



What Good Children and Young People's Public Health Looks Like

The What Good Looks Like (WGLL) programme aims to facilitate the collective efforts of local organisations and wider society (the system) towards improvements in their population health outcomes. This publication represents the practical translation of the core guiding principles of the new Quality Framework for the Public Health system and features of what good children and young people's health looks like in any defined place. It was developed collaboratively through the synthesis of existing evidence, examples of best practice, practitioners' experiences and consensus expert opinions. It is intended to serve as a guide and will be iterative with regular reviews and updates when new evidence and insights emerge.

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Introduction

The foundations for virtually every aspect of human development start from preconception. What happens from this point forward has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status ([Marmot 2010](#))ⁱ.

No matter what your age, there is a social gradient to health, the lower a person's social position the worse their health (Marmot, 2010). To have a real impact on the future and lifelong physical and emotional health and wellbeing of children and young people and reduce health inequality, public health needs to work in partnership with a range of other public services, private sector, voluntary and community organisations and of course children and young people themselves along with their families and caregivers to address the social determinants of health.

Behavioral science is important in delivering improvement and opportunities to apply these approaches are in **Bold** throughout the document. Evidence from [behavioural science](#) suggests that simple and easy ways of helping people to change their behaviour are the most effective. Whether it's encouraging smokers to quit or making healthier food choices easier, evidence can help in understanding and influencing behaviour change that promotes health, prevents disease, and reduces health inequalities.

This What Good Looks Like guide focusses on a broad range of actions the system should be taking to ensure all children and young people get the best start in life and grow up healthy, happy and safe. Other guides in this What Good Looks Like series will pick up in more detail some of the

topic specific activity that cuts across the life course such as healthy weight and tobacco use. As this guide is about a population cohort rather than a specific risk factors, activity or morbidity, the content is broad in scope. It is intended to compliment other documents, policies and guidance. Your local Director of Public Health and their team can give more detail and depth on anything contained within this document.

Vision

Every child and young person, regardless of the circumstances into which they are born, can maximise their potential and future life chances. Through a collective response that *prevents* ill health and injury, *protects* against disease and risks, and *promotes* healthy behaviours and environments. The actions must be informed by the voice of children, young people, their parents and caregivers, and underpinned by collective system responsibility.

Local system leadership

To have the greatest impact on children and young people's outcomes at a place level, partners need to work collaboratively. This includes, but is not limited to, public health, children's and adult's services, maternity services, primary care, education and the voluntary and community sector (**service provision**). Importantly, it also includes active engagement of parents, carers, children and young people and communities in helping to shape what happens in the place they live, to improve their health outcomes – an approach engendered on the principle of 'working with' rather than 'doing to'. Communities that are involved in decision-making about their area and the services within it, that are well networked and supportive and where neighbours look out for each other, all have a positive impact on people's health and wellbeingⁱⁱ. Public Health England(PHE), NHS England and National Institute of Health and Clinical Excellence (NICE) provide valuable guidance on [Community Engagement](#)ⁱⁱⁱ and take forward [evidence based Community Centred approaches](#)^{iv}. [Auntie Pam's](#) support service for mums-to-be in Kirklees is an example of working with communities.

The delivery of mandated programmes such as the [Healthy Child Programme](#) mandated checks and the [National Child Measurement Programme](#) (NCMP) should be regarded as an opportunity to engage and connect other parts of the system. This builds on the opportunities universal programmes provide for engaging with schools, parents and other settings and partners across the system that offer health and wellbeing support. It should also extend to engaging with and influencing other local statutory functions such as children's services, [planning](#) and [licencing policy](#) (**legislation and regulation**).

At a *system level* there are existing opportunities to add value to multiagency programmes where public health can make a positive difference and add value. These include Local Maternity Systems, Local Transformation Plans for mental health and the developing Integrated Care Systems programme. It encompasses work at place on economic regeneration and inclusive economy (**fiscal measures**). It includes initiatives such as You're Welcome, [UNICEF Baby Friendly Initiative](#) and the [UNICEF Child Friendly Cities](#) (**environmental restructuring**) and Communities programme. It also extends to regional groups that focus on wider determinants of health (for example air quality, housing and access to quality green space) such as Combined Authorities.

