

## Report

# Health impact assessment of the Mayor's draft children and young people's strategy

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## Introduction

The London Health Commission is committed to carrying out health impact assessments (HIAs) on the Mayor of London's draft statutory strategies. This is one of a series of HIAs which the London Health Commission has committed to carry out. For further information on the other HIAs on the Mayor's strategies visit [www.londonhealth.gov.uk/hia.htm](http://www.londonhealth.gov.uk/hia.htm)

This HIA comprised:

- A review of research evidence relevant to the draft strategy (full version available at the above website).
- A policy appraisal workshop with participants from a range of sectors
- A report to the Mayor and London Assembly on the findings of the workshop, with recommendations

## Review of the evidence

"Effective interventions to tackle inequalities in children's health" (Curtis and Roberts, 2003) sets out findings from a rapid appraisal of "what works" – or what appears to work, in relation to the aims/interventions proposed in the draft Children and Young People's strategy. It includes an overview of other interventions with strong evidence of effectiveness in reducing inequalities in child health and highlights gaps in the evidence where we simply don't know what the most effective course of action might be. Table 1 below summarises what we know about the interventions suggested in the draft strategy.

**Table 1: Evidence of effectiveness for interventions in Draft Children and Young People's Strategy**

<i>Intervention suggested</i>	<i>What the evidence tells us about "what works"</i>
<b>3a Building London's Future</b>	
<i>Policy 2:</i> Large developments ... should meet the needs of children and young people in terms of facilities, accessibility and safety	<ul style="list-style-type: none"><li>• Housing improvements can improve health, especially mental health</li><li>• Improvements can also have negative outcomes, such as higher rents and stress for residents</li><li>• Involving stakeholders is key</li></ul>
<b>3b Exploring the city</b>	
<i>Policy 2:</i> Increase safety and security on public transport systems and improve the safety of London's roads and	<ul style="list-style-type: none"><li>• Children and teenagers in London can see "traffic" as a threat to their enjoyment of outside spaces</li></ul>

<b>Intervention suggested</b>	<b>What the evidence tells us about “what works”</b>
streets for children; <i>Proposal 3</i> : review school liaison work	<ul style="list-style-type: none"> <li>• Site-specific advice from school travel coordinators may improve safety of school travel patterns, but further research is needed to find out whether this really works.</li> </ul>
<i>Proposal 5</i> : [commission research on] reducing representation of young people from poor and BME households in road casualties	<ul style="list-style-type: none"> <li>• <b>Area wide traffic calming</b> and drink driving legislation are the most effective ways of reducing road injuries</li> <li>• There is a lack of good evidence on the benefits of health promotion messages delivered as leaflets. Allocation of resources to this intervention may be questionable.</li> </ul>
<b>3c Having fun and creativity</b>	
<i>Proposal 3</i> : protect the rights of young Londoners to open recreational space, lobby the Gov for [stronger] powers re the sale... of play spaces and school playing fields	<ul style="list-style-type: none"> <li>• Children in London want “more clean, green spaces”</li> <li>• Encouraging physical activity may be helpful in addressing obesity and overweight, which are increasingly a problem for children and adults in the UK.</li> <li>• Both disabled and non-disabled children report benefits from provision of <i>inclusive</i> – rather than specialist – play resources</li> </ul>
<b>3d Creating strong neighbourhoods</b>	
<i>Proposal 3</i> : ensure a strategic approach to children and young people’s participation in regeneration and neighbourhood renewal	<ul style="list-style-type: none"> <li>• Targeted, tailor-made, area-based initiatives for specific groups, such as young people, may be helpful.</li> <li>• Programmes must be age-appropriate and reflect children and teenagers’ lives and concerns</li> <li>• The balance of child / adult control may change over the lifetime of the project</li> </ul>
<b>3e Supporting children and their families</b>	
<i>Policy 1</i> : Press Government to do more to reduce the extent and effect of child poverty and income inequality	<ul style="list-style-type: none"> <li>• Child poverty can only be addressed through political and economic action, though its impact can be modified locally.</li> </ul>
<i>Proposal 2</i> : hold discussions [re] increasing take-up of benefits and tax credits and improving provision of information in this area.	<ul style="list-style-type: none"> <li>• Provision of welfare benefits advice in primary care appears to be effective in reaching middle aged and older people. Better data collection by advice services on the needs of their clients would help identify and target other under-served groups</li> </ul>
<i>Policy 2</i> : Ensure London’s children and parents are better supported	<ul style="list-style-type: none"> <li>• <b>Group-based parenting programmes</b> can reduce behaviour problems in 3 – 10 year olds</li> <li>• <b>Home visiting</b> can reduce levels of childhood injury</li> </ul>
<b>3f Learning and tools for life</b>	

