



The Association of Directors of Public Health

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

Background

The period from preconception through pregnancy, childhood, adolescence, and the early adult years lays the foundation for lifelong emotional and physical wellbeing. Health inequalities established in the early years can persist and contribute to poorer outcomes later in life if they are not addressed early. Therefore, a whole system, life course approach that focuses on prevention should be taken to address the underlying social, environmental, and commercial determinants of health that shape children's lives.

Alongside this, reducing inequalities, early intervention, and treatment – for both physical and emotional health and wellbeing – should be prioritised. It is also important to consider the effects of adverse childhood experiences and childhood poverty on health outcomes, both in childhood and later in life, underpinned by the principle of proportional universalism.¹

Purpose of this publication

This publication outlines what good infant, children, and young people's (ICYP) health looks like in any defined place. It is intended as a guide for public health leaders and practitioners and has been developed through a synthesis of existing evidence, examples of best practice, practitioners' experiences, and expert opinion.

In England, it aligns with the [Local Outcomes Framework](#) (LOF), which sets out shared priority outcomes that councils and partners are collectively working to achieve. It recognises that some of the key factors that impact ICYP health lie outside the control of local government. For information on changes ADPH would like to see nationally, see our [policy position statements](#).

Vision

Every infant, child, and young person, regardless of their background or where they are born, should have the opportunity to maximise their potential and future life chances.

This can be achieved through a collective response that **prevents** ill health and injury, **protects** against disease and risks, and **promotes** healthy behaviours and environments. These actions should be informed by the voices of children and young people, their parents and carers, and underpinned by collective responsibility across the system.

¹ Proportionate universalism refers to the idea that policies and interventions should be 'universal' but developed to be more intense where need is higher – to be proportionate to need. The objective of this approach is to reduce health inequalities.

Principles

Improving outcomes for ICYP requires collective responsibility and commitment across the system. The following principles should be considered. Appendix A contains a checklist to support implementation of these principles.

Local system leadership

Strong local system leadership is required to maximise impact on ICYPs outcomes at a place level. Partners should work collaboratively to achieve common outcomes for children and young people, using the common outcomes framework.ⁱ This includes, but is not limited to, collaboration between public health, children's and adult services, maternity services, primary care, education, planning, licensing, and Voluntary and Community Sector (VCS) organisations.^{ii,iii} Upper-tier local authorities should be recognised as key partners, given their statutory responsibilities for improving the health of their local populations and their role in supporting delivery of the [Healthy Child Programme](#). This should be aligned with the [10 Year Health Plan for England](#).

Public health nursing services, including health visiting and school nursing, should be explicitly recognised as core delivery infrastructure for prevention, early intervention, safeguarding, and reducing inequalities. These services should be actively protected and invested in by system leaders given their critical role in mitigating the impacts of poverty, identifying emerging need, supporting families, and contributing to improvements in public health.

Local authorities should be recognised and supported for their crucial role and expertise in mitigating the impacts of child poverty. This includes developing initiatives that support parents and carers into work, reducing the cost of childcare and cost of living, mitigating the impacts of food insecurity, '[poverty proofing](#)' the school day, and raising awareness.

System leaders should also adopt a '[health in all policies](#)' approach which systematically considers the social determinants of health and the health implications of policy and service decisions. There should be a specific focus on ICYP health and wellbeing, with explicit measures to prevent and mitigate child poverty and its impacts.^{iv}

Delivering on these principles should also recognise the importance of an effective workforce skill mix and strong advocacy.

Child participation and community engagement

Child participation is one of the core principles of the [Convention on the Rights of the Child \(CRC\)](#).^v This principle asserts that children and young people have the right to express their views on matters affecting them. Children should be supported and empowered to share their views in a way that is comfortable, meaningful and appropriate for them. Age-appropriate language should be used to facilitate their participation. This can include setting up representative groups such as 'young commissioners' or youth councils, or working with VCS organisations to gain valuable insights into what matters to ICYP and what is important to them.

Engaging with parents, carers, and communities is equally important. An asset-based approach should be utilised to mobilise the skills and knowledge of children, young people, families, organisations, and community networks, rather than exclusively focusing on problems and deficits.

