West Sussex Annual Public Health Report 2014/15

The role of schools in promoting the health and wellbeing of children and young people

Live Well, Learn Well
FOREWORD

The foundations of good health and wellbeing are laid at the start of life, in pregnancy, childhood and in the teenage years. Children who have poor health are likely to have poor health as adults which will impact across all aspects of their lives – in particular their educational attainment and future employment opportunities.

A public health focus on children and young people will help prevent damaging behaviours and attitudes developing and enable young people to establish good patterns of managing their health for the rest of their lives. We have made great strides in reducing the numbers of young people who smoke and in teenage pregnancies but today more children and young people under 19 years of age are overweight and obese.

Major government reports into health and the NHS (Marmot and Wanless) have determined that unless communities are engaged and are empowered to take responsibility for their own wellbeing, current health services will be unaffordable. It is important that we have a focus on health, wellbeing and resilience. A life course approach, starting with children and young people to give them the best start in life was taken in the West Sussex Public Health Plan 2012-2017, Healthy and Well in West Sussex. This report will inform the work taking forward this plan.
Introduction

The Director of Public Health leads West Sussex County Council’s responsibility to tackle the wider determinants of health at a local level, putting people’s health and wellbeing at the heart of everything we do.

Her Annual Report provides an overview of the health of the community. The focus this year is on the health and wellbeing of children and young people and the potential of the wellbeing role of schools.

Why focus on the role of schools?

This report is focused on school aged children and young people (5-19 years), because we know the health and wellbeing of children is vitally important for our future generations. If we get this right, this will improve the health and wellbeing of the population for years to come. Healthy children will become healthy adults and hopefully instil their behaviour in their own children.

Children and young people who are healthy and happy will learn better and achieve more. Evidence shows that education and health are synergistic. Those who are well educated have better health and wellbeing.

Adolescence is a challenging time for young people with significant emotional and behavioural changes. These changes occur at a time when peer interaction is increasing and reliance on parents and family is decreasing. The combination of these changes can lead to greater risk-taking behaviours. Providing appropriate support at this time can have a long term impact on health related behaviours.

Schools are an important environment for shaping children’s wellbeing and reinforcing messages. School-based programmes to promote pupils’ broader wellbeing and development benefit their academic learning and have positive effects on attainment as they influence their readiness to learn. They also result in improved social and emotional competence.

Children’s wellbeing is influenced by a range of factors including emotional, psychological and physical aspects of their lives. Schools are one of the settings that influence the health and wellbeing of children and young people with the partnerships that schools create between themselves, the community and local families being as important.

The wider system around schools includes: school nursing; Early Help services; primary health care and other health services; social care services; the Police; District and Borough Council services and voluntary sector organisations.

The purpose of this report is to:
Contribute to improving the health and wellbeing of children and young people
Reduce inequalities in their health
Promote action for better health
Assist with the planning and monitoring of local programmes and services that will impact on the health and wellbeing of young people
Other parts of the system need to support the school’s role in health and wellbeing with those schools having a reciprocal role in supporting other parts of the wider system to improve the health and wellbeing of children, young people and their families.

Format of the Report

This report will set out how schools can be an effective setting for addressing many of the health and wellbeing outcomes for children and young people. Schools that focus on reducing inequalities, increasing resilience, wellbeing and healthy lifestyles are also schools where children and young people engage with their learning and achieve their potential. The chapters in the report reflect this link and highlight best practice.

The report is presented in five chapters:

1. Children and young people in West Sussex.
2. Schools’ role in reducing inequalities.
3. Schools as a setting for promoting resilience and supporting emotional wellbeing in children and young people.
4. Schools as a setting for promoting and supporting healthier lifestyles for children and young people.
5. How schools can be a healthy learning and working environment.
1. Children and young people in West Sussex

National data suggest that the health of young people in West Sussex is generally better than the England average reflecting the lower levels of deprivation and generally better living conditions among West Sussex families.

98% of children in West Sussex aged 0-15 were stated as having good or very good health on the 2011 Census. However, this is not a cause for complacency as the Chief Medical Officer for England has highlighted that when compared with the health of children in other European countries “children and young people in England are not doing as well as they could”.

Population
Over the last 10 years the number of children aged 5-15 years has decreased, but there has been a 17% increase of 0-4 year olds over that same period (2,500 children), who are working their way through the school system.

Births
Although births had been increasing in recent years, last year locally and nationally the number of births reduced.

In West Sussex there were 8,835 births in 2013 compared with 9,207 births in 2012.

Families
Of the 93,000 families with dependent children in West Sussex, 23% are lone parent families.

A higher percentage of lone parent families are based in west Crawley, and along parts of the coast, notably in Littlehampton.

In River ward over 40% of families are lone parent families. There is a strong association between areas of child poverty and concentrations of lone parent families.
Family size
44% of families with dependent children in West Sussex have one child, 41% two children and 15% three or more children.

Teenage Pregnancy
There is a low teenage pregnancy rate in West Sussex and this has fallen considerably over the last 10 years. In 2012 there were 303 teenage conceptions (to women aged 15-17), 90 fewer than 2002.

The number of births to teenage mothers (aged under 20) has declined from 456 in 2009 to 331 in 2013.

Health Status
7,000 (3.8%) children and young people aged 0-19 have a long term health condition or disability which limits their daily living activities. This is comprised of 1.8% of 0-4 year olds rising to 5.2% of 15-19 year olds.

Diversity
The child population is more ethnically diverse than the overall population with 16% of 0-4 year olds from a Black, Asian or Ethnic Minority (BAME) background, compared to 11% of the overall West Sussex population.
Educational Attainment

This section looks at assessment of child progress and educational attainment at different stages of childhood: in the early years, at the age of 15/16 years and then progression to Higher Education.

Early Years

59% of children in West Sussex were assessed as having a good level of development at the Early Years Foundation Stage compared with 60% nationally. In a county as affluent as West Sussex we should expect to be higher than the national average.

GCSE

In 2013/14 57% of West Sussex pupils attained 5+ GCSE grades at A*-C (including English and Maths). However attainment was different for some groups of children…

Girls 63%
Boys 51%
Black Pupils 44%
FSM* Pupils 33%

Pupils eligible for a free school meal in West Sussex perform significantly below those not eligible and importantly below the national performance of FSM pupils. 33% of pupils eligible for a free school meal in West Sussex achieved 5+ A*-C GCSEs (including English and Maths) compared with 38% nationally.

In relation to Black, Asian and Minority Ethnic pupils, achievement is even worse with the KS4 achievement of black pupils in West Sussex significantly below that of black pupils across England overall. 44% of black pupils in West Sussex schools attained 5+ A*-C grades (including English and Maths) compared with 59% of black pupils nationwide.

Progression to Higher Education

The Higher Education Funding Council for England (HEFCE) has published data which examines the participation of young people (aged 19) in Higher Education. This information has been published at ward level and due to small numbers in any one year, five years of data were pooled. The information for West Sussex (map below) shows the considerable difference between wards. In some wards, over 60% of young people progress to higher education, compared with areas such as Ham ward, where the percentage was below 10%.

Progression to Higher Education is a positive outcome from school for young people. As well as the impact on later employment opportunities and income, attainment of higher education qualifications is associated with better health.

People who continue in education and attain higher qualifications are less likely as adults to make poor lifestyle choices and smoke, drink heavily, be overweight or obese, or misuse drugs. As such, their risks for long-term illnesses later in life are lower.
Other Influences on Health and Wellbeing

Housing
Access to the social rented sector in West Sussex is limited, with over 17,000 households on council waiting lists, and in any one year approximately 2,000 lettings to new tenants. This has led to an increased use of the private rental sector. We know that households in the social rented sector tend to have lower incomes and geographical patterns of child poverty and social housing tenure are similar.

