Public Health England

Protecting and improving the nation's health

No child left behind

A public health informed approach to improving outcomes for vulnerable children

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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SUSTAINABLE
DEVELOPMENT GOALS

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Executive summary

This report is intended for leaders and practitioners nationally, regionally and locally concerned with improving outcomes for children and young people.

It aims to support directors of public health, working with their local partners, to inform coordinated approaches to reduce the number of children who are vulnerable to poor health and wellbeing and to take action to mitigate risks of poor outcomes. It will be of interest to integrated care systems in planning services which are preventive and protective.

Our aim is to promote an approach that considers both the adversities children experience and also factors likely to make children more vulnerable to poor outcomes.

For the purposes of this report, 'vulnerable children' are defined as any children at greater risk of experiencing physical or emotional harm and/ or experiencing poor outcomes because of one or more factors in their lives.

The report sets out how adopting a public health informed approach offers substantial opportunities to reduce inequalities and improve health and wellbeing outcomes for the most vulnerable children.

The approach advocates for action across organisations to reduce vulnerability and the potential harm of adverse childhood experiences. The report sets out an approach which encompasses preventing such occurrences, intervening early when problems arise and creating an environment throughout the life course where negative impact is mitigated. Action is required that considers:

- the individual level, where the approach emphasises that poorer circumstances and adverse experiences in a person's early life do not lead inevitably to poorer opportunities and outcomes but places children at increased risk of disadvantage
- family and other care settings which provide a safe and secure environment are an essential protective factor so that, even when circumstances may mean that a child is at greater risk of poorer outcomes, they are more resilient, thus reducing the potentially harmful impact
- a place based public health approach to prevention emphasises the role of the community in creating environments where the right conditions are in place to support children to thrive

By using a public health informed approach to primary prevention, early intervention and mitigation, Public Health England (PHE) intends to promote action with partner

organisations across sectors to ensure that every child grows up healthy, safe and able to achieve their full potential, regardless of where they live or their family circumstances.

The COVID-19 pandemic raises specific considerations which can be usefully placed in the broader context of childhood vulnerability discussed in this report. Current research suggests that, while children of all ages have been diagnosed with COVID-19, symptoms are generally mild and death very rare (1). PHE, NHS England and partners have developed a framework for vulnerability to support 'child and young person-centred recovery' for 3 broad groups which are:

- a group of children who may be more clinically vulnerable to COVID-19 because they have underlying health conditions or the pandemic has in some way delayed or curtailed their access to health services.
- children and families who are at increased risk due to family and social circumstances where there is a statutory entitlement for care and support (education, health and care plan and those with a social worker)
- children who may be at higher risk due to being negatively impacted through wider determinants of health and/or family stressors and social circumstances and may not be known to services

Children may be in more than one group, and children not previously identified as vulnerable may have become so, as the economic and social impact of the pandemic are felt in the family.

Studies also indicate that children and young people are being affected by the changes the pandemic has brought to their lives, including to their education, time with family and to their emotional health and wellbeing (2). More generally, the underlying wider community and social conditions which can make children more vulnerable which existed before the pandemic are likely to remain; these are the focus of this report.

We summarise PHE actions and resources to improve outcomes for children, young people and their families and how the work of public health and its partners can help children realise their full potential, drawing on work from across the UK (3-6).

Alongside this report, No child left behind… understanding and quantifying vulnerability describes the extent and nature of vulnerability in childhood; the evidence of increased risk and impact associated with factors at individual, family and community levels; and the protective factors which, where present, can mean that children go on to thrive even where may have increased vulnerability or experience adversity. A narrative report on improving health outcomes for vulnerable children and young people is also available for each upper tier local authority gives an overview of relevant local data on risk and protective factors for children and young people which can be used to inform local planning and prioritisation.

Identifying and meeting needs

The evidence from studies on vulnerabilities and adverse childhood experiences points strongly to the need to ensure that children have the best start in life and live in environments that nurture and protect them from risks. While the research on adverse childhood experiences offers an important perspective on childhood experiences which are associated with risks to health and wellbeing, there are limitations to the evidence base and therefore they should not be considered in isolation from the much broader body of research on vulnerability and the wider social determinants of health (7). The focus on adverse childhood experiences has, however, galvanised action to address vulnerability in childhood and enabled collaboration at a local level.

It has been suggested that adverse childhood experiences should be screened for, or routinely enquired about in adult, paediatric or family settings, to target preventative, early intervention or mitigation measures but the evidence for this is limited (8). The Early Intervention Foundation highlights limitations and concerns around the use of "adverse childhood experience scores" and that using 'scores' is inappropriate to identify need and determine thresholds for prioritising who receives early intervention services (7, 9). Lacey and Minnis argue that the adverse childhood experience score approach assumes that each adversity is equally important for outcomes and disregards the specific patterning of these experiences. Recent discussion in the US has cautioned against the use of adverse childhood experience scores as a diagnostic tool or as the basis for making decisions about individuals, particularly when they have not been through the same national review processes as other tools for population screening (10). Adverse factors will be present for many children but their path through the life course may take different routes because of the presence of protective factors and their individual levels of resilience (11). There is no UK National Screening Committee recommendation for national screening for adverse events in childhood.

There has been growing interest around trauma-informed care and trauma-informed services as an approach to addressing adversity. A trauma-informed approach seeks to recognise that many of those who access a service may have experienced trauma that services do not routinely consider. This lack of awareness can lead to social exclusion, a lack of support or onward referral, and the potential for re-traumatisation (7). There can be a link between the experience of trauma, sometimes from childhood, and the risk of a range of poor outcomes. For example research has shown that people who are homeless are more likely to have experienced some form of trauma, often in childhood (12). Eighty-five percent of those in contact with criminal justice, substance misuse and homelessness services have experienced trauma as children (13). Aligned to creating trauma-informed services and communities is the provision of training for staff and communities, being 'adverse childhood experience (ACE)- informed', so that the needs of individuals can be identified. For example, in the West Midlands the Introduction to ACEs early trauma online learning package has

been developed by the Police and Crime Commissioner for the West Midlands using funding from the Home Office Early Intervention Youth Fund, working in partnership with PHE, the West Midlands Violence Prevention Alliance, West Midlands Police, West Midlands Combined Authority and Barnardo's.