Effective system leadership for children and young people's public health depends on both an effective workforce skill mix and effective advocacy. System leaders should take a '[Health in all policies](#)' approach which systematically and explicitly takes into account the health implications of the decisions organisations make. This should include a specific focus on children and young people's public health. Equally, local services should have a skill mix that ranges from skilled health professionals such as health visitors and school nurses through to informal health champions in a range of settings.

Taking a life course approach to children's public health

Effective public health approaches should deliver evidence-based action in each of the following life stages, broadly described as [Best Start](#) (encompassing preconception up until age 5) and Growing Well (school age). Importantly, action should focus on parents and caregivers as well as children and young people, through a whole family approach that focusses specifically on needs relating to age, gender, ethnicity, religion, sexuality and disability. [The Healthy Child Programme](#) is the heart of public health services for children and families. It brings together the evidence on delivering good health, wellbeing and resilience for every child.

Giving thought to the [whole family](#) is of importance when considering the public health of young people as learned health behaviours can develop in the home through modelling and social norms^v. Creating supportive environments where children can both socially and physically grow requires a whole system approach and should underpin all actions. As there is a social gradient in health, i.e the lower the persons social position the worse their health, action should be taken to reduce this gradient by following the principles of proportionate universalism. This means that focusing on the most disadvantaged people and communities will not reduce inequalities sufficiently. Instead action must be universal but with scale and intensity that is proportionate to the disadvantage, known as proportionate universalism (Marmot, 2010)

Preconception: all women and their partners should be supported to be smoke and alcohol free, a healthy weight, [take part in at least 150 minutes of physical activity each week](#) and eat a [healthy diet](#) including at least 5 portions of fruit and vegetables, starchy carbohydrates and have fewer sugary foods and drink when they are trying to conceive. Good parental physical and mental health and positive parental relationships are key to providing the basis for a healthy pregnancy.

First 1001 days: (Pregnancy through to child's second birthday): all women, their partners and the child's caregivers should continue to be supported to be smoke and drinking within recommended guidelines, a healthy weight, physically active and eat a [healthy balanced diet](#) both during and after pregnancy. They should also receive perinatal mental health support if they need it and the offer of support with parenting, bonding and attachment routinely as well as being supported and encourages to breastfeed exclusively for the first six months. All women and infants should receive high quality care in line with the antenatal and new born screening programme. All children should be 'ready to learn', as part of a broader system approach to [school readiness](#).

Preschool: (Child age 2-5): all children should be 'ready for school'. This means there should be robust systems (**service provision**) in place to identify any developmental delay and established systems to ensure those identified receive appropriate care. Children should reach developmental milestones such as being toilet trained, sleeping through the night, being able to communicate their needs and able to socialise with other children. They should be leading a healthy life – [eating at least 5 portions of fruit and vegetables](#) a day and being [physically active for at least 3 hours each day](#) and should be developing good [oral health practice](#) such as regular tooth brushing and having regular check-ups at the dentist. They should have their full range of vaccinations and immunisations before they start school.

Primary school age: all children should be supported to develop through a spiral curriculum (**legislation**) approach to Personal, social and Health Education (PSHE) and [whole school approaches to emotional health and wellbeing](#) . Educational settings should have access to advice from their local public health teams and relevant public health services to ensure this covers a range of topics that helps children to be healthy, happy and safe. This should include a specific focus on building [resilience in children](#), including mental health, relationships and sex education, drugs and alcohol, [physical activity](#) and tobacco education. Need should be assessed at school level (both primary and secondary age) through regular surveys of the health and wellbeing of children. Children should be ready to transition to secondary school.