17.1% of children live in social housing in West Sussex, with Crawley having the highest rate at 30.5%, compared with 12.5% in Mid-Sussex.

Child Poverty
All local authority areas in West Sussex had lower rates of child poverty in 2012 than 2011.

In 2012, 12.4% of all children were living in relative poverty in West Sussex, but this varied across the county.

Crawley had the highest rate of child poverty in the county (17.4%), Mid-Sussex the lowest (7.7%) and Ham ward in Arun remained the ward with the highest child poverty rate of 33.3%.

Schools in West Sussex
In West Sussex there are four education partnership planning areas and these are further subdivided into twenty-four locality groupings. These act to promote collaborative working between educational settings and agencies, including schools and early years provision.

DID YOU KNOW?
There are 284 state funded schools in West Sussex. There are also over 50 private schools based in the county.

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<tr>
<th>Type of School</th>
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<tr>
<td>Maintained NURSERY schools</td>
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<td>38</td>
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<td>ALL THROUGH Schools (Free Schools)</td>
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The challenges in West Sussex

In order to reduce both social and health inequalities in the longer term we need to improve educational outcomes across the social gradient. Educational achievement is associated with better employment, income, physical and mental health.

Despite recent decades of policies aimed at equalising educational opportunities, however, the ‘achievement/attainment gap’ between disadvantaged children (as indicated by their eligibility for free school meals) and other children remains.

This chapter will outline how children and young people may be disadvantaged because of poverty, ethnicity, having a caring role, domestic violence and being Children who are Looked After. It will also consider approaches that can be used to reduce the impact of these circumstances.

DID YOU KNOW?

According to the 2013 Schools, Pupils and their Characteristics Audit the number of pupils eligible for and claiming free school meals (FSM) were:

- 10.2% (6,085 pupils) of West Sussex maintained nursery and state funded primary school children;
- 8.2% (3,667 pupils) of secondary school children;
- 26.2% (418 pupils) of children in special schools; and
- 23.6% (39 pupils) in pupil referral units.

This amounts to over 10,000 West Sussex children being eligible for and claiming free schools meals.

In September 2014 all children in reception and years 1 and 2 became eligible for free school meals. This was planned to ensure that all children have access to a nutritious meal and aimed to support children’s health, wellbeing, ability to concentrate and achievement.

West Sussex is a relatively affluent area but there are still pockets of deprivation, especially along the coast and in some parts of Crawley, and there are children eligible for Free School Meals (FSM) across the whole of the county.
Inequalities affect cognitive development

Cognitive development will impact upon children’s later ability to gain good, well paid, secure employment that enables disadvantaged children to get out of poverty and lead a healthier lifestyle.

The impact of disadvantage on cognitive development is demonstrated in the graph from the 2010 Marmot Report. This shows that those who had low cognitive scores at 22 months of age but who grew up in families of high socio-economic position improved their relative scores between the ages of 5 and 10 years. However, the relative position of children with high scores at 22 months, but who grew up in families of low socio-economic position, worsened between the ages of 5 and 10 years.

The graph shows the importance of the pre-school years, being a time of rapid cognitive development and demonstrates that lower socio-economic status of children is associated with less good cognitive development relative to their peers.

The need for a partnership approach

Children eligible for FSM are likely to be in relative poverty and are more likely than affluent families to be facing problems in addition to material deprivation.

Reducing educational inequalities and their subsequent impact upon social and health inequalities in later life requires an understanding of the interaction between the social determinants of educational outcomes, including family background, neighbourhood and peers, as well as a child’s experience in school.

What Works

The Marmot strategic review of health inequalities, Fair Society, Healthy Lives, recommended the following effective approaches to reducing inequalities:

- Close links between schools, families and the community are needed, with schools supporting families and communities, by taking a “whole child” approach to education.
- The provision of good quality early years education and ensuring the uptake of this by children from disadvantaged families.
- Providing routine support to families through parenting programmes, delivered to meet social need.
- Programmes are delivered to support transition of children into school.
- The provision of extended school approaches, in and around schools.
- Building children and young people’s resilience in schools.
How can schools help?

- Develop stronger links between early years'/pre-school settings and primary school, especially during the period of transition, involving the parents and wider family members where appropriate.
- Support all children to achieve their potential, with schools ensuring that there is targeted early years support as well as ongoing help to children and families of lower socio-economic status.
- Concentrate on the core areas of literacy and numeracy to break down the barriers to accessing the full curriculum.
- Primary schools making sure that poorer children have all the help they need to grasp the basics of reading, writing and mathematics right at the start of their education.
- Schools should be exemplars of social inclusion by supporting all children and young people to be engaged in all aspects of the school, including extra-curricular and after school activities.
- Schools can provide the opportunity for positive change on a large scale by leading/engaging other agencies in the community to support a community-wide approach to support learning.
- By considering the financial impacts of choosing a particular uniform.
- By provision of information about FSM to parents, encouraging their uptake and the provision of FSM in a non-stigmatising way.

What can others do?

- Local Authorities, commercial, community, and voluntary organisations can work in partnership with schools to support children, families and communities in a 'whole child' approach to education.
- Local Authorities to ensure that the work of the health visiting service is integrated with early years' settings and that the school's nursing service supports primary and secondary schools, improving communication and staff awareness of health issues.
- Early years' settings/services and Children and Family Centres liaising/working in partnership with schools to improve communication and improve outcomes.
- Work in partnership to develop and deliver a coordinated approach to parenting support.

- Reducing the number of young people not in education, employment and training.
- Developing the school-based workforce to build their skills in working across school/ home boundaries and addressing social and emotional development, physical and mental health and wellbeing.
- Increasing the access and use of quality lifelong learning opportunities for all pupils, their families and the community by:
  - Providing easily accessible support and advice for 16–25 year olds on life skills (e.g. on relationships, financial management, work skills and parenting), training and employment opportunities.
  - Providing work-based learning, including apprenticeships, for young people and those changing jobs/careers.
  - Increasing availability of non-vocational lifelong learning opportunities.
- Increasing the access and use of quality lifelong learning opportunities for all pupils, their families and the community by:
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  - Providing work-based learning, including apprenticeships, for young people and those changing jobs/careers.
  - Increasing availability of non-vocational lifelong learning opportunities.
DID YOU KNOW?

Data from the 2013 Schools, Pupils and their Characteristics Audit showed that there were 257 Gypsy and Traveller children in West Sussex. These numbers fluctuate with geographical mobility and some choose not to identify themselves by ethnicity. As a result, these figures do not accurately reflect figures known to the West Sussex Traveller Education Service (TES) which currently stands at just under 700 children.

Good practice

Engaging Hard-to-Reach Families

- Schools support the engagement of hard to reach families, working with the West Sussex Traveller Education Service (TES) and the Ethnic Minority & Traveller Achievement Service (EMAT) Liaison Officers.
- The engagement
  - supports the development of stronger communities and
  - challenges assumptions and expectations of schools and families.
- Activities range from explanation of the contents of a healthy school meal, to an assessment of competence in First Language for bilingual pupils who may have additional educational needs.

How can schools help?

- By staff being aware of the ethnic, faith and cultural influences on the pupils and their families.
- By ensuring there are no ethnic/cultural/language barriers to participation in all school and extra-curricular activities.
- Being aware of safeguarding issues that are of particular relevance to specific communities which require multi-agency working. Examples include:
  - Trafficking.
  - Forced Marriage.
  - Female Genital Mutilation
- By ensuring that parents can engage with their children’s learning and signposting them to further support as required, such as language/literacy or parenting support.
- By working with others in the community to provide additional support to pupils, such as mentoring programmes.

What can others do?

