School aged years 5-19

High Impact Area 2: Reducing risky behaviours
School aged years High Impact Area 2: Reducing risky behaviours

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland

© Crown copyright 2016
You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit OGL or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Any enquiries regarding this publication should be sent to fiona.hill@phe.gov.uk

Published October 2016
PHE publications gateway number: 2016368

Prepared by: Wendy Nicholson
For queries relating to this document, please contact: fiona.hill@phe.gov.uk
Contents

About Public Health England 2
Reducing risky behaviours: What and why including context 4
Measures of success/outcome 6
Connection with other policy areas and interfaces 8
How will we get there? 8
   System levers 8
   Improvement 8
   Professional/Partnership Mobilisation 9
Associated Tools and Guidance (including pathways) 10
   General 10
   Lifestyle 11
   Emotional health and wellbeing 11
   NICE Guidance 11
What and why including context

Children and young people as they grow and develop are exposed to many new challenges and experiences. Part of growing up includes experimenting and trying new things. They are influenced by their families, social contacts and the wider community. Some young people are more open to adverse influences than others and they may be feel under pressure, particularly when we consider:

- materialist culture can heavily influence young people with pressure to have access to money, the perfect body and lifestyle. Body image perception is a source of much distress for some young people and can be a result of internal and external pressures (Young Minds, 2012).
- 24 hour social networking and what young people can access from a young age can have a negative impact on their mental health and wellbeing. Too much screen time can affect sleep (NHS Choices). A quarter of secondary school pupils report they do not have enough sleep (AYPH, 2015).
- whilst the immediacy and reach of social media has opened many positive opportunities for children and young people it has also increased the possibility of harm such as bullying and sexual grooming (UK Council for Child Internet Safety, 2015)

- increasing sexual pressures and early sexualisation can throw young people into an adult world they don’t understand. The Sex Education Forum survey (2016) found a third (34%) of young people said they had learned nothing about sexual consent at school and 4 in 10 said they had not learned about healthy or abusive relationships.
- young people are at the highest risk of experiencing sex against their will, with non-volitional sex associated with diagnosis of STIs and pregnancy before 18 (Macdowell et al., 2013).
- 2,409 children and young people were victims of sexual exploitation by groups and gangs between August 2010 to October 2011 (Children’s Commissioner, 2015)
- violence is a reality in many communities and fear of crime a constant source of distress for thousands of young people (Young Minds).
- some young people are anxious about exams and pressures to achieve (Young Minds) and University entry has become more competitive and expensive.
- 11.8% of 16-24 year olds are not in employment, education or training (NEET) (House of Commons, 2016).
- 8% 15 year olds report they are regular smokers and 9% of pupils 11-15 year olds report they have drunk alcohol in the last week (AYPH, 2015).
- radicalisation of children and young people is a real threat if they are exposed to extremist views (Department for Education, 2015)
The overarching rationale of this document is to keep young people safe and to provide consistent, seamless support and care for young people to improve their sexual, physical and mental health and wellbeing. This includes ensuring they are prepared for adulthood and supported making healthy and positive decisions. Young people may engage in risk taking including early or risky sexual behaviour, drug and alcohol misuse. There are important issues that still need to be addressed:

- the under 18 conception rate has fallen by 51% since 1998 with the rate at its lowest level since 1969. However, just under a third of local authorities have a rate significantly higher than the England average, and inequalities remain between wards. England’s rate remains high in comparison with other western European countries and more needs to be done to sustain and accelerate progress.

- chlamydia remains the most prevalent sexually transmitted infection in England with rates substantially higher in the 15-24 age group than any other age group (AYPH, 2015)

- prevalence data for trends in alcohol, drug and tobacco use among young people from the ‘Smoking, drinking and drug use among young people in England’ survey shows a whole population decrease in the prevalence of drug, alcohol and tobacco use among school pupils aged 11-15. However, the proportion of children in the UK drinking alcohol remains well above the European average. We continue to rank among the countries with the highest levels of consumption among those who do drink, and British children are more likely to binge drink or get drunk compared to children in most European countries.

- it is estimated that 60,000 girls aged 0-14 in 2011 were born to mothers with FGM in England and Wales, meaning that it must be considered if these girls are also at risk of FGM as they grow up (McFarlane et al., 2015)

- an estimated 10,000 girls born overseas and now living in England and Wales have FGM, and the NHS treated 106 girls aged under 18 with FGM between April 2015 and March 2016

All children have access to the universal Healthy Child Programme 5-19, which is predominantly delivered via school nursing teams; there are some children and young people who are particularly vulnerable, and require additional support. School nurses and their teams are in a unique position to build trusting and enduring professional relationships with school aged children throughout their time in education. They are in a position to identify cultural and individual risk and vulnerability factors and issues that may benefit from intervention and to provide targeted support, and onward referral to specialist services.