<b>Intervention suggested</b>	<b>What the evidence tells us about “what works”</b>
<p><i>Policy 1:</i> Tackle existing inequalities in educational attainments and exclusions</p> <p><i>Policy 2:</i> Promote access of disadvantaged groups to education</p>	<ul style="list-style-type: none"> <li>• Good quality pre-school provision which promotes parents’ interest in their children’s education can improve education and employment outcomes</li> <li>• There is a surprising gap in the evidence about the effectiveness of interventions to support disadvantaged young people, including disabled and BME young people</li> <li>• Placement stability and encouraging carers is important for children and teenagers in public care</li> </ul>
<b>3g Staying healthy and happy</b>	
<i>Policy 1:</i> Tackle existing inequalities in child health	<ul style="list-style-type: none"> <li>• Breastfeeding is a key determinant of the nutrition, health, development and well-being of infants</li> <li>• Extra professional support is effective in supporting mothers to breastfeed – educational leaflets are largely ineffective</li> <li>• Smoking during pregnancy is associated with low birth-weight babies</li> </ul>
<i>Policy 2:</i> Seek improvements to CAMHS in London	<ul style="list-style-type: none"> <li>• Whole school mental health promotion policies and practices appear promising and young people appear to value services provided under one roof.</li> </ul>
<i>Policy 3:</i> Work [in partnership] to reduce harm to children and teenagers caused by drugs/alcohol	<ul style="list-style-type: none"> <li>• The effects of school based drug prevention programmes for young people are small and decrease over time</li> <li>• A move from universal, school-based interventions to a more targeted approach may be helpful</li> <li>• Peer-led interventions may be useful but more rigorous evaluation is needed to find out whether these work.</li> <li>• Many interventions to reduce alcohol use amongst young people are ineffective, although a family-based initiative in USA shows some promise</li> </ul>
<b>3h Safety and Justice</b>	
Policy 1: Tackle discrimination in all its forms	<ul style="list-style-type: none"> <li>• In USA school-based violence prevention programmes that target high-risk young people have reduced aggressive behaviour</li> </ul>
<b>3i Having your say</b>	
Promote systematic participation of young Londoners in decision-making in all areas of their lives	<ul style="list-style-type: none"> <li>• In order to find the appropriate model for involving young people, organisations need to be clear why they are seeking participation, what they hope to achieve and how power might be shared between adults and young people.</li> </ul>
Ensure all young Londoners	<ul style="list-style-type: none"> <li>• Young people have been consulted by city</li> </ul>

<b><i>Intervention suggested</i></b>	<b><i>What the evidence tells us about “what works”</i></b>
<p>are provided with equal opportunities to exercise their rights of participation</p> <p><i>Proposal 4: Consult young people on the establishment of a Young Londoners’ Forum</i></p>	<p>councils on a range of issues but their impact at a strategic level appears to remain minimal</p> <ul style="list-style-type: none"> <li>• A minority of young people are involved in public decision making</li> <li>• Many young people are cynical about the extent to which adults really take their views into account</li> </ul>
<p>To ensure any measures to promote children and teenagers’ participation are properly monitored and evaluated</p>	<ul style="list-style-type: none"> <li>• Good participatory work seems to benefit young people in terms of building confidence, knowledge and changing attitudes, skills and educational achievement</li> <li>• We need evaluations which consider other outcomes such as the quality of decisions made or influenced by young people</li> <li>• Most programmes are evaluated via stakeholder views. Other approaches which draw on quantitative, longitudinal and controlled approaches are also needed.</li> </ul>

## **Policy Appraisal Workshop**

The policy appraisal workshop for this Health Impact Assessment was held on 18 July 2003 at City Hall. Approximately 100 people attended, drawn from a range of sectors and seniority and including a number of young people. After an initial plenary meeting, participants moved into smaller groups to discuss selected clusters of policy objectives from the Strategy. This included a “diamond ranking” exercise which facilitated prioritisation of recommendations within groups. Findings from this exercise were fed back in a final plenary, offering a range of key points in response to the draft strategy.

