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# spotLIGHT

PROMOTING EMOTIONAL AND SOCIAL DEVELOPMENT

national children's bureau

# Editorial

*Michael by Corin*

Since our last issue on healthy lifestyles a year ago, the debate around the state of our children's health, particularly in relation to food and diet, has not abated. While the national media continue to fuel fear and hysteria around obesity, it is clear from our work at the National Children's Bureau that there is a strong impetus from policy-makers, planners and practitioners to look for pragmatic and sustainable ways to promote and improve the health and well-being of children and young people.

One year on since the publication of the *Choosing Health* White Paper, what evidence can we use to be reassured that we are making good progress and making the most of the opportunities to improve children's lives presented through *Every Child Matters (ECM),* Youth Matters, the National Healthy Schools Programme, and more recently the White Paper *Our Health, Our Care, Our Say*?

Keeping our sights on outcomes for children and young people is crucial. It requires a culture change and a commitment to measuring how we are all contributing to achieving the five outcomes for children and young people set out in *Every Child Matters. ECM* aims to ensure that we remain focused on what we want to achieve through our interventions and services, and enables us to effectively evaluate what we do. In the long term it will help to ensure that we use the limited resources we have in the best way to improve children's and young people's lives.

The smoking ban in public places from summer 2007 will be a huge step towards improving their health and well-being. To maximise the impact, children and young people need easy access to effective education, information and support – particularly for those who want to stop smoking following the ban (see *No Smoking!* on page 7).

Other emerging trends reflected in the press include the focus on violence, particularly among girls and young women. Findings from a World Health Organization survey on health behaviour in school-aged children, published in February, claim that British girls are among the most violent in the world.

There have been a number of high-profile cases in the UK where violent young women have received considerable attention and criticism. Blaming and stigmatising will not help already vulnerable and marginalised young people. We need to promote a culture that nurtures a sense of social responsibility for young people's unhappiness, whether it is externalised through aggression or internalised, resulting in isolation and self-harm.

Intervening early gives children and young people the best chance of positive mental health in later life. Treating anxiety early can also prevent depression later on. Soothing and holding children and young people who are distressed is an important part of the healing process, but it presents challenges for practitioners in this increasingly litigious society. Overcoming these obstacles so that we can give children the care and love they need is a challenge for us all.

But we must also keep sight of what we do well. Local and national work continues to demonstrate how we can work in partnership with children and young people to find the solutions together.

As this issue of *Spotlight* highlights, very often children understand and accept that adults have their best interests at heart. However, they want their expressed anxieties and needs to be addressed, including the need for privacy, sensitivity, and the ability to see the world through their eyes and feel it through their experiences.

This issue offers a range of features spanning the issues that impact on children and young people's health and well-being. As usual we include the *Spotlight Briefing,* which provides a useful overview of children and young people's perspectives on their health and well-being.

Thank you to the National Heart Forum, who worked with NCB to produce this issue. We hope you find it stimulating and helpful.

**Jo Butcher and Carol Glover**
**Guest Editors**

*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* 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

## PSHE Teaching Association considered

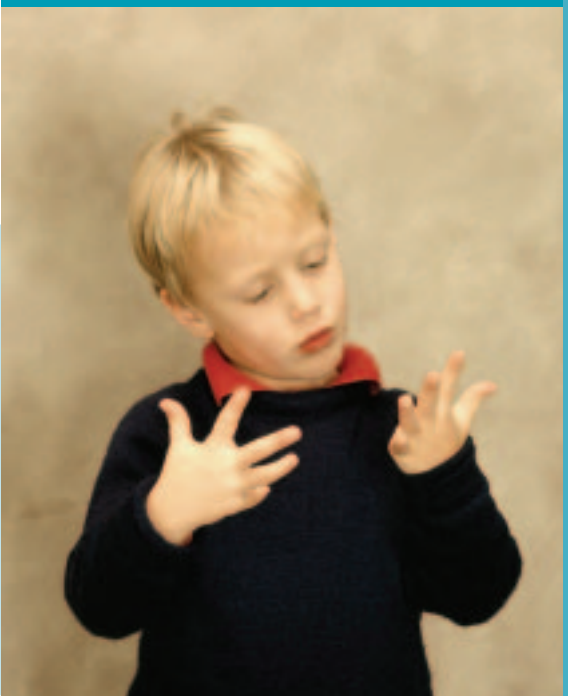
In 2003, NCB was commissioned by the Department for Education and Skills (DfES) to carry out a consultation exercise to ascertain whether there was an identified need and support for a National PSHE Teaching Association. The report, *A National PSHE Teaching Association for England?*, is available at: www.ncb.org.uk/library/pshecis

## Sexual health resource for FE colleges

In 2005, the Sex Education Forum conducted a mapping exercise of further education colleges that have linked with sexual health services, and asked college and health service staff about their existing practice and support needs.

One model of effective practice is to link educational provision to easily accessible services, and a recurrent suggestion in the mapping exercise was for a central source of reliable information, including tips, resources and case studies. The Sex Education Forum is now developing such a resource.

- For more information please email Bethan Hatherall (bhatherall@ncb.org.uk) or call: 020 7843 1164.



## Children, young people and public health

The Children and Young People's Public Health Programme is located within the Department of Health and supports ministers in improving the health outcomes for children and young people.

The programme has a strong public health input into a number of initiatives. One of these is the government strategy to develop a Children's Centre in every community by 2010 – that's 2,500 by 2008 and 3,500 by 2010. The centres are a means of accessing hard-to-reach populations and reducing health inequalities.

Healthy Schools is another element of the Children and Young People's Public Health Programme. This initiative seeks to encourage health awareness and development within a school environment, acknowledging that health is inseparable from learning and achievement. The *Choosing Health* White Paper identified Healthy Schools as an important delivery vehicle for improving children's and young people's health.

The Young People's Development Programme was also set up as part of the Children and Young People's Public Health Programme. Over three years it aims to address risk-taking behaviour, especially in relation to teenage pregnancy, substance misuse and educational attainment. It is a holistic, structured and developmental programme for vulnerable 13- to 15-year-olds, with 27 pilots across England. The first evaluation of the Young People's Development Programme will be available this spring.

In addition, the You're Welcome initiative lays out the principles that will help health services in the community and in hospitals to become young-people friendly. Adolescence is a critical personal developmental stage where patterns of behaviour that affect short- and long-term health and well-being, can be influenced.

- For further details on the Children and Young People's Public Health Programme email Isobel Williams (isobel.williams@dh.gsi.gov.uk).

## New support for bereaved young people

The Childhood Bereavement Network (CBN) is launching a major new project funded by the Diana, Princess of Wales Memorial Fund. The project will develop public awareness of the support that bereaved children and young people want, and work with mainstream children and family services including schools, health and care settings to help them develop their confidence and ability in this work.

The project will add value to the good practice of many local childhood bereavement services by offering training and support to local children's workforces. It will also work with national policy-makers to ensure that bereavement is embedded into any relevant government guidance affecting bereaved children and young people.

The CBN's new website holds a wealth of information for those supporting bereaved children. A comprehensive directory signposts users to services that offer information, guidance and support to children bereaved through any cause, and to those caring for them.

Specialist childhood bereavement services will find information about training courses, events and resources as well as up-to-date news for the sector. The new policy and practice area contains guidelines for good practice in childhood bereavement services.