Reviews of such training and interventions indicate promising results in raising awareness of adverse childhood experiences, but further evaluation is required about their effectiveness, impact and scalability (14). A scoping review into the evidence base for routine enquiry recommended careful consideration in the implementation of its use and that more understanding of the impact of intervention models for routine enquiry is necessary (15).

Overall, it is important that our use of the evidence and data, at population levels, does not create a deterministic narrative for individual children. While the presence of risk factors increases the likelihood that a child may experience poorer outcomes, many will not, often because other aspects of their lives, such as a supportive family, protect them. The Early Intervention Foundation has reinforced this point, stating that "ACEs [adverse childhood experiences] are not predictive at the individual level. While higher ACE scores are known to be associated with an increased risk of later-life adversities, their presence during childhood is not deterministic" (7, 16). As we have done in this report, the Early Intervention Foundation highlights, that it is "important not to view ACEs as an exhaustive list of childhood adversities" (16). For example, whether parents separate or remain together in an unhappy relationship can both have an equally detrimental effect on children. Which is better for individual children is likely to depend on the specific circumstances and dynamics of the individual family.

Social determinants and vulnerable children

Children and young people's physical, emotional and mental wellbeing are significantly shaped by the social determinants of health into which children and young people are born, live, learn and grow (17). There is a complex interrelationship between the experiences an individual child has in a family and those they experience in the wider community. Negative experiences, both at home and in the community, may mean that children are not only at greater risk of poorer outcomes because of these experiences but also of engaging in harmful activities as they grow up which increase their risks still further (18). This can perpetuate inequality throughout life and from one generation to the next. It emphasises the importance of addressing the risk factors which make children more vulnerable at an individual level but also in terms of the causes of wider risk factors in families and within a community.

Social determinants associated with vulnerability are considered in greater depth later in this report when looking at the opportunities of adopting a multi-agency approach to prevention.

Reducing risk and building protective factors

To address effectively the causes of poor outcomes for children, it is important to take a systematic and holistic approach, addressing 3 areas of intervention which are:

- primary prevention – interventions to address the root causes of vulnerability, tackling health inequalities and the wider determinants of health
- early intervention – interventions to support children and their families
- mitigation – ensuring services help to reduce the negative impact of circumstances and experiences and build resilience (tertiary prevention)

The approach to reducing the number of children who are more vulnerable to poorer outcomes described here proposes that these 3 domains are used as a basis for structuring coordinated local action. Alongside this, PHE's narrative reports on improving health outcomes for vulnerable children and young people are a useful tool that provides local data to identify the scale of risk and protective factors and assist with prioritisation. Local government has a crucial role in addressing the social determinants of health such as housing, income, community resilience, jobs, education and wider built and environmental conditions. Local government is also best placed to influence adoption of a locally-led, shared vision across organisational boundaries such as voluntary sector services, early help services and the Troubled Families programme, which prioritise and address the underlying causes, as well as the outcomes, of vulnerability.

The Early Intervention Foundation has estimated that the cost of late intervention is £16.6 billion a year (19); while not all late intervention is avoidable there are considerable resources being spent tackling issues that could have been dealt with sooner and at less cost to the individual and to services (19). An essential part of reducing the number of children who are vulnerable to poorer outcomes is investing in early years and early intervention support. This needs to be a combination of universal provision and targeted support for those families most at risk. Interventions should focus on supporting positive, nurturing relationships, reducing the sources of stress in a child's life, promoting resilient and stable families and taking into account the social determinants that impact on families.

Risk and protective factors

There are a wide range of risk factors associated with children being more vulnerable to poorer health and other outcomes. Considering these factors will help pinpoint how and where to intervene to prevent vulnerability (adverse childhood experiences are identified

in table 1). The list is not comprehensive and some of these factors can result from other risk factors of vulnerability. For example, poor language and communication skills may lead to lower educational development.

The PHE report No child left behind… understanding and quantifying vulnerability offers further information about the extent and nature of vulnerability in childhood based on these different risk factors, together with evidence about the increased risk and impact associated with factors at individual, family and community levels.

The presence of protective factors can make a child less likely to experience poor outcomes even when risk factors are present. When seeking to reduce the number of children experiencing the harmful effects of vulnerable circumstances or adverse experiences, interventions need to consider building protective factors as well as reducing risk factors. Often these are factors where local government has influence, such as family support, improved housing, community resilience and safety. Table 1 lists some of the main risk and protective factors.

Table 1: Key risk and protective factors for vulnerability in childhood

	Risk factors	Protective factors
Individual	Child maltreatment including emotional, physical and sexual abuse* Emotional and physical neglect* Lower educational attainment Low self-esteem Impaired cognitive development Poor physical and mental health Poor language and communication skills Disability School exclusion Looked-after children Children in the criminal justice system Drug and alcohol use	Good social and emotional skills Well-developed cognitive skills Positive peer relationships Supportive relationships with an adult Opportunities to increase self-esteem (including sport and hobbies) Resilience – positive outlook Aspiration

Family	Domestic violence* Substance abuse in household* Incarcerated household member* Parental separation or divorce* Mental illness in household* Harsh or inconsistent parenting Poverty (including unemployment and low income) Housing conditions and tenure	Stable home environment Supportive relationships Supportive parenting and grandparenting Secure attachments with a significant adult outside the home
Community and the wider social and physical environment	Lack of life opportunities Lack of social support and/or social isolation Violence, including gangs and county lines Discrimination and social exclusion including but not limited to factors such as gender, race, sexual orientation and disability Unhealthy neighbourhood characteristics such as being unsafe and unwalkable; having high vehicle traffic and levels of air pollution; having multiple opportunities for unfavourable health behaviours (such as gambling and fast food); and having poor quality or no green space	Strong community cohesion and social networks of support Vibrant community life with social and cultural activities Participation in local decision-making and being heard Sense of belonging and neighbourliness Education Healthcare provision Youth work provision and a young person having interests such as sport, music, art and other creative activities Affordable housing Access to healthier, affordable food Greener communities and improved access to good quality green spaces Healthy streets

* Adverse childhood experiences (20)

Resilience

Resilience can be described as the ability to adapt to stress and adversity (21). Protective factors increase resilience, whereas risk factors increase vulnerability. The promotion of resilience is not, however, simply a matter of eliminating risk factors, as the successful management of risk promotes resilience in itself (22). Indeed, learning how to cope with adversity is an important part of healthy child development. Nor does it imply that those who are resilient are unharmed. Instead resilient individuals, families

and communities are more able to deal with difficulties and adversities when they arise than those with less resilience (21, 23).