### **What participants liked about the strategy**

Participants liked the strategy’s commitment to:

- *Improving access to good quality, affordable housing*; the importance of sustainable developments which facilitate a healthy lifestyle for residents was also identified.
- *Provision of safe play areas for young people of all ages*; participants also highlighted the importance of sports and leisure provision as open spaces that

young people can use and to encourage them to participate in sports. It was suggested that there is a need for a statutory basis for protecting spaces for children in London and local authorities could be lobbied through their Unitary Development Plans and this linked to the London Spatial Plan. Participants also called for promotion of more investment in *looking after* existing communal areas, such as streets and parks.

- *Increasing the take-up of benefits* and improving the provision of information in this area.
- *Affordable childcare provision across London*; participants also noted a need for centralised provision of information about local services.
- *Partnership with Sure Start projects*; there was a call for “more Sure Start” type interventions, particularly those offering parent education and support (especially for vulnerable or working parents), breastfeeding support and support on weaning, vaccination and low cost play/education facilities.
- *Supporting young people in school* – for example, via a black Governors’ forum; participants also called for support for other approaches for involving black and minority ethnic parents in school policy making, and particularly for a comprehensive policy on support for parents /carers and advocacy for young people where young people have been excluded from school
- *Strategic support for the implementation of the National Healthy Schools Programme*; there was a call for the GLA to support the programme to increase take up by secondary schools and to work with the Healthy Schools Programme to explore ways of extending it to other venues.
- *Drug and alcohol misuse prevention strategies*; participants also called for promotion of improved access for young people to appropriate interventions in this area and highlighted the importance of joined up services – for example with mental health services.

## **What participants would like to see added to the strategy**

There was little that participants actively disliked about the draft strategy. Recommendations for additions are listed below. Several of these relate to issues already addressed in some sections of the strategy but are reiterated here to indicate the very great extent to which a number of participants across sectors identified them as important.

### **Making connections**

- Across all sections of the strategy, a great many participants saw a key role for the GLA in encouraging new projects to build on existing expertise, strategies, networks and local knowledge;
- and supporting connections between agencies at all levels, both within and across sectors; for example, educational professionals suggested “The Mayor should... ensure links with educational organisations are active”
- Health professionals called for “joined up thinking/ strategies/ initiatives at national/regional/local levels.” There are also connections to be made with other mayoral strategies, such as transport and spatial development ([www.londonhealth.gov.uk/hia.htm](http://www.londonhealth.gov.uk/hia.htm)).

### **Social exclusion and targeted interventions for those particularly at risk**

- Participants stressed how prejudice, racism, discrimination and deprivation affects the health and well-being of many young people in London, particularly those suffering compound disadvantage, for example, those from black and minority ethnic backgrounds who are living in deprived areas.
- Provision of information on rights and access to services was highlighted as important across a range of disciplines, along with proactive interventions to ensure access of “invisible” groups to mainstream services.
- Participants also called for support for targeted interventions to meet the specific needs of those particularly at risk, focusing particularly on the needs of children and teenagers
- There was repeated endorsement of the strategy’s focus on the needs - and in some cases, specifically the mental health needs- of refugee and asylum seeking young people and young people experiencing bullying, particularly homophobic bullying.

### **Early intervention / preventative approaches**

- Across a number of sections of the strategy – including mental health, supporting young people and their families (from prebirth) and safety and justice - practitioners highlighted the importance of early intervention and

preventative approaches and called for promotion of a wider recognition of the hidden cost benefits of these.