Secondary school age: young people at this age should continue to receive PSHE through a spiral curriculum. Implementation of statutory RSE/PSHE guidance (**guidelines**) and the emotional health and wellbeing elements within it is critical. Action should specifically focus on developing the

approach started in primary school age children, recognising that at this age young people become more independent and develop their own approaches to managing their health and wellbeing. Particularly important in this age group is developing resilience further to support young people through times of stress such as examinations, adverse impact of technology and social media and relationship breakdown. This should extend to reducing bullying and self-harm at a population level (**social planning**), as well as broader issues that can contribute to perceptions and risks to safety such as knife crime. Raising aspiration in secondary school age children is vital to increase social mobility. Vaccinations and Immunisations should be up to date. Action should specifically focus on life outside of educational settings as well as within them, recognising the time young people spend outside of school is greater than that within it and by extension the continuing role of good parenting even as young people develop independence.

Young people moving into adulthood: (16+) action at this stage should focus specifically on preparation for adult life. All areas should have plans to minimise the risk of suicide in this age group, as well as broader approaches that build on the principles of healthy, happy and safe. Positive health behaviours should be formed by this stage that stay with young people for the rest of their lives, which they in turn pass on to future generations. Vaccinations and immunisations should be up to date. A system wide approach should be in place to support transition between children and adult services, ensuring young adults with vulnerabilities are not lost to services.

Principles

The following set of principles underpins the aspiring statements above. To achieve significant change in population health, the environment in which people grow, live and work needs to promote good health both for communities and individuals. Positive health behaviours must be embedded at a young age, and ensure they form parts of the social norms children are exposed to when growing up. It is also crucial that we focus on the behaviours of professionals and organisations if we are to drive improvement in child health – particularly as so many of the public health interventions for children and young people are delivered through services.

In order to successfully tackle the challenges, the health and social care system faces, with an ageing population living in ill-health, development of a stronger focus on children and young people is essential.

1. Investment in the early years, as highlighted by the Marmot review and [1001 critical days](#). Investing in the early years can help to address health inequalities that disadvantage some from the very beginning of their lives. It also makes strong sense to invest in the early years from an economic perspective as the long-term savings that can be generated are considerable. [Social Return on Investment studies](#) show returns of between £1.37 and £9.20 for every £1 invested in the early years. The evidence for the return on investment is there, evidence-based interventions are available. We must advocate and take evidence-based action in this stage of life such as parenting programmes and the healthy child programme.
2. Practice should be rooted in robustly and regularly collected national data available through [national child health profiles](#) and supplemented with local data. This should include children's data and contextually relevant adult data such as preconception and maternity data sets. A joint strategic needs assessment for children and young people should be the basis for intelligence led action across the system, underpinned by data on school age health and wellbeing e.g. from surveys.
3. Good children and young people's public health is more than commissioning services. Effective public health uses expertise to influence action on shaping place and inclusion of health in all policies with the aim of impacting positively on social determinants that we know have an impact on health and wellbeing.
4. Maintain a focus on Health Inequalities. If there are inequalities at an early age which are not tackled, evidence from the Marmot review shows it is unlikely that this gap will be narrowed as children get older.

5. A sector led improvement approach and adopt a culture of continuous improvement. All children and young people's public health services and programmes should have clear governance and scrutiny arrangements in place to ensure that they are safe, effective and demonstrate that those who use the service have a good experience and achieve good outcomes. This can be delivered through being proactive about attending scrutiny boards, children's trusts boards and other local governance structures. Peer challenge is also a useful method to deliver sector led improvement.
6. Ensure children, young people and families are meaningfully involved in shaping programmes and services. This can be through programmes such as 'young commissioners', youth councils or through working with the voluntary sector to gain valuable insights in to what is important and what works for young people. Regardless of the engagement methodology, groups should be representative of the cohort in question.
7. An [asset-based approach](#) will mobilise the skills and knowledge of children, young people and families as well as the connections and resources within communities and organisations, rather than exclusively focusing on problems and deficits.
8. The home environment has an enormous impact on how children and young people develop, their outcomes and ultimately their life chances. Therefore parents, carers and the community in its broadest sense should feature in plans to improve outcomes for children and young people. This extends to a focus on taking action to minimise the impact of child poverty and improve housing conditions for families in poor quality housing stock.
9. A focus on prevention as well as early intervention and treatment – both in physical and emotional health and wellbeing. Prevention should be targeted effectively, underpinned by the principle of proportionate universalism.
10. Recognise that the circumstances in which children live have a significant impact on their outcomes and life chances. Studies on Adverse Childhood Experiences (ACEs) highlight their impact on child development and the importance of preventing adversity in childhood. As well as ACEs, we need to take into account other vulnerabilities such as poor housing, parental/carer circumstances and poverty. Directors of Public Health and their teams have an important role to play in influencing these factors at a local level.

