

Developing a Children and Young People's strand of the Universal Health Offer

A report by The Reading Agency on behalf of The Association of Senior Children's and Education Librarians

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Children and Young People's Health Offer Development

Executive Summary

The Reading Agency has been commissioned by the Association of Senior Children's and Education Librarians (ASCEL) to research recommendations for a possible children and young people's strand of the Universal Health Offer. The Universal Health Offer is a strategy which expresses the public library contribution to the positive health and wellbeing of local communities. It is delivered by SCL, in partnership with The Reading Agency, and is funded by Arts Council England as one of the [five universal offers](#) available in English public libraries. These recommendations aim to reflect current need and policy priority in the area of children and young people's health and wellbeing.

Research suggests that the development of a children and young people's community health offer in libraries provides a timely fit with current health policy and commissioning priorities. Improving children and young people's health and wellbeing is a key driver of NHS policy.¹ Ensuring every child has the best start in life is one of Public Health England's seven core aims,² and the Department of Health's ambition is to improve children's health and remove inequalities.³ It is also important to the general public. In a 2015 poll by the Royal College of Paediatrics and Child Health, 94% of people said children's healthcare should be a key focus for the NHS.⁴

This research looked at the key priorities of leading health bodies including Public Health England, NHS England, The Royal College of Paediatrics and Child Health, The Royal College of GPs, The Royal College of Nursing, The Local Government Association, The Royal Society of Public Health and the Children and Young People's Health Outcomes Forum. The priorities were also mapped against prevalence and economic and social impact.

The following areas of focus have emerged as key priorities through this process:

- Infant mortality
- Breastfeeding and early year's nutrition
- Immunisations
- Childhood obesity
- Long term conditions in childhood
- Mental health and wellbeing
- Sexual health

Reducing inequalities in the delivery and outcomes of children's health was also identified as a key issue. The Marmot Review of Health Inequalities in England published in 2010 highlighted the important correlation between socio-economic status and health outcomes. It noted that people living in the poorest neighbourhoods in England die on average seven years earlier than people living in the richest, due to socioeconomic related determinants such as poor housing and education, low income, social isolation, illness and disability. The economic cost of health inequalities is also

¹ [Policy paper: national pledge to improve children's health and reduce child deaths, Department of Health \(2013\)](#)

² [From evidence into action: opportunities to protect and improve the nation's health, Public Health England \(2014\)](#)

³ [The Healthy Child Programme, NHS England website](#)

⁴ ['Nine in ten Britons call for children's healthcare to be priority for NHS', Royal College of Paediatrics and Child Health \(2015\)](#)

estimated at £36 to £40 billion pounds through lost taxes, welfare payments and costs to the NHS.⁵ The Marmot Review also identifies the key role community based service provision can play in decreasing health inequalities and reaching the hard to reach.

Recommended areas of focus for libraries

There is clear potential for public libraries to support the health and wellbeing of children and young people in their local communities. Potential areas of support can be divided according to age to include an early year's offer (pre-birth/0-4), a children's offer (ages 5-11), and a young people's offer (ages 11-18).

Potential areas for library support of early years' (pre-birth/0-4 years) health and wellbeing include:

- Information and signposting for pregnant women and new mothers on relevant services and support agencies
- Accessible and high-quality health information on pregnancy, breastfeeding, dental care, immunisation, early year's nutrition and mental health and wellbeing
- Social and recreational activities that encourage participation, social interaction and reading, as well as opportunities for parent-child bonding
- Promotion of public libraries as safe and welcoming places for women to breastfeed and for family activity

Potential areas for library support of children's (5-11 years) health and wellbeing include:

- Information and signposting to relevant services, organisations and support for the appropriate use of health care services
- Health information relevant to mental health and wellbeing, oral health, the management of long term conditions, healthy eating and nutrition
- Continued development of autism friendly libraries and library support for children and young people with autism, and their families
- Activities and events promoting healthy living, physical activity and oral health
- Social, recreational and learning activities that build self-confidence, resilience and empathy, support skills development and reduce social inequality within communities
- Promotion of the library as a space which is child and family friendly, and health aware in terms of food and drink choices