- Early years services, including Children and Family Centres and Health Visitors, can support families to provide a good home learning environment and help families to be ready for school, e.g. parents are able to read with their child.
- The West Sussex Traveller Education Service (TES) and the Ethnic Minority & Traveller Achievement Service (EMAT) Liaison Officers can support schools, as described above.

The Marmot Report has shown that there are significant differences in attainment according to gender and ethnicity. The extent of the differences varies by eligibility for free school meals:

- Girls do better than boys at GCSEs within each ethnic group.
- Chinese girls do better than all other groups even when eligible for FSM.
- White British boys eligible for FSM achieve less than almost all other groups.
- Gypsy and Traveller children do worse than any other ethnic group.
Think Family Work with Schools

The West Sussex Think Family Programme includes the local implementation of the national Troubled Families initiative.

Its intended outcomes include:

- improving attendance at school;
- reducing anti-social behaviour; and
- reducing worklessness in the children’s and young people’s households.

In addition to key workers working intensively with families, and commissioned support programmes, there are community-wide approaches in neighbourhoods to build the resilience of the communities and support positive outcomes for families.

DID YOU KNOW?

As of 14 November 2014:

- 1,366 families have been attached to the Think Family programme; and
- 561 families have had a child improve their school attendance.

This has been achieved by working with the child, the family, the school and local community using a combination of the following interventions:

- Keyworkers.
- Social Worker in a local high school.
- Polish Speaking Keyworker.
- Early Help liaison lead.

Good practice – Case study

Mary is a Pupil Premium student. She had several problems including:

1. Several fixed term exclusions.
2. Her placement at a West Sussex college was breaking down.
3. There had been three instances of her being reported as a missing person.
4. The family had concerns about her mental health and the risk of becoming homeless.
5. There were frequent police call outs to her property.

A comprehensive plan across agencies was implemented to help address Mary’s problems. The work undertaken was:

- An agreement with the college to monitor her attendance including study leave.
- To offer her more support within school hours, including extra after hours tuition sessions across core subjects.

By putting the plan in place Mary achieved several outcomes including:

- 100% attendance at all her revision/tuition sessions.
- 5 GCSEs and a C grade in English.
- Accommodation secured at Y Centre.
- No further reports of her missing since moving there.
- Good attendance at college and retaking some GCSEs.
- Improved family relationships.

Mary has a plan for her future and is prepared to continue to work towards her goals at college to have an education.
Young Carers

- Young carers are young people and children under 18, who take on physical, practical or emotional responsibilities at home because someone in their family is disabled, has been ill for a long time, experiences mental ill health, has a learning disability or has a problem linked to alcohol or drugs.
- Being a young carer can impact on school life, educational attainment and consequently on job opportunities and future financial prospects.

Specialist support for young carers in West Sussex is undertaken and coordinated by West Sussex County Council Young Carers Team. The Young Carers Team provides training for professionals to promote early identification of young carers and raises awareness about young carers in the whole community.

Young Carers’ resources are available specifically for schools (including ‘Young Carer Aware’ e-learning) and there is also Young Carer Awareness training available by a specialist practitioner.

As part of their work they emphasise that young carers need more support than just having days out. As important as this is, support is needed to: build skills and confidence; reduce the caring role (including emotional care and worry); maximise health and wellbeing; address educational need and in-family needs, as well as family dynamics.

368 children under the age of 18 were referred to the Young Carers Team in 2013/2014. The majority were aged between 8 and 15 years (283). Only 67 of the children and young people were referred by education professionals demonstrating the potential for better identification and referral from education settings.

DID YOU KNOW?

There are about 3,823 young carers and young adult carers aged 0-24 in West Sussex. Since 2001, there has been an increase in numbers of young carers and young adult carers of nearly one third (32%).

In a focus group for the carers’ needs assessment ‘Looking out for Carers in West Sussex’, young carers explained how their caring commitments can make it difficult:
- to get to school on time
- to meet homework deadlines
- to revise for examinations.

Young carers felt:
- that teachers did not deal with their problems sensitively
- there were concerns about teachers maintaining confidentiality.

These issues were a barrier to young carers speaking up if they needed help.

How can schools help?

- By implementation of young carers awareness training for their staff, so that they are more aware of young carers in the school and have a good understanding of the issues faced by young carers.
- Using the resources provided by the Young Carers’ Team.
- By proactively identifying young carers and referring children and young people as early as possible to the Young Carers’ Team.
- Developing plans with the family and pupil(s) in supporting the child(ren) to achieve their outcomes.

What can others do?

- The West Sussex County Council Young Carers’ Team can further support schools with resources and with access to training.
Good practice – Case study

The Young Carers’ Service (YCS) launched its mentoring project in June 2013 to improve the life opportunities of children and young people from across West Sussex, who look after or support parents, relatives or siblings with care needs. In January 2014 it achieved the quality kitemark Approved Provider Standard from the Mentoring and Befriending Foundation for safe and effective mentoring.

The project links a trained volunteer mentor with a young carer for six months, meeting weekly for 1-2 hours in the local community. The mentor and young person identify goals that the young person wishes to work towards through the mentoring relationship.

The relationship is monitored and evaluated for the duration, with the addition of verbal feedback recorded in interviews with young people and families at the end of each relationship.

This feedback is used to strengthen and develop service delivery. Mentors receive one to one supervision on a monthly basis, and group support once a quarter with the opportunity to acquire new learning.

The feedback from the young carers and families so far has been very positive.

Up to January 2015 35 young people had received the support of a mentor, of those, 70% were caring for a parent. The Mentee Evaluation of the Mentoring Service found 88% reported improvements in school/college attendance; 88% reported better relationships with fellow pupils and teachers/lecturers. 94% of the mentees felt positive about the future and 100% valued the opportunity to meet new people and make new friends. A mentee described the process as:

“Having someone to talk to, and then going to some new places and just building up my confidence.”

Service Children

- Service children are those who have a parent or parents who are service personnel in Her Majesty’s Forces where those parents provide parental care and responsibility.
- Overall service children achieved as well as their peers at GCSE level, or slightly better. (As these children move from school to school more than other children they sometimes need targeted help to catch up.)
- However, although service children meet national attainment levels, it is clear that individuals do not manage to reach their full potential as a result of the impact of geographical mobility and the lack of support structures and awareness of their particular needs.

How can schools help?

- By liaising with previous schools to identify any issues or need for support.
- By offering support to service children to catch up, if necessary.
- Ensuring that they are aware of the timing of parental deployment and returns and the impact that may have on children.
Children Looked After (CLA)

Children Looked After:
- Have much poorer educational outcomes than other children.
- Are twice as likely to be permanently excluded from school.
- Are nearly three times more likely to have a fixed term exclusion than all children.
- Around half of all CLA aged 5-16 years were considered to be ‘borderline’ or ‘cause for concern’ in relation to their emotional and behavioural health.

Improving the educational outcomes for CLA is key to improving their life chances.

Good practice
Improving the lives of children and young people who are looked after (CLA)
- To improve the educational outcomes of Children who are Looked After in West Sussex a Virtual School Head tracks and monitors the educational achievement of CLA as if the children attended a single school.
- Personal Education Plans that are tailored to the needs of each child are developed and monitored, ensuring that their Pupil Premium funding is used to best effect.