### **Having a say**

- Participants endorsed the strategy's commitment to ensuring all young people have opportunities to have a say– not just articulate “sixth formers in suits”.
- There was a direct call for young people's input to be taken more seriously “and not forgotten”; for example, providing opportunities for direct and practical input right from the start of projects and strategies, being offered real responsibility within projects and having direct access to policy makers.
- Participants also flagged up the need for *pro-active* involvement of young people, including provision of opportunities to learn skills needed to take part in decision-making processes. The importance of using creative ways of engaging was also stressed– for example, not just via print mediums, but also through video, song, dance, online etc.
- Views on the proposed London Forum varied, with concerns centring around its relevance to a broad range of young people – for example “it is not the way to reach black children”. A need to ensure inclusivity through careful marketing was highlighted.
- It was also suggested that age-appropriate versions of all strategy documents be produced for young people.

### **Other additions**

- Transport policy should focus *access* rather than *mobility*, ie services / amenities in the neighbourhood, rather than how you go elsewhere to get them.
- Promote access to affordable, healthy- and culturally appropriate– food.
- Promote provision of dedicated funding for alternative educational provision for under-16s
- Involve school heads and teachers in addressing the needs of teachers- especially in terms of physical and mental health
- Rising rates of STIs among teenagers are a concern and improved access to information, advice and support services is a priority
- Enable the voluntary sector to build on and sustain the services that can evidence good practice by supporting a funding climate that secures core costs and provides 3-5 year funding programmes
- Ensure the summary reflects the full report accurately– specifically homophobia was not described in the summary but mentioned a number of times in the full report.

## Recommendations

These recommendations draw on what research tells us about “what works” and on the views of stakeholders expressed at the policy appraisal event on 18 July.

- **Pressure national agencies to ensure robust evaluation of outcomes and process.**

There are many examples from the past of well meaning attempts to intervene in young people’s lives which have had adverse effects. Children and teenagers are entitled to expect that people who provide them with services will do so on the basis of the best possible evidence. For this reason ‘strong’ evaluation (rather than evaluation as justification) needs to be promoted as a routine part of working ethically with children and teenagers. For example, one recommendation from the stakeholder event to support young people in school was peer mentoring. Yet evidence suggests some peer group support for young people with anti-social behaviours can sometimes exacerbate problems both in the short and the long term (McCord, 1978; Dishion et al, 1999; McCord et al, 2001). Building on the best available evidence, and robustly testing the next steps is likely to be the way forward.

Stakeholders identified the clear need for targeted interventions for groups at particular risk, but there is a gap in the research evidence about well designed, consistently delivered services for some of these children and teenagers, including some of the most disadvantaged of all. The ethical position in the meantime, where services are urgent, is to deliver services on the basis of the best of current knowledge; to acknowledge that innovation can be another word for experimentation, and to put pressure on national agencies to ensure robust evaluation of both outcomes and process.

- **Where good research evidence or promising practice coincide with what stakeholders say they want, there is a sound basis for action or influence, as appropriate.**

Traffic calming measures, some kinds of parenting education and support such as home visiting and group based parenting programmes (initiatives leading to improved, affordable housing, and healthy food initiatives all fall into this category). ([www.whatworksforchildren.org.uk](http://www.whatworksforchildren.org.uk)).

- **Include interventions to impact on infancy as well as early childhood**

The Children's Strategy is wide ranging, and looks at children and teenagers as whole people in their environments, rather than as small adults needing particular services. Where we believe there are gaps in the strategy relates to very early interventions including those which may impact on low birth weight and breastfeeding. Stakeholders identified the benefit of preventative and early interventions, and research shows that improvements in these areas in particular are associated with better results in the longer term (Thompson and Westreich, 1989; Fairbank et al, 2000).

- **Make connections**

Across health, social care and education – both within the statutory and voluntary sectors – a great many participants saw a key role for the Greater London Authority in encouraging new projects to build on existing expertise, strategies and networks; and supporting connections between agencies both across London and at all levels within London.

