strategic partnerships, the voluntary sector and local businesses should support community-based initiatives that promote health and wellbeing for families (e.g. food cooperatives), provide more leisure opportunities for children and young people and promote access to natural and built environments that promote play and physical activity.

Those commissioning and providing services to children and young people should do more to promote the help available in the field of mental health and wellbeing.

All providers of services for children and young people should actively engage and include children and young people in the planning, delivery and monitoring of their services, thereby maximising their assets and achieving genuine co-production.

Health services should invest in prevention and early intervention for children and young people, ensuring that the services that they provide are better publicised and more widely available, for example school-based health clinics.

All statutory and voluntary organisations and local businesses should provide secure and meaningful work opportunities, especially for our young people to find employment locally when they leave education.

Statutory and voluntary organisations should prioritise early identification of abuse, harm, victimisation and exploitation, as well as appropriate referral, to maximise their contribution to the safeguarding of children and young people.

Education services and schools should collaborate with parents and pupils to ensure they promote a whole schools approach to the social, emotional and physical wellbeing of children and young people.

Statutory and voluntary organisations should prioritise early identification of abuse, harm, victimisation and exploitation, as well as appropriate referral, to maximise their contribution to the safeguarding of children and young people.

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Children and Young People are Our Future: An Asset-based approach
1. INTRODUCTION

1.1 Aim of the Annual Report

This Annual Report aims to engage with professional stakeholders in North Wales in order to draw their attention to the value of taking an asset-based approach, describing the variation in assets and health needs across North Wales, and making recommendations on how this variation should be tackled. The key messages have also been reproduced in an infographic format to better engage with children and young people in North Wales.

This report looks at the factors that impact on the health and wellbeing of children and young people. It paints a picture of their experiences and those positive influences and assets that can support them to live full and happy lives. This report also reflects on the people, places and activities, which can act as assets for children and young people, enabling them to flourish and thrive both physically and emotionally and help achieve their potential as individuals.

Many of the evidence-based recommendations contained in the report have been taken from the recent Public Health Wales Observatory publication ‘Health of Children and Young People in Wales’ (2013). The source of these recommendations is National Institute for Health and Care Excellence (NICE) guidance and the Cochrane and Campbell collaborations.

1.2 The Assets Approach to Health and Wellbeing

For many years, our work to improve population health and wellbeing has focussed on what makes people ill and trying to prevent or reduce these factors. This is known as a deficits approach.

Last year’s Annual Report started a new conversation to consider “what makes people healthy?” Across North Wales we are becoming better at recognising and supporting individual resilience and community strengths. These attributes help to act as buffers against things that lead to unhealthy lifestyles and environments that are not beneficial to health.

This is known as an asset based approach.

The assets approach to health (IDeA, 2010)
Put simply, an asset is anything that is useful or important and the term ‘health asset’ or ‘assets for health’ can be used to describe all of the things that help to make or keep people healthy. Assets include those that are ‘within’ an individual; their gifts and capabilities, as well as those that are within their wider lived experience as illustrated below.

Wherever possible, we have looked at data and statistics through an ‘asset lens’ and all of our case studies focus on building individual or community assets for health and wellbeing. Health assets have been grouped under the following headings: people, education and skills, communities and wider environment.

Adopting an asset-based approach does not mean that we are not mindful of the significant challenges that exist for individuals, families and services to improve the health and wellbeing of children and young people across North Wales. However, this approach means that we start from a perspective that change can happen by making the best use of what already exists or is possible to develop, rather than on the alternative and traditional approach of starting from a negative perspective that focuses on what we don’t have or have failed to achieve.

1.3 Involving Children and Young People

Children and young people across North Wales have been involved in producing this report in a number of ways. More details about the methodology used during the engagement work can be found in the separate technical reports which accompany this report.

Social Change, a specialist engagement company, were commissioned to work with a group of pupils and students aged 5-10 years from Ysgol Cynfran, Colwyn Bay; 11-15 years from Ysgol Uwchradd Bodedern, Bodedern and 16-24 years from Coleg Cambria, Wrexham. These bilingual focus groups were designed to find out what assets children and young people think about, the assets they possess, and those that are available to them.
We also conducted a bilingual online survey for children and young people aged 11-24 years to tell us what they do to stay healthy and what they think would lead to better health within their communities. The development, promotion and analysis of the survey was led by the Children and Young People Engagement Officer and Performance colleagues from Flintshire County Council, using existing engagement networks. This involvement activity resulted in 111 young people taking part.

The impressive work that has been undertaken by children and young people in contributing to this report considerably strengthens its message and their voices have been quoted throughout in speech bubbles.

1.4 Our Children and Young People

The years between 5 and 10 are a period when children build on skills developed in early childhood. During this time it is important that children are supported to strengthen their cognitive and emotional attributes such as their communication skills, and that they gain the ability to form positive relationships with their peers, develop good self esteem and independence. At this stage the lives of children rotate around school and the home. These two environments play a key role in shaping their development as does the physical landscape in which they live.

Children and young people aged 11 to 15, most of the secondary school age group, cover a wide range of stages of development. This time of life is characterised by changes: bodies growing and maturing, moving to a bigger school and increased independence. Reaching the age of criminal responsibility reflects an acceptance of their accountability for their own actions and choices. However, they are not yet able to marry, drive, vote or buy alcohol or tobacco. One of the findings of our recent focus group research with 12-year olds is that they do not see themselves as children: this age group already identify themselves differently. To reflect that distinction this chapter will refer to this group as young people. Young people this age mostly still live with their families.

The nine year span between 16-24 years is one of transition from childhood to adulthood. This is an extremely important period in life and can impact significantly on health and wellbeing. Changes such as leaving school and starting college, living independently, starting a job, beginning a relationship and having children all present new challenges.
This time of change presents an individual with an opportunity to explore preferences and priorities with anticipation, excitement and curiosity. Some young people, however, struggle to cope with change, particularly those who are vulnerable or at risk, which can lead to less positive life experiences.

There are 44,000 children aged 5-10 years currently living in North Wales, representing 6% of the population. Young people aged 11-15 number 39,000 (6%). The approximate population of 16-24 year olds is 75,000, about 11% of the total population.

Children ‘looked after’ is a term used to describe those children and young people who are looked after by local authorities. There are approximately 5000 children looked after aged 5+ years in the care of local authorities in North Wales. They are one of the most vulnerable groups in society and the care they receive is an essential part of the child protection and family support system.

In Wales, over 25,000 males (5.7%) and almost 20,000 females (4.3%) aged 0-24 report having a long term health problem or disability. Childhood diseases and chronic conditions can have a life-limiting effect and involve an increase in the use of health services over the lifespan of the child affected. The extent to which a disability affects a young person’s life will depend, not only on the nature and extent of the disability itself, but also the social context in which they live. Many parents find it impossible to work at the same time as caring for a disabled child and there are often additional costs associated with caring for someone who is disabled. Also children and young people with learning disabilities are more likely to be overweight or obese.

What makes you and keeps you healthy?

Runner up: Telen Lewis, age 8
2. OUR PEOPLE AS ASSETS

Children and young people themselves are a major asset to North Wales. As they grow and mature, they take increasing responsibility for their own health, as well as making a positive impact on the wellbeing of their communities.

2.1 Being Satisfied with Life

There is no agreed measure of life satisfaction in those aged 5-10 years. For those aged 11-15, the closest objective measure we have is the question about quality of life in the international survey on Health Behaviour in School-age Children (HBSC). In Wales young people rate their quality of life lower than those in the other UK countries, although higher than in some other European countries. Boys consistently rate their life quality higher than girls do.

Young people in the UK have a higher than average life satisfaction score compared to the general population according to the Annual Population Survey 2011-12 (ONS, 2012). Young adults aged 16-19 reported an average score of 7.5/10 for happiness on previous day compared to 7.2/10 for 20-24 year olds. Compared to the whole population, this group also reported one of the lowest average scores for feeling anxious on the previous day with their score at 2.8/10, compared to 3.0/10 reported by 20-24 year olds.

2.2 Maintaining Good Mental Health

Mental health and wellbeing is an integral and essential component of overall health. An individual with good mental health can make the most of their potential, cope with life and play a full part in family life, with friends, the workplace and their local community. Mental health and wellbeing is developed during childhood and teenage years where patterns are set for the future.

Some children and young people experience life circumstances that become overwhelming; these can

| % of persons aged 11–16 scoring six or higher on self rated quality of life, 2009/10 |
|-----------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
|                                   | Males | Females | Persons | Males | Females | Persons |
| Turkey (lowest)                   | 68    | 63      | 66      | 87    | 80      | 83      |
| Netherlands (highest)             | 96    | 92      | 94      | 87    | 80      | 84      |
| HBSC Average                      | 87    | 83      | 85      | 86    | 79      | 82      |
| Scotland                          | 90    | 85      | 87      | 86    | 79      | 82      |
| Ireland                           | 88    | 85      | 87      | 85    | 79      | 82      |
| England                           | 89    | 82      | 86      | 85    | 81      | 83      |
| Wales                             | 86    | 80      | 83      | 84    | 81      | 83      |

Produced by Public Health Wales Observatory, using HBSC (WG)
be related to bereavement, illness, abuse, or family breakdown. The children who can be described as resilient in those circumstances are those who are able to call on their own strengths and the help of others around them to resolve their difficulties without serious and lasting effects.

In our survey, around 80% of the 11-15 year olds who replied told us that they believe themselves to be either ‘healthy’ or ‘very healthy’. We asked young people in our survey what they did to keep their bodies healthy and they listed all types of physical activities, with walking, running and team sports being most popular. They also mentioned physical activity as something that made them happy. In contrast, young people aged 11-15 in our survey were less positive about their mental health. Only 60% believed their minds were ‘healthy’ or ‘very healthy’ and more than a quarter said they thought themselves ‘not very healthy’, which is concerning. To keep themselves mentally healthy the most popular activities reported were reading, computer games and hanging out with friends, followed by exercise, spending time with family, hobbies and playing outside.

Approximately 70% of young people aged 16-24 years who were surveyed identified themselves as being mentally healthy and the majority exercised, spent time with family and friends, volunteered or pursued hobbies on a weekly basis to maintain this.

Our focus group members said that mental health is more important than physical health:

This knowledge about the importance of mental health is an asset in itself.

Students interviewed in our focus group considered being social as a key component to maintaining their mental health; this being in the company of friends or family members:

“There if you stayed in and not gone out, like if you go to college and come back home and you’re an outcast in class and you’re on your own, it (mental health) will start deteriorating from there”

“I just go and see my friends or family”

There was a general perception by students that ‘mental health’ related to mental illness, with the majority aware of someone who suffered from a mental health problem. Students felt there was a stigma attached to mental health problems:

“There was a recognition of the need to support individuals with mental health needs and a consensus that the first port of call for this was to refer them to a helpline.
About half of young people aged 16-24 surveyed knew where they could access support for mental health (stress, anxiety, depression, self harm) with doctors, youth worker, Cyngor Alcohol Information Service (CAIS) and Child and Adolescent Mental Health Services (CAMHS) cited as sources of help. However, a survey respondent asked for:

“easier access to mental health help and advice”

### KEY RECOMMENDATIONS:

#### Primary education

**Who should take action**  
Those with responsibility for commissioning or providing primary education, teachers and other practitioners working in primary education  

**Recommended interventions**  
Ensure that schools adopt a whole school approach to children’s social and emotional well-being and have access to the skills, advice and support needed to deliver a comprehensive and effective programme that is integrated with the curriculum (NICE 2008a).

