

spotLIGHT

PROMOTING EMOTIONAL AND SOCIAL DEVELOPMENT

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Editorial

Welcome to this fifth issue of *Spotlight*, focusing on promoting healthy lifestyles.

Healthy eating and obesity have never featured so highly in the public's consciousness. Policy-makers and the media have focused on what has been increasingly called our fat nation of inactive children. Behind the sometimes hysterical headlines is a serious issue – the need to encourage and support children, young people and their families to make healthy choices. As the government White Paper, *Choosing Health: Making healthier choices easier* explains, despite an overall improvement in young people's health, there are some worrying trends, including mental illness and increasing rates of sexually transmitted infections, substance misuse and obesity – and still too many health inequalities between the richest and poorest children, young people and their families.

Increasing concern about these trends and the impact on children and their families, both now and in the future, has led to the development of national and local policy and initiatives. Along with *Choosing Health*, there is the *Healthy Living Blueprint for Schools*, the continued funding of Healthy Schools, the first ever national service framework for children, young people and maternity services, as well as the Healthy Care programme.

These initiatives all stress the importance of laying strong foundations for healthy lifestyles by promoting positive attitudes to health. This includes ensuring that all children have a nutritious, well-balanced



diet, which is a key building block for learning, achievement and overall health and happiness. It also includes helping children to learn about health, and establishing positive patterns early in their lives. All professionals are now required to work to the five national outcomes for children set out in the Children Act (2004).

Eating healthily and being physically active is inextricably bound up with emotional health and well-being. Both depend upon a host of factors such as early habits established in the home, access to opportunities for physical activity, our abilities and disabilities, body image, culture, self-esteem, fear of embarrassment and not being good enough, anxieties, trauma and mental illness.

We welcome the actions taken so far and call on government, retailers, manufacturers and other partners to go further and take every step possible to ensure that children are not exploited as consumers and are protected from inappropriate advertising.

Children need to understand and practice choice, but if we are to truly safeguard

children and provide them with the best start in life, we need to stop providing choices between healthy and unhealthy food on a daily basis, or limited choices for physical activity – and provide a range of healthy options that are attractive, and activities that children and young people want. We must also support a culture change so that instead of being 'maverick' and unusual, being healthy is embraced as natural, attractive and fun. This need not mean never eating chocolate, crisps or sweets. 'Healthy', as NCB understands it, includes being able to choose unhealthy options occasionally in the context of a positive overall approach, understanding and attitude to health.

In this issue we offer a range of articles demonstrating the exciting practice developing across England. We also offer a policy update: our regular *Spotlight briefing* provides an overview for practitioners. We hope you enjoy it.

**Simon Blake and guest editor
Joanne Butcher**

Joanne Butcher leads NCB's work on the promotion of health and well-being in health, community and secure settings.

Spotlight is guided by an Editorial Advisory Group. The members of the group are:
Richard Craig – Health Development Manager, Sheffield Connexions Partnership
Vanessa Cooper – Merton Local Education Authority (on secondment at the National Children's Bureau)
Ruth Heatherley – National Advisor, National Healthy School Standard
Nick Peacey – Institute of Education, London
Jenny Rowley – PSHE Advisor, Sutton Local Education Authority and National Health Education Group
Dali Sidebottom – South West Regional Healthy Schools Coordinator, Somerset Primary Care Trust
Marilyn Tew – NSCoPSE, National PSE Association.

We believe that all children and young people have intrinsic value and worth. We value their uniqueness and autonomy. We explicitly challenge prejudice, poverty and disadvantage, and are committed to

legislation, programmes and initiatives that strive for equity and choice.

We have adopted and work within the UN Convention on the Rights of the Child, and we support the five national outcomes for children and young people as set out in the green paper Every Child Matters:

- being healthy – enjoying good physical and mental health and living a healthy lifestyle
- staying safe – being protected from harm and neglect and growing up able to look after themselves
- enjoying and achieving – getting the most out of life and developing broad skills to adulthood
- making a positive contribution – to the community and to society and not engaging in anti-social or offending behaviour
- economic well-being – overcoming socio-economic disadvantages to achieve their full potential in life.

We believe all children and young people have a right

to positive emotional and social development. To enable this they need:

- environments which are physically and emotionally safe for learning, playing and developing and where people can learn from making mistakes
- positive, nurturing and challenging relationships with a range of adults and peers where respect is evident and trust can develop
- to participate in decisions that affect them, including identifying and contributing to solving problems
- positive encouragement, recognition of their skills and qualities, and the opportunities to develop these
- opportunities for exploration, play, creativity and stimulation
- access to confidential help, advice and support.

We believe that adults can only support children and young people's emotional and social development if they have the same rights and responsibilities.

News

New assessment guidance for PSHE

The Qualifications and Curriculum Authority (QCA) has produced assessment guidance for Personal, Social and Health Education (PSHE), which includes statements about what pupils may be expected to know by the end of each key stage. The guidance is designed to support teachers in raising the status and standard of teaching in PSHE.

The guidance and end-of-Key-Stage statements link directly to the non-statutory frameworks for PSHE and Citizenship at Key Stages 1 and 2, and for PSHE at Key Stages 3 and 4. They draw upon examples in the existing section on breadth of opportunities in the PSHE and Citizenship framework, and relate to the social and emotional aspects of learning set out in the primary national strategy.

It is not intended that schools replace established statements or assessment materials for PSHE. However, the non-statutory statements do offer a national standard, and will be useful to schools that do not already have guidelines in place.

- The statements are available to download from the QCA website at: www.qca.org.uk/pshe

Launch of new Food in Schools resource package

A new tool has been launched to help schools make healthy eating a reality across the school day. Part of the Department of Health and the Department for Education and Skills Food in Schools programme, this tool fulfils one of the commitments to improve school food made by the government in the recently published White Paper *Choosing Health: Making healthier choices easier*.

The tool will help schools to meet the government vision that all schools will be healthy schools, and will provide healthy food and drink across the school day. It has been designed to inspire schools, parents, caterers and health professionals to develop their own healthy eating initiatives to improve the nutrition and diet of children through a whole-school approach.

Available online (www.foodinschools.org), the tool consists of guidance, advice, case studies and templates. It is brought to life by interactive elements such as a food audit, to help schools create customised solutions, and a 'virtual day', which follows a day in the life of a child.

Resource, print and create 'centres' are available online giving users access to

reference and curriculum materials, case studies, downloadable posters, template questionnaires, booklets, guides and presentations. The centres allow much of this to be adapted to enable schools to address individual and local community concerns and issues.

Although the guidance is primarily an online resource, a printed toolkit is also available with key materials from the website. This includes guidance documents for each of the project areas and a CD Rom containing some of the most important resources.

This guidance is a result of lessons learned from the eight Food in Schools pilot projects: healthier breakfast clubs, healthier tuck shops, healthier vending machines, dining room environment, healthier lunch boxes, cookery clubs, growing clubs and water provision. The pilots were run in a cross section of over 300 primary and secondary schools across the United Kingdom.

The guidance links to the government's *Healthy Living Blueprint* and to other work to improve school food such as the School Fruit and Vegetable Scheme. It can also help schools to work towards the healthy eating component of the Healthy Schools programme.



Innovation in healthy school meals

Looking for Innovation in Healthy School Meals (Nov 2004), published by the Soil Association and Business in the Community, finds that healthy school meals lead to improved pupil behaviour. The report records the views of education chiefs from 13 local authorities and two schools in England and Wales, based on their experiences following improvements to their school meals. This is the first time that such information has been published and the two organisations say that it should strengthen the case for urgent

improvements to school meals. Pupils who eat meals made with fresh, unprocessed ingredients and who have access to drinking water have better concentration, improved attention spans, are less likely to be hyperactive, and are calmer and more alert in class. They also have an increased capacity to learn and are less likely to be absent from school.