Application of evidence

Preconception

Preconception Care: Making the Case

<https://www.gov.uk/government/publications/preconception-care-making-the-case>

Health Matters: Reproductive Health and Pregnancy Planning

<https://www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning/health-matters-reproductive-health-and-pregnancy-planning>

Better Births: Improving outcomes of maternity services in England

<https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

Early Years

Health matters: giving every child the best start in life (May 2016) – inc many infographics for different life stages and issues

<https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life>

Healthy beginnings: applying All Our Health

<https://www.gov.uk/government/publications/healthy-beginnings-applying-all-our-health/healthy-beginnings-applying-all-our-health>

Healthy Child Programme 0 to 19: Health Visitor and School Nurse Commissioning

<https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning#history>

School Readiness: a conceptual framework

[https://www.unicef.org/earlychildhood/files/Child2Child_ConceptualFramework_FINAL\(1\).pdf](https://www.unicef.org/earlychildhood/files/Child2Child_ConceptualFramework_FINAL(1).pdf)

Fair Society: Healthy Lives

<http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

Health Matters: Giving every child the best start in life

<https://publichealthmatters.blog.gov.uk/2016/05/12/health-matters-giving-every-child-the-best-start-in-life/>

Best start in life: cost-effective commissioning

<https://www.gov.uk/government/publications/best-start-in-life-cost-effective-commissioning>

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<https://www.gov.uk/government/publications/best-start-in-life-cost-effective-commissioning>

School Age

Early adolescence: applying All Our Health

<https://www.gov.uk/government/publications/early-adolescence-applying-all-our-health/early-adolescence-applying-all-our-health>

Supporting Public Health: Children, young people and families

<https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children#history>

Child and maternal health data and intelligence: guide for health professionals (Continuously updated)

<https://www.gov.uk/guidance/child-and-maternal-health-data-and-intelligence-a-guide-for-health-professionals>

You're Welcome: Quality criteria for young people friendly health services

<https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>

Behavioural and social science strategy

Improving People's Health: applying behavioural and social sciences

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/744672/Improving_Peoples_Health_Behavioural_Strategy.pdf

Measuring our achievements

There are many measures relating to child and maternal health. Below are a series of key measures, one for each development stage, recognising that there are many more measures local public health systems will want to use to demonstrate local progress. All can be found in the national child health profiles <https://fingertips.phe.org.uk/profile/child-health-profiles>

Wider Determinants: Children in low income families (all dependent children under 20)

Preconception: Low birth weight of term babies

First 1001 days: Breastfeeding prevalence at 6-8 weeks after birth

Preschool: Children achieving a good level of development at the end of reception

Primary school age: Obese children (10-11 years)

Secondary school age: School pupils with social, emotional and mental health needs (Secondary school age)

Young adults: Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)

Maturity matrix self-assessment (to be used in the context of the full guidance above)