Throughout life, people benefit from networks of supportive personal relationships, within both families and communities, and from affiliations with formal and informal social, political, educational or faith-based institutions. Families that contribute to, as well as are supported by, such resources and networks are said to be strong in social capital. Where levels of social capital in families of pre-school children are higher, children show higher levels of positive emotional and behavioural development. Mutual support and strong neighbour ties are health promoting factors, even under unfavourable conditions (24). Where social capital is high, the probability of children in even unfavourable environments developing resilient characteristics is significantly increased (25). When protected by supportive relationships with adults, a child is better placed to learn how to cope with everyday challenges (26). Support from a family member or from elsewhere in the community can prove the critical difference between adverse childhood experiences pushing an individual into a harmful life course or, with support, finding a way to stay on one offering better socio-economic outcomes (4). As a consequence, children from more disadvantaged backgrounds who are at greater risk of adversity may yet flourish where they have the protection of a supportive environment.

It is important to consider the unequal distribution of resilience and adversity across the population and their relationship to broader socio-economic inequalities. Risk factors are often interconnected. For example, a child living in a deprived neighbourhood may experience a poorer education and may be drawn into health harming behaviours such as alcohol and drug use, from which limited job aspirations and opportunities may follow. In such an environment where poverty, discrimination and low social capital are greater, the risk factors present in a child's life are intensified (25). The accumulation of risk factors can also mean that while children can often overcome and even learn from single or moderate risks, when these multiply their capacity to thrive rapidly weakens (25, 27). A 'double burden' can result where those who face the most adversity are least likely to have the resources necessary to build resilience (28). This means that inequalities in resilience are likely to contribute to health inequalities.

PHE resources to support action on childhood vulnerability

There are a range of interventions which can improve health outcomes by reducing risk factors and increasing protective factors at a population level. Central to the approach is that improving outcomes for vulnerable children includes addressing underlying health inequalities and their wider determinants.

This section describes some of the resources which PHE has developed with partner organisations to inform a multi-agency approach to addressing childhood vulnerability. In listing these resources our aim is to make it easier for local policy makers, commissioners and services to take a whole systems approach to building resilience and reducing risk factors which may make children more vulnerable to poorer outcomes. It is designed to complement efforts locally and form part of the broader PHE strategy 2020 to 2025 to protect and improve the public's health and reduce health inequalities over the next 5 years. The narrative reports on improving health outcomes for vulnerable children and young people which offer local data for each upper tier local authority are useful in informing planning locally. Most of these resources predate the COVID-19 pandemic but remain of continuing relevance as local areas seek to address the underlying factors and inequalities in childhood vulnerability which the pandemic may have altered or exacerbated. PHE, with partner organisations, will continue to add to these resources in the context of the COVID-19 pandemic response and recovery.

The information is structured using a life course model which considers the critical life stages, transitions and settings where greater impact can be achieved in promoting or restoring health and wellbeing. In doing so, it emphasises minimising risk factors and enhancing protective factors through evidence-based interventions at important life stages (29). It begins with factors which are present at the individual and family level before considering those factors related to the community and the wider social and physical environment.
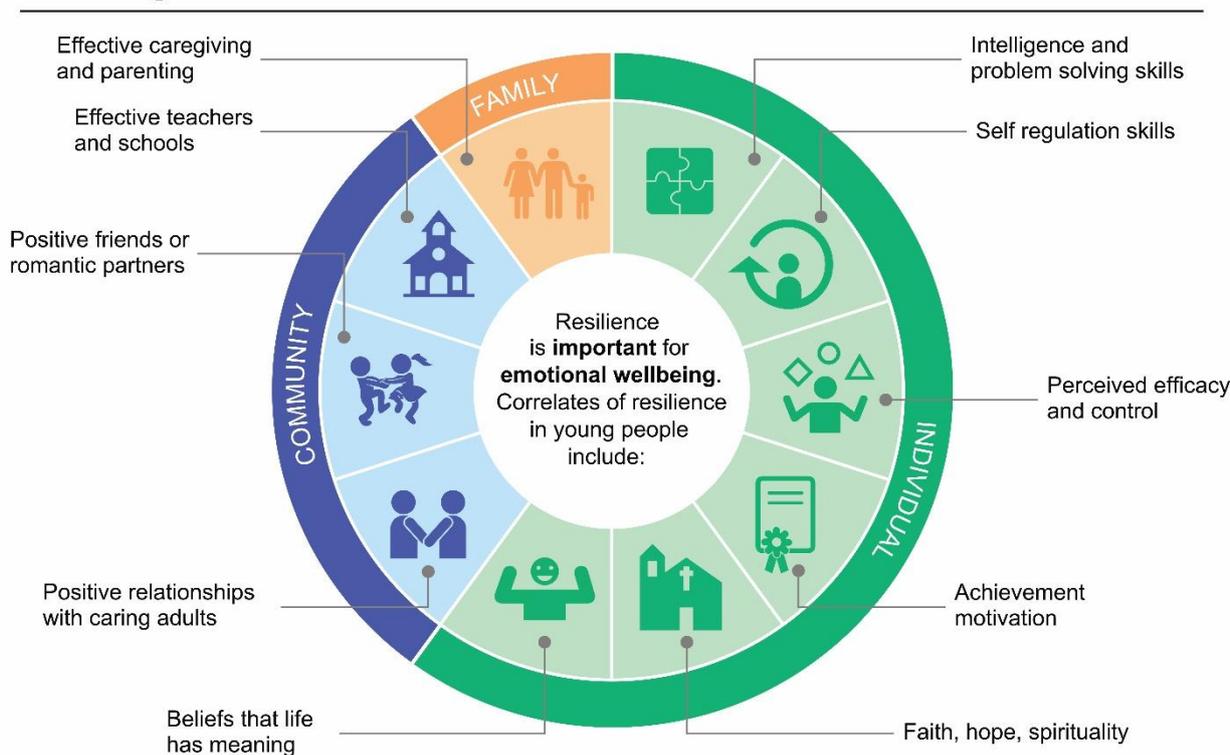
For the purposes of this report we have used 4 main life stages: preconception and maternity; early years (0 to 5 years); school age and young adulthood (5 to 24 years); and adulthood (25 years and older). There are overlaps and interdependencies across these life stages (for example teenage pregnancy) which highlight the need to take a life course and intergenerational approach. While this report focuses on the earlier life stages, taking a life course approach recognises how they form part of a continuum into adult and older life.