- For further information visit the Soil Association's Food for Life website: www.soilassociation.org/foodforlife

Protecting children's health



For every £1 that the World Health Organization spends on promoting healthy diets, the food industry spends £500 on promoting unhealthy foods. Urgent action is needed to make healthy choices more attractive to young people, argues Kath Dalmeny, Senior Policy Officer at the Food Commission.

Imagine for a moment that diet-related diseases such as diabetes, coronary heart disease and cancers of the digestive system carried people off in days rather than decades. Like an outbreak of serious food poisoning, the path from diagnosis to serious illness or death would take just a few days.

If diabetes took effect as quickly as food poisoning, a national emergency would have been announced when the first cases of morbid obesity and type II diabetes turned up in young people. Teams of epidemiologists and risk analysts would have been helicoptered to the scene. A major inquiry would have been launched. We would now be well on the way to removing the most serious risk factors that have caused so many of our children to develop the first signs of diseases that were once associated with middle age.

Because diet-related diseases take many years to develop, the sense of urgency is lost – there is little impetus to start taking action.

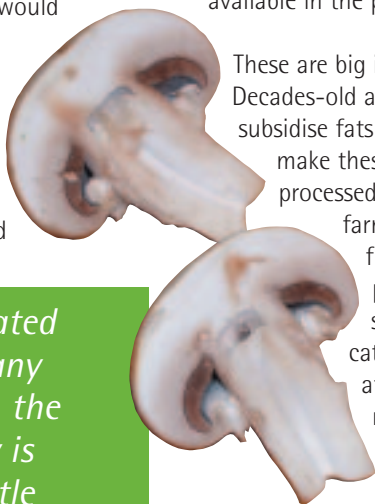
But because diet-related diseases take many years to develop, the sense of urgency is lost – there is little impetus to start taking action. We issue education leaflets, start discussions with industry about whether they will reduce salt in processed food and provide free fruit in schools. However, the effects of our relative inaction are creeping up on us and accumulating into a vast problem.

Slow-to-develop problems such as obesity and type II diabetes are sometimes dubbed 'slow disasters'. We get used to the problem being around. We don't see how it has grown. When a few of us travelled to America we began to understand what our fellow UK citizens may soon be facing.

To tackle nutrition-related ill health, we must examine all the factors that affect lifestyle and food choices. As our understanding grows, we need to make healthy choices more attractive, and unhealthy choices unattractive.

Excess calories, sugar and fat find their way into children's diets because they are produced cheaply, promoted to make them attractive, and made available in the places children go.

These are big issues to tackle. Decades-old agricultural policies that subsidise fats and sugar production make these cheap ingredients for processed foods. European farmers are paid to destroy fruit in order to keep the prices high. It is then no surprise that school caterers find it difficult to afford good food. And no wonder that children leaving school premises at lunchtime can find a cheap calorific meal – maybe a burger and fries for under £2.



An economic focus also holds sway in food promotion. In the past few months, a school in Nottingham found that it could not implement its healthy eating policy and remove a junk-food vending machine. It was prevented by a private finance initiative agreement involving a snack food company, requiring the presence of the vending machine in the school.

Meanwhile, TV advertising, competitions and promotional websites are dominated by positive messages relating to the least healthy foods. Around three-quarters of TV food advertising directed at children is for fatty, sugary and salty foods that children should eat less of. In the shops, the same types of food are promoted with sporting heroes, pop stars and cartoon characters.

How can small-scale, local health-promotion projects compete against such a background clamour? Just to give a sense of the imbalance, the Food Commission has calculated that for every £1 spent by the World Health Organization on promoting healthy diets, £500 is spent by the food industry on promoting the very foods that contribute to unhealthy diets.

We need to defend and implement nutritional standards whenever food or food information is provided for children, whether that be in the school canteen, through a school vending machine, or in food advertising during children's television. Otherwise our efforts will be undermined at every turn.

- The Food Commission (www.foodcomm.org.uk) is an independent food watchdog (tel: 020 7837 2250).
- To find out more about the campaign for new food legislation to protect children's health, visit: www.childrensfoodbill.org.uk

If we are to support young people in becoming more physically active, we need to find ways of making sport in schools more fun and accessible, says Sue Campbell, Chief Executive of the Youth Sport Trust.

It is not just the nature of the activity that affects participation; the environment also plays a large part in determining young people's interest and engagement.

Making school sports attractive to young people



'If exercise had been discovered as a new medicine we would have been amazed at its ability to contribute to health.' (Christian Barnard, pioneering heart transplant surgeon)

We all know this to be true and we also know that the rise of obesity and associated health problems are largely a result of poor diet and lack of physical activity. The question is, how do we reverse this trend and encourage and support people to develop active lifestyles?

Research has shown that physical activity patterns are established early in young people's lives, so we need to ensure that their interest is captured from the start. Schools, including nurseries, have a central role to play in introducing young people to both informal and formal opportunities to become active. There is often confusion about the terms we use to describe these opportunities. Physical activity is

an all-embracing term that includes all informal activity – walking, cycling to and from school, activity in the playground, playing with friends – as well as formal activity delivered through the physical education curriculum and school sport.

The government's new national strategy for physical education and school sport is focused on improving the quality and quantity of structured provision in all primary, secondary and special schools in England. The £459 million available from 2003 to 2006 will help establish 400 families of schools. Each family has a hub school (most of which are specialist sports colleges) and around eight secondary schools and 45 primary or special schools. These schools each have key workers funded through a national continuing professional development programme to ensure that young people get greater choice in and out of curriculum time. Their most important challenge is to encourage schools to think differently about the way they deliver school sport.

For years we have served a traditional menu of activities in schools and have adopted a 'take it or leave it' attitude for those who have been less enthusiastic. For the sake of the nation's health we can no longer be content with only the 'sporty' types benefiting from these opportunities. Somehow we have to find ways to reach out to every young person. This requires teachers, coaches and sports development professionals to think outside the box and to redesign their programmes and marketing strategies.

One particular example relates to girls participating in physical activity. It is well-known that many young women

stop taking part in sports during their school years because the nature of the activity, the clothing and the showers are all such a big turn-off. At Manor School in Nottinghamshire, a target group of disaffected girls who rarely participated in PE lessons and were often socially excluded, was identified. Each girl was personally invited to a meeting where they were supported to develop a programme of activities in which they wanted to participate. This included walking, trampolining, aerobics, self-defence, cycling, bowling, skating, badminton and table tennis. Attendance rates have improved and the girls have grown in self-esteem and confidence, with some now involved in 'buddying' younger students.

It is not just the nature of the activity that affects participation; the environment also plays a large part in determining young people's interest and engagement. By changing the way a space looks we can change the way it is used. The Sporting Playgrounds programme, funded by the Department for Education and Skills in primary schools, has demonstrated that by simple colouring and zoning, a piece of dull tarmac can be transformed into an exciting and enticing activity area. Through this programme, research has shown that many more children and young people are enjoying being outside and playing in the playground. At the same time it has counteracted many of the social and behavioural issues arising during breaks.

It is not what we do but the way that we do it, in partnership with children and young people, that will determine whether or not we can begin to reverse the trend of inactivity in children and young people today.





Last year, the National Children's Bureau (NCB) ran a 'health challenge' pilot with a group of young people to explore the barriers that young people face in trying to live a healthy and active life. Joanne Butcher, NCB's Principal Officer for Promoting Health and Well-being, reports.

The challenge of

Why did we set up the project?