UNICEF Rights Respecting Schools
- If you are a child or a young person in the care of the Local Authority you may often feel forgotten. Having a voice and being listened to can make all the difference to your resilience and your health and wellbeing.
- Informed by the UNICEF Rights Respecting Schools (“RRS”) programme the West Sussex “Virtual School” for CLA is developing a way in which these very vulnerable children and young people can be heard.
- Meeting together, having representation and being listened to is making a difference to the way in which these children are involved in their own learning, their lifestyles and their futures.
- They are free to talk openly about their rights and responsibilities and are consulted about their personal progress. The children and young people have informed their own Personal Education Plans (“PEPs”).
- The impact from the pilot project is significant and the RRS project is being developed across the CLA network in West Sussex.
3. Schools as a setting for promoting resilience and supporting emotional wellbeing in children and young people

Schools as a Setting for Promoting Resilience

DID YOU KNOW?
A recent Lifestyles Survey was undertaken in West Sussex and it reported that:

- 29.6% of 14-15 year olds had low self-esteem.
- 14.6% felt lonely on a regular basis.
- 19% reported ‘not usually’ or ‘never’ feeling happy or content.
- 30% ‘not usually’ or ‘never’ feeling confident or able to deal with problems.

Resilience can be defined as: achieving positive outcomes in the face of adversity, coping successfully with traumatic experiences and avoiding negative paths linked with risk. Building resilience in children, young people and their families is important as it has been shown that resilient people are more likely to lead mentally healthy lives. Resilience can help to ‘protect’ children and young people against emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol.

Building resilience helps to build confidence about learning by enabling the young person:

- to set goals and focus on improving their learning through dedication; and
- to have greater capacity to manage levels of stress and be more likely to achieve higher grades.

In West Sussex, strengthening resilience is central to the commissioning and delivery of services for children and young people. West Sussex County Council is committed to Giving Children the Best Start in Life – a commitment which is one of the Council’s top three priorities. The theme is also central to the West Sussex Public Health Plan Healthy and Well in West Sussex where there is a commitment to ensure that all children are supported to be ready to make the most of their school life.

The West Sussex Early Help Strategy which aims to enable children, young people and families to have better and quicker access to the support they need has building resilience as a core principle.
What Works

- Programmes aimed at building resilience starting from birth and including a focus on the quality of parent-child relationships.
- Health visitors and school nurses enabling parents and their children to build resilience by supporting them in their parent role through the delivery of the Healthy Child Programme.
- The creation of informal networks of peers, neighbours, elders and teachers has a positive effect on children at a time of crisis, especially when a close bond has been formed with at least one care giver.
- Church membership and pastoral care and support have been shown to be beneficial for high-risk groups.
- Parental engagement in the child’s learning experience is fundamental to the success of school and/or learning environment-based programmes.
- Designing programmes around the ‘Five ways to wellbeing’: The five ways are:
  - **Connect** – Connect with the people around you.
  - **Take Notice** – Being curious, being aware of the world around you.
  - **Keep Learning** – Lifelong learning helps individuals build self-esteem and increase confidence.
  - **Give** – Volunteering, helping, sharing and giving to others is incredibly rewarding.
  - **Be Active** – All physical activity is associated with an increased sense of wellbeing.

Good practice – Focus on resilience in the community

Adur and Worthing District Councils are developing a resilience programme in the electoral wards of Northbrook and Eastbrook. This focuses on improving relationships between children and young people, their families, schools and the wider community.

The purpose of the programme is to:

- identify community assets;
- build positive social networks; and
- facilitate behaviour change.

A series of self-help materials and training packages will be co-designed and community mentors recruited and trained.

Good practice – Provision of information to young people

A series of information leaflets designed by young people for young people, parents and carers have been published and provide valuable information on wellbeing and resilience building. Topics include:

- a guide for young people on how to look after their own wellbeing;
- a support guide for parents and carers of young people with mental health needs;
- a guide which provides advice and guidance on self-harm.
How can schools help?

- Base interventions to support pupils and staff on the ‘Five ways to wellbeing’.
- Work with other agencies to create informal networks of support for children and young people.
- Allowing provision for drop in sessions for parents and children.
- Schools to engage in ‘whole family’ approaches to wellbeing by working with other agencies which impact on the lives of children, young people and their families – agencies such as housing, benefits support and employment.
- Consider using screening tools to assess the emotional and mental wellbeing needs of their pupils and students; for example, the Strengths and Difficulties Questionnaire.

What can others do?

- The Local Authority to coordinate a strategic partnership approach to parenting support, and ensure it is reflected in the policies of partner organisations.
- Early Years’ settings to extend and increase parenting support programmes, especially with Children and Family Centres playing a key role in supporting positive parenting.
- Local Authority and schools to identify and provide support to help children whose parents have mental health problems.
- Local Authorities to develop family and community mentoring programmes.
Schools as a Setting for Promoting and Supporting Emotional Wellbeing

Challenges /Scope of issue in West Sussex

Good emotional and mental health is the foundation for wellbeing and the effective functioning of individuals and communities. It impacts on how individuals: think, feel, communicate and understand. It enables people to manage their lives successfully and live to their full potential.

About half of people with existing mental health problems first experience symptoms of their illness by the age of 14 years. This early onset can have a significant impact on a person’s future development, as that person is more likely to:

- have fewer qualifications;
- find it harder to obtain employment;
- adopt unhealthier lifestyle choices;
- have a poorer quality of life.

By focusing on the promotion of good mental health at an early age, we can help to reduce the likelihood of poor outcomes in the future, and help children and young people achieve better academic results and reach their full potential.

DID YOU KNOW?

In a recent needs assessment, it was estimated that about 10% of 5-16 year olds in West Sussex are likely to have a mental health problem.

The recent West Sussex Lifestyles Survey examined the lifestyles of approximately 3,600 children aged 14 to 15 in West Sussex and reported that:

- 14.1% of young people were depressed.
- 24.8% felt stressed on a regular basis.
- In addition, 26% reported being bullied in the previous year; with 27.8% of cases going unreported due to feelings that: “no one would care” or “[it] would only make matters worse.”
What Works

- Evidence-based, school-focused mental health promotion programmes, such as those identified by the UK Faculty of Public Health, have been shown to be cost effective in improving the emotional wellbeing and mental health of children and young people. These include:
  - School-based anti-bullying programmes with benefits from their impact on the children and young people at over £14 for every £1 spent.
  - The prevention of conduct disorder through the implementation of Social and Emotional Learning (SEL) programmes, with the potential to save almost £84 in future costs from each £1 spent on the programmes.

- The development of secondary school-based programmes aimed at reducing problem behaviours and increasing protective factors, where every £1 invested has been found to save £28 of future costs.

- Mindfulness focuses on the ability of an individual to direct their attention to an experience as it unfolds, moment by moment. It has been shown to be effective for school children in improving their: mood; self-esteem; mental wellbeing; self-regulation; positive thinking; and, academic learning.
How can schools help?

To enhance the emotional wellbeing and mental health of their pupils they can:

- develop ‘whole school’ and targeted approaches to the promotion of social and emotional wellbeing;
- involve children and young people in decision-making;
- learn how to measure wellbeing;
- learn how to look after the emotional wellbeing needs of staff;
- promote the five ways to wellbeing to young people, and identify young champions for peer support.

What can others do?

- The commissioners of children and young people’s emotional wellbeing and mental health services to work together to offer programmes aimed at building resilience (ideally starting from birth) to include a focus on the quality of parent-child relationships.
- The Local Authority to work with schools to extend peer mentoring programmes to all schools and academies.
- The mental health service and emotional wellbeing commissioners to commission training for school staff so they are able to support and recognise mental health issues affecting their students or refer to mental health services when necessary.
- WSCC to continue to commission evidence based parenting support, such as the Healthy Child Programme, the Family Nurse Partnership programme and emotional resilience training in schools.
- Local Authority to include in the School Nursing contracts a focus on:
  - the provision of in-school drop-in sessions, which promote social inclusion and emotional wellbeing;
  - clarifying pathways to CAMHS;
  - interventions for self-harm;
  - on-site counselling.

Good practice – Supporting emotional health through peer support

West Sussex County Council commissions a Peer Mentoring and Support programme. Over the past 2 years, the service has been delivered to 45 Primary and Secondary schools in West Sussex; with a further 20 school and other learning settings receiving the programme during 2014/15.