- To subscribe to CBN or for further information, visit the new website at: www.childhoodbereavementnetwork.org.uk

# New standards on the menu

*Fifteen per cent of eight to 12-year-olds think broccoli is a baby tree, while five per cent believe cheese is made from eggs*

**Jamie Oliver's Feed Me Better school food campaign exposed the woeful inadequacy of current minimum standards for school food in England and Wales, believe the Caroline Walker Trust and National Heart Forum. Their nutrient-based standards, launched last year, provide a benchmark for measuring the quality of the food we feed our children in schools. Carol Glover from NHF reports on the standards, and right, Lethbridge Primary School in Swindon shows us how changes can be made.**

Research commissioned by Somerfield supermarkets in early 2005 found that cartoon character Homer Simpson is encouraging children to eat fat-filled fodder. The survey also threw up some shocking statistics about children's knowledge of food. For example, 15 per cent of eight to 12-year-olds think broccoli is a baby tree, while five per cent believe cheese is made from eggs.

To address worrying trends like these, the new Nutrient-Based Standards for School Food for England and Wales were launched at the Charles Dickens Primary School in London, by the Caroline Walker Trust and National Heart Forum (NHF). The standards followed in the wake of Jamie Oliver's Feed Me Better campaign and the government's commitment of £280 million for urgent improvements in school food. These new standards are the only nutrient-based standards and they incorporate the latest scientific evidence.

Paul Lincoln, Chief Executive of NHF, said at the launch: 'If we seriously mean to tackle the crisis in children's eating and diet-related ill health, nutritional standards for school food must be raised to a meaningful benchmark; one which is scientifically based on what we know about the nutritional needs of growing children.'

The challenge to reform the food service in our schools is a formidable one, admits Joe Harvey, Chair of the Caroline Walker Trust. 'For too long we have worked on the objective of seeing how cheaply we could provide food in schools, rather than setting the appropriate quality standards, costing them and providing the funding accordingly. Nutritional standards have to apply to the service throughout the day and be consistent with the taught curriculum – they must be applied not just to the midday meal but to breakfast, break time and vending operations.'

The Caroline Walker Trust emphasises that the standards must translate into practical attractive menus, giving children healthy food that is enjoyable and can be maintained in their lives both as children and as adults. This will require considerable investment in time, equipment, facilities and training, but most of all in a political commitment from government to governors to deliver a food service to be proud of.

The government's stated aim is to reverse two decades of neglect of school meals and it supports the recommendations on setting tough minimum food-based standards as mandatory for school lunches by September 2006.

*Turning the Tables: Transforming School Food*, by the independent School Meals Review Panel was welcomed last autumn by the Secretary of State for Education Ruth Kelly. The report recommends redesigning school menus to set new minimum standards for food in schools and ensuring pupils get essential nutrients, vitamins and minerals.

*Picture courtesy of NHF*

New standards will effectively ban low-quality foods high in fat, salt and sugar, and reformed or reconstituted meat products. Similar standards would ban chocolate, crisps and sugary fizzy drinks from vending machines.

- To download a free copy of the Caroline Walker Trust summary guidelines or buy a copy of the full nutritional guidelines for schools (price £20) visit www.cwt.org.uk or www.heartforum.org.uk

**Second helpings**

The Food Commission
www.foodcomm.org.uk

Food and farming charity Sustain
www.sustainweb.org

NHF's Young at Heart campaign
www.heartforum.org.uk/young.heart

Water is Cool in School
www.wateriscoolinschool.org.uk

Schools Health Education Unit
www.sheu.org.uk

Consensus Action on Salt and Health
www.hyp.ac.uk/cash

Food Standards Agency
www.food.gov.uk

*Picture courtesy of NHF*

**Lethbridge Primary School had decided to terminate its food service, but two eager parents, Pam Shipperbottom and Laura Illsley had other ideas. This is what happened.**

# *Food glorious food*

The local authority was increasing its charges for school food and the school's governors felt that they could not allocate more money from the school's budget. However, parents Pam and Laura wanted to continue the catering service and even improve the quality of the food.

They felt that the school lacked resources, but with the help and support from organic campaigners the Soil Association, changes began to occur. A feasibility study was carried out to check the support of parents and children, and a business plan was presented to the governors.

Questionnaires were distributed to the children to discover their food preferences, and to gain an idea of the foods that they would like on the menu. Surveys were also carried out on parents to see what their opinions on the changes would be – and they discovered that many parents were worried about the quality of the school meals.

Although Pam and Laura did not have catering backgrounds, Pam's passion for good food and Laura's organisation skills pulled them through. Their commitment to getting the required qualifications (Basic Food Hygiene and Safety Compliance), and support from the Soil Association's Food for Life Advisor helped them to succeed. Pam and Laura approached the school in February 2004 and started cooking that September.

- For more inspirational case studies please visit the Best in Class section at: www.healthedtrust.com

## The chefs' main changes

- processed foods replaced with locally sourced fruits, vegetables and meats
- meals are homemade
- chips only served once a week
- children drink only water at lunchtime
- organic food has been introduced
- the dining room has tablecloths, flowers, china plates and proper cutlery
- lunch hour has been reorganised so that all of the children eat together
- catering staff have retrained
- catering staff work with the children to discover their preferences
- new equipment has been purchased for the kitchen.

# Promoting positive emotional health

**Samaritans have been providing emotional support for more than 50 years. They believe in reaching people before the point of crisis, by helping people to improve their emotional health. Towards this goal, they are developing a new Emotional Health Promotion schools programme. Tonja Schmidt from Samaritans reports.**

Most healthy young people have fairly sophisticated techniques for sustaining their mental and emotional well-being in times of stress, but limited life experience means that they have few strategies for coping with major life events. This can lead to problems with health, lifestyle, behaviour and achievement. Young people who do not mix well socially are between two and three times more likely to experience depressive symptoms, compared with peers who have supportive relationships.

Another barrier to good emotional and mental health is the stigma of talking about feelings, and asking for help when it is needed. In schools, Samaritans volunteers already contribute to PSHE, assemblies, health fairs and tutorials, providing promotional materials, running workshops and setting up peer listening schemes. They are also on hand to offer support during difficult situations, such as when the school has been affected by a suicide.

Samaritans is now developing a new Emotional Health Promotion (EHP) schools programme, which aims to promote the emotional health and well being of 14- to 16-year-olds by:

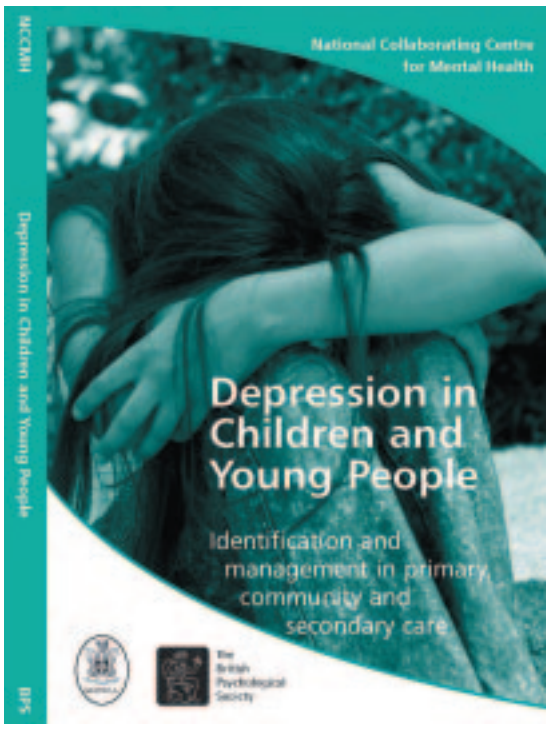
- increasing pupil emotional health awareness and challenging the stigma associated with emotional health
- encouraging the development of healthy coping skills to build emotional resilience
- increasing pupil awareness of routes to support them and promoting a positive attitude to seeking help.

Evidence shows that taking a whole-school approach is the most effective way of promoting health in schools. The EHP schools programme provides cross-curricular materials for students, coupled with information and support for staff, and links into healthy schools policy and practice.