#### Secondary education

**Who should take action**  
Those commissioning and providing services to young people in secondary education  

**Recommended interventions**  
Enable all secondary education establishments to adopt an organisation-wide approach to promoting social and emotional well-being of young people. This should encompass organisation and management issues as well as the curriculum and extra-curriculum provision (NICE 2009a).

**Who should take action**  
Those commissioning programmes to prevent school drop-out  

**Recommended interventions**  
Drop-out prevention and intervention programs, regardless of type, will be effective if implemented well and appropriate for the local environment (Campbell Systematic Reviews 2011).

#### Mental Health Services

**Who should take action**  
Those commissioning and providing mental health and wellbeing services for children and young people  

**Recommended interventions**  
Do more to promote the help available to children and young people in the field of mental health and wellbeing.

#### ‘Five ways’ Approach to wellbeing

**Who should take action**  
Those commissioning and providing services for children and young people  

**Recommended interventions**  
Raise awareness among service users of the importance of mental wellbeing and promote use of the ‘five ways’ approach to wellbeing.
2.3 Getting Enough Sleep

Sleep is very important to a child’s wellbeing. During sleep, there is the release of growth hormone which promotes normal body growth and development. Good sleep also leads to healthy brain development and emotional health. A lack of sleep can cause a child to become hyperactive and exhibit extremes in behaviour. Disrupted sleep patterns can affect the whole family and can be very stressful.

The amount of sleep a child needs varies depending on the individual and certain factors, including the age of the child. Guides to promoting good quality sleep in children and young people have been produced, for example by the Sleep Council (2013).

Children and young people with additional learning and support needs are reported to experience more serious sleep problems than typically developing children. They may find it hard to settle, or wake up and be disruptive in the night, or wake very early in the morning.

Sleep difficulties can be effectively treated and managed using a range of behavioural and cognitive approaches. Such interventions can relieve high parental stress and result in improved states of mental wellbeing and can impact positively on how they then manage their children.

The Children’s Community Services Board and the Emotional Health Service Board of BCUHB have worked together in developing a sleep management service for children and young people in North Wales. The aim is to develop a consistent, equitable, evidence base sleep management service, which delivers a universal service incorporating preventative and early intervention elements for the early years, and a more targeted approach for children with a disability who experience sleep difficulties. The training covers mixed methods to treat and manage sleep difficulties effectively, using a range of behavioural and cognitive approaches and supported by medication if required. It is aimed at groups within the health visiting team, disability teams, community paediatricians and the Childhood and Adolescent Mental Health Service (CAMHS). The expected outcomes are improved sleep patterns for children and young people, resulting in improved mental wellbeing, including the sat of the parents; improved skills for professionals and parents and reduced demand on the specialist CAMHS service and a reduction in the cost of sleep medication prescribed to children within North Wales.

KEY RECOMMENDATIONS:

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<th>Sleep</th>
<th>Who should take action</th>
<th>Recommended interventions</th>
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<td>Those commissioning and providing services for children and young people</td>
<td>Ensure that the benefits of good quality sleep in children and young people are promoted and provide specialist support services where needed.</td>
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</table>
2.4 Maintaining a Healthy Weight

“Do lots of exercise and have lots of fruit and veg. Have five fruit or veg a day.”

A healthy diet and an active lifestyle contribute to a child or young person having a healthy weight. The Child Measurement Programme 2012/13 report for Wales describes the weight of children in reception year (aged 4 to 5 years). It showed that 73.6% of children in North Wales are a healthy weight or underweight, the average for Wales is 73.8%. Just over 75% of children (aged 4 to 5 years) in Conwy and Wrexham are a healthy weight or underweight. In Gwynedd and Denbighshire, just over 70% of 4 to 5 year olds have a healthy weight or are underweight.

However, almost a fifth of 11-16 year olds in Wales are overweight or obese, which is more than in other countries in the UK. By comparison, in the Netherlands the percentage overweight or obese is less than 10%. By year 11 (age 15-16) almost a quarter of boys are overweight or obese, and they are more likely to be overweight or obese if they come from poorer families. The table below shows more detail:

- **Wales**
  - Males: 21
  - Females: 15
  - Persons: 18

- **USA**
  - HIGHEST
  - Males: 32
  - Females: 26
  - Persons: 29

- **NETHERLANDS**
  - LOWEST
  - Males: 9
  - Females: 7
  - Persons: 8

- **ENGLAND**
  - Males: 11
  - Females: 13
  - Persons: 12

- **IRELAND**
  - Males: 16
  - Females: 12
  - Persons: 14

- **SCOTLAND**
  - Males: 16
  - Females: 11
  - Persons: 13

Producers by Public Health Wales Observatory, using HBSC (WG)

- Country only level data only includes ages 11, 13 and 15
- ** Based on 30% or more missing data

“Since we have started school, each year you can notice the change it’s a lot of difference – the pupils are getting bigger.”
Healthy Eating

It is recommended to eat at least 5 portions of fruit and vegetables daily and this is used as a proxy measure for a healthy balanced diet. Portion sizes for children are different to those recommended for older children and adults. For example, a handful of fruit or vegetables for a child can be used as a guide for one portion.

29% of young people in North Wales report eating at least one piece of fruit every day and around the same number said they ate vegetables every day. Both of these figures are around the Welsh average but below the rest of the UK and Europe.

It is important to encourage a regular pattern of eating. Snacks make a good contribution to a child’s diet but concerns remain over the increasing consumption of high energy-dense snacks and soft drinks that can contribute to excess energy intake and tooth decay. Promoting fresh drinking water to maintain hydration forms an important aspect of the healthy eating message for children.

Activities such as eating meals together at a table provide opportunities to experience nutritious meals whilst encouraging conversation and sharing about each other’s days. Parents should be encouraged to model and encourage healthy eating habits, with children being served nutritious meals including a variety of healthy foods. Focus group students identified parents as influencing their eating patterns, as they are the main purchasers of the food basket for the household.

“Our parents, if they buy health food instead of just putting pizza in the fridge, so then you’ve got more of a choice”

“If everyone is eating healthy food, I would be better motivated to do it”

Young people are much more likely than younger children to make their own choices about what they eat, both at home with their families and when outside the home, but the main diet is still set by the family and the person who buys the food.

Portion size guide for 5-11 year olds
(Courtesy of Caroline Walker Trust)

Prospects staff attending food and nutrition skills training
Young people associate being healthy with eating well and are eager to improve their diet. Dietary quality at this life stage is fundamentally important given the period of rapid physical and mental development. Achieving the right dietary balance is challenged by peer influences, social factors, concerns about body image, and a potential lack of awareness or regard for how current dietary habits will affect them in later life. Increased eating outside the home environment and regular use of fast food outlets alongside unhealthy snacking habits can all lead to an excessive intake of fat, sugar and calories and an insufficient intake of important vitamins and minerals.

Young people believe that ‘fast foods’ are widely available, tastier and are associated with pleasure, friendship and being able to exercise choice. These issues were reflected by focus group students, with the majority eating a takeaway at least once a week and some eating out 3-4 times a week; they all identified limited outlets where they could buy healthy food and also their busy lifestyles as barriers to eating healthily. The students were interested in a healthy lifestyle but felt that more could be done to raise their awareness of healthy and cheap alternatives to unhealthy foods such as takeaways.

Supermarkets are also considered by this age group as influential in their choice of food and drink with price being a key factor for often cash strapped individuals who have to balance study with part time work to make ends meet:

“I went to a shop once and I picked up a fruit salad and it was like £3 and there was a buttie for £1.50 and I got that because it was cheaper”
Keeping Active

Being active is important as it can help maintain a healthy weight, improve self confidence, support development of new social skills and prevent and manage chronic conditions, including mental health problems and musculoskeletal conditions.

The Urdd is the principle youth movement operating in Wales. It has 50,000 members that belong to 950 branches spread across the country. The mission statement for the Urdd’s sports programme notes that it seeks to use “the power of the Welsh language to engage with thousands of children and young people 4-25 years old getting them actively involved in sports”. This involves identifying and training future leaders and coaches to deliver multi skills sessions for children and young people through the medium of Welsh. In partnership with Welsh Netball, Hockey Wales, Welsh Rugby Union and Welsh Gymnastics the Urdd has organised coaching training, with candidates then being deployed in community activities once their initial training was completed. In North Wales in 2013 the Urdd organised the Anglesey Cycling treasure hunt for the family. This initiative involved close working in partnership with Welsh Cycling who deployed volunteers to assist events and to create an exit route into the Welsh cycling club structure.

The Urdd’s sports programme in action (Courtesy of the Urdd)
It is recommended that all young people up to the age of 18 should engage in moderate to vigorous intensity physical activity for at least 60 minutes every day. Those aged over 18 should also aim to be active daily, with total weekly activity being at least 150 minutes of moderate intensity. Individuals should minimise sedentary behaviour e.g. sitting for long periods, which is an independent risk factor for ill health.

In North Wales, 40% of children aged between 4-15 years reported taking part in physical activity for an hour or more every day. The School Sport Survey (2013) found the following results for North Wales:

- 60% of pupils say they enjoy PE lessons ‘a lot’
- 60% of pupils say they enjoy sport outside of school ‘a lot’
- 104 minutes was the average weekly school time allocated for PE
- 73% of pupils are confident in trying new activities without worrying
- 78% of pupils took part in sport at a club outside of school in the last year
- 38% of 4-15 year olds say they undertake physical activity for at least an hour a day
When the children in the primary aged focus group from North Wales were asked who likes to play sport, all of the children raised their hands. Most children when questioned brought up sport and exercise as a way to stay healthy and named swimming, running, cycling, walking, and trampoline as their main activities.

The percentage of persons aged 16-24 in North Wales who currently meet physical activity guidelines stands at 39%. Although this is 2% higher than the all-Wales average, there is no room for complacency. The transition from education into employment coincides with a general decrease in physical activity in both girls and boys. For young women, continued participation in physical activity is lower than their male counterparts who tend to participate in traditional sports such as football and rugby. Research affirms that non-sporty women prefer to access activity for enjoyment and sociability such as dance, yoga and pilates, however these activities are often not seen as core to local service provision.