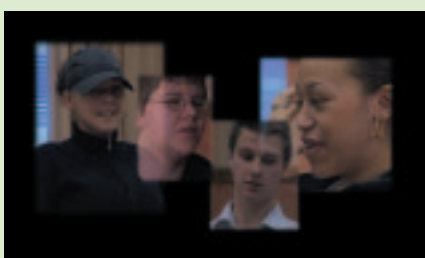
Many young people we had spoken to at NCB said that they found it difficult to make healthy choices, despite knowing the benefits it could bring. We hoped that the seven-day health challenge, funded by the Department of Health, would provide some clues on how to support young people to make healthy choices and sustain healthy lifestyles.

What did we do?

Four young people, Georgia, Natasha, Matt and Ben, took part in the challenge. We chose friendship pairs to support each other. Ben and Matt are from Lincolnshire and Natasha and Georgia are from East London.

The health challenge involved:

- eating more healthily and taking at least one hour of physical activity a day for seven days
- keeping a five-minute video diary each day reflecting on how the challenge was going
- each person spending £5 on healthy food and £5 on physical activity.



From left to right: Natasha, Matt, Ben and Georgia. All pictures of the young people are by the Kosh.

How did we do it?

We met for a day to explain the project and help the young people tailor the challenge to their own needs and lifestyle. We discussed their views on healthy living and gave them a 'starter pack', which included a guide to help them carry out their health challenge and to record their thoughts and feelings on camera. All the young people were happy with the central aims of eating healthily and being physically active. Ben added an extra goal about making time to relax because he was feeling stressed from his studies at school. We did not give them strict instructions on how to approach the health challenge as we wanted their involvement to reflect their personal experiences. After the seven days, we met to discuss how it went.

The Kosh Film Company trained them to use video cameras and edited all their footage, including their video diaries, into a 28-minute documentary.

What we found out

- The young people interpreted healthy eating as never eating anything sugary or fatty, rather than understanding that it was alright to have them occasionally, as part of a healthy, balanced diet.
- Ben and Matt said it was difficult to find foods that were enjoyable and healthy. Georgia wanted more advice on healthy ways to regain the weight she had lost through illness.

- Ben reflected on how it was difficult to find healthy food at their school, and 'being healthy' was seen as 'uncool' by some of their peers.
- They found labelling on food packaging difficult to understand and misleading. Georgia chose a 'healthier options' pre-packaged meal as she thought it would be healthy but it contained high levels of salt. They also thought that yoghurts were healthy because they are promoted as a healthy option on TV, and were unaware of the high sugar content in many types of yoghurt.
- Georgia saw a dietician during the week of the health challenge because she was unwell with a severe attack of Crohn's disease. She had never seen a dietician before and wished she had. This highlighted how young people don't always get the support they need to make healthy choices.
- The young people said that how they felt influenced what they chose to eat. Matt was 'down' one day because school was difficult and said he was tempted to eat sweets and snacks, which he called 'comfort foods'.
- Sometimes the young people seemed weighed down by life, and their responsibilities affected their health choices. Natasha is a young mother juggling parenting and college. She said she ate lots of take-aways before the health challenge because they were quick and easy, and because there are no 'fast' healthy food shops near her.
- Parents, carers and family had an



healthy living



important influence on the choices young people made. Ben said it was difficult to find healthy foods at home. Instead there were lots of snack foods which were often difficult to avoid. Matt's mother was on a diet so there were alternatives to snacks in his home. Matt also said his parents supported him on the health challenge, as well as eating the healthy food he bought! Georgia was stranded at her mum's because of heavy snow. While she was there, her mum cooked her a healthy meal with fresh vegetables, illustrating the important role that parents and carers play in nurturing young people and modelling healthy eating.

- Matt and Ben have to travel 20 miles to get to the nearest swimming pool.

Their local youth worker drove them as there was no direct bus route and travelling by taxi would have been too expensive.

- Georgia and Natasha wanted to be healthy for their children, and for their children to live healthily. They decided to walk with them to school rather than taking public transport. Natasha gave her daughter some fruit instead of sweets and said that to her surprise she really enjoyed it.

One unexpected outcome from the project was the success of the health

challenge in actively engaging young people in their health choices. Even though the young people were given a financial reward at the end of the project, they genuinely wanted to participate and to do their best. As Ben and Matt explained: 'Overall we felt the challenge went well and was thoroughly enjoyable, the health challenge has influenced us and caused us to put more thought into our daily choices in life.'

As a result of the project the young people made small but significant changes to the way they live. These changes included: starting running, getting advice from specialists and

preparing evening meals the day before to avoid fast, unhealthy options when tired.

What next?

Our discussions with the young people suggest they want to continue building on their achievements and lifestyle changes but they will need continued support, encouragement and information. We are seeking funding to pilot the health challenge in a range of settings. Implemented well, the pilot suggests that this type of approach in schools and community settings can make learning about and choosing health fun, desirable and achievable.



The challenges

'The foods I found most enjoyable were often foods with a high fat content and easily accessible as in-between meal snacks.'

'I found it difficult to select food from the school canteen that complied with the health challenge's requirements of a healthy diet. For example, on the first day of the health challenge chocolate doughnuts were introduced to the school canteen menu. There were many trays of doughnuts and only one small bowl of fruit.'

'We worked out that there was no direct bus route to the swimming pool and a taxi would have costs around

£60 return. This was out of the question as we weren't prepared to spend this amount of money just to go swimming.'

The benefits

'I've always wanted to do this but the health challenge has given me the kick start I needed.'

'Living a healthy lifestyle doesn't necessarily mean dieting and vigorous exercise.'

'Overall, we felt the challenge went well and was thoroughly enjoyable. The health challenge has influenced us and caused us to put more thought into our daily choices in life.'



Widening the appeal of after-school sports clubs

Children in Sutton have responded enthusiastically to a new after-school programme. Richard Oxlade is Partnership Development Manager for the School Sport Co-ordinator Programme at Sutton Local Education Authority. He reveals how the scheme works and what they have learned about its impact.

The School Sport Co-ordinator Programme is managed by the Youth Sport Trust and funded by the Department for Education and Skills. By 2006, one of its key aims is that children and young people across all Key Stages can access PE within the curriculum for at least two hours a week. Another major aim is to lift the barriers which prevent many children and young people from participating in after-school sports clubs.

What are the barriers?

Through our network of local community sports clubs and sports coaches, plus substantial lottery funding over a three-year period, we have identified schools in areas of social deprivation whose young people find it difficult to take part in sports clubs after-school. Reasons for not taking part include lack of confidence and self-esteem, affordability and clubs insufficiently catering for what pupils want. Many young people would just like to take part in order to enjoy sport, as opposed to being one of the competitive 'high fliers' who want to represent the school team or play for a club. Also, many children do not want to participate in team games like football, rugby and hockey, and

would much prefer to play tennis, table tennis or take part in dance sessions or yoga.

How the scheme works

During 2004, teachers in Sutton schools researched which sports the children would like to participate in during after-school clubs. The schools then contacted me about providing these opportunities and setting up new clubs.

The programme, which began in September 2004, caters for a variety of sports including basketball, dance, gymnastics and tennis. Starting as soon as school finishes, the clubs are based at the school site and run by sports coaches from local sports centres with a junior section. So far, the clubs cover 18 schools. As soon as we have identified and trained more coaches, we intend to extend the programme further. A good mix of boys and girls are participating and, with girls' participation in sport steadily falling over the years, it is especially encouraging to see the number of girls taking part. We also have a good mix of children from different ethnic groups as well as children with special needs, who all work together.

The gains

The evaluation from the schools taking part demonstrates the crucial role of the programme in promoting healthy living. Staff are noticing that children are becoming fitter and healthier through increased physical activity. Coaches are also role models in terms of eating habits. Many schools are reporting that children are now bringing fruit in their lunchboxes. We are also getting positive feedback on children's improved behaviour in class and there has been a



positive change in the confidence of many children. Through increased physical activity, children are learning to respect each other more and to work together as part of a team.

Already the children are starting to participate more widely in community sports clubs, and this is likely to influence their involvement in sport as they move through adolescence and into adulthood.