In 2004, Samaritans commissioned an independent survey into the emotional health of 14- to 16-year-olds in England. The survey findings informed the learning outcomes of the schools programme. Sixty per cent of teenage boys and 40 per cent of girls admitted having no idea what to do when someone becomes emotional, and over half find it impossible to express their own feelings – sticking to the facts when they talk about their problems.

Both boys and girls claimed that homework and increased school workloads are their biggest source of stress. However, family is also a source of stress and teenagers reported frequent arguments with parents and siblings. Sixty per cent of boys and over 40 per cent of girls found boredom the most difficult emotion to cope with, with anger a close second, getting an average of 40 per cent of both sexes' votes. Feeling anxious and self-conscious figure highly in the list of the emotions teens found hard, and self-confidence was named as the top emotional skill that teenagers would like to be better at.

Crucial to the success of EHP is that it fits into the existing structure of the school, rather than being an add-on. EHP learning outcomes are matched to the National Curriculum and the outcomes in Every Child Matters, the National Healthy Schools Programme, and Standard One of the National Service Framework for Mental Health.




*For information on national guidelines on depression in children see page 16.*

The programme also supports the pilot Social Emotional and Behavioural Skills programme from the Department for Education and Skills.

The programme will be launched in October 2006, and to support the programme in the long term, Samaritans will be looking at ways to help its branches develop their capacity to do schools work. With 17,500 volunteers, Samaritans is in a good position to work directly with staff and students, enabling them to use the programme to improve emotional health in their school.

- To register your interest in EHP email Tonja Schmidt, Emotional Health Promotion Officer (Schools) (t.schmidt@samaritans.org).

- To find your nearest Samaritans branch visit: www.samaritans.org or call 08457 90 90 90.

# No smoking!

**Everyone – including most children and young people – agrees that we need to cut the smoking rates for children and young people, but the big question is how? Carol Glover from the National Heart Forum sets out some of the challenges and possible answers.**

*Printed with kind permission of Sunderland Primary Care Trust*

While 75 per cent of the UK population says smoking in households with children should be banned (according to a poll in June 2005 by Developing Patient Partnerships), NHS research conducted by ICM in 2005, found that 39 per cent of teenagers were exposed to smoke in the home when they were younger. The ICM poll showed almost 33 per cent of adult smokers admitted smoking in the same room as children.

Recent talk by ministers to raise the minimum legal age for buying tobacco in England from 16 to 18 has been cautiously welcomed by all sides of the smoking debate. A raised limit would be in line with America and some European Union states.

But why do young people smoke in the first place? Reasons include:

- appearing mature and sophisticated
- appearing sexy
- staying slim
- wanting to assert their independence
- older teenagers smoke
- an easy way of rebelling
- curiosity – what's the big deal?
- relaxing and reducing stress
- peer pressure and the desire to fit in with friends
- because cigarette companies are good at marketing their brands.

These 'reasons' for smoking are mostly myths and the opposite is often true: cigarettes don't help you relax as nicotine is a stimulant that speeds up the heart rate; smoking makes you look mature in so far as it forges skin wrinkles and yellows teeth.

This is the track that the latest government anti-smoking campaigns have taken, as conveying the message that smoking reduces your lifespan can fall flat with teenagers who see themselves as invulnerable. Warning young people of their cancer risks when they reach 50 is not an immediate enough deterrent, whereas, to put it cynically, playing to insecurity about their looks, image and sex appeal may be more effective.

The 2005 UK campaign using photographs of beautiful young models marred by wrinkled mouths and crows-feet to show the ageing properties of cigarettes may prove effective. These try to break the old but surprisingly enduring black and white movie association of smoking with sophisticated, sultry sex appeal.

Another way to deter children and teenagers could be to expose the noxious poisons in cigarettes in a way they can relate to. For example, a Boston-based website for children (www.youngwomenshealth.org.smokeinfo.html) lists the chemicals contained in cigarettes in vividly descriptive terms:

- arsenic – used in rat poison
- methane – a component in rocket fuel
- ammonia – found in floor cleaners
- cadmium – used in batteries.

Teachers and parents are seen by young people as authority figures to rebel against, so are not necessarily the best people to dissuade young people from smoking: peer influence may prove more effective. There are many organisations out there who are able to help you promote the anti-smoking message in your setting (see below).

- National Heart Forum is a member of the Smokefree Action coalition, which sets out evidence, legislation, action, resources and links on a new dedicated website (www.smokefreeaction.org.uk).

## Helpful organisations

www.ash.org.uk
www.drugeducationforum.com
www.heartforum.org.uk
www.nice.org.uk
www.nosmokingday.org.uk
www.quit.org.uk
www.roycastle.org
www.teachernet.gov.uk
www.wiredforhealth.gov.uk

# Weighing and measuring

**As part of the government's strategy to 'halt the year-on-year rise in obesity among children aged under 11 by 2010' primary care trusts are now expected to measure children's height and weight in Reception Year and Year 6 of primary school. NCB's Jo Butcher reports on what children think of the proposals.**

The National Children's Bureau (NCB) was commissioned by the Office of the Children's Commissioner for England to consult children aged four to 11 about what they think and feel about having their height and weight measured at primary school. The outcomes shaped Department of Health guidance to primary care trusts on measuring childhood obesity.

Generally the children understood why it is important to monitor children's height and weight. They felt the results would be used in a positive way to improve their health and to give advice to children and their parents about diet and exercise. Primary school children are used to adults doing a lot for them such as buttoning coats, bathing or preparing food, and being weighed and measured was mostly viewed in this context. However children also expressed anxiety as well as a range of views on how this should be done: it is important that children feel they can take some responsibility for their own health.

NCB worked in three schools, one rural, one suburban and one in the inner city. The consultations indicated that children are most concerned about where they are weighed and measured and who accompanies them. Children said they would be happy with either a health or medical practitioner (doctor or school nurse for example) or a teacher weighing and measuring them, as long as they were kept informed of what was happening, the results, and who would see the results. Most children said they would like their parents and carers to accompany them in order to reduce their anxiety.

Weighing and measuring provides opportunities to reinforce existing information and messages about being healthy, as well as to correct misinformation and explode myths.

Children should have the opportunity to ask questions about their own and their family's health and changes to their body, for example in relation to puberty.

Weighing and measuring as an intervention should be developed and perceived within the context of a whole-school approach to health and emotional well-being, recognising that children need opportunities to learn about health and develop healthy lifestyles early on.

- The report can be downloaded from: www.ncb.org.uk/resources/res_detail.asp?id=929
- To complement this wider consultation, Triangle consulted disabled children and children with complex healthcare needs on their views on the proposals (see the *Spotlight Briefing* with this issue).
- *Measuring Childhood Obesity: Guidance for primary care trusts* is available from: www.dh.gov.uk

**Recommendations on weighing and measuring in primary school**

Children:

- must understand why they are having their height and weight measured
- with English as another language or learning difficulties may need support to understand what is happening
- should be told the results, what this means for them and their family and who else will see the results
- should be able to decide who accompanies them
- should be measured and weighed in a private and warm space and issues about body image addressed sensitively.

**Points to consider:**

- many children assume parents/carers would and should see the results
- engage parents and carers as part of a whole-school approach
- the practitioner should be skilled in working with children
- some children are in the early stages of puberty and this must be taken into account to ensure the children do not feel uncomfortable
- separate spaces should be provided for boys and girls.