In the focus group, local students identified friends as assets in keeping them healthy, stating that they can act as a personal motivator, and that they would be more likely to participate in physical activities if their friends came together to form a team:

They identified lack of motivation and distractions as barriers to being active:

- “Watching TV or playing on games”
- “I think of it more of... I could just relax rather than just go for a walk”
- “Don’t have time always working”
- “Having a friend with you can act as a motivator, or a personal trainer. If I got a gym membership and went to the gym I wouldn’t know what to do”
- “If your friends joined in as well, I’d do it then”

- “The cost of going to the gym is quite high, for a student if you don’t have a job it’s expensive to go to the gym and pay the gym fee”

Encouragingly, there were high levels of recognition in our survey to national health improvement programmes and concepts: 95% of 11-16 year olds knew about 5 a Day, 85% knew about the 5x60 exercise initiative, 82% recognised Change4Life, 77% knew about the Eat Well Plate and 70% had heard of Stop Smoking Wales.
### Prevention of obesity in children

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<thead>
<tr>
<th>Who should take action</th>
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<tr>
<td><strong>Nurseries and other childcare facilities</strong></td>
<td>Implement Government guidelines on food and health. Ensure that children eat regular, healthy meals in a pleasant, sociable environment free from other distractions (such as television). Children should be supervised at mealtimes and, if possible, staff should eat with the children, (NICE 2006a, NICE 2006b, Welsh Government 2009a).</td>
</tr>
<tr>
<td><strong>Head teachers and chairs of governors, in collaboration with parents and pupils</strong></td>
<td>Assess the whole school environment and ensure that the ethos of all school policies helps children and young people to maintain a healthy weight, eat a healthy diet and be physically active, in line with existing standards and guidance. Head teachers and chairs of governors should ensure that teaching, support and catering staff receive training on the importance of healthy-school policies and how to support their implementation (NICE 2006a, NICE 2006b).</td>
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</table>
| **Those planning obesity prevention programmes, Welsh Network of Healthy School Schemes** | Evidence supports beneficial effects of child obesity prevention programmes on BMI, particularly for programmes targeted to children aged 6-12 years. A broad range of programme components have been used in research but it is not yet possible to distinguish which components were most effective. Promising policies and strategies are:  
  - school curriculum that includes healthy eating, physical activity and body image  
  - improvements in nutritional quality of the food supply in schools  
  - environments and cultural practices that support children eating healthier foods and being active throughout each day  
  - support for teachers and other staff to implement health promotion strategies and activities (e.g. professional development, capacity building activities)  
  - parental support and home activities that encourage children to eat more nutritious foods (Cochrane Database 2011a). |
Maternal and child nutrition

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<tr>
<th>Who should take action</th>
<th>Recommended interventions</th>
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<tr>
<td>Local authorities, local strategic partnerships, voluntary agencies and local businesses that fund or provide community projects.</td>
<td>Provide support (both practical and financial) to develop and maintain community-based initiatives which aim to make a balanced diet more accessible to people on a low income. Examples include: food cooperatives, ‘cook and eat’ clubs, ‘weaning parties’ and ‘baby cafes’. Work with local retailers to improve the way fresh fruit and vegetables are displayed and promoted (NICE 2008b).</td>
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High level policy and strategy

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<th>Who should take action</th>
<th>Recommended interventions</th>
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<tr>
<td>Chairs of children and young people’s partnerships, health board chief executives, directors of children’s services, directors of public health</td>
<td>Ensure that local needs assessments, development and planning frameworks, plans and strategies explicitly address the need for children and young people to be physically active (NICE 2009b).</td>
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Families

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<th>Who should take action</th>
<th>Recommended interventions</th>
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<tr>
<td>Parents and carers</td>
<td>Encourage active play, try to be more active as a family, gradually reduce sedentary activities (watching television, playing video games) and consider active alternatives. Encourage children to participate in sport or other active recreation and make the most of opportunities for exercise at school (NICE 2009b, NICE 2006a).</td>
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Schools, nurseries and child care facilities

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<tr>
<th>Who should take action</th>
<th>Recommended interventions</th>
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<tbody>
<tr>
<td>Governors and heads of schools and colleges, those involved in governing or leading pre-school and early years education, school travel advisers</td>
<td>Develop a school travel plan which has physical activity as a key aim, in line with existing guidance. Foster a culture that supports physically active travel for journeys to school (for all staff, parents and students) and during the school day (NICE 2009c, NICE 2012).</td>
</tr>
<tr>
<td>Staff in childcare and other early years settings, trainers working with childcare staff, including home-based childminders and nannies.</td>
<td>Nurseries and other childcare facilities should minimise sedentary activities during play time and provide regular opportunities for enjoyable active play and structured physical activity sessions (NICE 2006a).</td>
</tr>
<tr>
<td>Staff in schools and governors, health professionals working in/ with schools, children and young people’s strategic partnerships, healthy schools schemes.</td>
<td>Schools should ensure that improving the diet and activity levels of children and young people is a priority for action. A whole-school approach should be used to develop life-long healthy eating and physical activity practices (NICE 2006a).</td>
</tr>
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## Schools, nurseries and child care facilities – continued

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<tr>
<th>Who should take action</th>
<th>Recommended interventions</th>
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<tbody>
<tr>
<td>Teachers and other staff in schools, parents.</td>
<td>School-based physical activity should focus on fostering positive attitudes to physical activity and be geared to the developmental level of participants. Teachers and school staff should be encouraged to act as role models by demonstrating more physical activity during the course of the school day. Parental involvement could be an integral part of the school based intervention (Cochrane Database 2009a).</td>
</tr>
<tr>
<td>Children’s services, school sport partnerships, school governing bodies and head teachers</td>
<td>Ensure school playgrounds are designed to encourage varied and physically active play NICE 2009b, NICE 2009c).</td>
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## Local strategic planning

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<th>Who should take action</th>
<th>Recommended interventions</th>
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<tbody>
<tr>
<td>Those responsible for all strategies, policies and plans involving changes to the physical environment</td>
<td>Create safe routes to schools - for example, by using traffic-calming measures near schools and by creating or improving walking and cycle routes to schools (NICE 2009c).</td>
</tr>
<tr>
<td>Local strategic partnership agencies responsible for physical activity facilities and services for children and young people. Policy makers and planners working in the public, voluntary, community and private sectors</td>
<td>Identify groups of local children and young people currently unlikely to participate in at least 1 hour of moderate to vigorous physical activity a day. Work with public health, schools and established community partnerships and voluntary organisations, the children, young people and their families to achieve the physical activity guidelines for these groups (NICE 2009b).</td>
</tr>
<tr>
<td>Local strategic partnerships</td>
<td>Ensure indoor and outdoor physical activity facilities are suitable for children and young people with different needs particularly those from lower socioeconomic groups, minority ethnic groups with specific cultural requirements, and those with a disability. Facilities should be available before, during and after the school day, at weekends and during school holidays (NICE 2009b).</td>
</tr>
<tr>
<td>Governors and heads of schools and colleges, local authorities, road safety officers, school travel advisers, transport planners.</td>
<td>Ensure local transport plans are fully aligned with other local authority plans which may impact on children and young people’s physical activity (NICE 2009b).</td>
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## Local planning, delivery and training

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<th>Who should take action</th>
<th>Recommended interventions</th>
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<tbody>
<tr>
<td>Those responsible for/able to influence opportunities for children and young people to be physically active, governors and heads of schools and colleges</td>
<td>Identify local factors that may affect whether or not children and young people are physically active by regularly consulting with them, their parents and carers (NICE 2009b).</td>
</tr>
</tbody>
</table>
### Employers or supervisors of those providing programmes or opportunities for children and young people aged 18 and under to be physically active

Ensure informal and formal physical activity sessions (including play) are led by those with relevant sector standards or qualifications, including requirements for child protection, health and safety, equality and diversity. Ensure they have the skills (including interpersonal skills) to design, plan and deliver physical activity sessions (including active play sessions) that meet children and young people’s different needs and abilities (NICE 2009b).

### Education and training organisations

Establish continuing professional development (CPD) programmes for people involved in organising and running formal and informal physical activities (NICE 2009b).

### Public, voluntary, community and private sector organisations involved in designing physical activity projects and programmes

Develop multi-component physical activity programmes and identify education institutions willing to deliver these, involving school, family and community-based activities. Identify families, community members, groups and organisations and private sector organisations willing to contribute (NICE 2009b).

### Managers and decision-makers responsible for/able to influence opportunities for children to be physically active

Ensure opportunities, facilities and equipment are available to encourage children to develop movement skills, regardless of their ability or disability (NICE 2009b).

### Managers and decision-makers able to influence physical activity facilities, opportunities and programmes for girls and young women

Consult with girls and young women to find out what type of physical activities they prefer. Address any psychological, social and environmental barriers to physical activity (NICE 2009b).

### 2.5 Keeping Smoke Free

In the focus group for primary aged school children, smoking was highlighted as a topic of concern. A child said “I don’t like it”, while two others reported that they had tried to motivate their mothers to stop smoking.

> “My mum and dad smoke, and I told them what happens to them, because my dad got ill he stopped, but my mum said that she’s going to stop soon.”

> “If I started smoking my friends will get away from me because I stink!”

> “Your lungs will get really unhealthy, you get really ill from it”

The average age at which young people try smoking is 12, and 38% of year 7s in one of our studies (aged 11-12) told us that one or more of their parents smoked. By year 10 (aged 14-15), 11% of boys and 14% of girls smoke at least once weekly. But many in one of our studies would not try smoking:
Some girls said they would actively stop being friends with someone if they started to smoke and would look for new friends:

“You shouldn’t really hang out with them, but if they’re your real friends then you might want to stick with them and help them stop”

This shows that young people can also be health assets to their peers, providing positive influences and showing that peer pressure need not always be negative. The ASSIST programme which is delivered by Public Health Wales in targeted schools uses the influence of peers as role models to engage in discussions about smoke free lifestyles. Non-smoking environments are also assets in supporting young people to remain smoke free and parents to quit.

These higher rates in this population group have an impact on individual and family members with women and partners smoking throughout pregnancy and exposing family members to second hand smoke. Smoking in pregnancy increases the risks of miscarriage and complications during pregnancy and complications in labour. Exposure to second hand smoke in childhood is strongly associated with a range of respiratory illness and serious diseases, including sudden infant death syndrome and meningitis. Non-smoking parents, grandparents and siblings are assets in supporting children to remain smoke free as the majority start before the age of 19.

Adults have a responsibility to ensure that children and young people are protected from various harms. Legal protection exists and has to be implemented. Trading standards departments of local authorities protect our young people by upholding legal restrictions on under-age sale of cigarettes and alcohol. They do this using young people as volunteers to carry out test purchasing, and prosecute shops who sell to under 18s. They work with the police to ensure that pubs and clubs operate within the law. In North Wales they also work to prevent importation of illegal and counterfeit tobacco through ports.

Smokers can be supported to give up smoking by Stop Smoking Wales and services delivered by community pharmacists across North Wales. These services are assets to which all smokers should be signposted, with targeted efforts in our most deprived communities where around 40% of people who have never worked or are unemployed are current smokers.

The majority of the population in North Wales are non-smokers, fewer children are starting to smoke and adults are quitting.

75% percent of 16-24 year old females and 73% of males are non-smokers; however, this is lower than in the general population where 77% are non-smokers.
2.6 Drinking Alcohol in moderation and not taking Illicit Drugs

It is common for young people to experiment with alcohol and drugs during their teenage years. Young people tend to feel indestructible and immune to problems and unfortunately do not always make the connection between their actions and potential consequences.