A PHE evidence synthesis on interventions to improve mental wellbeing and resilience in children and young people living in poverty (30) found that interventions should be

aimed at children and young people's whole environment, including familial, social and physical factors rather than solely, the children and young people themselves. Figure 1 summarises the main correlates of resilience in young people.

Figure 1: resilience and emotional wellbeing

Building resilience (the ability to cope with adversity and adapt to change)

Effective caregiving and parenting

Effective teachers and schools

Positive friends or romantic partners

Positive relationships with caring adults

Beliefs that life has meaning

Intelligence and problem solving skills

Self regulation skills

Perceived efficacy and control

Achievement motivation

Faith, hope, spirituality

FAMILY

COMMUNITY

INDIVIDUAL

Resilience is **important** for **emotional wellbeing**. Correlates of resilience in young people include:

Infographic by Dr Marilena Korkodilos, reproduced from PHE (2016) The mental health of children and young people in England

Picture credits - From the Noun Project: Children by Gilad, Individual Responsibility by CO. Department of Health Care and Policy Financing, Social Services by Edward Boatman and by Dr Marilena Korkodilos: Church, Degree, Friends, Jigsaw, Reflect, Religion

Source: PHE (31)

Supporting positive parenting

To support parents from early in pregnancy, PHE's Start4Life campaign is a national programme designed to support the first 1,000 days. It is targeted at parents-to-be and families with babies and young children to build parenting skills and set healthy habits from the outset, to give their children the best start in life. Start4Life provides information and support through a number of digital tools: the Start4Life website, the Breastfeeding Friend support service (available on Facebook Messenger, Amazon Alexa and Google Assistant), Start4Life social media channels and the flagship email programme (Information Service for Parents). The Information Service for Parents (ISP) is a free week-by-week email programme of information and support throughout pregnancy, birth and the first 5 years of a child's life. Content is tailored to each subscriber's due date or the age of their child and covers core health behaviours including breastfeeding,

nutrition, smoking, physical activity and mental health. It also sends bulletins on key topical health issues, such as sepsis and winter health. PHE provides Start4Life toolkits and resources free of charge for healthcare professionals and local authorities, to support with local campaigns.

Parental and child alcohol and drug use

PHE has published a parental alcohol and drug use toolkit (32) which provides local authorities with local data benchmarked against Chartered Institute of Public Finance and Accountancy (CIPFA) nearest neighbours and nationally; the evidence of harms associated with parental problem alcohol and drug use; potential responses for areas to take; and a Social Return on Investment tool.

There is also guidance on safeguarding children affected by parental alcohol and drug use (2018) that builds on the Department for Education's Working together to safeguard children guidance to protect children at risk. It sets out what should be included in joint protocols between substance misuse services and children's services including the role of treatment providers in safeguarding, sharing data between services, and how joint training will be commissioned.

In the context of substance misuse, PHE has developed a protocol with children's services which has been agreed by the local safeguarding children's boards (LSCB). All local areas implemented new multi-agency safeguarding arrangements by the end of September 2019. The protocol covers identifying and responding to safeguarding concerns related to young people's substance misuse. Protocols have also been developed between alcohol and drug services, and children and family services in line with PHE guidance on developing local substance misuse safeguarding protocols.

As well as providing resources and data to support local authorities to commission young people's specialist drug and alcohol interventions such as the Substance misuse treatment for young people: statistics 2018 to 2019, PHE communicates and cascades guidance to local areas to commission specialist substance misuse services for young people (33).

The PHE slide pack Alcohol and drug prevention, treatment and recovery: why invest? (2018) includes infographics setting out the impact of parental alcohol and drug use on children.

PHE is managing 2 grants which either in whole or in part are designed to encourage innovation in local service delivery models and increasing learning about what works. The innovation fund for children of alcohol dependent parents (revenue) grant (2018-19 to 2020-21) is supporting 9 areas to improve systems and services with the aim of increasing identification of children (and families) where a parent or carer has an alcohol

problem and providing appropriate support. The alcohol treatment capital fund (2019-20) provided support to 23 projects. Six of the successful areas are using the grant to improve provision for children and families where the parent has an alcohol problem.

Preconception and pregnancy

Pregnancy and early childhood lay critical foundations for human development, including physical, intellectual and emotional. Transition to parenthood and the first 1,000 days, from conception to age 2, are widely recognised as crucial periods in the life course of a child.

Making the case for and providing excellent preconception care

PHE's preconception care resources set out the case for preconception care, and describe how professionals, providers and commissioners can support excellence in preconception care and wellbeing. They address risk factors, such as domestic abuse, living in vulnerable circumstances including poverty, and alcohol and drug harm, as well as building on the health and social assets of individuals and local communities through place-based approaches, offering opportunities for early intervention. The resources consider both the physical and mental health of women.