We are just scratching the surface with our programme in Sutton, but it shows what can be achieved. Sport cuts across many different government agendas, but the evidence is there for all to see. Sport is one part of the solution for many education, social cohesion and health priorities.

- For further details email Richard Oxlade (roxlade@suttonlea.org.uk).

Reasons for not taking part in after-school sports clubs include: lack of confidence, self-esteem, affordability and clubs insufficiently catering for what pupils want.

spotLIGHT briefing

This briefing explores what the focus on promoting a healthy lifestyle means for children and young people, and describes how we can create opportunities to improve their health and well-being.

Promoting healthy lifestyles among children and young people

A briefing for practitioners

While most children and young people enjoy better health than their forebears a century ago, for some this is not the case. Despite overall improvements, there remain big differences in health between the richest and poorest. Current concerns include the rise in childhood obesity and growing problems with alcohol use, teenage pregnancy and sexually transmitted infections (Department of Health 2004).

'Being healthy' is one of five key national outcomes for children set out in *Every Child Matters* (Department of Education and Skills 2003). The government has introduced a range of initiatives to improve children and young people's health. These include the public health White Paper *Choosing Health: Making healthier choices easier* (DH 2004), the *National Service Framework for Children, Young People and Maternity Services* (DH 2004), the *Healthy Schools Programme* and the *Healthy Living Blueprint for Schools* (DfES 2004).

Children and young people from lower income groups are at particular risk of health problems associated with poor diet and lack of physical activity. The importance of targeting health promotion activities at low income groups is borne out by evidence that:

- children from low income groups have a diet lower in nutrients and are 50 per cent less likely to eat fruit and vegetables than higher income groups (Dowler 2001)
- children from low income groups are less likely to have opportunities to participate in sport or physical activity than those from higher income groups (Health Education Authority 1999).

Children and young people who fail to eat a balanced diet and meet recommended levels of physical activity face a disproportionately high risk of developing a range of life threatening conditions, including diabetes, heart disease and circulatory disorders.

The close relationship between educational achievement and health inequalities demonstrates the importance of establishing positive patterns of health behaviour in childhood and early adult life. An analysis of over 100 local education authority (LEA) areas found educational attainment at age 15 to 16 to be closely linked with both coronary heart disease and infant mortality (NHSS 2003).

Barriers to maintaining a healthy lifestyle for those on low income may include poverty, lack of information and poor emotional well-being. Healthy foods such

as fresh fruit and vegetables may be perceived as expensive or difficult to obtain. In some areas access to local shopping facilities and transport is limited. This is often linked to the decline of independent shops and the rise of large out-of-town supermarkets (Cox and others 1996). The cost of travelling and entry to sports clubs and facilities can also make it more difficult for those on low incomes to access opportunities for organised physical activity.

Children and young people who lack support from their parents or face difficulties getting information in formal settings, are less likely to be able to recognise and benefit from opportunities to lead healthy lifestyles. Health education is vital, enabling young people to translate their knowledge about leading a healthy lifestyle into the choices that they make about the food they eat or the amount of physical activity they take part in.

Life chances and opportunities

As well as stark inequalities in terms of life expectancy, a poor diet and lack of physical activity can also affect children and young people's quality of life and their emotional well-being. Both can be a cause and effect of low self-esteem and depression as well as contributing to a range of behavioural problems.

Health is a resource that enables us to enjoy life and to achieve our full potential. Children and young people with a healthy lifestyle are in turn more likely to be able to concentrate at school or college, have the motivation and confidence to create and participate

*I have been brought
up eating unhealthy
stuff – I have always
eaten loads of chips, so
that's normal for me.
Homeless young person*



in formal and informal learning opportunities, and to develop and sustain social networks. Self-esteem and confidence is also key to preventing other risk-taking behaviour including smoking, substance misuse and unprotected sex.

Fostering healthy lifestyles from early years to youth

Sure Start forms a major part of the government's agenda to reduce inequalities in health. Targeted support is offered to families with small children in some of the most deprived areas of England, giving them opportunities to foster healthy lifestyles that children will hopefully carry on into adulthood.

Within schools, the Local Healthy Schools Programmes have developed creative responses to the needs of pupils including breakfast clubs and initiatives to encourage healthier school dinners, lunchboxes and vending machines.

Many schools have also increased time for physical activity in and out of the curriculum, and offer a greater variety of activities to increase uptake and enthusiasm among children and young people. Team sports, after-school activities and schemes to encourage children and young people to walk or cycle to school, have all been successful in keeping children active. They also increase the time spent socialising rather than engaging in sedentary activities like watching TV or playing computer games.

We went away for a weekend and did loads of team-building activities like canoeing and assault courses – it helped make us all talk to each other – I thought it was amazing.
Homeless young person

Eight key principles for promoting among children and young people

The following eight principles will help in promoting healthier lifestyles.

1. Develop a holistic and consistent approach to children and young people's health and well-being

Children and young people's attitudes towards their health cannot be separated from their wider life experiences. As practitioners, we need to recognise and challenge the barriers to leading a healthy lifestyle. It can be difficult for young people to prioritise their health when facing other major issues and concerns, such as family or relationship problems, drugs, homelessness, unemployment and involvement in the criminal justice system.

2. Involve children and young people in decision-making

Ask children and young people what they want and encourage them to participate in decision-making. Involving them in planning activities and events, so their needs are met, leads to successful uptake and outcomes. There are lots of examples where children and young people's involvement in decisions has led to positive results – for instance, being involved in designing playgrounds, making changes to school dinners and choosing the content of vending machines.

3. Start early and support parents

Promote children's health from the early years and support parents in overcoming the barriers they may face in encouraging their children to lead healthy lifestyles.

Schools have engaged parents in varied activities to improve health including 'walk to school' and 'healthy lunchbox' schemes. Sure Start programmes have also developed many creative approaches to support the parents of vulnerable children, such as 'cooking with kids' and 'new-baby nutrition' sessions and parent-and-child exercise classes.

4. Make it fun

Children and young people are much more likely to take part in activities that they find fun and exciting. There are lots of different formats that could be adapted to engage them in health education, such as turning cooking

sessions into a *Ready Steady Cook* competition or getting young people to do a supermarket sweep of healthy foods at a local store. Offering a range of physical activities like martial arts, water sports, rock climbing and boxing can be effective in engaging the most vulnerable children and young people.

5. Recognise that promoting health is everyone's job

There is an increasing recognition that promoting health is not the sole responsibility of specialist health professionals, but is core to the delivery of all services and a responsibility for all staff working to meet the needs of children and young people.

The ethos and commitment to health promotion across an organisation is important. Ensure staff get the training and support to enable them to review and develop their practice in creating health promotion opportunities.

6. Support and encourage motivation and confidence

Many children and young people feel invincible. Health is something to worry about when they are older. While children and young people should be aware of the long-term benefits of a healthy lifestyle, strategies must feel relevant to their lives here and now. Promoting certain benefits that can be gained from a healthy lifestyle such as improved mood, better concentration and impact on physical appearance are successful ways to engage children and young people in these issues.

To me being healthy is about feeling in control of my life, having a routine, eating healthily and having a good complexion.
Young person

healthy lifestyles

Lack of confidence and self-esteem can also be at the root of an apparent lack of interest in health-related activities. A young person can feel self-conscious and embarrassed, especially if they feel under pressure from their peers.

There are lots of ways that have successfully been used to motivate even the most vulnerable young people to take steps to improve their health – such as arranging taster sessions, one-to-one support and group sessions that link physical activity with confidence-building.