Each learning setting is supported to develop its own Peer Mentoring and Support or ‘Buddying’ programme which involves setting up playground or school library-based ‘drop-ins’. The programme has been shown to help build the confidence and self-esteem of the children trained as Peer Mentors; and to enable their peers to feel listened to and less isolated.

“Being a Buddy has made me grow up! It has helped me to sort out problems for other people so now I am also better at sorting out my own problems too! I’ve changed a lot – I feel more confident now, talking to other people too. It is great to know how to help everyone be friends together.” (Pupil from a Horsham Primary School.)
4. Schools as a setting for promoting and supporting healthier lifestyles for children and young people

Children and young people who are healthy and happy learn better and achieve more.

Healthy living involves taking responsibility for your own health and making good health choices for today and for the future. Eating a balanced diet, being physically active, having healthy relationships, being emotionally well, and taking steps to prevent illness are all a part of creating a healthy lifestyle. There are many benefits to living a healthy lifestyle, including feeling and looking good as well as the effects on health and wellbeing in later life.

Children learn from the influences around them. Part of growing up involves creating the habits that children and young people will adopt throughout their lifetime and shaping these as they mature. Instilling a healthy lifestyle in children and young people when they are young can help build the framework for an entire lifetime of healthy habits.

Healthy Weight – Challenges in West Sussex

The majority of West Sussex children have a healthy weight; however, the current rate of children with excess weight is 21% at reception and 28% at Year 6. The data also suggests there is a link to deprivation (see table below):

<table>
<thead>
<tr>
<th>Locality</th>
<th>Above Healthy Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locality</td>
<td>Reception</td>
</tr>
<tr>
<td>Adur</td>
<td>19%</td>
</tr>
<tr>
<td>Arun</td>
<td>24%</td>
</tr>
<tr>
<td>Chichester</td>
<td>21%</td>
</tr>
<tr>
<td>Crawley</td>
<td>20%</td>
</tr>
<tr>
<td>Horsham</td>
<td>20%</td>
</tr>
<tr>
<td>Mid Sussex</td>
<td>18%</td>
</tr>
<tr>
<td>Worthing</td>
<td>21%</td>
</tr>
<tr>
<td>West Sussex</td>
<td>21%</td>
</tr>
<tr>
<td>England</td>
<td>22%</td>
</tr>
</tbody>
</table>

DID YOU KNOW?

The consequences of obesity include significant financial cost to the health and care system as well as a personal health cost. Recently estimated treatment costs to the National Health Service (NHS) are £1½ billion, around 1% of total NHS expenditure. Obese people are much less likely to be in employment than those of healthy weight, which has associated welfare costs.

A healthy diet is vital at all ages but particularly while young people are growing and developing. Childhood and adolescence are important times for establishing healthy eating patterns. A healthy diet:

- ensures good mental and physical development;
- helps improve concentration, learning and behaviour;
• helps maintain a healthy weight; and
• reduces the risk of many adult diseases.

Some of the health problems associated with having an unhealthy weight will occur in childhood, while others will appear later in adulthood. Obese children are more likely to become obese adults, increasing the likelihood of developing health problems later in life. Inter-generational obesity is recognised whereby parental obesity is a strong risk factor of childhood obesity.

Being overweight or obese is influenced by a range of factors that include:
• Economic factors – access to healthy food.
• Environmental factors – new developments have the opportunities to ensure there are facilities for walk ways and cycle paths, the accessibility of shops and the availability of good quality sport and leisure facilities and parks and open spaces.

Modern circumstances have created an environment, which makes unhealthy behaviour the norm, and obesity a predictable and logical consequence.

The use of cheap, quickly cooked convenience foods, the levels of understanding of the nutrients in food and the ability to cook using raw ingredients are all influences on the content of people’s diet.

Obesity has even been described as a ‘wicked issue’ because of its complex causes, and the range of tactics needed to address it.

What Works
• Using a wider systems approach to supporting the achievement and maintenance of a healthy weight, i.e. acknowledging that multiple factors impact on children’s weight.
• The provision of advice and information on healthy eating and physical activity by individuals with specific skills and training.

What can others do?
• The Local Authority to explore the use of the National Childhood Measurement Programme as a mechanism for proactive interventions with children above a healthy weight.
• WSCC to expand the early years’ weight management programme HENRY (Health, Exercise and Nutrition for the Really Young) groups across the county to early years’ settings.
• Schools to offer improved access to informal and low cost/free cooking with skills lessons for families and children.
• WSCC to work with transport and planning to limit car access within one mile of schools for an hour at school times.

How can schools help?
• Encourage the uptake of Universal Free School Meals and support children, staff and families in healthy menu selections.
• Annually review school food policy – including snacks and drinks policy – to take account of changes in guidance.
• Sign up as Change4Life supporters.
• Run healthy food sessions within the curriculum including healthy cooking, shopping and social eating i.e. manners.
• Link with the local weight management service to offer healthy lifestyle checks to pupils.
Physical Activity

DID YOU KNOW?

- Only 21% of boys and 16% of girls aged 5-15 in England take the amount of physical activity they need for good development.
- Between 2008 and 2012, the proportion of children aged 2-15 years meeting recommended physical activity levels fell from 28% to 21% for boys and 19% to 16% for girls.
- There is a link between levels of activity and income, whereby poor families are less active.
- Today's children are about 15% less fit than their parents were. In a race over 1 mile, on average a child from 1975 would beat a child from today by 90 seconds.

Regular physical activity is vital for healthy growth and development and reduces the risk of developing many serious illnesses. It is also associated with better educational attainment. The UK’s Chief Medical Officer recommends that children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes every day and minimise the amount of time spent sitting.

Both adults and children in England seem to be more sedentary on weekdays than weekend days. Sedentary behaviour may even increase with age, damaging bone, brain and muscle health. However, remaining active, helps health, the development and maintenance of connections and involvement with people around you and contributes to community and family life.

What Works

The national framework, Everybody Active, Every Day, offers ways to make daily physical activity become the normal choice across communities and shows how implementation of physical activity initiatives across settings can be effective.

Such initiatives include:

- Town-wide cycling and walking programmes.
- Large, community-wide campaigns to increase physical activity, but only when supported by local level community activities.
- Campaigns to improve children’s health directed at whole families. For under-fives the focus is on active play rather than formal activity.
- The school setting is extremely important when it comes to children’s opportunities to be active. Support and encouragement to get active is particularly important as children and young people progress through key transition periods.
How can schools help?

- Introduce physical activity programmes in schools.
- Have opportunities for active playtime.
- Encourage children to be physically active for 30 minutes each school day, in bursts of 10 minutes.
- Sign up for Walk to School week.
- Schools to enrol in the Change4Life clubs which provide information and advice to children and families on physical activity.
- Teaching physical literacy between the ages of 4-7 years.
- Run walking buses with Parent Teacher Associations (PTAs).

What can others do?

- Local authorities can support schools by mapping the environment around schools (500m radius) in terms of travel infrastructure and green spaces.
- Schools and WSCC supporting “Bike It” projects, promoting active school transport and providing bike sheds for storing bikes safety.
- Local authorities promoting school holiday sports and physical activity clubs within leisure centres.

Good practice – “Bike It” a sustainable transport partnership initiative to encourage and promote physical activity

In partnership with Sustrans, WSCC supports ‘Bike It’ and ‘Bikeability’ in schools in Chichester, Crawley and Horsham.

Children and young people are supported through a comprehensive programme of cycling safety, maintenance and cycling activities. A ‘Bike It’ coordinator plans and works alongside the school providing training and generating engagement from pupils and their families.