Potential areas for library support of young people's (11-18 years) health and wellbeing include:

- Information and signposting to relevant organisations and support agencies
- Provision of high-quality information and promotional activity relating to healthy living and support for long term conditions
- Continued provision of high-quality information on mental health and wellbeing in young people ([Reading Well for young people](#))

⁵ [Fair Society Healthy Lives: The Marmot Review, UCL Institute of Health Equity \(2010\)](#)

- Digital literacy and digital learning activity
- Sexual health and relationship information, advice and support
- Volunteering, peer champions and social activism opportunities building on the Reading Hack model
- Promotion of the public library as a safe and welcoming hub for young people's activity

Evidence shows that there are a number of clear and pressing policy priorities informing the development of a children and young people's strand to the Universal Health Offer. These can be grouped according to age and include reference to both the direct provision of health information and support services as well as activities and programmes that address the wider determinants of health.

Introduction

Children and young people's healthcare is a key priority sitting at the heart of NHS policy.⁶ Ensuring every child has the best start in life is one of Public Health England's seven core aims⁷ and the Department of Health's ambition is to improve children's health and remove inequalities.⁸ Given the significance placed on prevention within The NHS Five Year Forward View a focus on children and young people is also essential to ensuring that this hoped for change will become systemic.⁹

Children's health is also an important priority for the general public. In a 2015 poll by the Royal College of Paediatrics and Child Health (RCPCH), 94% of people said children's healthcare should be a key focus for the NHS.¹⁰ The report also identifies that 82% of people agree with the introduction of compulsory Personal, Social and Health Education (PSHE) into primary and secondary schools. These findings provide a clear public mandate to improve education supporting children and young people's health and wellbeing.

The physical, social and emotional development of an individual between the ages of 0-18 years is complex and diverse and any consideration of children and young people's health priorities has to be related to development stage and age. It is essential to also be aware that the health and wellbeing of babies, toddlers and young children is intrinsically linked to that of their parents; especially the mother during the ante-natal and post-natal period.

The Association of Senior Children's and Education Librarians (ASCEL) have mapped existing library health and wellbeing activity for children and young people against three age groups: early years (including parents and families), primary school aged and young adults (secondary school aged).¹¹ Public Health England (PHE) separates the same age group into 0-5 years (early years) and 5-19 years (school-aged).¹² This division aligns early years with the remit of health visitors' and school-aged years with the remit of school nurses.

The age range relevant to the priorities identified below will not always align with the age groups determined by either PHE or ASCEL, but final recommendations will be made within these age groups as far as is possible.

⁶ [Policy Paper: National Pledge to Improve Children's Health and Reduce Child Deaths, Department of Health \(2013\)](#)

⁷ [From Evidence Into Action: Opportunities to Protect and Improve the Nation's Health, Public Health England \(2014\)](#)

⁸ [The Healthy Child Programme, NHS England website](#)

⁹ [The Five Year Forward View, NHS England \(2014\)](#)

¹⁰ ['Nine in ten Britons call for children's healthcare to be priority for NHS', Royal College of Paediatrics and Child Health \(2015\)](#)

¹¹ Public Library Logic Models for health, ASCEL (2016)

¹² [Overview of the Six Early years and School Aged Years High Impact Areas, Public Health England \(2016\)](#)

Priority areas for children and young people’s health

The following priority areas have been identified by mapping key policy and strategy documents:

- Infant mortality
- Breastfeeding and early years nutrition
- Immunisations
- Childhood obesity
- Children’s dental health
- Long term conditions
- Mental health and wellbeing
- Sexual health

These priorities were identified by the following key stakeholder organisations through the specified policy documents:

- **National government** in a joint policy paper between the Department of Health and the Department for Education outlining government policy on Children’s Health¹³
- **Public Health England** in an overview of their six high impact areas for early years and school aged children¹⁴
- **NHS England** in their ambitions for children and young people’s health and their key CYP programmes¹⁵
- **The Royal College of Paediatrics and Child Health** through their policy priorities and position statements¹⁶
- **The Royal College of GPs** in their Child Health Strategy¹⁷
- **The Association for Young People’s Health** in their joint policy document with Public Health England on improving young people’s health and wellbeing¹⁸
- **The Children and Young People’s Health Outcomes Forum** (an independent advisory group of professionals and representatives from across the children’s sector) in their annual report¹⁹
- **The Local Government Association** in various policy and framework papers around children and young people’s health²⁰

The key health priorities for children and young people’s mental health were also identified by measuring prevalence and cost to both the NHS and the wider economy as shown in the table below.