*Picture courtesy of Triangle*

spotLIGHT briefing

national children's bureau

April 2006

**In this briefing Nicola Madge, Assistant Director of Research at NCB, provides an essential overview of some of the common themes and issues emerging from recent work to pull together children and young people's views on their health and well-being and health services for the Department of Health. It highlights three priorities for improving health services for children and young people. The work informed the White Paper *Our Health, Our Care, Our Say: A new direction for community services.* The work of Triangle Services in East Sussex illustrates how it is possible to effectively involve disabled children and children with complex healthcare needs in the development of healthcare interventions that affect them. The results of their work informed the government's proposals for weighing and measuring children in Reception and Year 6 of primary school, which primary care trusts are now required to do.**

# Young people talking about their health and health services

Most children and young people are healthy, but almost all need to use health services at some time or another. Are they accessing them when necessary, and are they satisfied with how they are provided? There is a consistent body of evidence to suggest they are not. An uncertainty about what is on offer, a reluctance to approach practitioners, and a concern about confidentiality, are among the factors that deter them.

These factors emerged clearly and consistently from three tasks carried out by the National Children's Bureau (NCB) for the Department of Health (DH) 'Your health, your care, your say' initiative. The exercise arose from a government concern about dissatisfaction with the National Health Service among people of all ages, and the realisation that it is time to listen. The DH asked adults what they think, and approached NCB to consult with children and young people in parallel.

## Three sources of evidence

The tasks NCB was asked to carry out were: consultations with young people; an online survey of their views of health and health services; and a review of the literature and other information on children and young people's perspectives on health and health services jointly commissioned and funded by DH and Office of the Children's Commissioner.

Seventeen consultations were held with a total of 180 young people, aged 12 to 19 (most were between 14 and 18), from urban, market town and rural areas around the country. About six in 10 were female, and almost two-thirds were white. All were recruited through services or organisations they were linked with, and the vast majority lived in relatively deprived areas. Two-thirds described themselves as having special educational needs, and disabled young people, refugees, asylum seekers, young offenders, those at risk of offending, young mothers, looked after children, and young carers were included.

The online survey (some paper versions were also sent out) was open for one month and completed by 521 young people, although not everyone answered all questions. The questionnaire asked young people for their views on their health and the health services available to them, and was widely distributed via local organisations and NCB contacts and networks. Almost three-quarters of respondents were female, and the majority were aged between 13 and 16. The sample was predominantly white.

The literature review looked broadly at children and young people's views on health, healthy living and health services. It drew on research reports as well as consultations and other participatory projects.

Taken together, these three sources of evidence present a clear picture of what young people think. They also raise important questions about the quality of existing services and how they should be provided.

## Are services advertised properly?

The first message is that many young people do not really know what services are available. There is particular confusion about sexual health services: where they are, how to access them, and exactly what they have to offer. Mental health services are also poorly understood. Many young people do not know where to turn for help, or what form that help is likely to take. Young people's understanding of the role of different mental health practitioners and services often appears sketchy or non-existent.

It may be that good information on health services is not available, or it might just be that young people are not finding it. Whichever is the case, there is a real challenge for service providers to ensure that all services are fully advertised, and that information is presented in a variety of formats and contexts. Unless young people know what is available, and what contacting

a service will actually involve, they may very well just not bother.

A repeated plea from young people in the consultations was for more age-appropriate information. This information needs to be provided imaginatively, and often discreetly. However it is presented, it should include clear and concise information about the range of services available as well as full details, including opening hours, on how they can be accessed.

## Are practitioners accessible enough?

Not only do young people want to know what support is available, but they also wish to have some idea about what to expect if they contact a practitioner. Again, if they are not confident in this knowledge they may not approach services even if in real need. Often, young people's health concerns can be dealt with without professional help. Indeed, all the evidence suggests that turning to a family member is the first choice for most young people with a question or problem about their health. Parents were named by around half the survey sample, followed by friends for about half the rest. Sometimes, however, professional help is required. It is important in these instances that young people feel happy and able to approach practitioners (see Figure 1).

## Are services provided confidentially – and do young people know they are?

A consistent finding from surveys and consultations is that whatever services they use, young people are worried about confidentiality. They are concerned about being seen to access information and use services, and they are worried that families and friends may find out about things they have said. They seem to be particularly wary of GP services, including reception staff. Often this means they are reluctant to request appointments for personal matters or to tell practitioners what they may need to know in case private details are passed on. Confidentiality can be a particular issue for young people living in rural areas, and is especially important for sexual health services.

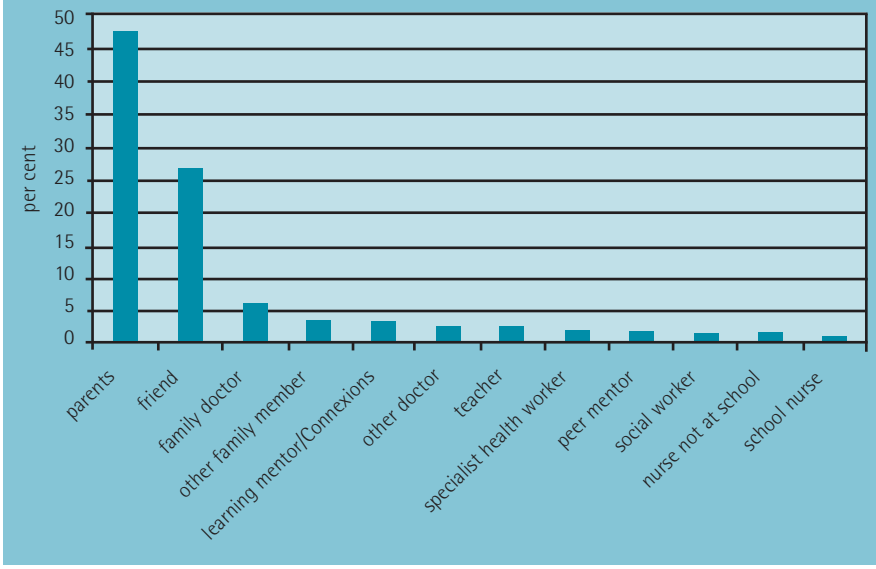
The clear message is that services not only need to be confidential, but they need to be seen to be confidential. It is not enough simply to assume that young people think that information imparted during consultations will be treated in confidence.

## Are services as child-friendly as they could be?

Even if young people contact services on one occasion, they may think twice before contacting them again if they are not happy with the reception and treatment they receive. They know what they like and they know what they want, and they are happy to tell anyone who asks. The challenge for practitioners is to listen and to act on what they hear.

Communication is indeed a key issue for children and young people, and they want all service providers (including reception staff) to be good at talking and listening to young people, and to be non-judgemental. They want to be treated sympathetically, and with courtesy and respect, and they would like their views to be sought when decisions are being made about their healthcare. They want services to be friendly and welcoming, and they want things to do if they have to wait for appointments. If they have to stay in hospital, they would like to be on wards alongside other young people of a similar age in a pleasant and attractive environment, with enough interesting activities to keep them occupied. They also want enough staff to care for them, and for their pain to be managed effectively. They want a choice of decent food, and they want to be discharged promptly and efficiently.

Figure 1
Respondents' first choices about whom they would like to talk to if they had a health/support problem (N=429)




*Children and young people are very clear that they want to be able to speak for themselves. They have views on how health services should be structured, organised and advertised*

Children and young people would also like to be given clear and adequate information and be offered choices in their healthcare, and for it not to be assumed that 'parents know better'. More than this, they want quicker access to consultation and treatment, and they do not want to have to see somebody different each time they attend a service. Extending opening hours to make it easier for young people to visit their GP in the evening, providing dedicated appointment slots for young people, and providing student-only services are among the other suggestions they make.

## Consulting young people

Children and young people are very clear that they want to be able to speak for themselves. They have views on how health services should be structured, organised and advertised, and they want to have a say in any personal support or treatment they may receive.