7. Review and build on current practice

Ask yourself how can we work with children and young people to identify what can be developed further to encourage healthier lifestyles. There are many simple approaches that need not cost a lot of money. Examples of possible activities include:

- reviewing the nutritional content of food provided and developing a healthy food policy
- encouraging children and young people to experiment with new foods via food tasting sessions or competitions using blindfolds to add an element of fun
- helping children and young people to eat the five-a-day target of fruit and vegetables and encouraging them to keep food diaries
- introducing incentives to encourage active ways of travelling such as walking, running, cycling, skate-boarding or rollerblading
- holding team sports competitions, tournaments and *It's a Knockout*-style games with prizes to boost confidence and a sense of achievement
- using pedometers as a tool to encourage children and young people to monitor and address their level of physical activity.

8. Develop partnerships

There are endless opportunities for statutory and voluntary agencies to work together in promoting healthy choices to children and young people. Healthy Care and Healthy Schools emphasise the importance of partnerships. Tapping into existing community resources can help to build the capacity of services and support staff to develop health-promoting

The public health of children and young people is high on the political agenda. We have huge opportunities to develop policy, practice and partnerships to help them lead and sustain healthy lifestyles.

practices. Map out local projects and services and make contact to see ways in which to link up. Local primary care trust (PCT) public health teams can provide advice and information about what is available locally.

Attending partnership meetings can be an excellent way to find out about what is going on locally, to influence decision-making processes, and develop networks with other agencies.

The following examples demonstrate some of the ways professionals are working together to improve opportunities for children and young people to lead healthy lifestyles:

- dieticians from primary care teams are working with schools, colleges and supported housing projects to review the nutritional quality of catered food and to plan and implement menu changes
- supported housing projects linking up with community food schemes to access regular deliveries of free fruit and vegetables
- schools, youth offending teams and leaving care services developing links with local football and basketball clubs to encourage young people to meet and train with professional athletes
- linking up with local authority health and leisure services to facilitate free access to swimming and gym facilities for vulnerable children and young people.

Public health is high on the political agenda. We have huge opportunities to develop policy, practice and partnerships to help them lead and sustain healthy lifestyles. Working together across all settings we have the potential to vastly improve the health and well-being of children and young people, and raise their expectations and ability to lead positive lives.

Ellie Lewis

Case study: Vulnerable young people accessing health in Southampton

A specialist service to target vulnerable young people in Southampton has been developed through a partnership between a range of local agencies including the local authority leisure service, the PCT, the social services looked after and leaving care teams, the local youth offending team and youth services.

The agencies have joined up to run a weekly drop-in session based at a local leisure centre which young people can access every Friday afternoon. They have free access to the gym and swimming facilities and can take part in group sessions like trampolining and arts activities. Advice and information on other issues such as healthy eating, drug use, smoking and sexual health are also provided. Sue Daniel, Specialist Nurse at the drop-in explained how it works:

Sue's story

'Many of our young people lack the opportunity and finances needed to access their local gym. They also lack confidence and are anxious about their ability to use the equipment. We arrange their gym inductions in groups, which helps them gain confidence and make new friends. It's a good way of encouraging young people to look at healthier lifestyles and helps to promote self-esteem. We hope that by introducing them to the facilities in a supportive environment they will be more able to access these sort of mainstream facilities in the future.'

Case study: Promoting healthy eating in supported housing

Depaul House, a supported housing project for young offenders in Birmingham, has developed a healthy eating plan for residents in response to their low levels of skills and knowledge about diet and nutrition. As an incentive to join the scheme, young people are given a top-up allowance to spend on healthy food. Staff support them in gaining skills to shop for and cook cheap healthy meals and encourage them to keep a 'healthy eating journal' to monitor their mood, energy and concentration. Below, 19-year-old John talks about how the scheme has helped him:

John's story

'When I first went shopping on my own I didn't know what to buy – I was lost in the supermarket because my mum used to buy everything for me. I would always end up buying loads of basics like bread, eggs, milk and cheese, but not stuff for proper meals. After joining the scheme I am much more confident and I know what I am doing. I also feel more intelligent, as if not eating the right things can make you feel all confused. I have more life in me now and I can concentrate – I feel less grumpy and angry all the time, it has also helped me cut down on smoking weed, I used to smoke it to feel calm but because I am feeling happier I don't smoke it so much now.'

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Department for Education and Skills (2004) *The Healthy Living Blueprint for Schools*. London: DfES.

Department of Health (2004) *A National Service Framework for Children, Young People and Maternity Services*. London: TSO.

Department of Health (2004) *Choosing*

Case study: Promoting active school travel in Somerset

Young TransNet and Somerset County Council's Safe Routes to School team have collaborated in developing a number of schemes to support healthy, safe and sustainable travel to school. Initiatives include Walk to School Wednesday and Wild About Walking, programmes that encourage children, young people and their parents to walk to school.

Incentives such as small awards, certificates and photo competitions have been introduced to encourage uptake and sustain the momentum of the schemes.

Professionals working with children and young people in all settings have an important role to play in encouraging young people to lead healthy lifestyles. Children and young people in care, in custody, or living in supported housing may have missed out on important health education at school or at home, and may be in particular need of targeted support to fill gaps in their knowledge and skills.

Case study: ACCESS to physical activity at Wetherby Young Offenders Institute

Wetherby Young Offenders Institute has developed an innovative scheme to promote the physical and mental health and well-being of some of its most vulnerable young people. The ACCESS course targets young people who are reluctant to take part in physical activity and are at particular risk of being bullied and self-harm. The scheme engages them in a range of physical activities designed to build their confidence and improve their social and coping skills. This includes problem-solving and emotion management sessions alongside gymnastics, trampolining, mountain biking and team games to build confidence and trust in others.

Positive outcomes for young people include increased motivation and voluntary attendance at the gym, increased self-esteem and reduced risk of self-harm and suicide.

Health: Making healthier choices easier. London: TSO.

Dowler, E (2001) *Poverty Bites: Food, health and poor families*. London: Child Poverty Action Group.

Health Education Authority (1999) *Physical Activity and Inequalities – a briefing paper*. London: HEA.

H M Treasury (2003) *Every Child Matters*. London: TSO.

National Healthy School Standard (2003) *Reducing Inequalities and Promoting*

Social Inclusion. London: Health Development Agency.

Useful websites

Young TransNet:
www.youngtransnet.org.uk

Wired for Health:
www.wiredforhealth.gov.uk

Five a Day: www.5aday.nhs.uk

Sure Start: www.surestart.gov.uk

Food in Schools
www.foodinschools.org

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The aim was to create a healthy, constructive and safe environment, meeting the needs of all children by providing a range of activities and stimulating play areas.



A play space to be proud of

Schools across the country are improving playgrounds so that children can enjoy varied and stimulating physical activity during their break times, and be safe. When Norton Primary School in Stoke on Trent moved to new premises, the space was undeveloped. The school worked with children, staff and parents to create a vibrant new play space. Natasha Richardson explains.

Increasingly, evidence shows that children's free play is an important form of exercise. In school, opportunities for varied exercise and activity in a safe environment leave children feeling invigorated and alert after break times.

Norton Primary School serves an ex-mining community with relatively high deprivation. Of 220 pupils, 35 per cent are eligible for free school meals. The need to develop the grounds became clear when the school moved to new premises where the outdoor space, while considerable, was completely undeveloped.

A project was set up to develop the space, with support from the Make Space Project and the Staffordshire and City of Stoke on Trent Health Promoting School Scheme. Its aim was to create a healthy, constructive and safe environment, meeting the needs of all children by providing a range of activities and stimulating play areas. It was hoped this would have a positive impact on the children's health and behaviour.

A working party involving the whole school community was set up to coordinate the project. The grounds were divided into 10 zones. Each class

was allocated a zone and asked to create a design. Ideas for the design of the grounds were also discussed through the school council, at an open meeting for parents, and with staff. Each class voted for the design they liked most. The children then designed a model of each zone, which a landscape architect used as a basis for drawing up the new plan for the school grounds. This was displayed in the school along with the models.