This information is taken from the above [policy documents](#) unless otherwise cited. This table also highlights the main issues and impacts of each of the priority areas.

¹³ [2010 to 2015 Government Policy on Children’s Health, Department of Health and Department of Education \(2010\)](#)
¹⁴ [Overview of the Six Early Years and School Aged Years High Impact Areas, Public Health England \(2015\)](#)
¹⁵ [Our Ambitions for Children and Young People’s Health, NHS England \(2017\)](#)
¹⁶ [Improving Child Health Policy, Royal College of Paediatrics and Child Health \(2017\)](#)
¹⁷ [2010-2015 Child Health Strategy, Royal College of General Practitioners \(2010\)](#)
¹⁸ [Improving the Health and Wellbeing of Young People: A Framework for Public Health, Association for Young People’s Health and Public Health England \(2015\)](#)
¹⁹ [Annual Report 2014-2015, Children and Young People’s Health Outcomes Forum \(2015\)](#)
²⁰ [Publications Page, Local Government Association website](#)

Priority area	Key issues	Prevalence and/or cost <i>Nb. please note statistics and cost are found from a variety of sources and can only be used as rough comparisons</i>	Age range <i>within ASCEL defined age groups</i>	Defined as a priority by the following stakeholder organisation(s)
<u>Infant mortality</u>	<ul style="list-style-type: none"> • Preventable 61% of all deaths in children (0-19 years) are infant deaths. Many stillbirth and infant deaths are preventable • Focus on neonatal period 71% of infant deaths occur in the neonatal period (the first 27 days of life). Causes for infant mortality differ in the neonatal and post-neonatal (28 days to 1 year) periods²¹ • Socioeconomic impact 25% of all deaths under the age of 12 months could be avoided if all births had the same level of risk as those to women with the lowest level of deprivation • Smoking, obesity and high BMI Can increase the chance of stillbirth. Multiple births also increase the chance of a stillbirth²² 	<ul style="list-style-type: none"> • Higher than expected for a high-income country • Approximately 1 in 200 babies is stillborn (4.9 stillbirths per 1,000 births) • There has been little change to this number in 20 years • One in 250 (4.1 in every 1,000) infants die in their first year of life • The cost to the NHS due to smoking during pregnancy is estimated at between £12-23.5 million per annum²³ • More than 7,000 babies are born every year in the UK with Foetal Alcohol Spectrum Disorder. It costs an estimated £2.9 million per individual to raise a child with FASD across their lifespan²⁴ 	0-4	<ul style="list-style-type: none"> • National Government prioritises the prevention of infant mortality through support for vulnerable mothers and a focus on early years

²¹ [Key Facts on Infant Mortality and Stillbirths Briefing, Public Health England \(2014\)](#)

²² [Fair Society Healthy Lives: The Marmot Review, UCL Institute of Health Equity \(2010\)](#)

²³ [Estimating the Costs to the NHS of Smoking in Pregnancy for Pregnant Women and Infants, Public Health Research Consortium \(2008\)](#)

²⁴ [What is Foetal Alcohol Syndrome Disorder, FASD Network website](#)