An ongoing listening culture is an integral part of any meaningful attempt to consult children and young people about healthcare services. Children sometimes report how doctors offer choices to their parents when they could have made a decision themselves. Many feel that staff sometimes talk as though children are invisible, addressing their comments exclusively to parents. Children are also unhappy when nurses talk about them and their health in front of others. Those who use specialist

health services often see themselves as experts on their condition and want practitioners to regard them as partners in their own healthcare.

Not all children are the same, however, and a variety of consultation methods is called for. Different approaches may be more suitable for boys and girls, younger and older children, those with special educational needs or in different settings, and those from different cultural and minority ethnic backgrounds – as well as for children and young people with different temperaments.

An encouraging finding from the online survey is that many young people these days are being consulted about their own care. Over half the respondents said they usually make their own healthcare decisions, and most of the rest said they make them in conjunction with others. These patterns almost completely reflect the way they want decisions to be made, and it seems there might at last be a move in the right direction.

## The way forward

Although most young people feel healthy, many do have health and well-being concerns for which they have not sought help or support. For instance, one in five females who took part in the online survey and said their health was poor also said they do not use health services much. This is an important message in itself in suggesting that many children have unresolved health problems that can have both short-term and longer-term implications. There are many other young people who use health services but are not fully satisfied with the provision they receive.

Young people's views leave little doubt about what should be done to take services forward. Three key priorities can be identified:

- Services need to take children and young people's own perspectives into account, as already described.
- Services need to be tailored to respond to individual needs. Although it is clear that children and young people identify similar characteristics of good health services whatever their background or circumstances, some groups may nonetheless have special needs or greater contact with services (for example, looked after children, or those with a disability or chronic illness).
- Services should develop to take a holistic view of health and well-being. Children and young people place a strong emphasis on feelings and emotions as well as positive relationships with friends and others, and say their behaviour is powerfully influenced by how they feel. One 15-year-old female said:
  *I don't think you can be healthy if you aren't happy. They go hand-in-hand.*
  And another added:
  *Relationships that are good for me in my life is what well-being is all about.*

A healthy environment, at school, at home and in the neighbourhood, are also regarded as essential to good health, and should be seen as vital to young people's well-being.

Children and young people have been widely consulted about health matters, and have provided clear messages about the services and provision they would like. Many health services have taken these on board and children's and young people's needs are much better met than in the past. There is, however, no room for complacency. More concerted action to take notice of their suggestions within service development is still very much needed.

**Nicola Madge**
**April 2006**

# Listening to all young people

**As part of the consultation process on weighing and measuring, disabled children's rights organisation, Triangle, was asked to find out the views of disabled children and children with complex healthcare needs. Ruth Marchant and Maxime Cole from Triangle report.**

All Join In is an inclusive group of young children providing consultation and advice to Triangle, and through Triangle to other organisations. The group was originally set up to film and produce a video for young children about feelings, communication and difference. Two years later, the group still meets regularly. There are currently 16 children in the group, aged five to 10, six of whom have complex disabilities or impairments and another three of whom have significant health needs. The group is diverse in terms of ethnicity, understanding and communication method (for example, several children communicate without speech).

The group is based on the principle that all children can communicate and all children have views. The primary function of the group is consultative, and children's views are sought through play and art-based activities. The group is facilitated by a small team of adults who act as communicators, questioners and recorders in as non-directive a capacity as possible. Adults are taught to actively demonstrate to children that we don't know what they are thinking or feeling and we don't know 'the right answers'.

For this consultation, the group met in the large playroom at Triangle for its regular activities: music, songs, signs, stories, free play and snack time. The songs and stories were all linked to the themes of food and being healthy.

A range of resources was set out: food, food packaging, play food, pictures and photos of food, weighing scales, tape measures and height charts. A range of tools, all of which are familiar to the group, was also available for exploring

*Picture courtesy of Triangle*

*Picture courtesy of Triangle*

and recording children's views, for example, 'like', 'ok' and 'don't like' symbols and stickers, 'feely faces' and art materials.

The children showed us what they thought and felt by drawing, pointing, giving, talking, making things, playing, sorting things, trying things out, signing and using 'thumbs up, thumbs middle, thumbs down'. Snack time became a central part of the consultation.

Most of the children were very aware of the link between eating habits, exercise and health; all the children had definite feelings about food; and most had strong views about being weighed and measured.

One child explained that there are no overweight children in her school but there are lots of overweight grown-ups (much giggling). However, most children showed concern that some of their peers are overweight and unfit and that this might lead to them being teased and bullied. The children were encouraged to invent pretend healthy and unhealthy children:

*'In her lunchbox she has just chocolate dips and chocolate spread and chocolate yoghurt'...'yeah, whole lunchbox of chocolate, no fruit, nothing'...'no running about'...'so she's always stroppy and stressed'...'so she doesn't have many friends'...'you wouldn't feel good'.*

Most children felt strongly that they should be allowed to choose whether to be weighed and measured: 'I don't want the government to know how heavy I am'. Privacy and confidentiality were major concerns: 'not in front of my friends' 'don't write it on the wall!' Children were also concerned about possibly being made to remove their clothes, or lie down to be weighed and measured.

Standing up isn't possible for several children in the group, and everyone was very clear that individual needs and wishes must be taken into account. The children's views were written up in a 17-page report with artwork and photos and submitted to NCB to accompany the report on the outcomes from consultations with children in primary school for the Office of the Children's Commissioner.

- Triangle is an independent organisation that works with disabled children and children with complex healthcare needs and provides training and consultancy throughout the UK. Find out more at: www.triangle-services.co.uk

- *Measuring Childhood Obesity: Guidance for primary care trusts* is available to download from www.dh.gov.uk

*Picture courtesy of Triangle*

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Designed by twoplus consultants

national children's bureau


*They take advantage of you. Cos we're younger and they don't think we're going to do anything about it. We don't have any respect as a customer*

# *Shopping generation*

**_Shopping Generation_, a landmark study by consumer champion the National Consumer Council, shows that many young people feel they are treated as second-class citizens by companies and advertisers. Report author, Ed Mayo, explains.**

The new generation of young people aged 10–19 are keen shoppers, representing a £30 billion commercial market in the UK. They have more money than in previous years, more influence over family spending and more sway over social trends, but they believe they have little opportunity to shape the commercial world they live in.

The first national survey of how children experience consumer life shows that across nine- to 12-year-olds and teens, the vast majority enjoy shopping, but the rise of the shopping generation comes at a cost. *Shopping Generation* draws on focus groups with 11- to 16-year-olds who kept their own diaries and scrapbooks; a survey of 1,000 young people aged 10–19; and analysis of existing research.

It found four key areas of concern:

**Commercial overload** – young people said they were exposed to a persistent stream of marketing activity, believing that people are trying to sell to them almost constantly. Some felt that becoming a 'shopaholic' was one outcome of this pressure, with child shopaholics seen as always wanting something new.

Although young people are savvy consumers, the scale and sophistication of commercial marketing creates pressures to consume. This includes the use of peer and viral (word of mouth) marketing and the increasing use of product placements in video games. Children's vulnerabilities are played on as advertisers sell images of beauty and perfection and increase the pressure to have the latest thing. As one advertising company told us: 'Advertising at its best is making people feel that without their product, you're a loser. Kids are very sensitive to that. If you tell them to buy something, they are resistant. But if you tell them that they'll be a dork if they don't, you've got their attention.'

**Intrusive advertising** – young people said that companies often resort to intrusive ways to sell to them, making them feel pressurised and stressed. With nearly one in five children having internet access in their bedroom, high on their list of intrusive sales methods was internet-based selling, such as pop-ups.