The grounds, which are still under development, include the following:

- a covered play area for foundation-stage children
- a play area for Key Stage 1 including a pirate ship and train play equipment
- a play area for Key Stage 2, including an adventure trail with a low-level climbing wall, a football area and a football-free area
- a sensory garden providing children with a quiet space with seating, a pebble pool and plants
- three shaded areas with gazebos for reception, infant and junior children
- a quiet courtyard area with a pond and arbour seating.

The children also worked with a resident artist to develop a mural, and an

environmental and wildlife zone has been developed with volunteers from the Prince's Trust. The children helped to plant the trees.

Funding for the project has come from a variety of sources including the Make Space Project, the Primary Care Trust and the Parent Teacher Association. The children and young people are proud of the facilities they now have in the school, and the variety of activities they have available to them during play times has had a positive impact on their behaviour. Designing different zones has ensured that all children have a suitable space within which to play and to feel safe. Involving the whole school in the design and development of the grounds has been vital to the project's success, giving everyone in the school a sense of ownership and achievement. It has also helped to establish constructive relationships with parents and the local community and between staff and students. An opening ceremony for the school garden is planned for the spring.

- For further information email Natasha Richards (natasha.richards@staffordshire.gov.uk).





Adventure playgrounds are a lifeline for disabled children who would not otherwise have the opportunity to play, says Rachel Scott, Policy and Publications Officer of the charity Kidsactive. But with many of these playgrounds facing cuts in funding, we should promote their crucial role and ensure that inclusive play is right at the heart of children's services.

Adventure and play for disabled young people

Despite a plethora of recent reports warning us of the dangers of producing a nation of 'couch kids' (British Heart Foundation 2004, Barnardo's 2004) many children today are not allowed out to play on their own. There is less playtime at school, and their out-of-school lives are increasingly dominated by 'organised activities' or hanging out at home, often involving the TV and computers. For disabled children the situation is even worse. Many disabled children lead very restricted lives, and have even fewer opportunities to play out.

Research clearly shows that access to unstructured free play is vital to children's healthy development (Dietz 2001, Mackett 2004). At Kids we are committed to promoting free play for all children. Set up as a charity more than 30 years ago, we provide services for disabled children and their families. Today, through Kidsactive, the organisation's play division, we run seven adventure playgrounds in London. The playgrounds 'provide safe and stimulating environments in which children have access to a wide variety of structured and unstructured activities' (Kidsactive Code of Practice). Catering mainly for disabled children aged five to 15, with a range of impairments, they are run in partnership with local authorities to provide year-round play opportunities. Most of the playgrounds include a play building with space for indoor games and activities, and an outdoor area with grass, trees, paths for bikes and structures for climbing, sliding and swinging. Each playground is staffed by trained playworkers who offer

support to every child, whatever their needs. Some children may need physical support to use the swings or slides while others may simply need encouragement to try out new activities. According to one playground user: 'The playworkers help you play and there's loads to do. You can slip and slide in the sensory room, play on the swings, or go on the football pitch ... you never get bored!'

Kurt Ross, a senior Kidsactive playworker, is adamant that the experience offered by adventure playgrounds is particularly beneficial to the health and well-being of disabled children. 'Adventure play challenges the children and encourages them to go beyond what they feel safe with. They learn how to make choices, take risks and overcome obstacles. For example, we had one kid who really wanted to go on the balancing beam but was too scared. Finally, with the

playworker's encouragement, he chose to do it and it opened up a whole new world to him. Within days he was climbing trees and all sorts.'

The adventure playgrounds provide the children (most of whom live in the inner city) with much needed space and freedom to run around, play in the sand or dig in the garden. 'This is the only place that Amy, who has Attention Deficit Hyperactivity Disorder, can really let off steam,' commented one parent. 'At the playground there is a sense of space and physical freedom. At home I'm always telling her to stop climbing on the furniture.'

Yet sadly many outdoor play facilities have had their funding cut and are struggling to survive. We must halt this decline and ensure that funding is channelled into inclusive play. We must

Make your play area inclusive

- The benefits of play and physical activity can be great for disabled children, so it is vital that they don't miss out. Actively encourage the participation of disabled children.
- Ensure that your setting has inclusive policies, and that play is provided within the current legislative framework relevant to children's rights (for example, the Disability Discrimination Act).
- Focus on children's abilities and not their impairments. With the right attitude, and often minor adaptations, most obstacles can be overcome.
- Ensure that you consult disabled children and their parents and carers about their likes and dislikes, and what support they need in order to participate in activities.
- Ensure that your play setting is accessible and that your staff are trained in inclusive play.
- Ensure that the play environment offers as much outdoor play as possible and that the activities, equipment and resources are varied and challenging.

Play time

A major strategy is needed to ensure that children today have the opportunities to play that many adults had, argues Adrian Voce, Director of the Children's Play Council.

Each playground is staffed by trained playworkers who take a child-centred approach and offer support to every child whatever their needs.

campaign for play to be put at the heart of children's services and for the introduction of a national play strategy.

Not only do adventure playgrounds ensure that children stay fit and healthy, but they also tie in with the government's agenda for social inclusion. They help children to make friends and feel good about themselves, which in turn strengthens families and communities. Most importantly they are a lifeline for many disabled children who wouldn't otherwise have the opportunities to play. In the words of one mother: 'The Kidsactive playground has given Jack the space to experiment and take risks ... the ability to meet physical and mental challenges; make and sustain friendships; get filthy and not care; sometimes fail but not give up; respect and be respected for whoever you are and above all, be a kid and have fun! We need to stop telling our children what they can't do and show them what they can do.'

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British Heart Foundation (2004) *Couch Kids*. London: British Heart Foundation.
Dietz, W H (2001) 'The epidemic in childhood obesity', *British Medical Journal*, 322, 7282, 313–314.
Mackett, R (2004) *Making Children's Lives More Active*. London: Centre for Transport Studies and University College.

- For more information about Kidsactive's work and publications visit: www.kidsactive.org.uk

In 2001 a report in the *British Medical Journal* on the obesity epidemic in young children concluded that the main solution was to reduce television viewing and promote play.

But what constitutes good play provision? The Children's Play Council and others (2000), consulted closely with the playwork profession to find out. They found seven key objectives for good play provision, and agreed it needs to:

- extend the choice and control that children have over their play, the freedom they enjoy and the satisfaction they gain from it
- recognise the child's need to test boundaries and respond positively to that need
- manage the balance between the need to offer risk and the need to keep children safe from harm
- maximise the range of play opportunities available
- foster independence and self-esteem
- foster children's respect for others and offer opportunities for social interaction
- foster the children's well-being, healthy growth and development, knowledge and understanding, creativity and capacity to learn.

There is a much broader issue than the need for supervised provision: if children are to grow up healthy and active in body and mind, they need to have the same freedoms that many of us took for granted when we were children. This will require a major strategy to tackle planning issues like housing, traffic, open spaces and the public realm – as well as a serious debate about how we perceive children and childhood. In the meantime, it's up to us to make sure that there is time to play.

Reference

Children's Play Council, the National Playing Fields Association and PLAYLINK (2000) *Best Play: What play provision should do for children*

- The Children's Play Council (CPC) is a campaigning and research alliance of national and regional voluntary organisations, local authorities and partnerships with an interest in children's play. It aims to raise people's awareness of the importance of play in children's lives and the need for all children to have access to better play opportunities and services.



News from the Sex Education Forum

Schools and Services Network

With an increasing number of schools developing links with health services, the Sex Education Forum has developed a Schools and Services Network. This email-based network is aimed at professionals who are currently delivering school-based health services to help them share information and good practice.

The network currently has 78 members who have developed links to services. Most of these services are led by a school nurse or health advisor and are delivered with multi-agency teams including: Connexions, youth services, counselling services, GPs, child and adolescent mental health services, drugs and smoking cessation services.