<p><u>Breastfeeding and early nutrition information</u></p>	<ul style="list-style-type: none"> • Rising number of women breastfeeding in the UK The proportion of baby's breastfed at birth in the UK rose by 5%, from 76% to 81% from 2005-2010. Women are also introducing solid food later • The majority of women are aware of the health benefits of breastfeeding Over four in five mothers said they were aware of the health benefits of breastfeeding (83%) and three-quarters (75%) were able to name a benefit spontaneously²⁵ • Social behaviour affects decisions around breastfeeding There is a relationship between how mothers were fed themselves as infants and how their peers fed their babies, with how long mothers breastfed their own children • Lack of consistency in information and support 	<ul style="list-style-type: none"> • A child is born in England every 48 seconds²⁷ • Good nutrition is essential during childhood; a vital time for healthy tooth development. Poor nutrition during these years is associated with increased risk of obesity, hypertension, diabetes and coronary heart disease²⁸ • Surveys by the Department of Health show the value of health information and continuity of care for first-time parents on pregnancy, breastfeeding and health outcomes of babies and toddlers²⁹ 	<p>0-4</p>	<ul style="list-style-type: none"> • The Royal College of Paediatrics and Child Health advocate breastfeeding in a clear position statement³⁰ • Public Health England prioritises both breastfeeding and healthy weight and nutrition as two of their 6 high impact areas for 0-5 years
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²⁵ [Breastfeeding Rates in the UK, Unicef \(2012\)](#)

²⁷ [Focus on Young People Infographic Poster, Health and Social Care Information Centre \(2015\)](#)

²⁸ [Nutrition Matters in Early Years, The Public Health Agency \(2016\)](#)

²⁹ [Parent's View on the Maternity Journey and Early Parenthood, Department of Health \(2009\)](#)

³⁰ [Position Statement on Breastfeeding, Royal College of Paediatrics and Child Health \(2011\)](#)

	<p>Evidence suggests a lack of consistency in the information provision and manner of imparting information to mothers with regards to breastfeeding and early year's nutrition²⁶</p>			
<p><u>Immunisations</u></p>	<ul style="list-style-type: none"> • A preventative tool Immunisations are a key part of preventative healthcare and are described by the World Health Organisation as one of the two public health interventions that have the greatest impact on the world's health.³¹ This infographic demonstrates how effective vaccines are in preventing curable diseases: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/524016/Infographic_Vaccines_v5.pdf • Almost universal take up In the UK, there is a high rate of immunisation. This has resulted in almost eradicating diseases that children are vaccinated against. This saves the NHS money, as well as saving millions of lives • A small minority of children and young people do not receive 	<ul style="list-style-type: none"> • In 2015-2016, 93.6% of children reaching their first birthday had completed their primary immunisation courses against Diphtheria, Tetanus and Pertussis, Polio and Haemophilus Influenza type B • Coverage of the first dose of the Measles, Mumps and Rubella (MMR) vaccine for children reaching their second birthday decreased to 91.9% in 2015-16. This continues a downward trend in recent years <i>* Except HPV jabs which are administered to female secondary school students within the school setting.</i> 	<p>0-4</p>	<ul style="list-style-type: none"> • National Government prioritise screening and immunisations as part of their Healthy Child Programme • The Royal College of GPs prioritises access to health promotions that advocate immunisation and early intervention screening • The Children and Young People's Health Outcomes Forum prioritise immunisations and vaccinations in early years and adolescents

²⁶ [Infant feeding survey, The Information Centre for Health and Social Care \(2010\)](#)

³¹ [Immunisations, Department of Health website](#)

	<p>immunisations</p> <p>Although there is almost universal take up, the missing percentage is usually a result of hard to reach or difficult to educate parents and those who disagree with vaccination for ethical, moral or religious reasons</p>			
<p><u>Childhood obesity</u></p>	<ul style="list-style-type: none"> • Long term effects Childhood obesity is a national crisis because of its long term effects on the population’s health and wellbeing. It increases the risk of cardiovascular problems, diabetes and other multiple health problems in later life • Reduction in life expectancy Obesity is estimated to be responsible for 9,000 premature deaths every year in England, and decreases average life expectancy by 9 years • Importance of early intervention Obesity is best tackled in childhood. There are benefits of delaying its onset as the risks of developing diabetes are lower for 45 year olds becoming overweight or obese in the previous decade than for those with childhood onset³² 	<ul style="list-style-type: none"> • 30% of children aged 2 to 15 and 60% of adults are estimated to be overweight or obese³⁴ • It is estimated that that the cost of obesity to the NHS is approximately £4.2 billion, with a wider economic cost of £16 billion³⁵ 	<p>0-11</p>	<ul style="list-style-type: none"> • Royal College of Paediatrics and Child Health prioritises childhood obesity with a position statement³⁶ • National Government prioritises reducing obesity through healthy eating and exercise in its Healthy Child Programme • The Association for Young People’s Health prioritises increasing levels of physical activity and fitness and encourages healthy eating and weight to combat obesity • The Children and Young People’s Health Outcomes Forum showed healthy eating, weight and positive body image as a priority • The Local Government