Health guidance recommends that young people under the age of 15 should not drink alcohol as it can harm the developing brain, bones and cause hormone imbalance. However, often there is a desire amongst young people under the age of 18 to both buy and consume alcohol despite this being illegal. These purchases tend to focus on cheap but high alcohol content drinks such as alcopops, cider and beer and often a desire to drink at home prior to party attendance, often referred to as ‘pre-loading’. The 16-24 year age group are more likely to ‘binge drink’ which is defined as consuming double the daily recommended safe limit of alcohol units in one session: 8 units for men and 6 units for women.

In North Wales, 17% of 11-16 year olds report drinking alcohol at least once a week, slightly higher than the Wales average, which itself is higher than the rest of the UK.

Around a quarter of young people in year 10 (aged 14-15) are weekly drinkers and young people from more affluent families are more likely to be drinking regularly than those from less affluent families.

43% of young people between the ages of 16-24 in North Wales report drinking above the recommended guidelines on at least one day in the previous week; this is lower than the Wales average of 46%.
Although most young people will experiment with substances and stop or continue to use occasionally without significant problems, others will develop a dependency. This can lead to significant harm to the individual and also to others. Those who use drugs and/or alcohol problematically are likely to be vulnerable and experience a range of other issues in their lives of which substance misuse is one. It is therefore important to meet these needs in the context a young person’s life. The development of personal assets and building an individual’s strengths and interests also have a role in developing protective factors to improve the problems associated with substance misuse.

50% of young people surveyed identified that they were familiar with services they could access if support was required; these were cited as CAIS, doctor, in2change, Infoshop youth club (drugs team) and Barnados.

### KEY RECOMMENDATIONS

**Community interventions for vulnerable young people**

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<thead>
<tr>
<th>Who should take action</th>
<th>Recommended interventions</th>
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<tr>
<td><strong>Local strategic partnerships</strong></td>
<td>Develop and implement a strategy to reduce substance misuse among vulnerable and disadvantaged people under 25 years. The strategy should be based on a local profile and supported by a local service model defining the role of local agencies and practitioners (NICE 2007a).</td>
</tr>
<tr>
<td><strong>Those in education, voluntary, community, social care, youth and criminal justice sectors working with vulnerable and disadvantaged children and young people</strong></td>
<td>Use existing screening and assessment tools to identify vulnerable and disadvantaged children and young people who are misusing, or who are at risk of misusing, substances; provide support and refer as appropriate to other services. For those aged 11-16 offer a family-based programme of structured support over 2 or more years, drawn up with the parents or carers and led by staff competent in this area. For children aged 10–12 who are persistently aggressive or disruptive, and assessed to be at high risk of substance misuse, offer group-based behavioural therapy over 1 to 2 years, before and during the transition to secondary school. For those under 25 who are problematic substance misusers, offer 1 or more motivational interview(s) according to need (NICE 2007a, NICE 2007b, NICE 2010b, Cochrane Database 2011d).</td>
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### School based interventions on alcohol

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<th>Who should take action</th>
<th>Recommended interventions</th>
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<tr>
<td>Head teachers, teachers, school governors and others who work in (or with) schools</td>
<td>Ensure alcohol education is an integral part of the national science and personal and social educational curricula in line with Welsh Government guidance (NICE 2007a). Evidence suggests generic psychosocial and developmental prevention programs such as Life Skills Training Programme (USA), the Unplugged Programme (Europe), and the Good Behaviour Game (USA and Europe) can be effective and could be considered as policy and practice options (Cochrane Database 2011d).</td>
</tr>
<tr>
<td>Teachers, school nurses and school counsellors.</td>
<td>Where appropriate, offer brief one-to-one advice on the harmful effects of alcohol use, how to reduce the risks and where to find sources of support. Offer a follow-up consultation or make a referral to external services, where necessary (NICE 2007b, NICE 2010b).</td>
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### Preventing harmful drinking

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<th>Who should take action</th>
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<tr>
<td>Local authorities, trading standards officers, police, magistrates, revenue and customs</td>
<td>Use local crime and related trauma data to map the extent of alcohol-related problems before developing or reviewing a licensing policy. Ensure sufficient resources are available to prevent under-age sales. Work in partnership with the appropriate authorities to identify and take action against premises that regularly sell alcohol to people who are under 18 (NICE 2010b).</td>
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### Reducing alcohol use in university or college students

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<th>Who should take action</th>
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<tr>
<td>Policy makers, those considering interventions in universities and colleges</td>
<td>Use normative feedback. Feedback can be given alone or in addition to individual or group counselling. Evidence suggests that individual and personalised normative interventions over the immediate and medium term appear to reduce alcohol use, misuse and related problems amongst university or college students (Cochrane Database 2009b).</td>
</tr>
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</table>
2.7 Maintaining Good Dental Health

“Brushing your teeth every night keeps your mouth healthy and every morning…”

Despite being largely preventable, dental caries (dental decay) is the most common oral disease of childhood. Children living in deprived communities in Wales have the poorest dental health in the UK. As a result of national concern, dental health targets for 2020 were set in ‘Eradicating Child Poverty in Wales - Measuring Success’ (Welsh Government, 2006) to reduce inequalities in the dental health of 5 and 12 year olds.

The 2013 Oral Health Profile for BCUHB noted that the dental health of 5 year olds had improved between surveys carried out in 2007-8 and 2011-12 and that oral health inequalities appeared to be improving. Nevertheless, 40% of the children had experienced dental decay by the age of 5 (Wales: 41%) which compares unfavourably with England at 28%. Our children also carried a high burden of dental disease with an average of 4 teeth decayed, filled or extracted. As highlighted in the National Oral Health Plan (Welsh Government, 2013d): “The consequences of poor oral health are multiple and all the more concerning because they affect the youngest in our society. Tooth decay commonly results in pain, infection, often resulting in sleepless nights, time off school and possible need for general anaesthesia to treat effectively”. This latter factor is clearly of UK-wide concern. The Executive Summary of a Public Health England Document, ‘Local Authorities Improving Oral Health’ (2013), highlights that: “Tooth decay was the most common reason for hospital admissions in children aged 5 to 9 years old in 2012-13. Dental treatment under general anaesthesia (GA) presents a small but real risk of life-threatening complications for children.” In BCUHB alone almost 1400 children (<18 years old) were treated under GA in a hospital setting during 2012-13 with more than 170 being under the age of 5.

In an attempt to reduce oral health inequalities ‘Designed to Smile’, a Welsh Government funded national oral health improvement programme, was introduced in North and South Wales as a pilot in 2008 and subsequently expanded across Wales. It is targeted at children living in the most deprived areas who are at highest risk of developing dental caries. The initiative, underpinned by a programme of daily brushing with fluoride toothpaste, has been introduced into nurseries and schools that these children attend. The website http://www.designedtosmile.co.uk provides a useful resource for dental teams, parents, teachers and other health care professionals. The main messages are:

- Fluoride toothpaste reduces the incidence and severity of dental decay in children.
- The optimum concentration of fluoride in toothpaste is important to achieve the greatest preventative effect. For children under 3 years of age brushing with a smear of 1000 parts per million(ppm) toothpaste twice a day is recommended, whilst toothpaste containing 1350-1500 ppm fluoride is used for all children over the age of three.
- A supervised toothbrushing programme is more effective than an unsupervised programme.
- Twice daily use of fluoride toothpaste is more effective than less frequent use in reducing caries.
- Rinsing after toothbrushing reduces the effectiveness of the fluoride toothpaste.
In non-fluoridated areas, like North Wales, an additional source of fluoride that can benefit dental health is in the form of fluoride varnish. This can be applied to children’s teeth up to four times a year and is utilised in Designed to Smile schools and nurseries. Fissure sealants are also provided in targeted Designed to Smile schools.

A preventative programme for children of all ages with learning disabilities has been developed in North Wales and is detailed in the BCUHB Local Oral Health Plan. This incorporates Designed to Smile and has been cited as an area of good practice in the National Oral Health Plan.

KEY RECOMMENDATIONS:

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<th>Community interventions</th>
<th>Who should take action</th>
<th>Recommended interventions</th>
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<tr>
<td>Local strategic partnerships</td>
<td>Support delivery and evaluation of the Designed to Smile Programme</td>
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What makes you and keeps you healthy?
Runner up: Kerrie Ann Jones, age 10
2.8 Staying Injury Free

Unintentional injuries are one of the leading causes of illness and death in children and young people in Wales. Most injuries occur in the home environment. The most common cause for hospital admission is falls; the most common cause of death is a road traffic accident.

Child pedestrian injury admissions to hospital are higher in areas experiencing greater deprivation. Injuries in the most deprived areas of Wales are three times higher than those in the least deprived areas in the 5-14 year old age group.

Young people aged 16 to 24 are at a higher risk of becoming a road casualty than older people and children; they make up around an eighth of the population in Wales and represent around a fifth of all killed and seriously injured (KSI). Of these deaths young men make up two-thirds of all KSI.

To reduce the injury risk in this population group there is a need to challenge drink and drug driving, inappropriate speed and aggressive driving, in-vehicle distraction, and to reinforce the importance of using seat belts as a safety asset.

**KEY RECOMMENDATIONS:**

<table>
<thead>
<tr>
<th>Preventing unintentional injuries in those under 15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who should take action</strong></td>
</tr>
<tr>
<td>Local authority children’s services and their partners</td>
</tr>
<tr>
<td>Local authority children’s services, local safety partnerships</td>
</tr>
<tr>
<td>Local authority children’s services and their partners</td>
</tr>
<tr>
<td>Local authority children’s services and partners, injury prevention coordinators, health, social care &amp; education providers</td>
</tr>
<tr>
<td><strong>Local authorities</strong></td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td><strong>Local authority children’s services and their partners</strong></td>
</tr>
<tr>
<td><strong>Local authority children’s services and their partners, health and social care providers</strong></td>
</tr>
<tr>
<td><strong>Head teachers, school governors, local strategic partnerships, play and leisure providers in all sectors</strong></td>
</tr>
<tr>
<td><strong>Injury prevention coordinators, lifeguards, outdoor activity and holiday centre managers, schools, swimming instructors, swimming pool managers</strong></td>
</tr>
<tr>
<td><strong>Leisure facility providers, hoteliers, holiday companies and tour operators</strong></td>
</tr>
<tr>
<td><strong>Individuals and organisations with swimming pools</strong></td>
</tr>
</tbody>
</table>
Local authorities, schools and school travel advisers, injury prevention coordinators, police, retail outlets and cycle hire centres.

Use local information campaigns and ongoing education to encourage cycle training and promote the use of correctly fitted and fastened cycle helmets while cycling. Schools, school travel advisers, injury prevention coordinators, local authorities and the police should ensure travel plans cover off-road routes. Retailers should provide point-of-sale advice on the correct fitting of cycle helmets. Cycle hire centres should advise about the advantages of children and young people wearing correctly fitted and fastened cycle helmets (NICE 2010c).

Local highway authorities.

Maintain the existing road safety partnership (or establish one) to help plan, coordinate and manage road safety activities. Ensure local child road safety reviews are carried out at least every 3 years (NICE 2010c).