Transforming maternity care

NHS England's Maternity Transformation Programme (MTP) oversees the implementation of the recommendations of the National Maternity Review: Better Births (2016). Implementing its recommendations should not only improve outcomes in the immediate period before and after birth but also contribute to good health later in life. PHE leads the MTP's workstream on improving prevention and population health outcomes at individual, targeted and population level by encouraging behaviour change. In doing so, it gives opportunities to address some of the causes of vulnerability in childhood such as parental mental health issues or drug use. It also builds capacity in healthcare professionals to reduce risk and deliver effective prevention across local maternity systems, encouraging breastfeeding, quitting smoking and good perinatal mental health.

Early years (0 to 4 years)

Giving every child the best start in life is one of PHE's strategic priorities, recognising the crucial foundations for life in the early years, and the stark inequalities faced by different groups in society. As well as ensuring all children have the best level of health protection, a multi-agency approach to prevention addresses a range of risk factors affecting a child's physical, social and emotional development (figure 2).

Figure 2: Giving every child the best start in life

Source: PHE (34)

As public health nurses, health visitors play a leading role locally in both service provision and design, working alongside other health and social care professionals. Health visitors undertake a holistic assessment in partnership with the family, which builds on the family's strengths as well as identifying any difficulties, including the parents' capacity to meet their infant's needs and the impact and influence of wider family, community and environmental circumstances. In doing so, they support behaviour change, promote health protection and help to keep children safe. The early years, when families are in contact with health visiting services, are an important opportunity for health promotion, prevention and early intervention for both good physical and mental health.

The Family Nurse Partnership Programme (FNP) is a preventive programme for first time young mothers who are generally recognised as being more vulnerable to poorer outcomes for them and their children. It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until the child is 2. PHE hosts the national unit and holds the FNP licence on behalf of the Secretary of State and the Department of Health and Social Care. Findings from Building Blocks, a randomised control trial published in 2015 (35), showed that FNP has positive effects on early child development. However, the study showed FNP to have no effect on short-term outcomes being measured in the trial. Adaptations to the programme have been

developed and FNP continues to have an evidence rating of 4+ from the Early Intervention Foundation (36).

Speech, language and communication

Early speech, language and communication are recognised as primary indicators of child wellbeing due to the link between language and other social, emotional and learning outcomes (37). Children with good speech, language and communication skills are better able to manage emotions and communicate feelings, to establish and maintain relationships, to think symbolically, and to learn to read and write. Without support, children and young people with speech, language and communication needs (SLCN) are at risk of poor outcomes across the life course, potentially affecting their educational attainment, employment opportunities and social and emotional mental health.

Working with the Department for Education and national stakeholders and experts, PHE is delivering a programme which aims to address inequalities in early language development. As part of this work, over 1,000 health visitors have received training, enhancing their skills to identify and support children with SLCN and cascading their learning to the wider health visiting workforce. PHE is also developing resources to support the early identification of children with SLCN. A model SLCN pathway is due for publication in 2020 based on the findings of the PHE-commissioned review of early language development.

School-age and young adulthood (5 to 24 years)

Primary school-age and the transition to adolescence are crucial times for physical, emotional and social development. It is also a time of intense educational and social learning, both in terms of formal education and informally from family and peers.

Transforming children and young people's mental health

Mental health is an important consideration for all life stages. Transforming children and young people's mental health is a priority throughout this life stage, given that one in eight 5- to 19-year-olds had at least one mental disorder when assessed in 2017 (35). For 5- to 10-year-olds this was one in ten; for 11- to 16-year-olds one in seven and for 17- to 19-year-olds one in six. As part of a national programme to transform children and young people's mental health, the government is implementing new Mental Health Support Teams (MHSTs) in schools and colleges and supporting a comprehensive training programme for senior mental health leads in schools and colleges. This approach involves promoting the mental wellbeing of all children and young people, encouraging self-care and resilience as well as more targeted work to prevent mental

health problems arising in populations more vulnerable to poorer outcomes and tackling the wider social determinants.

One aspect of PHE's approach to improving children and young people's mental health outcomes includes actively supporting education settings to be aware of, and to put into practice, evidence based principles for whole school and system approaches to mental health and wellbeing. This involves teaching young people about mental wellbeing (a requirement within the curriculum from September 2020) and creating a positive school culture and ethos. In the latter, students should feel a sense of belonging and enjoy safe and positive peer to peer and student to teacher relationships.

Providing early help and support is an integral part of a whole system approach. School nurses play an important role in providing a universal, non-stigmatised, confidential service that is trusted by children and young people. This can help bridge the interface between schools, families and specialist services, providing early identification and helping to navigate referral systems and pathways. School behaviour management policies that take account of the circumstances in which children live may be part of the approach taken to creating a positive school climate, addressing underlying challenging behaviour within a wider goal of minimising harm and promoting the wellbeing of the whole school population.

Teenage pregnancy

PHE has worked with the Local Government Association (LGA) to produce the Teenage Pregnancy Prevention Framework which highlights associated individual risk factors for pregnancy before the age of 18. The framework recommends targeted prevention work, training for professionals on relationship and sex education (RSE) and sexual health advice in other services used by vulnerable young people, for example drug and alcohol treatment services and supported housing. It highlights the importance of supporting parents and carers to have open and honest conversations with their children about healthy relationships and sexual health as well as young people having a trusted adult to turn to for advice. It includes a self-assessment to help local authorities identify and address gaps.

The PHE and LGA Framework for supporting teenage mothers and young fathers identifies and addresses risk factors which make children more vulnerable. It also describes the types of interventions and approaches which can mitigate these risk factors. It recommends a dedicated trusted adviser for young parents, who identifies and coordinates additional support to meet individual needs. Both the teenage pregnancy prevention and support frameworks highlight the importance of accessible and trusted health and community services, reflecting the You're Welcome criteria for young people friendly health and non-health services.

Building resilience and positive health behaviour in school children and young adults

As this report has highlighted, building resilience is a critical protective factor for children and young people. A PHE commissioned evidence review on building pupil resilience in school settings described effective, practical local action on a range of social determinants of health.