Engagement with children, parents, and partners at a system level can include:

- Regional partnerships, such as Integrated Care Systems (ICSs) and Integrated Neighbourhood Teams in England.
- Mandated, universal programmes such, as the Healthy Child Programme and the [National Child Measurement Programme](#) (NCMP) in England.^{vi,vii}
- School-based questionnaires, such as [WHO Global School-based Student Health Survey](#) and the [Health Behaviour of School Aged Children](#).
- Local Maternity and Neonatal Systems.
- Family Hubs, Best Start in Life and Best Start Family Hubs and the Healthy Babies programme.
- Youth services.
- Local Transformation Plans for mental health and emotional wellbeing.
- Work on building an inclusive economy and support economic regeneration.
- Initiatives such as You're Welcome, [UNICEF Baby Friendly Initiative](#), and the [UNICEF Child Friendly Cities](#) (environmental restructuring) and Communities programme.^{viii,ix}

Investment in the early years

Investing in the early years can help to address health inequalities that disadvantage some people from the very beginning of their lives. There is also a strong economic case for investing during this period as studies show returns on investment ranging from £1.37 and £9.20 for every £1 invested in the early years – a considerable long-term saving.^x

Practice improvement approach supported by a strong evidence base

A culture of continuous practice improvement is crucial to enhance ICYP outcomes. All ICYP 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 should include explicit expectations for providers and commissioners, with system leaders (including DsPH) responsible for ensuring robust commissioning specifications, performance management frameworks, and quality assurance processes are in place across all commissioned services. As clinical services, there is also a role for quality assurance processes (eg alignment with regulatory frameworks such as those of the Care Quality Commission) to support consistent improvement. Practice improvement can be supported through proactive engagement with scrutiny boards or committees, children's trust boards, and other local governance structures. Peer challenge is also a useful practice improvement approach.

All ICYP services must be inclusive, culturally competent, and accessible. Systems should proactively address barriers faced by underserved groups, including young carers, care experienced children, disabled children, migrant and refugee families, children not in education, employment or training, and those experiencing poverty or trauma.

Practice should be rooted in robust and regularly collected national data, available through national child health profiles and [indicators on Fingertips](#), supplemented with local data. This should include children's data and relevant adult data, such as preconception and maternity data sets.

A joint strategic needs assessment for ICYP should be the basis for intelligence-led action across the system, underpinned by data on school-age health and wellbeing.

Appropriate use of technology

Where safe and appropriate, the quick and secure transfer of information across all services related to a child's care can benefit ICYP health. This may include schools, health visiting, the NHS, social care, police, and Family Hubs. Effective information sharing can reduce the need for families to tell their story multiple times and improve access and convenience. To support this, data sharing agreements are needed.

What a good life course approach looks like

A life course approach is crucial to improving 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 five) and Growing Well (school age).

The start in life is crucial for a child's development and is also the period in which babies are most vulnerable. Some babies are diagnosed with disabilities early, while others show developmental needs that may lead to special educational needs if early support is not provided. For some children, needs emerge later.

Because babies cannot advocate for themselves, their parents or carers must do so on their behalf. Action should focus on parents and carers as well as ICYP, through a whole family approach that focuses on needs relating to age, gender, ethnicity, religion, sexuality, and disability.

Reducing inequity in access, experience and outcomes is central to any action, and a whole-system approach on the social determinants of child health is vital. The following section outlines what a good life course approach can look like at each life stage, noting that the [Healthy Child Programme](#) should be the overarching guidance.

Preconception

To improve outcomes at this stage, system-wide support for parents and carers to be physically and mentally healthy when trying to conceive with evidence of improving outcomes is crucial. This can include:

- Supporting parents and carers to use the [5 ways of wellbeing steps](#) to protect their mental health.
- Encouraging parents to follow [planning your pregnancy guidance](#).
- Supporting parents and carers to be smoke and alcohol free, maintain a healthy weight, take part in at least 150 minutes of physical activity per week, and eat a healthy diet (at least five portions of fruit and vegetables, starchy carbohydrates, and fewer sugary foods and drink).

First 1,001 days: Pregnancy to two years old

In the first 1,001 days, the following must be considered as part of a whole-system and holistic approach:

- Health visiting services must be embedded within a system-wide response that provides continuity of care, including links with Family Hubs and community midwifery, to improve outcomes and child development.
- There should be universal support for children to have good health and wellbeing, and targeted support where there is greater potential need eg refugee families, young parents, and where specific concerns have been identified.
- Maternity services should receive public health guidance to prioritise prevention from the earliest

point in pregnancy, ensuring that modifiable risk factors (eg smoking) are addressed in a timely and evidence-based way.