The majority of these services provide a wide range of health and advice services, including the provision of information and advice on sexual health and, in some services, the provision of pregnancy tests, condoms and emergency contraception under patient group directives.

For more information about the Schools and Services Network, tel: 020 7843 1901 or email: sexedforum@ncb.org.uk

New-look website

The Sex Education Forum has launched a new-look website (www.ncb.org.uk/sef) offering the latest information on sex and relationships education (SRE), a frequently-asked-questions section and links to other useful websites. There are also factsheets and briefings available covering topics such as the Sexual Offences Act and how to develop good SRE policy and practice.

Public health White Paper

The Sex Education Forum welcomes the government's new White Paper *Choosing Health: Making healthier choices easier* (DH 2004) and the government's commitment to improving the nation's sexual and reproductive health.

A £300-million programme will be developed over three years to modernise and transform sexual health services. This will include a new sexual health campaign and a screening programme targeted at young people.

The White Paper also outlines action to support children and young people in developing a healthy framework for life:

- From 2006, the Department of Health will pilot general health services dedicated to young people, designed around their needs, with accessible locations and facilities such as internet access.
- There will be increased and wider-reaching information about sexual health for young people available in ways that they can access it in confidence, including an email service.
- There is a commitment to improving SRE and Personal, Social and Health Education (PSHE) in schools, and the PSHE Certificate Programme for teachers and community nurses will continue to be rolled out.
- By 2010, every primary care trust will be resourced to have at least one qualified school nurse working with each cluster of schools. The nurses' public health role will be expanded, offering sexual health advice and treatment, as well as a range of other health-promotion activities.
- Local Teenage Pregnancy Boards will be supported to strengthen delivery of their strategy in neighbourhoods with high teenage conception rates.

SEF's response to the White Paper

The Sex Education Forum welcomes the White Paper's proposals on improving sexual and reproductive health; its commitment to children and young people; and to improving sex and relationships education (SRE) – the forum is keen to know how SRE will be improved. It is vital that all children and young people have the equal right to

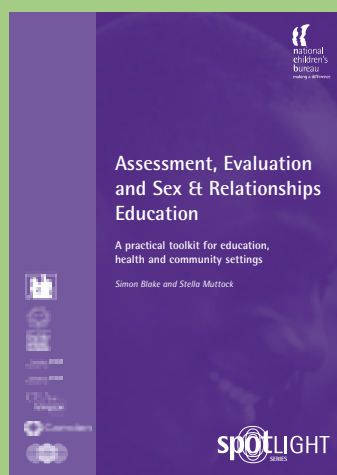
receive education about sexual and reproductive health. To ensure this entitlement, we continue to call for SRE within Personal, Social and Health Education and Citizenship to become part of the statutory school curriculum so that all schools address this topic well.

New resource

The National Children's Bureau and the Sex Education Forum have worked with education and health services in Camden and Islington to produce *Assessment, Evaluation and Sex & Relationships Education: A practical toolkit for education, health and community settings*.

Assessment of learning and evaluation of teaching is key to developing effective sex and relationships education (SRE). Despite this, practice in the area is limited with assessment and evaluation often being seen as irrelevant or too difficult in SRE.

The toolkit offers practitioners advice on how assessment and evaluation can be used in SRE. It includes practical activities for assessing learning and evaluating teaching.



- For copies (priced £25 +£4 p&tp), please contact NCB Book Sales (tel: 020 7843 6029, or email: booksales@ncb.org.uk).

Growing up, gender and sexual health

Raising young people's awareness of their own sexual health and identity is an important part of the remit of fpa. Rebecca Findlay, fpa Communications Officer, talks about some of the organisation's recent work.

For many years fpa has run community-based projects where young people – often in single-sex groups – are encouraged to think about issues relating to growing up, and concerns about sex and relationships. The aim is always to give them the information that they need to make positive choices about their lives. We also provide training for professionals who work with young people in a range of settings.

fpa's annual Pamela Sheridan Award recognises excellence in sex and relationships education (SRE). This year's winners – The Great Yarmouth Young Men's Project – is a school-based service providing access to healthcare services, and an education programme that explores the myths and realities behind sex and masculinity. Mark Osborn, the project's coordinator, works closely with young men at local schools. He believes that the transition from boy to man is one that many young men struggle with. 'It's very difficult getting young men to talk meaningfully about sex and relationships and to access services. Young men aspire to a traditional view of a man – a person who's experienced, confident and in no need of help. Sheer embarrassment means they won't go somewhere they don't know the rules – like a sexual health clinic – because they hate looking as if they don't know what they are doing.'

Through SRE, young men in Year 9 upwards are encouraged to explore ideas about masculinity as a social construct and not as natural behaviour. The project also runs drop-in sessions at lunchtime offering advice and promoting safer sex practices. Mark also works in a local family planning clinic. 'All the boys know I'm there, so they feel more confident about attending because I'm bringing something familiar into what could be a very scary situation for them.'

Supporting work with young women has also been important for fpa. Angie Brown-Simpson believes that many of the issues facing young women relate to body image and self-esteem. 'There's huge pressure on young women to have the perfect body and to conform to unrealistic female stereotypes depicted in the media. Many feel ashamed and uncomfortable with their bodies and have little awareness that sex should be pleasurable.' Young women with low self-esteem, low confidence and a poor body image are far more likely to be involved in risky sexual behaviour, she believes: 'They simply haven't been given the information or skills to negotiate what's best for themselves and their health.'

Pat Grey, fpa Development Officer, says that African-Caribbean young women's

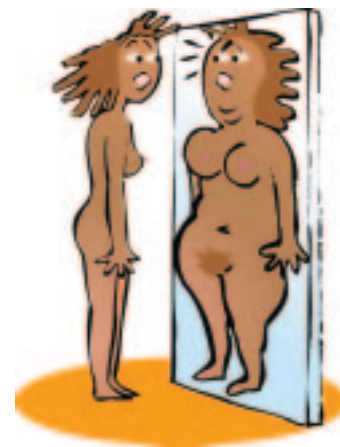
sexual health is generally worse than that of young white women, yet culturally appropriate interventions are lacking. Young African-Caribbean women's self-image is also negatively affected by the stereotypical view that they are promiscuous and aggressive. 'Young African-Caribbean women may appear to be streetwise but in reality they may not yet be able to weigh up the risks to their health that certain behaviour could expose them to,' she explains. Pat says SRE programmes need to be grounded in the needs and experiences of all black communities.

fpa believes that good SRE is very effective in tackling poor sexual health. But it needs to have clear aims so the programme is relevant to the young people involved and has a clear focus on exploring gender roles, expectations and stereotypes. Feeling confident about ourselves, our bodies and our wants and desires, and equipped with the skills to achieve this, is core to choosing healthy behaviours.

- For details and application forms for the Pamela Sheridan Award tel: 020 7923 5432, or email: pamelasheridan@fpa.org.uk



The three cartoon images on this page are taken from two of fpa's young people's booklets, 4Boys and 4Girls, which address the physical and emotional aspects of puberty, sex and sexuality. They (and a teachers' manual) are available from fpa.



Sheer embarrassment means young men won't go somewhere they don't know the rules – like a sexual health clinic – because they hate looking as if they don't know what they are doing.





Photograph: Department of Health

A range of Sure Start schemes has been set up to promote healthy eating in families. Ellie Lewis, Senior Development Officer at the National Children's Bureau, describes the work at Sure Start in Ravensdale.

Health on the menu

The Sure Start programme is central to the government's agenda to improve outcomes for children and combat childhood disadvantage. Diet and nutrition is a key target area in Sure Start and a wide range of local initiatives have been introduced to promote healthy eating, including breakfast clubs, breastfeeding peer support groups, fruit and vegetable taster sessions, and community garden and allotment schemes.