PHE's social marketing campaigns include Rise Above which helps foster resilience and support the good mental health of young people aged 10 to 16. Rise Above delivers engaging content designed to encourage positive behaviours, such as giving tips on good sleeping habits, and to tackle risk factors such as online stress and concerns about body image. The focus is on the issues caused by young people's social media consumption, such as online bullying and sexting. It also provides lesson plans for Personal, Social, Health and Economic (PSHE) education classes in school.

From September 2020, a new curriculum for relationships and sex education and health education will be in place. In light of the COVID-19 pandemic, the Department for Education asks that schools which assess that they are prepared to deliver teaching and have met the requirements set out in the statutory guidance begin delivering teaching from 1 September 2020, or whenever is practicable to do so within the first few weeks of the new school year. Schools which assess that they have been unable to meet adequately the requirements because of the lost time and competing priorities should aim to start preparations to deliver the new curriculum and to begin teaching the new content no later than the start of the summer term 2021. The Department for Education is developing guidance for the new curriculum which includes a requirement that schools help pupils learn about mental health and wellbeing and other cross-cutting skills relevant to building personal health literacy as well as resilience skills.

Children in the criminal justice system

PHE has published a framework to help local authorities prevent young people offending and re-offending, by looking at primary (or 'upstream') causes of offending, as well as secondary (or 'downstream') causes. The CAPRICORN resource sets out actions that local partnerships can take to prevent young people offending and re-offending at individual, family and community levels, summarised in the model (figure 3) as well as explaining the fundamental principles of the whole system approach required to implement this effectively.

Figure 3: the CAPRICORN model
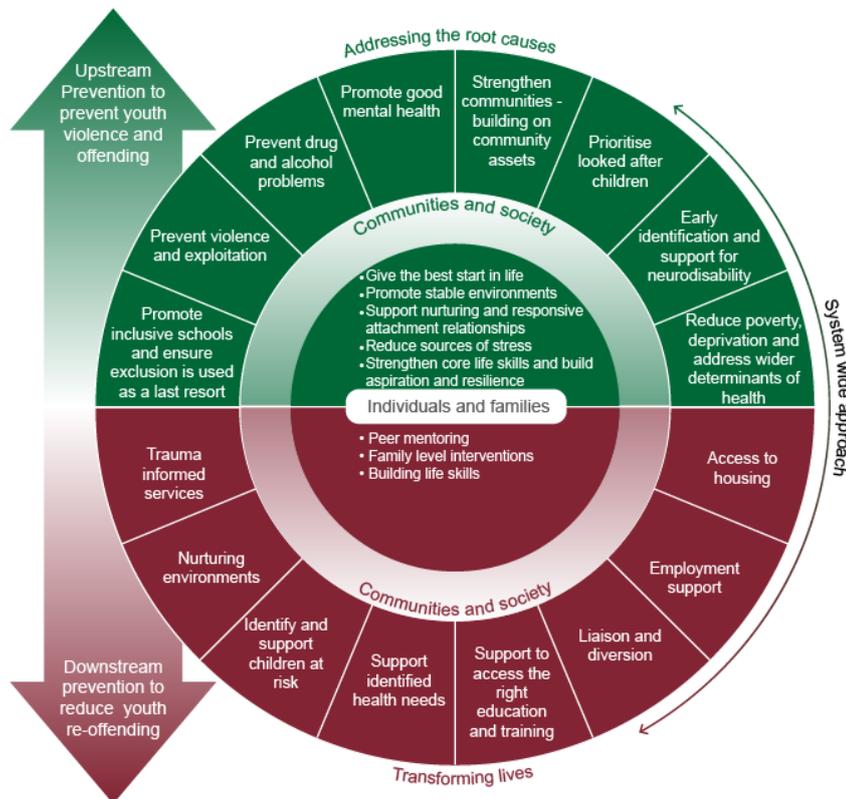
Source: (38)

Violence and serious violence

At a national level PHE is supporting system partners including the Home Office, the Department for Health and Social Care, the police, and NHS England/Improvement in defining and adopting a whole system approach to serious violence prevention. PHE has published a resource which describes the main elements of such an approach (39). In addition, PHE is working with partners within the Violence Reduction Units to develop guidance for undertaking strategic needs assessments. This will include gathering and interpreting relevant data and intelligence on local demographics, deprivation, school exclusions, and accident and emergency attendances, amongst others, to build a broader understanding of the social determinants that have an impact on serious violence.

A national consensus agreement between health, social care and policing focuses on vulnerable communities and how we can work better together across sectors in prevention and early intervention (40). PHE and the College of Policing have also developed a discussion paper on Public health approaches in policing which is designed to support police forces, recognising that complex social need underpins much of their work (41). It explores 5 areas: starting with populations (rather than individuals); seeking to understand and address the causes of the causes; championing prevention; intelligent use of data and evidence base; and organisations working in

partnership with each other and communities. The Emergency Services Hub website, hosted by the Royal Society of Public Health and supported by PHE, provides a bank of resources such as guidance, best practice, research and blogs around public health for those working in the emergency services (42). Topics include prevention, violence and adverse childhood experiences.

Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator (43).

PHE and the Association of Directors of Public Health (ADPH) have produced guidance (44) outlining a public health approach to preventing and identifying child sexual exploitation. The report provides local public health teams with both the evidence base for their role on prevention, as well as a practical framework to help support public health leaders and commissioners to take effective action.

Community and the wider social and physical environment

PHE, the LGA and the ADPH National Health Inequalities Unit have produced guidance on taking Place-based approaches for reducing health inequalities. This includes an online resource containing information and tools designed to support health and care systems to act to reduce health inequalities at the level of place. The resource is based on the premise that to reduce health inequalities at a population level, and at scale, local areas must systematically act on health inequalities as a whole system; based on the evidence of the type and extent of inequalities which they face; and through developing interventions which are based on consideration of the population intervention triangle (civic, services and communities).