Cycling to school or using a scooter is rewarded. The projects link in to the curriculum and the wider promotion of physical activity, healthier eating and healthier lifestyles.

A school in Horsham now has up to 70% of pupils cycling to school on a regular basis. They have a “Golden Lock” reward scheme once a week which offers a prize at random to children who have sustained their cycling and who have shown a commitment to safety and skill development.

- The overall percentage of pupils regularly cycling to school in the participating schools increased from 8.2% of pupils before engagement to 14.9% after one year of project participation.
- Alongside this, the percentage reporting that they never cycle to school decreased by 9.6% points from 75.5% to 65.9%.
- Levels of regular walking to school have decreased slightly by 1.8% points, from 43.4% to 41.6% after one year of engagement.
- However, active travel as a whole has increased by 3.9 percentage points from 43.4% to 47.3%.
- The percentage of pupils regularly scooting and skating to school has increased by 4.9 percentage points (from 10.3% to 15.2%) after one year of project engagement.
Positive Relationships and Sexual Health

For children and young people relationships play an important part in their health and wellbeing. These relationships include those with their family, friends, peers, teachers, role models, health professionals and with others in the community.

Developing the knowledge and skills to establish, recognise and maintain healthy, safe and positive relationships throughout their life is important to their ongoing health and wellbeing. Relationships can support their resilience but may make them vulnerable.

The provision by schools of opportunities to develop relationship skills, including through Personal, Social and Health Education (PSHE) and Relationship and Sex Education (RSE) can prepare and empower young people to establish healthy, safe and positive relationships throughout their lives.

It is important that young people are aware of their rights and responsibilities in relationships and are able to recognise the difference between nurturing and abusive relationships. Developing their self-esteem and having the skills to challenge harmful behaviour in relationships will support them in establishing and maintaining healthy relationships.

Challenges in West Sussex

Teenage Pregnancy rates in West Sussex are 19% lower than the England average, and rates in West Sussex are 39.2% lower than they were in 1998. There is significant variation across the county, as some areas such as Adur, Crawley and Worthing are above the England average and rates in Horsham and Mid-Sussex are around half the England average rate.

DID YOU KNOW?

- The average age of having first sexual intercourse is decreasing.
- In England, more 15 year old girls (32%) than boys (26%) have reported having had sexual intercourse.
- In 2010, England was in the bottom third of 43 countries in the World Health Organization’s European Region and North America for condom use among sexually active young people; previously, England was in the top ten.
- Chlamydia, which is the most commonly occurring Sexually Transmitted Infection ("STI"), especially in young people, is increasing in terms of the diagnosis rate and the proportion of the most vulnerable population (young people under the age of 25 years).

In 2013, 21.4% of young people in West Sussex aged between 15-24 years were screened for chlamydia; this is lower than the average for England at 24.9%. In the same year, 1.8% of the young people in West Sussex screened were shown to be positive for chlamydia. A higher detection rate would be expected if all young people particularly at risk of chlamydia infection were screened.

What Works

- Preventative interventions that build personal resilience and self-esteem and promote healthy choices.
- Access to effective Relationship and Sex Education – which helps young people to deal with pressure to have sex, as well as equipping them with the knowledge and skills to avoid unplanned pregnancies and STIs.
- Rapid and easy access to young person friendly Integrated Sexual Health Services.
Good practice – The CRUSH programme in West Sussex

CRUSH is aimed at young people aged 13-19, who have experience of domestic abuse – either within their own relationships, their parents’ relationships, or those with no personal experience of domestic abuse. It is suitable for young people who may be showing low level perpetrator traits or victims of low-medium domestic abuse. The programme is very flexible and can be adapted to suit the needs of a range of young people including Lesbian, Gay, Bisexual, Transsexual (LGBT) young people and those with learning difficulties.

35 facilitators have been trained to deliver CRUSH. Facilitators come from across a range of organisations in West Sussex including social services, domestic abuse services, probation, Think Family and the Youth Service. Each facilitator has committed to deliver two groups to young people in West Sussex over the next year.

The CRUSH programme is a 10 week course already established as part of the PSHE and may be accessed either by self-referral or referral by a parent or professional working with the young person. Via the schools work we offer twilight sessions for parents and teachers if required so that they can understand the aims of the group and the content of the material that their children will be working with.

CRUSH is also responding to requests from a range of agencies that work with young people in other youth settings and would like to have CRUSH delivered. These include children’s homes, supported accommodation projects and Mid-Sussex Council.

The planned learning outcomes of the CRUSH programme are the ability to:

- seek appropriate help and intervention;
- recognise a nurturing teenage relationship and an abusive one;
- recognise warning indicators and safely end abusive relationships;
- adopt healthy coping strategies;
- recognise the influence of peers, media and popular culture;
- recognise and challenge learned behaviour;
- understand the rights and responsibilities of young people, agencies and communities;
- understand equality and diversity;
- have an awareness of the historical and cultural context on domestic abuse; and
- have increased awareness of relationship abuse, warning signs, and safety planning.

How can schools help?

- By recognising the importance and relevance of good RSE and its impact on the learning and achievement of young people and its contribution to developing the resilience and character of young people.
- By ensuring that staff have training to ensure that they are competent and confident in providing high-quality, evidence-based RSE.
- By ensuring that RSE and the PSHE curriculum is delivered by confident and capable teachers with planned support from outside agencies including Sussex Police and the school nursing service.
- By ensuring that the RSE curriculum is age appropriate and responds to up-to-date guidance, in particular that published in 2014 by the Sex Education Forum.
- Encouraging partnership with parents and carers to help them gain the skills, confidence and knowledge to communicate effectively.
- Schools to help young people to recognise and report when they are being abused or groomed and know where to refer if required.

What can others do?

- The Integrated Sexual Health Service to link effectively with schools to provide better pathways into services for young people.
- WSCC to support schools in the development of effective and relevant RSE policies, training for staff to deliver RSE and to set up a RSE network for other schools to share their ideas.
Alcohol and Substance Misuse

Alcohol tends to impair judgement and results in more risk taking behaviour, potentially putting young people in situations where they are vulnerable to a range of harms including accidents and injury, unsafe sex, becoming involved in violence either as a victim or perpetrator. It is also linked to truancy, antisocial behaviour, crime, a wide range of chronic diseases in adulthood and domestic violence.

Substance misuse is associated with significant health risks including anxiety, memory or cognitive loss, accidental injury, hepatitis and HIV infection. It may also lead to an increased risk of STIs.

DID YOU KNOW?

Approximately 80% of lifetime alcohol use is initiated before 20 years of age. Alcohol consumption can be linked to a range of problems in young people including sleep disturbance, mental health problems and weight gain.

Data from local surveys shows that 10% of young people (aged 14-15 years) are regularly drinking alcohol. In recent years there has been a slight reduction in the level of alcohol consumption, although this needs to be set against a longer term picture of increase.

Challenges in West Sussex

The lifestyle survey for 16-24 year olds in West Sussex showed that one in three males and one in four females regularly consume alcohol and a quarter of young adults admit to regularly binge drinking (29.8% of males and 18.8% of females).

What Works

- A focus on building protective factors such as confidence and self-esteem, with knowledge about the risks and harms associated with alcohol consumption as a secondary consideration.
- Promoting the message of an alcohol free childhood up to the age of 15.
- Regulation of alcohol advertising targeting children and reduced availability of alcohol through licensing restrictions.
How can schools help?

- Raising the awareness of young people of the potential impacts of risk taking behaviours.
- Raising awareness of the way in which these behaviours are linked.
- Discussing and defining normative social behaviour with children and young people.
- Providing accurate information on drugs and alcohol and establishing links with community partners.
- Schools and Early year settings to provide sessions on prevention work that involves parents, which highlights the influence that they have on their children’s drinking.

What can others do?