Child's age	Developing – opportunity to improve consistency of essential functions	Delivering – essential functions being delivered but no system wide response	Strength – system wide approach to improving outcomes
Preconception	Limited support for women and their partners to be physically and mentally healthy when they are trying to conceive.	Proportionate universal support available to women and their partners to be physically and mentally healthy when they are trying to conceive.	System wide support available to be physically and mentally healthy when trying to conceive and evidence of improving outcomes.
First 1001 days	Limited support for women, their partners and the child's caregivers to adopt healthy behaviours and enjoy good mental health, including support with parenting, bonding and attachment. Variable care delivery from statutory services. Inconsistent approach to enabling children to be 'ready to learn'.	Universal support for women, their partners and the child's caregivers to adopt healthy behaviours and enjoy good mental health, including support with parenting, bonding and attachment and for children to be 'ready to learn'. Good care from statutory services.	Health Visiting service embedded within a system wide response (e.g. including children's centres and community midwifery) to improving outcomes and child development. Response also addresses the wider determinants of health such as housing.
Preschool	School readiness significantly below statistical neighbours and inadequate system to identify developmental delay and take action. No systematic approach to improving levels of physical activity/eating well. Variable engagement by residents with statutory services such as dentistry and immunisations.	School readiness comparable with statistical neighbours and proportionate universal system in place to identify developmental delay and take action. Consistent engagement by residents with statutory services such as dentistry and immunisations.	High/improved level of school readiness and universal system in place to identify developmental delay and take action. Good engagement with statutory services as evidenced by high rates of dental checks or immunisation coverage.
Primary school age	Variable support for children to develop healthy choices with little access to public health advice in educational settings. Public health services variable with minimal focus on building resilience. Little understanding of local need. Evidence of problems relating to transition to secondary school.	Proportionate universal support for children to develop healthy choices including access to public health advice in educational settings e.g. Healthy Schools Programme. Public health services include focus on building positive resilience. Good understanding of local need. Few problems related to transition to secondary school.	Universal support for children to develop healthy choices including access to public health advice in educational and other settings. Effective public health support includes focus on building positive resilience. Excellent understanding of local need e.g. established school health survey. Evidence of positive transition to secondary school with any on-going needs managed effectively.

Secondary school age	Inconsistent delivery of PSHE. Variable support for further development of resilience including failure to adequately reduce bullying and self-harm at a population level. No systematic approach to raising aspiration. Immunisation coverage below statistical neighbours. Variable action outside of educational settings as well as within.	Consistent delivery of PSHE. Proportionate universal support for further development of resilience including adequately reducing bullying and self-harm at a population level. Systematic approach to raising aspiration including attainment levels. Good immunisation coverage. Evidence of action outside of educational settings as well as within.	Consistent delivery of PSHE. Universal support for further development of resilience including adequately reducing bullying and self-harm at a population level. Systematic approach to raising aspiration seen in attainment levels including reducing inequalities. Above average immunisation coverage. Strong action outside of educational settings as well as within.
Young people moving into adulthood	Basic plans to minimise the risk of suicide with few broader approaches to build on the principles of healthy, happy and safe. No system wide approach to support transition between child and adult services.	Plans in place to minimise the risk of suicide including broader approaches to build on the principles of healthy, happy and safe. Support available to manage the transition between child and adult services.	Plans in place across the system to minimise the risk of suicide including broader approaches to build on the principles of healthy, happy and safe with evidence of improving outcomes. Systematic approach to manage the transition between child and adult services.

References

ⁱ Healthy Lives, Fairer Society (2010), The Marmot Review. Strategic review of Health Inequalities across England post 2010.

http://www.cpa.org.uk/cpa_documents/FairSocietyHealthyLivesExecSummary.pdf

ⁱⁱ Public Health England, NHS England, (2015) A guide to community-centred approaches for health and wellbeing.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768979/A_guide_to_community-centred_approaches_for_health_and_wellbeing_full_report_.pdf

ⁱⁱⁱ Community Engagement: improving health and wellbeing and reducing health inequalities, NICE (2016), NG44.

<https://www.nice.org.uk/guidance/ng44/chapter/Recommendations#overarching-principles-of-good-practice>

^{vi} A guide to community-centred approaches for health and wellbeing. Public Health England (2015)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768979/A_guide_to_community-centred_approaches_for_health_and_wellbeing_full_report_.pdf

^v Woodman J, Simon A, Hauari H, Gilbert R. A scoping review of ‘think-family’ approaches in healthcare settings. *Journal of Public Health* 2019

<https://academic.oup.com/jpubhealth/advance-article/doi/10.1093/pubmed/fdy210/5298742>