Central to this approach is recognition of the influence of the world around us on health inequalities and the benefit of planning which brings together organisations working in a geographical location or 'place' to work across boundaries in reducing them. This work includes guidance, case studies, data packs, and self-assessment tools that support local areas to implement a place-based approach to reducing health inequalities.

PHE, alongside local government and the voluntary and community sector, has also supported the NHS to produce a menu of evidence-based interventions for reducing health inequalities. This shows interventions that local NHS bodies can deliver to reduce health inequalities, based on the priorities set out in the NHS Long Term Plan.

A series of evidence reviews and briefing papers support action on a range of social determinants including good quality parenting; fuel poverty; and reducing young people not in employment, education or training.

Like all of us, children and young people spend their time in various physical places – at home and school, their local streets and park, and on their local high street or town centre. These places can have a significant influence on their own and their carers' experiences and behaviours (45). Children growing up in more deprived areas often experience disadvantages throughout their lives, from fewer safe, high quality outdoor spaces to play and socialise in, to poorer educational attainment and employment prospects, which in turn affect physical and mental wellbeing. Although the percentages of children not ready for school, and young people not in education, employment or training (NEET) have fallen in recent years, inequalities remain; those in more deprived areas are less likely to succeed in educational terms than those in more affluent parts of the country (46). A relationship also exists between social circumstances in childhood and mental health, both when young and on through adulthood. For example, social disadvantage in childhood significantly increases the risk of depression in childhood and adulthood (47).

Housing, homelessness and the built environment

National government requirements, land values, property owners and developers all play a substantial role in determining the quantity and quality of housing in a place. Local government can play an important role in addressing the housing needs of the population and places it in a unique position to address underlying inequalities. In the home, there are 3 overarching risk factors for children and young people's health: unhealthy housing conditions; unsuitable housing; and unstable housing (48).

The Homes for Health resources help local authorities, health and social care commissioners and decision makers improve health and wellbeing through housing and the places people live.

The Spatial Planning for Health: An evidence resource for planning and designing healthier places report provides the findings from an evidence review examining the links between characteristics of the built and natural environment and health to help inform policy and support local action. The review concentrated on 5 built environment topics: neighbourhood design; housing; access to healthier food; natural and sustainable environment; and transport.

High streets with good quality design and furniture, and which provide accessible, safe communal spaces can promote and improve the health of residents and the wider local community. A social gradient in access to high streets that have a healthy retail offer and are inclusive, safe, clean, walkable and cycle-friendly can exist and may perpetuate

health inequalities (49). The Healthy High Streets: Good place-making in an urban setting review provides a rapid assessment of evidence relating to pedestrian friendly, healthy high streets in urban settings, with specific reference to design interventions and street furniture. It illustrates how, across a broad range of local stakeholders, a greater understanding of how place and people interact could help realise the potential of high streets and contribute to health and economic gains for local communities. NHS England's Healthy New Towns programme) and the Centre for Urban Design and Mental Health resources are also available.

PHE has allocated Department of Health and Social Care funding of £1.9 million to councils to test ways to improve access to health services for people who experience rough sleeping (or who are at risk of returning to rough sleeping) and who have co-occurring drug or alcohol dependence and mental ill health problems (50).

Connected and empowered communities

Community life matters for health. Social relationships, participation and a sense of belonging influence our mental and physical health and help reduce health inequalities. The WHO European review on social determinants and the 'health divide' states: "How people experience social relationships influences health inequities. Critical factors include how much control people have over resources and decision-making and how much access people have to social resources, including social networks, and communal capabilities and resilience" (51).

Community participation can help to increase democracy and citizenship, combat social exclusion and give young people a voice and empower them to have more control over their lives (52). Involving and empowering local communities, and particularly disadvantaged groups, is central to local and national strategies in England for both promoting health and wellbeing and reducing health inequalities. Participatory approaches can directly address marginalisation and powerlessness that underpin inequities and can therefore be more effective than professional-led services in reducing inequalities (53). The National Institute for Health and Care Excellence (NICE) guidance reiterates the importance of community engagement as a strategy for health improvement, particularly as it leads to services that better meet the community members' needs (54).

Community-centred approaches that help to increase connectedness and empowerment have been categorised by PHE into 4 main areas: strengthening communities such as community development; volunteer and peer roles such as peer education; collaborations and partnerships such as young people led researcher or school participation in decision-making; and approaches that increase people's access to community resources such as youth and community hubs or social prescribing (55).

PHE has carried out research into community-centred public health systems. This has identified 11 elements of a whole system approach to enabling connected and empowered communities, along with the core values and principles that support it (56).

Mental health and wellbeing

PHE has reviewed existing evidence on interventions at a family and community level which are designed to improve the mental wellbeing and resilience of children and young people between 7 and 18 years who are living in poverty, Interventions to improve mental wellbeing and resilience in children and young people living in poverty - an evidence synthesis. Such interventions were found to have mixed success. They were most likely to improve mental wellbeing and resilience where members of the local community helped shape the interventions. Those delivering these interventions should be well-trained and are engaged with the activity, with an understanding of its potential benefits. Interventions are also more likely to prove effective where they consider the wider environment in which children and young people are growing up and go beyond a narrow focus on the children and young people themselves (57).

Local areas may also wish to consider how the use of psychosocial pathways as a conceptual framework to understand the relationship between factors associated with social, economic and environmental conditions, vulnerability and resilience, and health behaviours and mental and physical health outcomes can inform planning (11).

Local areas are taking whole system action on preventing mental health problems and suicide and promoting mental health and wellbeing through approaches such as the Prevention Concordat (58). This incorporates mental health needs and asset assessment, partnerships and alignment, joint agreement of ambitions, commitments and outcomes and local leadership and accountability.

Inequalities

In adopting the Place based approaches to reducing health inequalities described earlier in this paper, local areas may wish to use the range of tools available to support work to address the needs of vulnerable children at the level of place. These tools include, for example, a checklist of data sources on health inequalities and a self-assessment tool which helps local systems to identify the level of system maturity in their area to deliver at scale (tool A). PHE has also produced a suite of health inequality resources.