Local authority children’s services and partners

Review local partners’ priorities and strategies to ensure they are coordinated (NICE 2010c).

Local highway authorities and their road safety partnerships.

Use signage, road design and engineering measures to reduce vehicle speeds on roads where children and young people are likely to be, such as those passing playgrounds or schools and streets that are primarily residential where pedestrian and cyclist movements are high (NICE 2010c, NICE 2010f).

Environmental health officers, fire service, injury prevention coordinators, children’s services and partners, police, schools, trading standards officers.

Conduct local firework injury prevention campaigns, informed by emergency department surveillance data, during the lead up to all celebrations and festivals where fireworks are used (NICE 2010c).

2.9 Keeping Sexually Healthy

Learning about sexual health and relationships is a normal and healthy part of growing up. It can be difficult for young people to decide when to start having sex. They can be influenced by friends or feel pressurised by a partner, however conversely their peers can be their most important asset in resisting these pressures. Most people don’t have sex until they are over 16 years of age. In Wales 38% of girls and 28% of boys aged 16 – 17 years reported having had sex. Sexual activity at an early age is associated with non-consensual and/or regretted sex, lack of protection and a higher lifetime number of sexual partners. Sexually transmitted infections and unplanned pregnancy are a very real risk as a result.

Reducing unplanned teenage pregnancies is a national public health priority in Wales. Teenage conception rates in Wales have fallen in recent years, however, Wales has a higher rate of teenage conceptions among under 18’s at 35.4 per 1,000 compared to England who have 30.5 per 1,000 (based on data for March 2012).

Around 57% of sexually active young people aged 16-19 in Wales use contraception; of these, 65% say they use condoms. However, young people are disproportionally affected by sexually transmitted infections (STIs), with two thirds of women and half of all men diagnosed being under 25. The most common STIs are Chlamydia and Gonorrhoea.
Sex and relationships education beginning in primary schools helps learners move with confidence from childhood through adolescence and into adulthood. Many North Wales secondary schools have the additional benefit of school clinics for older pupils, run by the school nurse (and youth workers in some areas) which provide an essential link into wider health services, especially for sexual health issues.

40% of the 11-15 year olds in our survey said that they knew where to get help on sexual health, contraception and relationships. Sources of help listed were mainly parents, and school clinics were not mentioned. About one fifth had heard about the C-Card free condom distribution scheme available in many parts of North Wales. Awareness in those aged 16-24 was better: 77% of those surveyed identified sources of support to discuss sexual health/contraception and pregnancy issues; these were doctor, sexual health clinic, info shop and Genitourinary Medicine clinic (GUM).

New resources called ‘Tyfu i Fyny/Growing Up’ have been developed by Judith Roberts, Senior Gwynedd Healthy Schools/Pre-Schools Scheme Practitioner. These were designed to enable primary school pupils to be actively involved in their learning and to enable schools to deliver a graduated, culturally relevant, age-appropriate whole school Sex and Relationships Education. Tyfu i Fyny/Growing Up are bi-lingual interactive resources suitable for delivering lessons relating to personal safety, puberty changes, loving relationships, conception, pregnancy and birth. The programme roll out in North Wales has been supported by training for teachers and the practical demonstration of the use of the resources. The success of the programme in Gwynedd has resulted in all schools throughout Wales now being able to access the resources.

CASE STUDY

What makes you and keeps you healthy?

Runner up: Catlin Williams, Age 8
**KEY RECOMMENDATIONS:**

**Personal, social, health and economic education (PSHE) focusing on sex and relationships**

<table>
<thead>
<tr>
<th>Who should take action</th>
<th>Recommended interventions</th>
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</thead>
<tbody>
<tr>
<td>School &amp; college governors, teachers, principals, lecturers and tutors. Commissioners</td>
<td>Raise awareness among school and college communities, (including parents), that effective education on sex and relationships has a positive impact on children’s and young people’s health and well-being. Consult and involve the whole school and college community in developing a comprehensive and complementary curriculum integrated within a planned programme of PSHE education.</td>
</tr>
<tr>
<td>and managers in children’s services. Practitioners working with young people with</td>
<td>Help primary school children to develop and sustain relationships and friendships. Ensure they understand the importance of valuing and having respect for others, providing a foundation for later teaching about sex and relationships. Teachers and lecturers should encourage and support health professionals, members of other agencies and members of local community groups to contribute to the teaching of PSHE education.</td>
</tr>
<tr>
<td>responsibility for, school, college and community-based personal, social, health and</td>
<td>Ensure all those who teach about sex and relationships have received accredited training. Provide specialist accredited training for PSHE education as part of initial teacher training. This includes sex and relationships education. Use a range of evidence-based teaching methods to suit different learning styles.</td>
</tr>
<tr>
<td>economic (PSHE) education focusing on sex and relationships</td>
<td>Commission community-based education about sexual health and relationships for young people who may have missed some of their school and college-based education, or who did not feel it met their needs. Ensure vulnerable children and young people receive PSHE education including education on sex, individually tailored information and advice, help to identify and manage risks and make responsible, healthy and safe choices (NICE 2010g).</td>
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</table>

**Behavioural interventions for young women**

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<tr>
<th>Who should take action</th>
<th>Recommended interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those providing interventions in schools, colleges and health care settings</td>
<td>Behavioural interventions, including information and skills development, which aim to protect against sexually transmitted infections, can encourage condom use for sexual intercourse (Cochrane Database 2011c).</td>
</tr>
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Interactive computer based interventions

<table>
<thead>
<tr>
<th>Who should take action</th>
<th>Recommended interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those responsible for sexual health education in schools and colleges</td>
<td>Interactive computer based interventions are effective for learning about sexual health, leading to gains in knowledge in comparison with minimal intervention, and face-to-face interventions (Cochrane Database 2010c).</td>
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</table>

School Clinics

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<thead>
<tr>
<th>Who should take action</th>
<th>Recommended interventions</th>
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</thead>
<tbody>
<tr>
<td>Those responsible for commissioning and providing sexual health services</td>
<td>School clinics are a useful asset, but they need to be more widespread and better publicised, as do C-card outlets</td>
</tr>
</tbody>
</table>

2.10 Keeping Up to Date with Immunisations

Immunisation is one of the most successful and cost-effective health interventions. It is the safest way to protect children against serious infectious diseases, some of which can be fatal or cause permanent harm to a child’s health and wellbeing.

To prevent outbreaks of diseases, the target for childhood immunisations is 95%. This is sometimes referred to as ‘herd immunity’ that is stopping person to person spread of disease, and ensuring that even those who cannot be vaccinated due to their age or because of underlying health conditions are protected. BCUHB has consistently improved uptake in all vaccination programmes to protect as many children as possible from vaccine preventable diseases.

Source: Public Health Wales quarterly COVER reports, correct as at June 2014
The 11-18 age group receives four important vaccinations: the HPV vaccine for girls 12 to 13 years of age; the teenage booster dose of diphtheria, tetanus and polio (Td/IPV) given together with Meningitis C around 14 years of age; and a catch up opportunity for measles mumps and rubella (MMR) for anyone previously missing it.

2.11 Keeping Children ‘Looked After’ Well

Children in the care of local authorities have been described as one of the most vulnerable groups in society, as the majority of children who remain in care are there because they have suffered abuse or neglect. Local Authorities have a positive role to play in the lives of children looked after as corporate parent. They can draw on the assets and resources of their own staff and foster carers to provide stability and support whilst providing a wide range of positive work experiences to those young people within their care.

Although children looked after have many of the same health risks and problems as peers, these are often exacerbated due to their experiences of poverty, abuse and neglect. For example, children looked after show significantly higher rates of mental health disorders than others (45%, rising to 72% for those in residential care, compared to 10% of the general population aged 5 to 15) – conduct disorders being the most prevalent, with others having emotional disorders (anxiety and depression) or hyperactivity. Two thirds of children looked after have been found to have at least one physical health complaint, such as speech and language problems, bedwetting, co-ordination difficulties and vision problems.

Generally, the health and wellbeing of young people leaving care has consistently been found to be poorer than that of young people who have never been in care, with higher levels of teenage pregnancy, drug and alcohol abuse.

For children looked after, care is a vital part of the child protection and family support system and foster carers have a key role in supporting them to transition into adult life. Over the 5-year period 2008 to 2012 there was a 27% increase in the number of foster placements in Wales.

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<thead>
<tr>
<th>Who should take action</th>
<th>Recommended interventions</th>
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</thead>
<tbody>
<tr>
<td>Head teachers, school governors and heads of further education colleges and pupil referral units</td>
<td>Head teachers, school governors, managers of children’s services and health board immunisation coordinators should work with parents to encourage schools to become venues for vaccinating local children. This would form part of the extended school role (NICE 2009d).</td>
</tr>
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</table>
### Key Recommendations:

Children Looked After - a wide range of actions have been recommended covering the following areas:

<table>
<thead>
<tr>
<th>Who should take action</th>
<th>Recommended Interventions</th>
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</thead>
</table>
| **Commissioners of health services and local authority children’s services, Directors of children’s services and directors of public health.** | Strategic leadership, planning and commissioning  
High-performing local authorities are those with strong leaders who have an aspirational vision of effective corporate parenting for all children looked after and young people (NICE & SCIE 2010). |
| **Estyn, Care and Social Services Inspectorate Wales (CSSIW) and Health Inspectorate Wales (HIW)** | Audit and inspection  
A robust audit and inspection framework ensures that children looked after and young people continue to be strategic priorities for local authorities, the NHS and their key partners (NICE & SCIE 2010). |
| **Directors of children’s services** | Care planning, placements and case review  
Effective care planning, led by social workers, promotes permanence and reduces the need for emergency placements and placement changes (NICE & SCIE 2010). |
| **Directors of children’s services and public health, Senior staff with responsibility for commissioning and providing health services.** | Professional collaboration  
For the team around the child to provide effective care, professionals need to collaborate closely and share relevant and sensitive information. When multi-agency teams are supported and encouraged to address their way of working, they are better able to collaborate when handling difficult and complex situations (NICE & SCIE 2010). |
| **Directors of children’s services, Commissioners of mental health services** | Dedicated services to promote mental health and emotional wellbeing  
Early intervention to promote mental health and well-being can prevent the escalation of challenging behaviours and reduce the risk of placement breakdown (NICE & SCIE 2010). |
| **Placement teams. Social workers and social work managers** | Placements  
Membership of a sibling group is a unique part of the identity of a child or young person and can promote a sense of belonging and promote positive self esteem and emotional well-being (NICE & SCIE 2010). |
| **Social work managers** | Frequent moves and parents’ physical and mental health problems can adversely affect the ability of babies and very young children to form healthy attachments that lead to healthy emotional and physical development (NICE & SCIE 2010). |

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Children and Young People are Our Future: An Asset-based approach
<table>
<thead>
<tr>
<th>Commissioner and providers of health services, Social work managers.</th>
<th>Health assessments, records and information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accurate and up to date personal health information has significant implications for the immediate and future well-being of children and young people during their time in care and afterwards (NICE &amp; SCIE 2010).</td>
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</table>