Sure Start Ravensdale has developed a number of schemes to promote healthy eating in response to parents saying that they felt unconfident and confused about what to feed their children. A community nutritionist delivers sessions to support parents with weaning their babies onto fresh foods and reducing their reliance on processed foods and jars of baby food. Funding was obtained to provide parents with essential equipment such as chopping boards, sharp knives, hand-held blenders and recipe cards. 'The sessions help to build the confidence of parents,' one Sure Start practitioner said. 'They often under-estimate what they already know.'

Cook and eat

A six-week Cook and Eat course is designed to target those local families least motivated and equipped to eat healthily. The course helps parents to learn very basic cooking skills, introduces new and different foods, and increases their knowledge of healthy eating. As one parent put it: 'Now I am making proper food for my one-year-old. My partner and I are eating healthier too.' Parents say that they also value the opportunity to work as a group and to develop new social networks.

Service users have been involved in developing a healthy-food policy for the centre. It was agreed that only

healthy snacks should be available and that service users should be involved in choosing recipes for the weekly café.

Young parents

Across the country, Sure Start projects work closely with teenage pregnancy coordinators and supported-housing projects for young mothers. The aim is to ensure that this particularly vulnerable group receives support to encourage breastfeeding and to develop healthy eating patterns. One young mother explained how the support she received had changed her thinking on breastfeeding: 'At first I thought "ugghh" I don't fancy that, but then I learned about why it is so important and breastfed for about seven weeks'.

The course helps parents to learn very basic cooking skills, introduces new and different foods, and increases their knowledge of healthy eating.

Practical pointers

Sue McDonald, a health practitioner at Ravensdale Sure Start, summarises some key learning points:

- Provide targeted support to the most vulnerable – allow time to identify and engage groups of parents most in need of support.
- Keep it simple – start off with very basic techniques and recipes and build from there – if possible try and help with the cost of purchasing basic kitchen equipment.
- Focus on fast food and time-saving skills – parents often feel that they do not have the time to cook and eat fresh healthy food.
- Consider childcare arrangements – childcare is essential to enable parents to fully concentrate and participate.
- Encourage participation – to achieve maximum uptake and enjoyment, encourage parents to identify what they want to learn and to choose their own recipes and learning styles.
- It can be a slow process but keep at it! People can be reluctant at first but their confidence and interest will grow.

Photograph: Department of Health



Leisure, fun and cookery

A leisure and fun project in Telford and Wrekin is giving looked after children the opportunity to shape what leisure activities are on offer to them. Katrina McCormick reports.

The idea came about in 2003 after we consulted some local looked after children about their leisure needs. Their response – a youth club especially for them – was developed with backing from the local Children's Fund into something much broader – the Leisure and Fun Project.

Within 28 days of coming into public care, all looked after children complete a Leisure and Fun plan identifying the types of activity in which they would like to participate. The results of the plans then dictate the provision.

A wide range of clubs has been set up including: youth clubs, a young women's interest group, and activity clubs (drumming, samba, horse-riding, football and walking as well as a cooking club). Running alongside the clubs is a programme of holiday activities, which have been part-funded by Connexions.

The impact that the project has had upon the children and young people has been immeasurable. Carers have told us that in some cases children have only been able to stay in a placement because of the level of support put in by the project.

The young people's self-esteem and confidence levels have increased; their skills have developed, which in some cases has led them on to more advanced clubs; they have routine and consistency in the clubs which helps them get through difficult patches; and they benefit greatly from the peer support within the clubs and the freedom of 'being in the same boat' as others.



Cooking club

When one young person said curries were her favourite food, but her foster family didn't like them, it provided the impetus for a cooking club. The Healthy Care Standard group decided to fund a 10-week cooking course.

It was aimed at 14- to 19-year-olds who were leaving or had already left care. The objective was to meet the requests of young people wanting to learn how to cook, and to develop their awareness of healthy eating and budget planning.

A worker from a local primary care trust was identified with skills in this area and young people were involved in everything from buying the equipment to planning the sessions.

The club cooked a range of food including Indian, African, Caribbean and Mexican food. They learned about the digestive system, health and hygiene, and managing on a budget. An accompanying booklet, featuring recipes, health quizzes and an evaluation, was also designed by the young people. Due to popular requests, another cooking club is to take place involving older young people tutoring a younger age range.

Travel options

Travelling daily to school on foot or by bike improves the health of young people.

Anouska Barnes, Development Officer at NCB, explains.

We know that activity encourages physical and emotional well-being, and the development of social skills and independence. Walking or cycling to school can reduce stress and boredom, increase alertness and provide opportunities to socialise.

Children and young people want to cycle to school. As part of the government's campaign to promote safe and healthy travel to school in England, over 1,000 children in primary and secondary school were asked about their journey to school. Results show that 48 per cent would like to walk or cycle to school.

At a Young TransNet 'talkshop' young people were asked if they thought more children and young people should cycle to school. Ten out of 11 young people agreed. But information collected through Young TransNet shows that only three per cent of five to 16-year-olds cycle to school, yet 84 per cent own bikes. Thirty-one per cent said that given the choice they would prefer to cycle. The things they identified that would encourage them to cycle to school included: more cycle lanes, better cycle storage and less traffic.

- For the latest information on healthy travel for children and young people, visit Young TransNet's website (www.youngtransnet.org.uk).



Guidance, resources and websites

Policy documents and resources

These documents set out the government's commitment to encouraging healthy lifestyles in children and young people. All emphasise the importance of a positive ethos and an environment that promotes health and nurtures positive health-related behaviours.

Healthy Living Blueprint for Schools

This guidance encourages schools to:

- promote a school ethos and environment that encourages a proactive approach to developing a healthy lifestyle
- use the full capacity and flexibility of the curriculum to embed an understanding of how to achieve a healthy lifestyle
- ensure the food and drink available in school reinforces the need to understand how to achieve a healthy lifestyle
- promote physical education, school sport and physical activity as part of a lifelong healthy lifestyle
- promote an understanding of the full range of issues and behaviours that affect lifelong health.



Copies can be obtained from: DfES Publications (tel: 0845 60 222 60, or email: dfes@prolog.uk.com) or downloaded from www.publications.teachernet.gov.uk
Published in September 2004. ISBN: 1 84478 305 7.

Choosing Health: Making healthier choices easier

Published in November 2004, This White Paper sets out a strategy for improving the public health of the nation and includes a chapter on children and young people.

Copies from: TSO (tel: 0870 600 5522, or email: book.orders@tso.co.uk).



National Service Framework for Children, Young People and Maternity Services

This National Service Framework sets out a 10-year strategy for the health sector to work with their partners to ensure children and young people get the support and services they need to improve their health and well-being.

The first five core standards apply to all services for children and young people:

1. promoting health and well-being, identifying needs and intervening early
2. supporting parents or carers
3. child, young person and family-centred services
4. growing up into adulthood
5. safeguarding and promoting the welfare of children and young people.

Additional standards focus on the needs of specific groups of children and young people.

Copies can be obtained from: DH Publications Orderline (tel: 08701 555 455, or email: dh@prolog.uk.com)
www.dh.gov.uk

Useful organisations and websites

Children's Play Council
www.ncb.org.uk/cpc

Young TransNet
www.youngtransnet.org.uk

Food Commission
www.foodcomm.org.uk

National Healthy Schools Programme
www.wiredforhealth.gov.uk

Food Standards Agency
www.food.gov.uk

Healthy Care
www.ncb.org.uk/healthycare

Kidsactive
www.kidsactive.org.uk

National Heart Forum
www.heartforum.org.uk

Sport England
www.sportengland.org

Youth Sport Trust
www.youthsporttrust.org

Food photographs by: Opie / Worthy

spotLIGHT

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