Inclusion health

Inclusion health seeks to prevent and redress health and social inequities among some of the most vulnerable and excluded populations across service provision, research and

policy (59). Target populations for inclusion health include people who are or have been homeless, use drugs, have been to prison, and sex workers. An evidence synthesis of health and social interventions for these groups found that people in these populations often have multiple overlapping risk factors and very high levels of morbidity and mortality many of which can be because of adversity in childhood. Those in inclusion health groups find accessing services particularly difficult. For this reason, effective interventions to address inequalities should be prioritised by local services (59).

Worklessness

PHE has developed multiple tools and resources to support the health and work agenda, which can be used to start the conversation at local level to shape local action. PHE has also co-developed a toolkit for mental health and employment support staff across statutory, voluntary and independent sectors and staff providing support and care to vulnerable young people to help young adults (16- to 25-year-olds) gain or stay in work.

Working at the local level

At a local level, PHE Regions work with local government and other organisations to support the translation of national policy to a local context. Considering vulnerability at a population level seeks to shift the entire population distribution towards lower levels of exposure. This has currency beyond health such as with the police, education and children's social care as it considers shared concerns including, for example, mental health, teenage pregnancy and drug use. PHE Regions work with local systems on public health programmes and more generally to encourage the use of evidence in taking systemic action to reduce risk factors and act early.

PHE also has a locally distributed Local Knowledge and Intelligence Service (LKIS) which conducts local analysis, provides training and workforce development and supports knowledge mobilisation, so that local stakeholders can access, use effectively and feedback on PHE's range of intelligence and tools. Contact details for the 9 local knowledge and intelligence services are given in the narrative reports on improving health outcomes for vulnerable children and young people.

Conclusions

Adopting a public health informed approach to addressing vulnerability offers substantial opportunity to reduce inequalities and improve health and wellbeing outcomes for the most vulnerable children. Underpinning this approach are 2 main principles: intervention should be based on place and that, at its heart, improving outcomes for vulnerable children includes addressing social determinants which create health inequalities.

The approach argues for action across organisations to reduce vulnerability, based on work at different levels which encompasses preventing such occurrences, intervening early when problems arise and creating an environment throughout the life course where negative impact is mitigated. Action is required that considers:

- the individual level, the approach emphasises that poorer circumstances and adverse childhood experiences in a person's early life do not lead inevitably to poorer opportunities and outcomes later but places children at increased risk of disadvantage
- family and other care settings which provide a safe and secure environment are an essential protective factor so that, even where circumstances may mean that a child is at greater risk of poorer outcomes, they are more resilient, thus reducing the potentially harmful impact
- a place based public health approach to prevention emphasises the role of the community in creating environments where the right conditions are in place to support children to thrive

By using a public health informed approach to primary prevention, early intervention and mitigation, Public Health England intends to promote actions with partner organisations across sectors to ensure that every child grows up healthy, safe and able to achieve their full potential, regardless of where they live or their family circumstances. Alongside this report, a narrative report on improving health outcomes for vulnerable children and young people for each upper tier local authority gives an overview of relevant local data on risk and protective factors for children and young people to inform local prioritisation.

Glossary

Adverse childhood experiences
A specific set of childhood experiences associated with negative outcomes in later life.

Asset and **asset-based**
Health assets contribute to the positive health and wellbeing of the members of a community. Recognising assets helps value community strengths and ensure everyone has access to them. It builds on the positives and ensures that health action is co-produced equally between communities and services. Assets could include:

- the skills, knowledge, social competence and commitment of individual community members
- friendships, inter-generational solidarity, community cohesion and neighbourliness
- local groups and community and voluntary associations, ranging from formal organisations to informal, mutual aid networks such as babysitting circles
- physical, environmental and economic resources
- assets brought by external agencies including the public, private and third sector (53)

Child abuse
Child abuse is when "a person – adult or child – harms a child. It can be physical, sexual or emotional, but can also involve a lack of love, care and attention." (60).

Child sexual exploitation
A form of child sexual abuse which occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology (43).

Community
The term is used as shorthand for the relationships, bonds, identities and interests that join people together or give them a shared stake in a place, service, culture or activity (23).

Life course
Instead of focusing on a single condition at a single life stage, a life course approach considers the critical stages, transitions and settings where large differences can be

made in promoting or restoring health and wellbeing. In doing so, it emphasises minimising risk factors and enhancing protective factors through evidence-based interventions at important life stages (29).

Perinatal

The period of time coming both before (antenatal) and after (postnatal) birth. The term is often used when talking about mental health.

Preconception health

This relates to the health behaviours, risk factors and wider determinants for women and men of reproductive age which impact on maternal, infant and child outcomes (61).

Prenatal

The period of time before a baby is born, most commonly used when talking about the later stages of pregnancy when the birth is becoming more imminent.

Place-based

Place-based working is a person-centred, bottom-up approach used to meet the unique needs of people in one given location by working together to use the best available resources and collaborate to gain local knowledge and insight. By working collaboratively with the people who live and work locally, it aims to build a picture of the system from a local perspective, taking an asset-based approach that seeks to highlight the strengths, capacity and knowledge of all those involved (62).

Postnatal

The period of time following birth, usually considered to refer to the first year after childbirth.

Public health

Public health includes but is not limited to preventing disease through immunisation and screening, improving health through education and intervention and responding to hazards and dangers to health. It can refer to professionals and services who use formal and established principles and standards to understand and improve the health of the overall population. In the context of this report, public health is understood more broadly and to apply to any individual, organisation or service which has the potential to protect and improve the health of the population.

Resilience

The ability to manage and recover from adversity in a way that strengthens wellbeing in the long term.

Trauma-informed

An approach to care which looks to provide support or onward referral and avoid the potential for re-traumatisation by recognising when people may have experienced trauma or adverse childhood experiences.

Vulnerable children and vulnerability

For the purposes of this report, vulnerable children are taken to be any children at greater risk of experiencing physical or emotional harm and experiencing poor outcomes because of one or more factors in their lives when compared with children who do not have such factors.

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