- Maternity, neonatal, screening and public health nursing must work collaboratively to deliver high-quality integrated care so that all pregnant people and infants have access to high-quality care.

Parents and carers should also:

- Receive support for perinatal mental health, welfare advice, as well as support on parenting, bonding, and attachment as appropriate.
- Receive tailored advice and information on the antenatal and infant immunisation programme.
- Be supported and encouraged to breastfeed through programmes such as the [UNICEF Baby Friendly Initiative](#), and be encouraged to use the NHS Healthy Start vitamin and food programmes.
- Be supported with housing, employment, and income eg through signposting to Government services and/or connecting with VCS organisations.

Overall, there should be increased focus on the [high-impact areas](#) recognised within the Healthy Child Programme (transition to parenthood; maternal and family mental health; breastfeeding; healthy weight and nutrition; health literacy; managing minor illnesses and reducing accidents).

Preschool: Two to five years

All children, who are able, should be supported to reach developmental milestones that enable them to be healthy and 'ready for school'.^{xi} To support this:

- Areas should have a clear plan on how the [Healthy Child Programme](#) and healthy child checks can be used locally to support improvements in the proportion of children reaching a good level of development and narrow the gap between disadvantaged children and their peers. There should be a universal system in place to identify developmental delays and take appropriate action.
- [Best Start in Life](#) resources for evidence-based interventions that also support home learning should be shared with parents.
- There must be good engagement with statutory services, with a focus on high uptake of dental checks and routine immunisation appropriate to age (ie children should have their full range of vaccinations and immunisations before they start school). Children should be supported to lead healthy lives, including eating a healthy diet and being physically active for at least three hours each day. They should also be supported to have good oral health, for example through supervised toothbrushing and fluoride varnish programmes.
- Focus should remain on the [high-impact areas](#) outlined above.

Primary school age: Five to 11 years

The education system plays a crucial role in supporting wellbeing, and preparation for secondary school is important. A whole school approach to emotional health and wellbeing is needed, with education settings and local systems adequately resourced to:

- Provide support for children to develop healthy behaviours and choices, including advice on navigating online safety and digital wellbeing and building resilience, through delivery of a spiral curriculum approach to Personal, Social, and Health Education (PSHE), informed by the school needs profile.

- Conduct regular whole-school needs assessments on children's health and wellbeing.
- Ensure children are ready to transition to secondary school, with any ongoing needs managed effectively.
- Provide targeted, wraparound support to any child who is not in education at this age to encourage them into school or support their education at home.
- Have an excellent understanding of local need, eg through school health surveys.
- Provide a robust school nursing service.
- Ensure that children are up to date with flu vaccinations.

Secondary school age: 11 to 16 years

The education system continues to play a crucial role at this stage.

- Regular whole-school needs assessments should be conducted on children's health and wellbeing.
- Young people should continue to receive PSHE through a spiral curriculum. Implementation of statutory relationship, sex and health education guidance, including emotional health and wellbeing is critical.
- Adequate support should be provided to help young people develop resilience during times of stress, such as examinations and relationship breakdown.
- Children should receive age-appropriate education on vaping, smoking, and nicotine, to align with the Smoke Free Generation agenda.

Local systems also have a role in supporting:

- Systematic approaches to raising aspiration, improving attainment levels and reducing inequalities.
- Universal support for building resilience, including adequately action to reduce bullying and self-harm at a population level.
- Mental health support through mental health support teams, designated mental health leads, and school SENCOs.
- Integrated early help and specialist services (including school nursing, sexual health, substance misuse, and youth services) that are clearly visible, accessible, and responsive to young people's needs. This includes confidential advice and support on sexual and reproductive health, drugs and alcohol, emotional wellbeing, and risk behaviours.
- Targeted action to reduce inequalities, including support for young carers, neurodivergent young people and refugee groups.
- Measures to address the impact of technology and social media, reduce bullying and self-harm at a population level, prevent suicides and address broader issues such as knife crime.
- Accessible transport services enable young people to receive help outside of school hours, and be less reliant on parents and carers.
- High and equitable uptake of immunisations.