*I have seen a lot of things I don't really want to see such as in a weekly magazine I collect. There are lots of rude things.*
11- to 13-year-old boy

**Leaving people dissatisfied** – the young people who have the least, want the most. This aspiration gap is most marked in the most disadvantaged households. Advertising, it appears, can make you unhappy.

**Ripped off, put down** – seven out of 10 teenagers felt they had been ripped off when shopping. They reported that they felt they were paying over the odds for goods, that offers and special deals were often too good to be true and the false expectations set by advertising made them feel let down by what they got. Mobile phone companies, in particular, are zero-rated for customer service.

Others felt they were treated as second class citizens – that shop staff ignored them or looked on them with suspicion – assuming they didn't have money to spend or were likely to shoplift.

Through the research, young people have drawn up their own *Children's Agenda on Consumer Life*, setting out how they would want to reshape the commercial world (see below).

- The National Consumer Council and National Children's Bureau are working together to champion the rights of young people as consumers. We welcome your comments at: youngpeople@ncc.org.uk
- The NCC's report *Shopping Generation* can be downloaded at: www.ncc.org.uk/protectingconsumers/shopping_generation.pdf

## Children's Agenda on Consumer Life

- Be honest and upfront about products and services.
- Treat young people with respect and take them seriously.
- Curb the use of inappropriate advertising aimed at younger people.
- Put tighter controls on advertising for products that are bad for young people.

**Britain may seem relatively unaffected by violence when viewed in an international context, but children here are affected by violence in all its forms. Professor John R Ashton, Regional Director of Public Health, looks at the impact and incidence of violence against children and explores the role public health must play in eradicating it.**

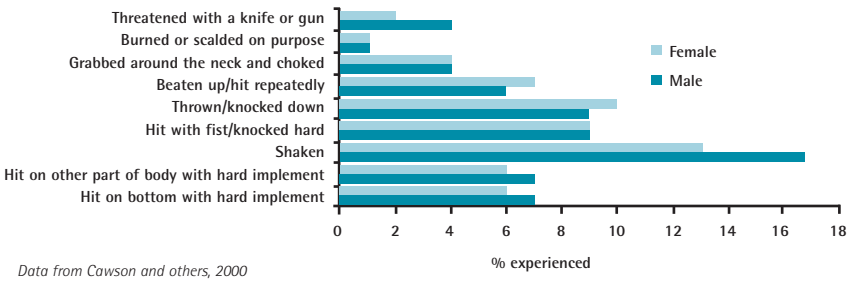
# Children and violence

Violence has been declared by the World Health Assembly as one of the leading causes of ill health and premature death, globally. Viewed internationally, it could be easy to believe Britain is relatively unaffected by violence, yet in 2004 there were an estimated 2.7 million incidents in England and Wales (Upson 2004) taking place within homes, schools, institutions and communities. Violence manifests itself in many different forms including bullying and youth violence, intimate partner violence, elder abuse, sexual violence and racial or hate violence.

Child abuse has been defined by the World Health Organization as:

> *... all forms of physical and/or emotional ill-treatment, sexual abuse, neglect, negligent treatment, commercial or other exploitation, resulting in actual or potential harm to the child's health, survival or development or dignity in the context of a relationship or responsibility, trust or power.* (WHO 1999)

**Figure 1: Past experience of physical abuse during childhood: distribution of incidents experienced by those reporting serious physical abuse before age 16 (18- to 24-year-olds, UK, 1999).**




*Data from Cawson and others, 2000*

It is difficult to estimate the prevalence of this type of violence due to under-recording and under-reporting (Cawson 2000). However, the information that is available through qualitative research serves to give us an idea of the size of the problem in the United Kingdom:

- in 2004 there were 32,700 children on the child protection register
- 20 per cent of 18- to 24-year-olds report some serious maltreatment by parents during their childhood
- 16 per cent have suffered sexual abuse
- over a third have reported absence of care
- 75 per cent tell no-one about their experiences
- the cost of child abuse is estimated to be £1 billion a year.

(McVeigh 2005)

Figure 1 highlights incidences of serious physical abuse that took place in the United Kingdom before the age of 16 (as reported by 18- to 24-year-olds).

As well as profound, the impacts of violence on a child's health are diverse, as demonstrated by the number of health consequences in Figure 2.

In addition to the long and short-term physical and psychological impacts of maltreatment, there are also behavioural consequences that contribute to the wider determinants of ill health. Examples include higher risks of greater use of smoking, drinking, substance misuse, an increased likelihood of violent tendencies in later life, poor school attendance leading to reduced educational attainment and low income levels.

The impact of child maltreatment on health inequalities ensures a key role for public health in ensuring, through partnership working, that this issue becomes, and remains, a key objective for all agencies while simultaneously maintaining and improving the assistance, support and protection for victims.

Supporting this endeavour, the government has provided a framework for action in *Every Child Matters* (2004), by focusing on the five national outcomes for children (Be healthy, Stay safe, Enjoy and achieve, Make a positive contribution, Achieve economic well-being). This work has been supported by a range of initiatives such as parental training schemes, screening, and community-based programmes, and by improving the connections between child welfare services and other health and social services.

# – a public health issue

**Figure 2: Impacts of violence on children's health**

| Physical | Sexual and reproductive | Psychological | Other longer-term health consequences |
|---|---|---|---|
| • Abdominal/thoracic injuries<br>• Brain injuries<br>• Bruises and welts<br>• Burns and scalds<br>• Central nervous system injuries<br>• Disability<br>• Fractures<br>• Lacerations and abrasions<br>• Ocular damage<br>• Hearing damage | • Reproductive health problems<br>• Sexual dysfunction<br>• Sexually transmitted diseases, including HIV/AIDS<br>• Unwanted pregnancy<br>• Infertility | • Alcohol and drug abuse<br>• Cognitive impairment<br>• Delinquent, violent and other risk-taking behaviours<br>• Depression and anxiety<br>• Developmental delays<br>• Eating and sleep disorders<br>• Feelings of shame and guilt<br>• Hyperactivity<br>• Poor relationships<br>• Poor school performance<br>• Poor self-esteem<br>• Post-traumatic stress disorder<br>• Psychosomatic disorders<br>• Suicidal behaviour and self-harm | • Cancer<br>• Chronic lung disease<br>• Fibromyalgia<br>• Irritable bowel syndrome<br>• Ischaemic heart disease<br>• Liver disease |

*From Krug and others 2002*

Looking more broadly, public health policy has also had an indirect impact on the potential risk factors for the perpetration of child abuse. For example, policies that have reduced unintended pregnancies will impact on child maltreatment rates as we know that a child of a teenage parent is at greater risk of maltreatment (Connelly and Straus 1992). Other factors such as overcrowded housing, substance abuse and poverty are considered key factors (National Research Council 1993).

Clearly services supporting parents and young children, impacting on these wider health determinants, can play a major part in reducing the maltreatment experienced by children. Public health has a key role in supporting the development of these initiatives, backed by *Every Child Matters*, and the Children Act (2004).

However, while there are on average 80 child homicides each year, it is clear that more work is urgently needed.

- For further information on this article please phone Helen Sanders, Communications Manager for the North West Public Health Team, on 0161 952 4053.

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**Young people in custody often lack the skills and motivation to make healthy choices. Here National Children's Bureau's Ellie Lewis talks about the current work of the Healthier Inside project, and Health Improvement Specialist (prisons) Katie Roberts and young people from Thorn Cross young offenders institution near Warrington, explain the work at Thorn Cross to develop a whole-prison approach to health and well-being.**

# *Getting healthier inside*

Healthier Inside, run by the National Children's Bureau, is the first national development project focused on the health and well-being of young people in custody. Young people in custody are in particular need of support to lead healthier lifestyles. Disruptive early experiences mean many lack the skills, knowledge, motivation and confidence to make healthy choices. In turn, young people enter custody with a range of physical and mental health needs. Up to 80 per cent of young people in custody smoke, and a similarly high number have substance misuse problems prior to imprisonment. They are also vulnerable to poor sexual and dental health, and often lack skills in basic personal hygiene.