- As a consultee on licences WSCC Public Health have the opportunity to influence licensing decisions through analysis and presentation of appropriate evidence. The guidance recommends the use of these powers to help manage the number of new licensed premises opening within close proximity to schools.

Good practice – Mocktail Apprentice Project

This project is coordinated by Horsham Matters and involves Key Stage 3 Year 9 students. It is endorsed and funded by the Sussex Safer Roads Partnership (DRINK or DRIVE campaign) and the Sussex Police and Crime Commissioner.

The pupils compete in teams against each other to design and develop a tasty, marketable, non-alcoholic “Mocktail”. They experiment with flavours to develop their Mocktail. Then, explaining their choice of recipe and outlining their financial and marketing plans, they competitively pitch to a judging panel in the style of “Dragons’ Den”.

They develop and use knowledge about the impact of alcohol and entrepreneurial skills to compete in school-based heats, from which teams progress to a grand final where they compete against teams from other schools.

The approach combines fun, teamwork and knowledge development, meets the requirements for entrepreneurial skills from the curriculum and promotes a healthier approach to alcohol.
Smoking

Smoking is the leading cause of preventable disease and early death, accounting for more than 80,000 deaths every year in England.

Radical community approaches to reshape social norms are required so that tobacco is less desirable, less acceptable and less accessible to children and young people.

Influences on children to start smoking include:

- parental and sibling smoking;
- the ease of obtaining cigarettes;
- smoking by friends and peer group members;
- socio-economic status;
- exposure to tobacco marketing; and
- depictions of smoking in films, television and other media.

DID YOU KNOW?

- More than 80% of smokers started before the age of 20.
- The younger the age of uptake, the greater the risk of harm.
- Early uptake is associated with subsequent heavy smoking, higher levels of dependency, a lower chance of quitting and higher mortality.

Challenges in West Sussex

DID YOU KNOW?

According to the latest lifestyle survey of 14-15 year olds, fewer young people are taking up smoking in West Sussex (WSCC Healthy Lifestyle survey of 14-15 year olds) since 2009. This also reflects the national trend.

It is the responsibility of WSCC Trading Standards to monitor and identify illegal sales of tobacco to young people.

Since 1 January 2014 Trading Standards activity has resulted in:

- 2,719 packets of illicit cigarettes and 998 pouches of illicit tobacco seized (street value £19,497), which equates to £37,820 loss of trade to legitimate retailers.
- 1 letter of advice, 5 warning letters, 3 prosecutions (1 police prosecution) and 1 alcohol licence review.
- Seizure of an ice cream van selling cigarettes to young people outside a local school.

Since 1 April 2012 Trading Standards has used 15 and 16 year old volunteers to attempt to purchase cigarettes at 62 premises. Of these, eight premises sold to the volunteers, which is a failure rate of 13%. This is close to the national figure of 12%.

In 2012/13, the largest number of underage sales was carried out in independent newsagents (16%) and the fewest at larger retailers (2%). However, the sales of underage tobacco have decreased particularly at petrol stations, small retailers and off licences.

What Works

- Mass media interventions.
- Reducing the uptake of smoking by influencing adults not to smoke so young people do not see smoking as the norm.
- Deter illegal and underage tobacco sales.
How can schools help?

- Increasing the level of commitment to support national smoke free campaigns such as Stoptober, Health Harms, Smokefree Cars and Homes and No Smoking Day.
- Create awareness amongst school staff about the wider determinants impacting on smoking uptake outside the gates of the school community and to report incidences of underage sales or sale of illicit tobacco.
- Raise awareness amongst school staff of new legislation in 2015 targeted at smoking prevention such as point of sale display ban, proxy purchasing, and Smokefree legislation prohibiting smoking in cars with passengers under 18.
- Schools to be aware of where they can refer parents and young people who smoke to a free smoking cessation service.

What can others do?

- Raise awareness, through Trading Standards, with retailers about new legislation for proxy purchasing and display bans coming into force in 2015.
- De-normalise smoking in the West Sussex community by increasing the number of Smokefree public spaces in open areas such as public parks and town pedestrian areas and squares.
- School nurses, health visitors and staff in early years settings to signpost and advise parents to be involved in free smoking cessation services.
- WSCC to co-ordinate the commissioning and delivery of a different range of programmes for different age groups, as young people respond to different messages at different ages, from different people.
- A mass media approach should be used. This reinforces the view of ASH (Action on Smoking and Health) which considers smoking a societal problem, not a youth problem and so needs to be addressed through holistic community wide programmes.
- WSCC to commission services that can be delivered in a variety of youth settings, involve targeting parents of youths that smoke and changing community attitudes to smoking.
5. How schools can be a healthy learning and working environment

It is challenging for schools to be successful in the promotion of health and wellbeing but there is evidence that the following approaches improve the potential for success:

- A whole school approach to health and wellbeing through Healthy Schools.
- A well planned and consistent approach to the PSHE curriculum.
- A focus on workplace health.
- A broad based approach to healthier lifestyles and recognition for the school’s role in promoting health (see chapter 4).

Healthy schools

A Healthy School makes a significant difference to the health and achievement of children and young people by having a supportive environment, ethos and culture in which learning can take place and where healthier lifestyles are promoted. This includes:

- Leadership and management approaches that acknowledge the links between health and attainment and raise standards of achievement.
- A curriculum which celebrates achievement as well as attainment and supports healthier lifestyles.
- Being a place where children and young people are happy, feel safe, take responsibility and make a contribution.
- Effective partnership working with all members of the school community including families.

West Sussex Schools have been involved with a Healthy School Programme since 1998. Currently 215 of the maintained schools and academies in the county are maintaining Healthy School Status on an annual basis. Healthy School Status is the quality mark which recognises the Healthy School.

Good practice – Case Study

The Healthy School framework as a tool for renewal

- Moving to a new site, changes in leadership and an increase in the number of pupils on roll was the challenge faced by one school in West Sussex.
- Using the elements of being a Healthy School, the staff developed a framework for planning and improvement which put health and wellbeing at the heart of the changes. Everyone had a voice and was able to make a positive contribution to the school at all levels.
- The children, their families, the school staff and the local community worked together as one Healthy School community. At this time of change this had a particular impact on the environment both in terms of learning and the school surroundings. The school is maintaining Healthy School Status.
How can schools help?

- For Schools to improve their role as a setting for health and wellbeing they should work towards achieving Healthy School status.
- Schools to make provision for effective and needs led personal, social, health and economic education (PSHE), drawing on best practice.
- Schools to engage teachers in health and wellbeing in the workplace supporting the aims of ‘healthy schools’, i.e. ‘supporting children and young people to develop healthy behaviours’.

Schools play a key role in supporting the health and wellbeing of children, young people and their staff. Working with children and young people can be one of the most fun, enjoyable and rewarding jobs. It is also one of the most challenging, stressful, and tiring. In order to cope well and work productively, it is important to ensure that schools are recognised as workplaces and that all staff look after their own mental wellbeing. Tired and over-worked teachers can easily lose their energy and vitality, which may explain why stress-related illness is the number one cause for teachers visiting their General Practitioner.

Maintaining good mental wellbeing will help to develop and strengthen resilience and therefore will help school staff deal with difficult situations. Five Ways to Wellbeing are five key things that people can incorporate into their everyday lives to improve their wellbeing. Although the Five Ways to Wellbeing are actions that individuals can take they also provide a framework for creating environments which facilitate healthy behaviours for mental wellbeing (see chapter 3).