<table>
<thead>
<tr>
<th>Social workers and social work managers.</th>
<th>Quality of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing a positive personal identity and a sense of personal history is associated with high self esteem and emotional well-being (NICE &amp; SCIE 2010).</td>
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<table>
<thead>
<tr>
<th>Directors of children’s services</th>
<th>Supporting foster and residential care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster and residential care are complex activities that require rehabilitative and therapeutic approaches and skills (NICE &amp; SCIE 2010).</td>
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</table>

| Directors of children’s services | Care provided by family and friends may lead to good long-term outcomes for many children and young people (NICE & SCIE 2010). |

<table>
<thead>
<tr>
<th>Those responsible for providing and commissioning education, including those with responsibility for teacher training</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education that encourages high aspirations, individual achievement and minimum disruption is central to improving immediate and long-term outcomes for children ‘looked after’ and young people (NICE &amp; SCIE 2010).</td>
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<tr>
<th>Directors of children’s services</th>
<th>Preparing for independence</th>
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</thead>
<tbody>
<tr>
<td>Services designed with young people in mind and delivered by friendly, approachable professionals can help young people find the right support and advice at the right time, to help them become independent (NICE &amp; SCIE 2010).</td>
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<thead>
<tr>
<th>Those with responsibility for training staff working with looked after children and young people</th>
<th>Training for professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence suggests that the experiences and needs of children ‘looked after’ and young people are not well understood by all the professionals who come into contact with them. Developing national training curricula, with levels appropriate for a wide range of professionals, will increase understanding of this diverse group of children and young people (NICE &amp; SCIE 2010).</td>
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</tbody>
</table>
2.12 Protecting our Children and Young People from Harm

Children and Young People have the right to enjoy the best possible health and to be free from abuse, harm, victimisation and exploitation. This includes Domestic Abuse, Honour Based Violence, Forced Marriage, Female Genital Mutilation, Human Trafficking, Sexual Exploitation and terrorist activity (Prevent).

Communities, groups and front line staff from all organisations have a crucial role to play in safeguarding children and young people whether they are members of the public, friends, family or professionals such as nurses, health visitors, police, teachers and social workers. Safeguarding children remains everybody’s business.

As part of Welsh Government’s vision and in accordance with the ‘Social Services and Well Being Act’ (2014) North Wales has made the transition from 3 Local Safeguarding Children Boards to one Regional Safeguarding Children Board (RSCB) and three supporting Local Delivery Boards (LDBs). The RSCB is made up of lead Directors and Deputies with responsibility for safeguarding children and young people from both statutory and voluntary organisations. The RSCB ensures that partner agencies fully engage with the safeguarding agenda to ensure they discharge their statutory duties under the Children Act 1989, 2004 and work together strategically and operationally to develop protocols and procedures, support and train organisational staff, groups and communities to recognise and respond appropriately if and when abuse or neglect is known or suspected. Each of the 6 Local Authorities together with North Wales Police are required to investigate allegations of abuse and neglect with the cooperation from all other partner agencies to work together to support and protect children and young people.

Sadly for some children and young people the outcome from being abused or neglected can lead to death, or they may sustain potentially life threatening injury or serious impairment of health or development. When this comes to the attention of the RSCB the Regional Child Practice Review Sub Group considers the findings and if necessary makes a recommendation to the RSCB Chair to commission an Extended Child Practice Review, a Child Practice Review or a Multi Agency Professional Forum. The purpose of such a Review is to learn, review and improve local child protection policies and practice in order to improve outcomes for children and young people. There are currently 3 Extended Child Practice Reviews and 4 Multi Agency Professional Forums that have been commissioned by the RSCB. In addition to this there are 3 Serious Case Reviews (SCR’s) that are being undertaken by English Local Safeguarding Children Boards (LSCB’s) where the child/young person was in receipt of Welsh health services for a period of time. The RSCB is also contributing to these 3 SCR’s.

**KEY RECOMMENDATIONS:**

<table>
<thead>
<tr>
<th>Child Protection</th>
<th>Recommended interventions</th>
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</thead>
<tbody>
<tr>
<td><strong>Who should take action</strong></td>
<td><strong>Recommended interventions</strong></td>
</tr>
<tr>
<td>All statutory organisations and voluntary organisations</td>
<td>Prioritise early identification of abuse, harm, victimisation and exploitation, as well as appropriate referral, to maximise their contribution to the safeguarding of children and young people</td>
</tr>
<tr>
<td>All statutory organisations and voluntary organisations</td>
<td>Action plans should lead to improvements in child protection practice (Welsh Government, 2012a)</td>
</tr>
</tbody>
</table>
Good health underpins a child’s ability to flourish, stay safe and achieve as they grow up. Health is crucially linked with education; good health and emotional wellbeing are associated with improved attendance and attainment at school, which in turn lead to improved employment opportunities and broader career options.

Research suggests that the single most important thing that a parent can do to help their child acquire language, prepare their child for school, and instil a love of learning in their child, is to read to them. Learning how to read and write opens up a range of exciting opportunities for children, giving them an entirely new way to communicate, to expand their imagination, and to learn new information.

In Wales 49% of men and 62% of women report looking at a book with a child aged between 3 and 7 years every day.

Schools are a significant asset. Nearly all 5-15 year olds attend school, which is compulsory up to age 16, although a few are home-schooled. Between 2009-11 Gwynedd, Conwy, Denbighshire and Wrexham had educational attainment mean scores among school leavers at key stage 4 which were above the Welsh average.

Around a quarter of 11-16 year olds in north Wales say they like school a lot, and girls in all parts of Wales are more likely to say that than boys.

| Percentage of 11 to 16 year olds pupils who report liking school a lot, 2009/10 |
|---------------------------------|-------------------|-------------------|
| All pupils | Boys | Girls |
| Wales | 26 | 24 | 28 |
| Abertawe BMU | 24 | 24 | 25 |
| Aneurin Bevan | 27 | 24 | 30 |
| Betsi Cadwaladr | 24 | 23 | 25 |
| Cardiff & Vale | 27 | 25 | 30 |
| Cwm Taf | 24 | 21 | 27 |
| Hywel Dda | 31 | 28 | 35 |
| Powys | 26 | 21 | 31 |

Source: HSBC Survey, 2009/10
However some children find school stressful:

“I feel that school is asking too much of me – busy”

“The pressure of school work means we sometimes can’t be as active as we should be and we know we will sit in front of the computer instead of being active outdoors”

The school environment is also beneficial for addressing health issues. It is relatively easy to deliver interventions through existing structures; and the school itself can act as a hub for wider community involvement. School settings provide other contributors for good health including healthy meals and snacks, and knowledge about health in the science curriculum and Personal and Social Education.

The Welsh Network of Healthy Schools Schemes sets out a framework for schools to systematically address health in an integrated way throughout the curriculum and as a whole-school environment. There are co-ordinators for the scheme in every county in North Wales and all maintained secondary schools are part of the scheme. Key areas for focused action include: emotional health/mental wellbeing, prevention of uptake of smoking, nutrition/physical activity, alcohol, sexual health and safety.

Ysgol Abercaseg Infant School at Bethesda, Gwynedd established a ‘Sgwad Syniadau or ‘Ideas Squad’ in 2010. The squad empowers children by providing them with an opportunity to express their opinions about the things that are important to them within the day to day life of the school. Topics discussed by the squad include health, the school environment, resources for use by pupils and their relationships with each other. The children become a key part of the process of making decisions that change and improve the life of the school. In Ysgol Abercaseg through the Ideas Squad children develop key life skills such as listening to each other, considering different viewpoints, expressing their own opinions and working as a team. Children in the school learn citizenship and entrepreneurial skills and the ‘Ideas Squad’ are involved in identifying good causes that they wish to support as well as organising fund raising activities.

‘Ideas Squad’ in action (Courtesy of Ysgol Abercaseg)
Young people between the ages of 16-24 experience a major transition from adolescence to adulthood. There is an expectation that they will move from the world of education to the world of work and from being dependant on parents or carers to being independent, responsible individuals in their own right.

The majority of young people continue with their post 16 full time education. Among these, staying on at school is the slightly more popular choice, however, many go on to other further education (FE) settings. These include basic skills, work based training and foundation level degrees. Of those who enrolled in FE in Wales, 25% of learners were aged under 19 years and 43% were aged under 25.

Young people without qualifications are more likely to be unemployed or have low income throughout their lives and a greater likelihood of contact with the criminal justice system. Acquiring qualifications and skills on the other hand boosts self esteem and enhances the development of self-identity. Parents and family members are assets in this regard.

### NEET

<table>
<thead>
<tr>
<th>Who should take action</th>
<th>Recommended interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>All statutory organisations and voluntary organisations</td>
<td>Continue to work with young people who are Not in Education, Employment or Training (NEET) to gain a better understanding of their needs and to promote the benefits of staying healthy.</td>
</tr>
</tbody>
</table>

In 2011 3.3% of school leavers in North Wales were not in education, employment or training (NEET). These include carers, young job seekers and young people on gap years.
What makes you and keeps you healthy?
Runner up: Bethany Morgan, Age 9
4. OUR COMMUNITIES’ ASSETS

The community in which children and young people live, play and interact is an important asset.

4.1 Family and Friends

When primary school children in the focus group were asked what was important to them, all children stated their family, the majority wrote down friends, and half of all children said pets. When asked what made them happy, the majority of children mentioned their friends and family having an effect on their happiness:

“What makes me happy? Being with my family, friends and dog, holidays and art”

“Going to see my friends because we have a laugh.”

“Seeing my friends after school, dad every weekend”.

As with younger children, young people in our survey rated their families as one of their most important health assets. Families were also mentioned frequently when we asked them “What makes you happy?”

The quality of children’s relationships with their families is far more important than the particular structure of the family that they live in, with levels of family harmony or conflict strongly associated with children’s overall wellbeing. Parents play a crucial role in the social and emotional development of their child. Children are not born with social skills and therefore parents have an active and important role in modelling for their children how to build successful relationships within the family and with their peers. When parents develop loving, accepting and respectful relationships with their children, this acts as a secure platform from which their children can go on to develop their own strong positive future relationships.

Friends are also important to the healthy development of children aged between 5-10 years. Friendships enrich the lives of children, not only by providing playmates but helping children develop emotionally as they learn to interact and respond to the emotions of others. Children’s attitudes to school and learning tend to be better when they have friends there. Our focus group decided that a healthy person is:

“I feel happy because I have my friends and family and my parents are getting married… my mum and dad are going to be happy and that’s all that matters.”

“What makes me happy? Being with my family, friends and dog, holidays and art”

“Going to see my friends because we have a laugh.”

“Seeing my friends after school, dad every weekend”.
When we asked 11-15 year olds “What makes you happy?”, half of them included friends in their answer, the highest ranking of any answer. They also ranked friends as top of the list of health assets that keep people their age healthy in mind and body. 91% of 11-16 year olds reported having three or more close friends of the same gender, slightly higher than the Wales average. These friends can be local to their home, peers at school, met through clubs, societies or sports, or contacted anywhere in the world through electronic social media. The virtual world is a rich source of opportunities to make compatible friends, and at the same time it brings some risks which children, young people and their parents have to learn to manage.