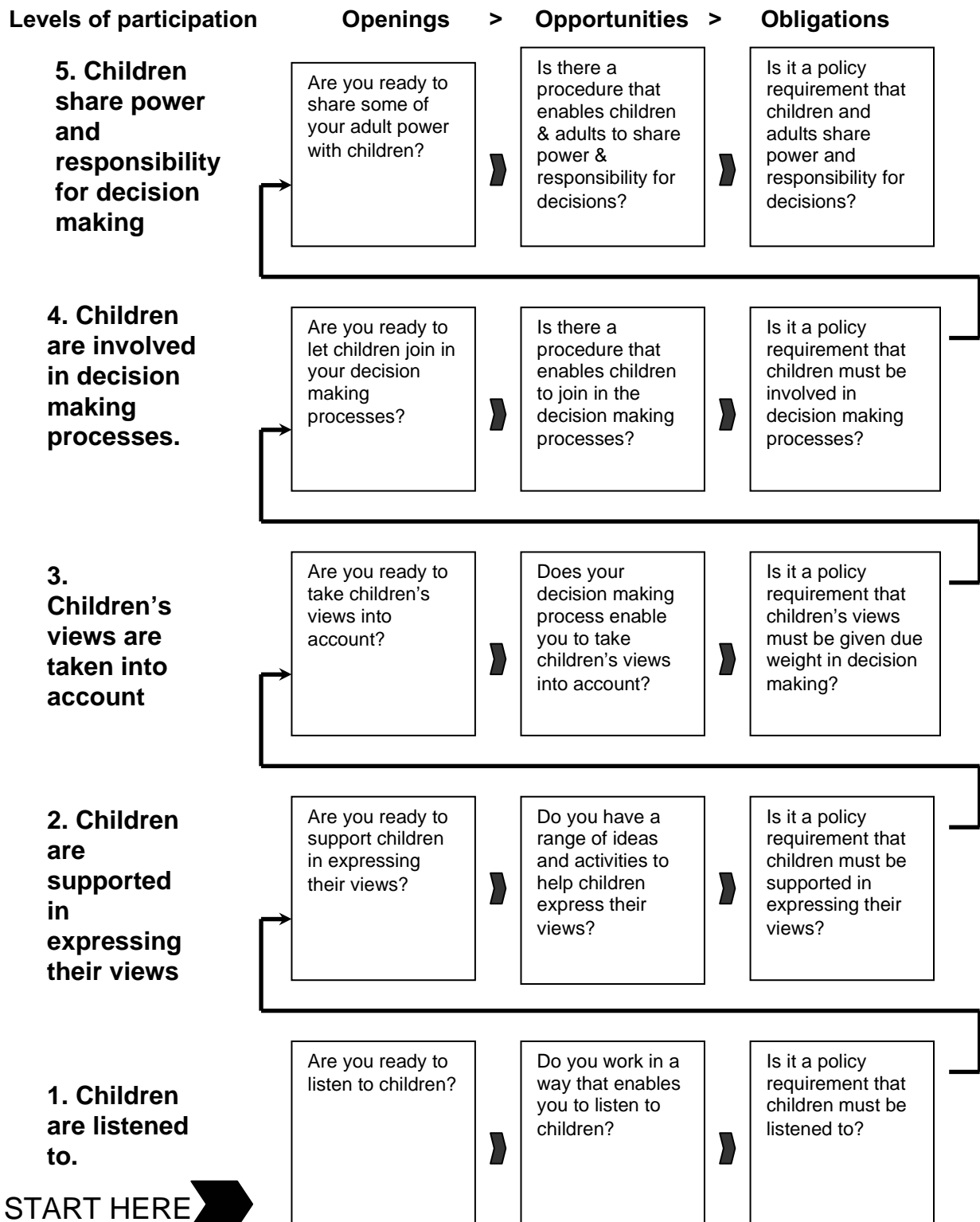
- **Support agencies to take young people's contributions seriously**

Both stakeholders and evidence from the research literature (Kirby 2002) tell us that while young people are increasingly asked for their views, levels of real youth influence remain low. In order to take young people's input seriously, agencies need support in clarifying *why* they are seeking participation, *what* they are seeking to achieve by this and *to what extent* and *how* power is to be shared between adults and young people (Teenage Pregnancy Unit, 2001). Shier's (2001) model of participation may be useful here (Appendix 1). There is an urgent need for evaluation of the impact on services of young people's involvement (Kirby, 2002).