There is ample evidence on the causal effects of work stress on chronic mental and physical disease. Teaching has the highest levels of work-related stress. Effective action to reduce teacher stress may positively impact on the health and wellbeing of teachers, and potentially the health, wellbeing and educational attainment of the children they teach. There may also be a positive contribution to recruitment and retention levels of teachers, as well as reduction in the financial burden of sickness absence in schools. From an organisational perspective, employee wellbeing is an important factor in quality, performance and productivity. Several studies have indicated that low teacher wellbeing negatively affects pupil outcomes, but research has not looked at how this relationship can be used to improve outcomes for teachers and pupils alike.

Workplace Health

DID YOU KNOW?
The majority of the education workforce has experienced a common mental health condition in the last two years. Recent research from the Teacher Support Network Group’s Education Staff Health Survey 2014 polled 2,463 people working in schools, colleges and universities across the UK and found:

- 88% said they suffered from stress, 72% anxiety and 45% had depression.
- 60% said their work performance suffered and 70% said they lost confidence as a result.
- This led to 27% taking time off work while 13% resigned from their post.
- 89% associated excessive workloads with their ill health while more than half cited rapid pace of change (54%) and the demands from managers (53%) as other key factors.
- 80% of teachers, lecturers and support staff said their mental health would improve if managers worked with staff to reduce workload.

A study published in Occupational Medicine, September 2008 entitled ‘Risk factors for work-related stress and health in head teachers’ found the prevalence of self-reported stress in head teachers in West Sussex was high.
What Works

- Using the Health and Safety Executive Management Standards, which represent a set of conditions that, if present, reflect a high level of health wellbeing and organisational performance. They identify six key areas of work to focus on to reduce work-related stress. These are:
  - **Demands** – issues including workload, work patterns and the work environment.
  - **Control** – how much say the person has in the way they do their work.
  - **Support** – including the encouragement and resources provided by the organisation, line management and colleagues.
  - **Relationships** – including promoting positive working to avoid conflict and dealing with unacceptable behaviour.
  - **Role** – how much staff understand their role within the organisation and whether they have conflicting roles.
  - **Change** – how organisational change is managed and communicated.

- Supporting the workplace as a setting for effective ‘health and wellbeing’, using a programme based on the Five Ways to Wellbeing. They are:
  - **Connect** – With the people around you. In schools, staff need to connect and have a sense of collegiality and belonging. Staff activities which support connectivity will enhance the working environment of the school.
  - **Be Active** – All physical activity is associated with an increased sense of wellbeing. Schools need to ensure that staff have access to physical activity opportunities during the day.
  - **Take Notice** – School staff will be aware of their surroundings and their interaction with their immediate workplace. However for wellbeing, staff should have the opportunity to contribute, to be creative, ask questions and contribute to the school’s development processes.
  - **Keep Learning** – Lifelong learning helps individuals build self-esteem and increase confidence. Schools should encourage staff to try new things, experiment with ideas. All staff should have access to an effective professional development programme which enhances not just their practice but also their knowledge and skills in other areas.
  - **Give** – Volunteering, helping, sharing and giving to others is incredibly rewarding. School staff are uniquely placed to offer help and support to others. The school ethos should recognise the value of giving and being able to receive help and support.
How can schools help?

- Be aware of their responsibilities under the Health and Safety at Work Act and associated legislation.
- Carry out risk assessments to assess the health and safety risks to staff that may impact on their physical and/or psychological health.
- Take a coordinated, risk assessment approach to reducing stress, based on the Health and Safety Executive Management Standards for work related stress.

- Promote staff wellbeing through multi-component health promotion/wellness programmes, based on the Five Ways to Wellbeing and designed in participation with staff and supported by senior management. Support workplace health interventions to be effective by being an organisation that promotes good quality work.
- In all educational settings, staff wellbeing should be supported as part of workplace health policy.

Good practice – Examples of Approaches to Support Staff Wellbeing – some of which were shared at the February 2015 Healthy Schools Event in West Sussex

- CONNECT
  - Staff Wellbeing Committees
  - Staff social events
  - Opportunities for private conversation away from the classroom/staff room

- BE ACTIVE
  - Staff clubs before and after school
  - Lunchtime relaxation/yoga sessions
  - Time to take a short walk
  - Joining in with activities that the pupils/students are taking part in

- TAKE NOTICE
  - Staff meetings which allow for creative thinking not just planning
  - An ethos of enquiry and curiosity within the school
  - Giving positive feedback

- KEEP LEARNING
  - Fully supported opportunities for professional development
  - Peer led learning
  - Networking and sharing practice
  - Mentoring

- GIVE
  - Staff involved in fund raising, volunteering challenges
  - Peer mentoring and peer support
  - School charity support could involve all staff in the organisation
  - Working with pupils/students on a shared goal
CONCLUSION

This report demonstrates that whilst the health and wellbeing of children and young people in West Sussex is generally better than the national average, there is still more to do. Not all young people in West Sussex have the best possible start in life, meaning that they may not achieve their full potential. Our county is affluent, and we need to be more ambitious for our children.

Schools are a major influence on children and young people. Schools, working with parents, can make a difference and with the support of the Director of Education, we must ensure that schools provide environments for a healthy, safe childhood. Without schools taking forward the health and wellbeing agenda we will fail to achieve good public health outcomes for children and young people.

As each chapter demonstrates, many organisations and the community have a role in supporting schools in improving the health and wellbeing of children and young people, thus impacting on their educational attainment, readiness for work and the fulfilment of the child’s/young person’s potential. This support needs to be coordinated to ensure that children and their parents receive the best possible support at the optimum time. Partnership with families is especially important. An approach to improving health and wellbeing through coordinating across early years’ services, schools and local partner organisations will help in providing support to children and families and a reduction in inequalities.

Approaches to improving children’s and young people’s resilience, emotional wellbeing and health related behaviours are outlined in this report, as are good practice examples. There are benefits from sharing good practice, in school locality groups, across PSHE or RSE networks and at a countywide level. There are many resources available to support schools in their health and wellbeing role, including through the Healthy Schools Network.

This report challenges the local system to ensure that every child in West Sussex has the best start in life and achieves their full potential. Everyone would agree that children deserve the best; we must now make that happen.
Key Resources

1. Department for Education: https://www.gov.uk/government/organisations/department-for-education/services-information
   - Provides details of specific initiatives on, for example: preventing bullying; the Pupil Premium; behaviour and discipline, and; the needs of children looked after.

   - Provides a link to resources on Public Health and background information on the Marmot Review on health inequalities.

   - Contains national, regional and local data on a range of topics from obesity to mental wellbeing. The site includes Early Years and Child Health profiles by local authority area.

4. NICE pathways and guidelines for schools and other educational settings: https://www.nice.org.uk/search?q=schools
   - Provides details of evidence-based pathways and interventions covering a wide range of public health topics.

5. PSHE Association: https://www.pshe-association.org.uk/
   - Provides details on membership, training opportunities and building a PSHE-focused curriculum.

   - Contains links to various public health topics and provides a direct link to publications on children's health.

   - The Board brings together elected members, leaders from the NHS, social care and the voluntary sector to work together and support one another to improve the health and wellbeing of the local population and reduce health inequalities.
   - Includes comprehensive needs assessments on topics including: alcohol and drugs; the mental health of children and young people; children looked after, and; the health needs of Gypsies and Travellers. Specific link: http://jsna.westsussex.gov.uk/jsna-Comprehensive-Needs-Assessments
   - Includes specific data reports on topics including: lifestyle surveys of 14-15 year olds in West Sussex; evaluation of the Family Link Worker Service, and; data on child poverty. Specific link: http://jsna.westsussex.gov.uk/JSNA-Reports

   - Includes links to the West Sussex Public Health Plan (2012-17) and the West Sussex Health Inequalities Strategy.

10. West Sussex Think Family and Early Help: https://earlyhelpws.wordpress.com/
    - Provides details of the West Sussex Think Family and Early Help model including details of: Family Support Points; Family Support Networks, and; Early Help Resource Centres.