The school nursing 4-5-6 sets out the four levels of service with increased reach from community action to complex needs, five universal health reviews for all children and the six high impact areas where school nurses have the greatest impact on child and family health and wellbeing.

---

School aged years High Impact Area 2: Reducing risky behaviours

School nurses provide a crucial interface between children, young people and families, communities and schools. School nurses have defined skills to support holistic assessment of the health and wellbeing needs. They provide health promotion, prevention and early intervention approaches to support individual and population health needs.

The school nursing service is valued and trusted by children and young people (BYC, 2011). School nurses use a strengths based, holistic approach and work in partnership with children, young people and parents to provide individualised care which is more likely to promote behaviour change and sustain progress of health outcomes.

School nurses and their teams play a vital role in educating children about prevention of sexually transmitted diseases and other infections such as influenza and how important it is to prevent the infection so that antibiotics are not needed. Antimicrobial resistance is an important issue and school nurses can educate children so that they can prevent antimicrobial resistance through good infection prevention, particularly hygiene when they are unwell and using antibiotics only when they are needed.

Measures of success/outcome

(Including Public Health Outcomes Framework or future Child Health Outcomes Framework measure/placeholer, interim proxy measure, measure of access and family experience)

School nurses and wider stakeholders need to demonstrate impact and evidence of improved outcomes. This can be achieved by using the local measures:

**Access:**
- number of young people who have access to the school nursing service
- number of children and young people receiving an intervention from school nurse, including immunisations
- number of children and young people who receive a health needs assessment from school nursing in accordance with the Healthy Child Programme
**Effective delivery:**
- reduced social isolation and targeted support to meet local needs

**Outcomes:**
- 1.03 Pupil absence indicator
- 1.04 First time entrant to youth justice system
- 1.05 16-18 year olds not in education employment or training
- 2.04 Under 18 conceptions
- 3.03xii Population vaccination coverage HPV
- 2.08 Emotional wellbeing of looked after children
- 2.09 Smoking prevalence at age 15
- 2.18 Alcohol related admissions to hospital
- 3.02 Chlamydia detection rate 15-24

**User experience:**
- feedback from children, young people and families via the NHS Friends and Family Test, You’re Welcome quality criteria and local service surveys.
- other measures can be developed locally and could include local pathways and partnership approaches to supporting vulnerable children and young people, for example referrals to young carers groups, engagement of previously non-compliant vulnerable children and young people with services e.g. school nursing led sexual health services; evidence based assessment tools; identification of young carers and unaccompanied asylum seeking children.
Connection with other policy areas and interfaces

(How does it fit/support wider 5-19 work)

The high impact area documents have been developed to support delivery of the Healthy Child Programme and 5-19 agenda, and also to highlight the link with a number of other interconnecting policy areas e.g. early intervention, health inequalities, troubled families, vulnerable children and social/criminal justice. The importance of effective outcomes relies on strong partnership working between all health partners (primary and secondary), Local Authority partners including early years partners, and third sector (voluntary) partners.

- Early intervention and support
- Focus on multi-agency working and place-based service delivery
- Sexual health and wellbeing
- Troubled Families Agenda
- Vulnerable Child priorities
- Chief Medical Officer’s Annual Report
- Child Sexual Abuse (CSA) / Child Sexual Exploitation (CSE) – Female Genital Mutilation (FGM)
- Unaccompanied asylum seeking children
- Young carers

How will we get there?

System levers

- Public Health Outcomes Framework indicator reported and benchmarked by Public Health England and local authority
- Revised Commissioning guidance (PHE) service specification 0-19 and high use of the High Impact Areas model and delivery of the Healthy Child Programme
- Information sharing agreements in place across all agencies
- Integrated commissioning and delivery of services
- Partnerships working with schools to support integrated planning, delivery, monitoring and review
- Information sharing from Joint Strategic Needs Assessment (including health data and information about families and communities) to identify and respond to joint priorities

Improvement

- Improved accessibility for vulnerable groups
- Integrated IT systems and information sharing across agencies
- Development and use of integrated pathways
- Systematic collection of user experience e.g. NHS Friends and Family Test and You’re Welcome quality criteria accreditation to inform action and delivery
School aged years High Impact Area 2: Reducing risky behaviours