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# Appendix 1: Pathways to participation (Schier 2000)



## Appendix 2: Participants at the stakeholder workshop

Maria Cotrini	Abbey Community Centre
Andrew Best	ABSWAP
Marcia Burke	Ark Herbal Enterprises
Liz Goldthorpe	Association of Lawyers for Children
Yolande Geraghty	Black & Ethnic Minority Health Action Group (Southwark)
Alun Lewis	Brent Drug Action Team
Ashley Riley	Child Poverty Action Group
Bonnie Grotjahn	Children & Neighbourhoods on London & Lambeth PCT
Helen Roberts	City University
Katherine Curtis	City University
Nicki Jackson	Cochrane Health Promotion & Public Health Field
Mohamud Ahmed	Community Organisations Forum
Dr Mistry	Confederation of Indian Organisations
Jane Holland	Croydon Primary Care Trust
Adam Coffman	Cycle Training UK Ltd
Catriona Scott	Family Welfare Association
Marianne Bye	Government Office for London
Maggie Barker	Great Ormond Street Hospital for Children
Rebecca Webster	Greater London Authority
Cheikh Traoré	Greater London Authority
Grant Pettitt	Greater London Authority
Caroline Boswell	Greater London Authority
Phiroza Gan	Harrow Interfaith Council
Gail Findlay	Health Development Agency
Zoltan Bozoky	Health Development Agency
Amanda Killoran	Health Development Agency
Justine Hottinger	Health First
Bill Bolloten	Independent Consultant
Barbara O'Rourke	Islington DAAT
Verena Thompson	Islington Primary Care Trust
Jo Carroll	Islington Primary Care Trust
Andy Murphy	KC Carers
Frances Pearce	Lambeth Youth Offending Team
Christine Coker	London Borough of Lambeth
Marie Humphries	London Development Agency
Ervine Okuboh	London Development Agency
Gillian Reed	London Health Alliance/ Women's Link
Donna Carr	London Health Commission
Gus Wilson	London Health Commission
Caron Bowen	London Health Observatory
Helen Liversidge	London Health Observatory
Merlyn Demaine	London Regional Public Health Group
Mahmoona Shah	National Council of Voluntary Childcare

	Organisations
Kirsten Jowett	National Healthy Schools Scheme
Esther Odubajo	Neovenator Community Organisation
Lanre Atyosan	Neovenator Community Organisation
Diana Mumbi	Neovenator Community Organisation
Idris Bwala	Neovenator Community Organisation
Olusegun Oni	Neovenator Community Organisation
Temitope Barogun	Neovenator Community Organisation
Benjamin Osebor	Neovenator Community Organisation
Remi Omololu	Neovenator Community Organisation
Ceri Jones	New Opportunities Fund
Paul McCabe	Newham Primary Care Trust
Rachel Maybank	NHS Confederation
Sue Dutch	North Central London Health Authority
Jason Lever	NSPCC
Alice McClelland	QUIT
Susan Leonard	QUIT
Saffina Masood	Redbridge Council for Voluntary Service
Margo Sheridan	Redbridge Primary Care Trust
Sarojini Ariyanayagam	Regional Public Health Group
Sue Atkinson	Regional Public Health Group
Jayne Tierney	Royal College of Nursing
Kate McGuinness	Safe in the City
Ann Mullins	Secondary Heads Association
Daren Laniyan	Sky Partnership
Fanta Bojang	Sky Partnership
Patricia Daway	Sky Partnership
Dorothy Okotie	Southwark Social Services
Maria Stanley	Stonewall
Emma McConville	Sutton DAAT
Kate Healey	The King's Fund
Anna Coote	The King's Fund
Nicola Baboneau	The Learning Trust, Hackney
Luke Howard	Transport for London
Karen Neill	Westminster City Council
Barbara Rayment	Youth Access