Between the ages of 6-13 children go through a range of transforming experiences, gradually becoming more independent and spending more time with friends and peers. Children in these years of middle childhood may feel pressure to fit in with their peer group by wearing the ‘right clothes’ or liking the latest band. Under these circumstances, factors like poverty, chaotic home circumstances and disabilities can become powerful markers of difference.

Children can on occasion face particular challenges such as bullying and the potential negative influences from peer groups. Boys in Wales report the highest levels of bullying in the UK but North Wales has the lowest levels for boys. Between 20% and 50% of pupils experience bullying at some point during their time in school, and in secondary schools this is more likely to be about race, religion, background, appearance or to be homophobic. Bullying is known to adversely affect educational attainment. Estyn reports lower instances of bullying in schools where there is a strong ethos that promotes equality and diversity.

**KEY RECOMMENDATIONS:**

<table>
<thead>
<tr>
<th><strong>Group based parenting programmes</strong></th>
<th><strong>Recommended interventions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologists, therapists/counsellors, social workers or community workers and others delivering parenting programmes</td>
<td>Evidence supports the use of group based parenting programmes to improve parental psychosocial functioning. Parental psychosocial health can have a significant effect on the parent-child relationship, with consequences for the later psychological health of the child (Campbell Systematic Reviews 2005).</td>
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<table>
<thead>
<tr>
<th><strong>School based interventions to prevent violence</strong></th>
<th><strong>Recommended interventions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Welsh Government, local authorities, school teachers and governors</td>
<td>School-based interventions targeted to children exhibiting aggressive or violent behaviours are beneficial in reducing both reported or observed aggressive behaviour and school responses to aggression. Interventions designed to improve relationship skills or social skills may be more effective than interventions designed to teach skills of non-response to provocative situations (Cochrane Database 2006).</td>
</tr>
</tbody>
</table>
4.2 Neighbourhood and Culture

Neighbourhood wellbeing is a key feature of sustainable communities and there is a strong link between neighbourhood assets and neighbourhood wellbeing. When services are perceived as accessible and of high quality they can contribute towards increased neighbourhood satisfaction and wellbeing.

Among young people the impact of social networks are important determinants of health and wellbeing. Belonging to a social network is an asset as it has a strong protective effect on health. People who receive a higher level of social and emotional support from others are more likely to experience a higher degree of wellbeing, less depression, lower rates of unplanned pregnancy, and disability from chronic diseases. Individuals with strong social connections (participation in organisations, lots of friends and being married) also have the lowest mortality rate. Social support can act as a buffer by moderating the impact of stress.

Social integration also has a positive effect on the whole community. Communities with high levels of social cohesion; that is high levels of participation in communal and public affairs and high levels of membership of community groups, have better health than those communities with low levels.

North Wales has a strong local culture, enhanced by the Welsh language. Language is an important part of the identity of children and young people.

Young people are often characterized as a problem within their communities rather than an asset. There is a perception that they are perpetrators of anti-social behaviour, a nuisance, and whose actions encroach on the rest of the community. Most young people, however, do not commit crimes and want to live in a safe community as much as everyone else.

Young people can feel marginalised from the decision making process although there is genuine enthusiasm among them to be involved. Young people need to feel part of their community and be given the opportunity to provide solutions to local problems and in how to use their communities’ assets. Decision makers should recognise them as people who use services and find ways of working with them in partnership to achieve genuine co-production. This approach supports the development of civic engagement, trust and social relationships which are fundamental to achieving community cohesion. There is scope to cultivate the role of young people in communities and develop solutions to a range of issues such as anti social behaviour and health and wellbeing by building relationships between young people, the police and other service providers.

CASE STUDY

Denbigh Youth Project is a young people led organisation based in Denbigh which offers free confidential advice, information and support, based on need and circumstance. It is supported by a range of partners in the county and offers support to disadvantaged young people aged between 14 – 25 years who live in poverty or situations of disadvantage. ‘Looking after ourself’ is a project which has been running for a number of years and has a range of health components to meet needs of service users. Young people who access the project participate in an individual assessment and agree an action plan with a support worker. Plans are reviewed regularly to measure improved knowledge, confidence and behaviours.
4.3 Local Services

The Youth Service in North Wales is delivered by the 6 Local Authorities and the voluntary sector. Youth Services provide an informal learning environment for young people and allow them to enjoy safe, social interaction to learn about themselves, others and society. Activities combine enjoyment, challenge, learning and achievement.

Children and young people in North Wales are frequent users of healthcare services. Effective healthcare services for children and young people need to combine successful and clear communication of key information and health messages with consideration of factors such as age and language preference. Children who are unwell and who feel vulnerable need to be able to express themselves in their mother tongue and should be encouraged to do so.

Services need to be tailored to reflect the needs of children. Factors that encourage increased engagement with children and their families include: regular opening hours, the appropriate location of services and a flexible appointment system that fits in with the daily routines of children and their families. The environment in which children and their families wait for services should be comfortable, clean and welcoming. It is also important that waiting times are kept to an absolute minimum.

Embracing new technologies and electronic forms of communication can also play a part in increasing service accessibility for children and their families and can be a useful way of providing access to additional information. However, any information needs to be clearly written and presented in a way that is child and young person friendly.

When young people reach 18 years of age they transfer from youth to adult focused services.

KEY RECOMMENDATIONS:

<table>
<thead>
<tr>
<th>Neighbourhood</th>
<th>Who should take action</th>
<th>Recommended interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All statutory organisations and voluntary organisations</td>
<td>Explore opportunities for intergenerational projects as a positive contribution to the development of sustainable communities</td>
</tr>
<tr>
<td></td>
<td>All statutory organisations and voluntary organisations</td>
<td>Develop work with local Youth Forums, involving them to co-produce appropriate service delivery</td>
</tr>
</tbody>
</table>

**During 2012/13, 21% of 11-25 year olds were registered members of statutory youth services in Wales and around 13,200 young people received a nationally recognised accreditation.**

Registered membership of young people aged 11-19 in statutory youth service provision was higher than the Welsh average of 35% in Wrexham, Denbighshire, Gwynedd and Anglesey.
Depending on the number and type of services involved, this transition can be complex for individuals and their families. Fully involving young people and recognising their assets and personal resource within this process will ensure that their needs are met and that information about them is shared appropriately.

Involving people in developing services has a beneficial effect on health outcomes, patient engagement and understanding i.e. health literacy. There are a number of asset based approaches, including co-production, that recognise and value people’s assets, resources and contributions alongside those of services.

**KEY RECOMMENDATIONS:**

<table>
<thead>
<tr>
<th>Local Services</th>
<th>Recommended interventions</th>
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</thead>
<tbody>
<tr>
<td>Who should take action</td>
<td>Recommended interventions</td>
</tr>
<tr>
<td>All statutory organisations and voluntary organisations</td>
<td>Value and extend the work of statutory and voluntary youth services.</td>
</tr>
<tr>
<td>All statutory organisations and voluntary organisations</td>
<td>Recognise young people as important service users and find ways of engaging with them in partnership to achieve genuine ‘co-production’.</td>
</tr>
<tr>
<td>All statutory organisations and voluntary organisations</td>
<td>Services should encourage Welsh speakers to use their mother tongue by proactively offering a Welsh medium service.</td>
</tr>
</tbody>
</table>

**4.4 Accessibility**

“Lots of the facilities are far from us... you have to travel”

“You are dependent on people to take you”

“You are dependent on people to take you”

“more affordable, organised events closer to where I live.”

“easier ways of accessing opportunities”

Young people often experience difficulties in rural areas accessing services, education, training, employment and in maintaining their social lives. They often depend on their parents to meet their travel needs on a daily basis. They are even more disadvantaged in families where there is only one car or none at all. Negotiating lifts can be stressful and result in young people having to involve older family members in matters that they would prefer to be kept private such as visits to the doctor.

Young people aged 11-15 often rely on public transport to connect with friends and access leisure facilities. Public transport is thus a key asset for young people. In rural areas in particular lack of transport can lead to ‘participation poverty.’ Young people have asked for:
Around a quarter of journeys are made on foot or bicycle and although mopeds are an option post 16, very few young people use them because of safety issues on busy roads. Most young people want to learn to drive as soon as they reach 17 years, however, they rely heavily on parental support to cover the cost of lessons and buying and running a car. A car is seen as an asset which connects them to the outside world.

**KEY RECOMMENDATIONS:**

<table>
<thead>
<tr>
<th>Accessibility</th>
<th>Recommended interventions</th>
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<tbody>
<tr>
<td><strong>Who should take action</strong></td>
<td><strong>Recommended interventions</strong></td>
</tr>
<tr>
<td>Providers of public transport</td>
<td>Any planned changes to public transport should consider the needs of young people travelling independently, for example access to sport and leisure facilities, especially in rural areas.</td>
</tr>
<tr>
<td>All statutory organisations and voluntary organisations</td>
<td>Services for young people or general services wanting to include young people need to plan how they will reach the service.</td>
</tr>
</tbody>
</table>
5. OUR WIDER ENVIRONMENTAL ASSETS

Every child and young person is unique and the environments in which they live act as assets that help shape the people they become.

5.1 Economic Environment

Sufficient resources are required to be able to live and participate in society. Income stability provides peace of mind and an ability to enjoy life which improves wellbeing; it enables individuals to control their lives and improves life chances. Young people from more affluent families generally rate themselves as having better health, and boys consistently rate themselves higher than girls do.

The wellbeing of families in which children live is eroded by material disadvantage. Work is good for both physical and mental health but the quality of that work matters. Young people in North Wales are slightly more likely than those in Wales as a whole to live in families which do not have a low income, that is, families who are not poor enough to qualify for the main low income benefits. However, there are significant pockets of deprivation across the region.

The economic recession has had a particular impact on young people with decreased job availability. In addition, younger staff may be more likely to lose their jobs as employers retain more experienced staff. Youth unemployment numbers in Wales rose in every quarter between 2008 and 2011. In North Wales, 15% of young people 16-24 are unemployed: this is lower than the Wales average of 16%; however, variation can be seen between and within counties with youth employment as high as 1 in 4 in some areas. As a consequence of the recession, research has shown that more young people are becoming self employed and starting their own business.

<table>
<thead>
<tr>
<th>Percentage of children not living in low income families, Betsi Cadwaladr UHB and its local authorities, 2011</th>
</tr>
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<tbody>
<tr>
<td>Isle of Anglesey</td>
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<td>------------------</td>
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<tr>
<td>79.3%</td>
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</table>
West Flintshire Community Enterprises, supported by Flintshire County Council, Communities First and Welsh Government, are running the Artisan Shop in Holywell. The project is targeting entrepreneurial young people up to the age of 24 who want to start an arts-based business. The young person is provided with premises for the first 12 months without the risks of high costs associated with premises leasing, rates and utilities. By creating a hub of businesses in one place a platform for entrepreneurial activity has been created.