- Increased use of evidence-based interventions and links to other 5-19 performance indicators
- Improved partnership working, e.g. schools, GPs, secondary care, children, young people and families
- Consistent information for children, young people, parents and carers
- Early identification of risk, for example young people not in education, employment or training
- Improved engagement of previously non-compliant children and young people who are non-compliant with treatment

Professional/Partnership Mobilisation
- Multi-agency training and supervision to identify risk factors and early signs of health and wellbeing issues
- Multi-agency training in approach for discussion with children and young people to obtain information
- Multi-agency training in evidence based early intervention and safeguarding practices
- Effective delivery of universal prevention and early intervention programmes

- Improved understanding of data within the JSNA and at the local Health and Health and Wellbeing Board
- Integrated working of school nursing services with existing Local Authority arrangements to provide a holistic/joined up and improved service for young children, parents and families. This includes effective joint working with specialist services, including substance misuse, CSE etc.
- Identification of skills and competence to inform integrated working and skill mix
- Increased integration and working with schools and community health and social care services to offer range of services/activities to promote health and wellbeing
School aged years High Impact Area 2: Reducing risky behaviours

Associated Tools and Guidance (including pathways)

**General**

The 2011 ESPAD report: Substance use among students in 36 European countries, ESPAD, 2011

Supporting children, young people, families and communities to be safer, healthier and to reduce youth crime, Department of Health, 2012

Getting it right for children, young people and families: Maximising the contribution of the school nursing team: Vision and call to action, Department of Health, 2012

Maximising the school nursing team contribution to the public health of school aged children: Guidance to support the commissioning of public health provision to school aged children 5-19, Department of Health, 2014


Improving support for young carers: Family-focused approaches, Department for Education, 2011

Vulnerable children’s programme, National Children’s Bureau, accessed April 2016

An RCN toolkit for school nurses, Royal College of Nursing, 2008

School and community nurses supporting young carers, Royal College of Nursing

Safeguarding children and young people – every nurse’s responsibility: RCN guidance for nursing staff, Royal College of Nursing, 2014

Helping school nurses to tackle child sexual exploitation, Department of Health, 2015


Safeguarding children and young people, Department of Health, 2012

Heads or tails: What young people are telling us about SRE, Sex Education Forum, 2016

Child safety online: A practical guide for providers of social media and other services, UK Council for Child Internet Safety, 2015

Key data on adolescence, Association for Young People’s Health, 2015

Safeguarding children and young people, Department of Health, 2012

Rise Above, accessed May 2016

Local action on health inequalities: Reducing the number of young people not in employment, education or training (NEET), Public Health England, 2014

Antibiotic guardian, accessed September 2016

e-Bug, accessed September 2016

Junior and family antibiotic guardian, accessed September 2016


An RCN toolkit for school nurses: Developing your practice to support children and young people in educational settings, Royal College of Nursing, 2016
School aged years High Impact Area 2: Reducing risky behaviours

**Lifestyle**
Smoking, drinking and drug use among young people in England – 2014 [NS], Health and Social Care Information Centre, 2015
School Zone, Change4Life, accessed October 2016
Childhood obesity: A plan for action, Department of Health, Prime Minister’s Office, 10 Downing Street, HM Treasury and Cabinet Office, 2016
Healthy Eating, Makewaves, accessed October 2016
Active lifestyle, Makewaves, accessed October 2016
Change4Life, accessed October 2016

**Emotional health and wellbeing**
What’s the problem?, Young Minds, accessed April 2016

**NICE Guidance**
Alcohol – school based interventions: NICE guidance [PH7], accessed April 2016
Substance misuse interventions for vulnerable under 25s, NICE guidance [PH4], accessed April 2016
Sexually transmitted infections and under 18 conceptions, NICE guidance [PH3], accessed April 2016
Contraceptive services under 25s, NICE guidance [PH51], accessed April 2016

Behaviour change: the principles for effective interventions: NICE health guidance [PH6], accessed April 2016
Behaviour change: individual approaches, NICE guidance [PH49], accessed April 2016
Smoking prevention in schools, NICE guidance [PH23], accessed April 2016
Smoking preventing uptake in children and young people, NICE guidance [PH14], accessed April 2016
Antimicrobial stewardship: Changing risk-related behaviours in the general population, NICE in development [GiD-PHG89], accessed May 2016