Healthier Inside has been working with young people and staff across the secure estate to explore existing approaches to improve young people's health and well-being and identify opportunities for future work. This has shown that prisons are in a unique position to improve the health and well-being of this vulnerable group, and are a key agent to deliver government policy to reduce inequalities in health, including the government White Papers *Choosing Health: Making healthier choices easier*, and *Our Health, Our Care, Our Say: A new direction for community services*, the National Service Framework for children, young people and maternity services, and *Every Child Matters.*

Custody provides valuable opportunities to improve young people's health and well-being. Young people can access healthcare services that they may not so easily access in the community, and have opportunities to fill gaps in their personal, social, and health education. It can also be a chance for them to settle into a routine, stop drinking or taking drugs, and benefit from opportunities to exercise and eat regular meals.

Activities and interventions to promote healthy lifestyles are most effective when they take place in an overall environment that positively supports young people's emotional well-being. In this sense, efforts to create a pleasant physical environment and encourage supportive relationships with staff create an important foundation for young people to develop the confidence and motivation to engage in opportunities to develop healthier lifestyles.

A range of initiatives is taking place to address gaps in young people's health education, with most prisons delivering programmes on healthy eating, personal hygiene, substance misuse and sex and relationships. We found that this work is most successful when it involves interactive and visual styles of learning, and utilises resources and expertise from primary care trusts and other partner agencies.

In addition to encouraging young people to learn about healthy eating and develop cooking skills, prisons are also working to improve the quality and variety of the food they provide. This includes working with young people to design healthier menus, and making links with dieticians to review the nutritional content of meals. Ensuring that education on personal hygiene is complemented by regular access to showers, clean clothes and bedding, and an environment that is itself clean and well maintained, is also key to an integrated approach to promoting healthy lifestyles.

Holistic and coordinated work to improve young people's health and well-being is crucial to enable them to leave custody with the skills and confidence to lead healthy and positive lives. The next phase of Healthier Inside will be about promoting examples of positive practice and supporting our partners to recognise the links with health and well-being across all areas of the prison environment.

- For further information on Healthier Inside email Ellie Lewis (elewis@ncb.org.uk) or phone 020 7843 6327.

*Pictures: work done at a Thorn Cross health day*

# Thorn Cross – a healthier approach

Thorn Cross is a purpose-built open young offenders institution near Warrington. It holds up to 316 young men aged 15 to 21. Thorn Cross has established a steering group to develop a Healthy Prisons project similar to the Healthy Schools initiative. We are committed to being a health-promoting establishment, encouraging a whole-prison approach to health improvement involving young people, staff and visitors.

We developed a strategy for being a healthy prison using existing knowledge of health problems associated with the prison environment. *Health Promoting Prisons: A shared approach*, published by the Department of Health in 2002, and *Choosing Health: Making healthier choices easier* have underpinned the work.

We believe that the work will not only impact upon the young people, but also on the thinking and perceptions of staff and visitors. The prison service exists to protect the public by undertaking work that reduces the risk of prisoners re-offending, and the project contributes to this. The project also acts as a vehicle for the promotion of health and well-being messages across peer groups, and we consider that enabling individuals to make decisions about healthy lifestyles to be of broader social benefit reaching beyond the boundaries of the institution.

We seek to develop projects that enthuse the young men in our care, and develop their life skills. Providing information and health education is a distinct part of the project, but we also promote health and well-being as a positive, holistic concept that is about fulfilling potential and optimising life chances. We believe that it is about having control over one's life, self-esteem, autonomy and creativity. We wish to raise the young people's awareness and understanding of health and well-being and contribute to the well-being of the whole insititution.

It is important for the young people in Thorn Cross to have ownership of their own health improvement priorities and initiatives while increasing their skills, knowledge base and confidence levels. This is what they have told us about the work:

*'There is a rep for each unit who goes to a meeting once a month and talks about all different ideas. As a rep I get to put forward ideas and request various changes to be made to promote a healthy lifestyle. Things like the canteen and food menu have been brought up to be changed. Each unit rep handed out questionnaires on their units asking trainees what other options they would like. All the information has been put into a booklet and the changes will be discussed in the near future. I enjoy being a rep because I feel that I am the young people's voice and I can deliver for them.'*

*'The healthcare staff and other departments help a lot in promoting a healthy lifestyle. They try their utmost to guide and convince us in the right way, which is the healthy way. Over the last year Thorn Cross has improved drastically by delivering much more Health Promotion events such as World Mental Health Days and Health Promotions Drop-ins where we get a chance to get educated on healthy living. It just keeps getting better.'*

*'Health Promotion in Thorn Cross is very good, the best I've seen in prison. The prison put together a drop-in system, which gives us the chance to receive advice and information on healthier eating, dieting, and smoking. Since I've been in here, I have seen people's attitude change in terms of healthy living.'*

*'There is a smoking cessation programme, which lasts seven weeks. It has helped me because I have stopped smoking since the course.'*

*'I think that the Talking Balls play that Thorn Cross produced about testicular cancer was a great success. It made us more aware of the dangers of testicular cancer, and following the success of the play it made trainees check themselves more regularly.'*

*Health is a state of mental and social well-being, and not merely the absence of disease or infirmity*

World Health Organization

# Serious about play

**The Children's Play Council has been awarded £15m by the Big Lottery Fund to develop plans to support the fund's strategic Children's Play Programme. Director of the CPC, Adrian Voce, discusses the importance of local play strategies in achieving long-term change.**

Children's play, as a non-statutory service, has perennially struggled to survive. Children's Play Council's research in 2001 found that less than 40 per cent of local authorities had any kind of plan for play, still less the kind of corporate, cross-cutting play strategy needed to combat children's increasing barriers to enjoying a healthy outdoor life.

Yet 'enjoyment of recreation' is now part of the national outcomes from *Every Child Matters* and there is increasing evidence of its role in helping to meet the other outcomes too.

Play advocates and the government now agree that play strategies are needed in order to embed play provision, not just within the *Children and Young People's Plan* (CYPP), but also within the spatial planning policies and frameworks that govern the use of public space and shape the environment in which children live.

*Picture by Hannah Opie O'Grady*

According to Department for Education and Skills (DfES) guidance to children's trusts in August 2005, the CYPP 'should include all ... services affecting children and young people ... including play and leisure'. The guidance identifies play and open space strategies among the strategies and plans to be linked to the CYPP.

Together, these provide the policy framework for the realisation of the Secretary of State for Culture, Media and Sport's commitment that recreation and leisure outcomes sit equally alongside the other frameworks that authorities and their partners need to consider when making decisions about the provision of coordinated children and young people's services.

Local authorities point to the lack of central funding specifically for open-access play, but now the Big Lottery Fund (BIG) has used its new powers to target resources in this direction. In November 2005, BIG wrote to every unitary and second-tier authority in England inviting them to lead a local play partnership to develop a cross-cutting play strategy as the basis for a bid to its new Children's Play Programme.

Every unitary and second-tier authority across England now has a ring-fenced sum (totalling £124m) for the provision of free, local, inclusive play opportunities developed within a strategy that embeds play within the long-term plans for the authority and its partners.

BIG is explicit in its ambitions for the programme to promote a long-term, strategic and sustainable development of play provision as a free service to children and 'a long-term positive change

in attitude in local authorities about the importance, value and status of children's play'. In addition to the allocated funds, £31m is to be invested in an innovation strand to pioneer and promote good practice, and in a regional support and development structure.