Preparation for the world of work requires the development of children and young people’s capacity to thrive within a modern and fast-paced world. International best practice identifies that linking schools with industry as early as primary stage provides them with access to opportunities for work experience and work skills training. This approach, when connected with high quality pastoral support in the school setting and beyond, promotes their progression into education, employment and training.

Some communities in North Wales have suffered from generations of net outward migration of young people to find work in Cardiff, England and further afield. This has weakened communities and the Welsh language in particular. There are opportunities for local schools to introduce young people early to mountain and coastal sports and activities to develop their skills towards future employment in the tourism sector.

The local economy and wider society will also ultimately benefit from our young people raising their aspirations and their skills to contribute to their local area through the youth parliaments and local consultation programmes such as ‘Llais Ni’ (‘Our Voice’). More appreciation of the value of listening to young people’s opinions as users of public services will help to make those services better for everyone, and ensure they meet the needs of this age group, as well as preparing young people to take their place in society. Taking an asset-based approach and actively building communities, networks and resilience is fundamental to improving material and financial wellbeing by addressing poverty and reducing inequalities in local communities.

**KEY RECOMMENDATIONS:**

<table>
<thead>
<tr>
<th>Economic Environment</th>
<th>Who should take action</th>
<th>Recommended interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All statutory organisations, voluntary organisations and the private sector</td>
<td>Provide secure and meaningful employment opportunities especially for our young people to find employment locally when they leave education</td>
</tr>
<tr>
<td></td>
<td>All statutory organisations and voluntary organisations</td>
<td>Support initiatives that increase financial security such as access to credit unions, good quality debt advice and initiatives that support benefit uptake.</td>
</tr>
<tr>
<td></td>
<td>All statutory organisations and voluntary organisations</td>
<td>Value the Welsh language assets of young people as a valuable skill for the workplace</td>
</tr>
</tbody>
</table>
5.2 Natural Environment

The natural environment is a significant asset in our daily lives and plays an important role in supporting our physical and mental wellbeing. Children and young people in North Wales grow up breathing cleaner air than most other places in the UK and our water is generally of good quality, both to drink and in our rivers and coastlines.

North Wales is renowned for its spectacular scenery both mountainous and coastal; it has a national park and many areas of Outstanding Natural Beauty, sites of Special Scientific Interest and conservation areas and natural woodlands. These present benefits for both resident and visitors alike.

North Wales as a much loved holiday destination provides its inhabitants and visitors with a beautiful geographical backdrop in which individuals and families can walk, climb, cycle, swim, explore and spend time outdoors. The many paths and cycle tracks provide opportunities for children and their families to exercise without necessarily incurring additional financial costs whilst creating positive memories. There is a strong social aspect to taking part in outdoor activities in which children can connect with the natural environment and, as they reflect on the experience, become more self-aware.

Play is essential for children’s cognitive physical and social development. Through play children experience a range of emotions including frustration and disappointment and through practice can learn to gain mastery over these feelings.

Wrexham Borough Council have supported approaches to children’s play that have attracted national and international attention for their commitment to providing opportunities for children to play freely outside with the minimum of adult interference. Much of the attention has focused on ‘The Land’, which is an adventure playground signposted as a ‘space full of possibilities’. Instead of the usual play equipment there are materials for children to construct and experiment with their own spaces to play, including learning to take calculated risks. 3 playworkers are always on site in the role of helpers and teachers. However, The Land is only one element in a wider systematic approach to make a play-friendly environment of the surrounding housing estates. One of the team members told The Guardian newspaper: “Play should be everywhere – a natural part of life”
Children engage in more active play when they are outdoors. Outdoor play helps children learn to interact with and better understand the natural world, whilst offering opportunities for social interaction with their friends and peers. Outdoor play can also help develop children’s observational skills and their ability to assess risks. Being outdoors offers different opportunities for creativity and free play to those gained in an indoor setting. Being outside also allows children to use up excess energy through activity and movement which can be experienced as calming. One young focus group member called for:

“More signposting to the natural resources we have here...such as the coastal path and encouragement for local people to use them – lots of people who visit use them”

Another suggested:

“Encourage more walks around the local countryside”

**KEY RECOMMENDATIONS:**

<table>
<thead>
<tr>
<th>Natural Environment</th>
<th>Recommended interventions</th>
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<tbody>
<tr>
<td><strong>Who should take action</strong></td>
<td><strong>Recommended interventions</strong></td>
</tr>
<tr>
<td>Local Authorities</td>
<td>Ensure well designed, user friendly walking and cycling routes, which also consider the needs of disabled people</td>
</tr>
<tr>
<td>Local Authorities and Snowdonia Park Authority</td>
<td>Promote accessibility and signpost to a range of natural environments for leisure and promote respect for these environments among users</td>
</tr>
</tbody>
</table>
5.3 Built Environment

Children and young people depend on community facilities such as parks and playgrounds for play, physical activity and social contact with their peers. In addition, green infrastructure adds to the quality of our urban built environment. From mitigating the effects of climate change to improving population health, parks and green spaces in and around our communities play a vital part in our lives. Parks provide a much needed space for people to take part in organised or informal sports and provide recreational opportunities for those unable or unwilling to join a gym or leisure centre.

Our focus groups spoke of their appreciation for these community facilities, and also spoke out about how they should be improved. They want:

- “More parks”
- “More open space”
- “More places for older teenagers to go, if it’s sunny and you go to the park it’s overrun with kids and younger teenagers”

Students felt that there was a need to incentivise individuals to go out and that local councils should host barbecues and fun days.

It is well recognised that good quality homes are an important asset for the health and wellbeing of those living in them. A quality home environment supports young people’s educational achievement, whilst overcrowding impacts on individual’s personal privacy and can also impact on relationships between family members.

In North Wales 12.4% of households (owned or in shared ownership) with dependent children have more than 1.5 persons per bedroom tenure, compared to 11.5% in Wales. Within both the social rented and private rented sector there is a higher percentage of homes in North Wales with more than 1.5 persons per bedroom tenure than the Wales average.

Many indoor environmental factors in poor quality housing are linked with both respiratory illness and childhood asthma. These include mould, the effects of second hand smoke, indoor air quality and pets.
The Charisma Project, initiated by Wrexham County Borough Council in partnership with staff from Public Health Wales, BCUHB and Bangor University, was aimed at children who had moderate or severe asthma in Wrexham and were aged between 5-15 years. As part of this research study, the families of these children who were identified through GP Practice data were offered housing improvements (central heating/and or good quality ventilation) to improve their asthma. At the end of the study significantly reduced physical problems were reported as was a significantly improved asthma-specific quality of life indicator. Further work is planned with Anglesey and Gwynedd Local Authorities.

It is increasingly being reported that young families and those on low incomes are being marginalised in terms of housing provision. It is challenging for young people to secure sufficient funds to buy their own home or access social rented accommodation with many having to opt for the private rented sector or stay in the family home for longer, and parents having to play a significant role in supporting their access to home ownership. Young people who choose not to stay at home or do not have access to family finance are remaining in the private rented sector for longer, despite the lack of security.

**KEY RECOMMENDATIONS:**

- **Built Environment**
  - **Who should take action**: All statutory organisations and voluntary organisations, Builders and planning authorities, Local Authorities, Third Sector and private sector, Local Authorities, the NHS and the academic community.
  - **Recommended interventions**:
    - Create a built environment that supports rather than inhibits physical activity and provides access to maintained green spaces such as parks.
    - Consider the amount of available space for play when constructing housing estates.
    - Provide good quality housing, both in the public and private sectors.
    - Build on the success of the Charisma Project in North Wales.
6. CONCLUSIONS

The children and young people of North Wales are our greatest asset, and our biggest hope for them is to be happy and healthy. Wellbeing can be described as feeling good and functioning well. To achieve this individuals require a fair share of material resources, a sense of meaning in their life, a feeling of belonging, connection with places and people and the skills to support them when they experience challenges in their lives.

Childhood is a special time (Aylward M, 2013). It is a time to learn, discover, play, explore and experiment. It is a period when children and young people gain the confidence to seize life’s opportunities and the resilience to weather life’s storms. It is also a time of vulnerability, when special safeguards are required. Fundamental to a healthy and happy childhood are loving families within communities served by good quality public services.

Positive mental wellbeing assists children and young people to recognise and manage strong emotions such as anxiety, frustration and anger and supports them as they develop friendships with their peers. Their ability to empathise with others and ‘walk in their shoes’ will support their learning, enable them to play effectively with others and gain more from their school experience.

In contrast to traditional methods used to improve health and wellbeing, using an approach that values assets can provide a more positive, outcome focussed way of working that values what works well and where health and wellbeing flourishes.

Some health assets are recognised and valued by young people, such as their family and friends, and others may be less visible to them but still exist to support, strengthen and protect them, such as immunisation programmes and legal safeguarding.

Families are a uniquely important asset within our communities providing stability for children. They provide emotional support, nurturing and security. Family relationships provide children with a sense of belonging and value. Children receive guidance about acceptable social behaviour and personal values from family members helping them to develop positive interpersonal relationships. Children who feel listened to, and involved in making decisions within the family, have been found to have significantly higher levels of wellbeing.

“I feel happy about myself and looking forward for the future” (Young Participant)
Stability is another key asset for children and young people. Lastly, families foster educational aspirations in children and young people and help them make the important transition to working life.

The relationship between young people and their friends, and the wider community are also important. Positive friendships and finding others who share similar interests and values can provide children and younger people with sources of valuable emotional support in and outside school.

Education is an important asset. People with low levels of educational achievement are more likely to have higher stress levels, less confidence and poor health as adults. Most young people achieve good results at school, further their education and follow their chosen careers. Some, however, struggle through this stage of life, particularly those in marginalised, vulnerable and unstable living conditions such as those in care and those who live in households where parents are unemployed.

Effective public services could be described as those that are of high quality, are continually improving and which are efficient and responsive to the needs of the local population. Asset based approaches can be used to enhance current service provision such as embedding community assets in the planning of treatment services systems by building local connections.

Sufficient resources are required to be able to live and participate in society. The wellbeing of families in which children live is eroded by material disadvantage. Work is good for both physical and mental health but the quality of the work matters. Taking an asset-based approach is fundamental to improving material wellbeing by addressing poverty and reducing inequalities.

Our natural environment is a major contributor to the health of our young people. Green infrastructure is a significant asset within the heart of our communities, helping to make them stronger and safer and ensuring that the places in which we live and work are more sustainable and attractive.

Children’s physical development can be supported by ensuring children are encouraged to play and that they have access to safe play areas in the community.

Good quality homes, part of the built environment, are a key element in developing thriving, sustainable communities where crime is reduced and where employment and educational opportunities are improved.

There is growing recognition that new holistic models of service delivery and population health improvement are needed. Asset based working helps people to address their problems more effectively and sustainably by working with them rather than doing to them. Adopting an asset based approach, such as co-production, would tap into the knowledge and experience of young people both as service users and community residents enabling an equal learning opportunity. The change required to fully implement this approach towards developing effective services involves a recognition that service users are important assets; as important as professional knowledge and expertise.
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