Parenting support and advice should continue to be promoted as young people develop their own approaches to managing their health and wellbeing. Policies and services should focus on young people's lives both within and outside educational settings.

Young people moving into adulthood: age 16+²

Young people should be supported and prepared for adult life. By this stage, positive health behaviours should be well established and maintained into adulthood, such as staying engaged in education or employment, building strong social networks, and accessing services that promote long-term wellbeing. To ensure support for all young people:

- There should be a systematic approach to manage the transition between child and adult services.
- Plans should be in place across the system to minimise the risks associated with poor mental health, including broader approaches that build on the principles of being healthy, happy, and safe and are supported by evidence of improving outcomes.
- Tailored support should be available to young people at risk of poorer outcomes, for example those in contact with the youth justice system.

Other considerations to support young people into healthy adulthood include:

- Up to date vaccinations and immunisations.
- Accessible transport services that enable young people to receive help and support outside of school hours, and be less reliant on parents or carers.

Resources

Preconception

[Preconception care: making the case](#)

[Preconception health among migrant women in England](#)

[Health matters: reproductive health and pregnancy planning](#)

[Pregnancy and birth resources](#)

Early Years

[Health matters: giving every child the best start in life](#)

[Best start in life part 1: setting the scene](#)

[Healthy beginnings: applying All Our Health](#)

[Healthy child programme: health visitor and school nurse commissioning](#)

[School Readiness: A Conceptual Framework](#)

[Fair Society, Health Lives: The Marmot Review](#)

[Best start in life: cost-effective commissioning](#)

[What Good Looks Like – Addressing Adversity, Trauma and Resilience in Infants, Children and Young People \(2025\)](#)

² The age of children with SEND extends to 25 years old.

[NHS Supervised Toothbrushing Scheme](#)

[Oral Health Toolkit \(2025\)](#)

[Supporting public health: maternity and babies](#)

School Age

[All Our Health: about the programme](#)

[Child and maternal health statistics](#)

[Establishing youth-friendly health and care services](#)

[Improving people's health: Applying behavioural and social sciences to improve population health and wellbeing in England](#)

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](#).^{xii}

- **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 six-eight weeks after birth.
- **Preschool:** Children achieving a good level of development at the end of Reception and ensuring school readiness.
- **Primary school age:** Obesity, physical activity, and nutrition (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).

About ADPH

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It represents the professional views of all DsPH as the local leaders for the nation's health.

The Association has a heritage dating back over 160 years and is a collaborative organisation, working in partnership with others to strengthen the voice for public health. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

About What Good 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 infant, 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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Appendix A: Principles Checklist

- ✓ Put children and young people at the centre.
- ✓ Decisions, priorities, and services are shaped around what matters most to ICYP and their families.
- ✓ Reduce inequalities and tackle the causes of poor health.
- ✓ Leaders focus on narrowing gaps in health and wellbeing, recognising the role of poverty, discrimination, and wider social factors.
- ✓ Listen, involve and empower infants, children, young people, and families.
- ✓ Children and parents are supported to share their views in meaningful, age-appropriate ways that genuinely influence decisions.
- ✓ Invest early to give every child the best start.
- ✓ Early support, starting before birth, helps prevent problems, improves long-term outcomes, and reduces future demand.
- ✓ Focus on prevention and act early when needs arise.
- ✓ Support aims to stop issues from escalating, with trusted public health nursing services, such as health visitors and school nurses playing a key role.
- ✓ Work together across services and communities.
- ✓ Health, education, social care, voluntary organisations, and others collaborate with shared goals so families experience joined-up support.
- ✓ Lead with clarity, purpose, and strong advocacy.
- ✓ Leaders provide clear direction, champion children's needs, and speak up for policies and decisions that support healthy development.
- ✓ Use evidence, data, and local insight to guide action.
- ✓ Decisions are informed by good-quality data, lived experience, and regular review of what is working.
- ✓ Support a skilled, confident, and valued workforce.
- ✓ Staff across the system are trained, supported, and able to provide safe, effective, and compassionate care.
- ✓ Consider the whole environment in which ICYP grow and live.
- ✓ Leaders recognise that health is shaped by relationships, education, housing, play, community and opportunity – not just health services.

References

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