The Children's Play Council has been invited by BIG to submit plans for the regional support and development structure, and to draft guidance on the all-important play strategies, launching this spring.

- Case studies on play and information on current resources and best practice can be found at: www.everychildmatters.gov.uk/resources-and-practice
- Information on BIG's Children's Play Programme can be found at: www.biglotteryfund.org.uk/programmes/childrensplay/childrens_play.htm
- A Children's Play Council briefing paper on play within coordinated children's services can be downloaded from: www.ncb.org.uk/cpc/res_detail.asp?id=836
- For further information on CPC visit: www.ncb.org.uk/cpc

**How significant is the effect of marketing health-threatening foods to children? Jane Landon, Deputy Chief Executive of the National Heart Forum, sets out her views on marketing to children and puts the case for regulation.**

*Picture: Jane Landon*

# *Food for thought*

The global business of targeting children with processed food that is big on appeal, but also big on health-threatening fat, sugar and salt is under attack. The food and marketing industries are contorting themselves to fend off the threat of regulation and are exploring ways to work around any future clampdown.

The response from some quarters of the food industry to concerns about food marketing to children has been to deny the problem, deflect the blame and confound the evidence. It has been claimed that the obesity issue is exaggerated, that the problem is exercise not food, and that advertising has only a small influence on children's food choices.

Individual companies have launched a competitive charm offensive, introducing new 'healthier' products and menus, or announcing that they will curb marketing to children or reduce portion sizes. Less publicly, PR and lobbying companies hired by food companies and trade bodies to deal with 'obesity-related issues' have been busy too. The *Guardian* reported that in 2003, one industry body alone – the Food and Drink Federation – had 2,000 contacts with ministers, MPs and special advisers.

In January global drinks firms unveiled a European initiative aimed at tackling the problem of obese children. Unesda, the Union of European Beverages Associations, said it would limit youth advertising, control sales in schools and improve nutritional labels. But the National Heart Forum believes that this industry-wide repackaging of existing commitments by individual companies does not add anything much, other than to demonstrate that the soft drinks industry is feeling pressure to deliver something or face regulation.

Advertisers are adamant that self-regulation is effective and reject any suggestion that outside interests should participate in drafting regulatory codes.

The key question for industry and public health advocates alike is: how will the success or failure of self-regulation be measured? The government is looking for a 'change in the nature and balance of food promotion' by 2007. To know if this has been achieved, the government must act fast to gather baseline data on current marketing and promotional activities aimed at children, and set up an *independent* mechanism for monitoring a range of agreed indicators over the next two years.

Getting reliable figures for spend in new media and different kinds of marketing is sure to be fraught with problems of definition, categorisation and commercial confidentiality, and will demand an analysis that looks well beyond the industry data available.

And what magnitude of change will be appropriate? Snacks, sweets, fast food and fizzy drinks currently constitute between 75 and 90 per cent of food marketing targeted at children, depending on the medium. If the balance of marketing were brought in line with the Food Standards Agency's recommendations for a healthy balanced diet, the promotion of fatty and sugary products should be no more than 10 per cent of all food marketed to children.

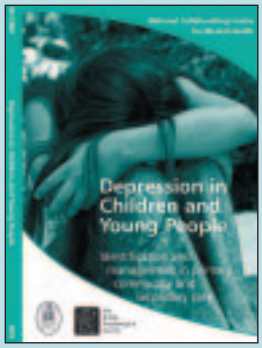
As the prospect of a 'traffic light' system of nutritional signposting and advertising controls gains ground, manufacturers whose products are likely to get the red light look to new marketing strategies. These may involve launching sub-brands to appeal to teenagers, creating new products that get an amber rating and targeting parents more specifically about the 'healthy' attributes of children's products.

It is risk management dressed up as corporate responsibility. What is not clear is whether the industry is going to stop sponsoring school equipment or events. This would be a constructive step forward, in view of the brand appeal created by these commercial activities.

Monitors trying to assess the nature and balance of food promotion will need to keep abreast of a whole new generation of creative approaches designed to capture a lucrative share of the multi-billion pound children's food market. The government may well come to conclude that the simpler, inevitable option will be to regulate. In which case, drafting legislation now in readiness for 2007 should be a priority.

# Resources

## Depression in Children and Young People: Identification and management in primary, community and secondary care




New guidelines on the identification and management of depression in children and young people were published in September 2005 by the National Institute for Clinical Excellence (NICE), which produces guidance for the NHS in England and Wales. The National Collaborating Centre for Mental Health developed the guidelines on behalf of NICE.

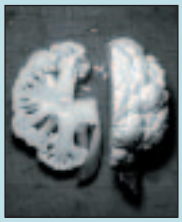
Depression can have a serious impact on a young person's ability to live a normal life, as well as on the family. Around one third of young people with depression go on to experience mental health problems as adults. The guidelines have relevance for schools, social care and the voluntary sector, as joint working with these agencies is integral to the guidelines - and are available in versions for professionals and young people and their families.

Key messages from the guidelines include:

- Healthcare professionals in primary care, schools and the community should be trained to recognise and understand symptoms of depression.
- Psychological treatments should be used in preference to antidepressants for children and young people.
- Where antidepressants are used, it should only be in conjunction with a psychological therapy.
- If antidepressants are used, arrangements should be made for careful and frequent monitoring of side-effects and progress.
- A young person's depression should be treated in the context of their educational, social and developmental needs.

Copies can be obtained by calling 0870 1555 455 and quoting N0910 (for professionals) or N0911 (for young people) or downloaded from: www.nice.org.uk/cg028

## Changing diets and feeding minds



Two reports produced collaboratively by the Mental Health Foundation and Sustain say that a change in our diet over the last 50 years is an important factor in the rise in mental ill health in the UK. Researchers say less nutrition and unbalanced diets have led to growing rates of depression, schizophrenia, attention deficit hyperactivity disorder and Alzheimer's.

Both reports outline growing scientific evidence that links behaviour to diet. Lack of folic acid, omega-3 fatty acids, selenium and the amino acid tryptophan are thought to play an important role in depression.

*Changing Diets, Changing Minds: How food affects mental health and behaviour* is available at: www.sustainweb.org

*Feeding Minds – the impact of food on mental health* is available from: www.mentalhealth.org.uk

## National Heart Forum

The National Heart Forum's mission is to work with its members to contribute to the prevention of avoidable coronary heart disease and related conditions in the UK.

NHF works to influence different fields – from regulating junk food advertising to children, to banning smoking in enclosed public places, to improving the quality of school food. NHF provides a forum for members to exchange information and ideas and coordinate their activities.

NHF also develops national policy based on evidence and the need for practical action. To do this NHF facilitates working relationships between members and government policy-makers to strengthen national and international public health capacity.

Contact NHF on 020 7383 7638, or email: webenquiry@heartforum.org.uk

## Neighbourhood Play Toolkit


The Children's Play Council has produced *Neighbourhood Play Toolkit*, an essential resource for local groups and play services working to increase access to good play opportunities for children and young people.

The CD-format toolkit presents clear step-by-step information on making groups work, productive meetings, involving young children and the community, auditing, funding, insurance, design, health and safety and working with the media. Resources also include draft agendas, action plans, checklists, practical writing hints, case studies, briefing notes, reports, regulations, and links to external websites including potential funders.

Available for £25 (£20 for NCB members) plus p&p from: www.ncb-books.org.uk or by email (booksales@ncb.org.uk), or call NCB book sales on 020 7843 6029 (fax 020 7843 6087).

spotLIGHT

Promoting emotional and social development

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