³² ['What scope is there for advertising the adverse health effects of obesity?' Investigating the Role of Physical Activity \(Short Report\), Public Health Research Consortium \(2011\)](#)

³⁴ [Overweight and Obesity Statistics, National Institute of Diabetes and Digestive Kidney Diseases website](#)

³⁵ [Obesity Projects, Public Health Research Consortium website](#)

³⁶ [Obesity Position Statement, Royal College of Paediatrics and Child Health \(2012\)](#)

	<ul style="list-style-type: none"> • Influence of food and advertising industry and the media The promotion of unhealthy food choices in the media and the relationship to childhood obesity is a key policy area that is being considered in terms of tackling the obesity crisis. Almost half of young people (49%) blame fast food takeaways as the companies or brands most at fault for childhood obesity³³ 			<p>Association prioritises childhood obesity through an action paper on tackling the issue³⁷</p>
<p><u>Children’s dental health</u></p>	<ul style="list-style-type: none"> • Increasingly prevalent Tooth decay is the most common oral disease affecting children and young people • High hospital admissions Tooth decay was the most common reason for hospital admissions in children aged five to nine years in 2013 to 14 • Preventable The Local Government Association cites tooth decay in children as ‘largely preventable’ 	<ul style="list-style-type: none"> • In 2014/15 hospital trusts spent £35 million on extraction of multiple teeth for under 18s • 60% of nine year olds have filled or decayed teeth³⁹ • Dental caries are the most common hospital diagnosis in children aged 5-9 years old⁴⁰ • 46% of five year olds have experienced tooth decay⁴¹ 	<p>0-11</p>	<ul style="list-style-type: none"> • National Government prioritises children’s dental health • The Local Government Association prioritises children’s dental health through their action paper on children’s oral health⁴²

³³ [The Child's Obesity Strategy, The Royal Society of Public Health \(2015\)](#)

³⁷ [Health Weight, Healthy Futures: Local Government Action to Tackle Childhood Obesity, Local Government Association \(2016\)](#)

³⁹ [Tackling Poor Oral Health in Children, Local Government Association \(2016\)](#)

⁴⁰ [Infographic: Focus on Young People's Health, NHS digital website](#)

⁴¹ [Aims of the Dental Playbox Programme, Action for Sick Children website](#)

⁴² [Tackling Poor Oral Health in Children, Local Government Association \(2016\)](#)

	<ul style="list-style-type: none"> • Access to NHS primary care dental services Lack of access to primary care dental services, or perceived lack of access by the public, has had an adverse effect on children’s dental health • Socioeconomic impact 21% of five-year-olds had tooth decay in South-East England compared to 35% in the North-West England with even greater inequalities within local authorities³⁸ 			
<u>Long term conditions</u>	<ul style="list-style-type: none"> • Service provision Difficulty in accessing services children and young people need and delays in provision of services, therapy and equipment • Importance of integrated care Supporting mental health, health promotion and illness prevention • Impact on education and social interaction of children and young people Children and young people with long term conditions can be at risk of missing out on educational 	<ul style="list-style-type: none"> • 15% of school students aged 11-15 report having been diagnosed with a long term illness, disability or medical condition. • The most common long term conditions in childhood are:⁴⁴ Asthma: 1.1 million children in the UK have Asthma (1 in 11). Asthma is the most common long term condition in childhood. An estimated 75% of hospital admissions for asthma in children 	0-19	<ul style="list-style-type: none"> • Royal College of Paediatrics and Child Health prioritises reducing the number of children who become ill or whose illness progresses unnecessarily due avoidable factors • Public Health England prioritises supporting complex health and wellbeing needs • Royal College of GPs prioritises mental health and psychological wellbeing

³⁸ [Tackling Poor Oral Health in children, Local Government Association \(2016\)](#)

⁴⁴ [Children's Health Conditions, Southern Health NHS website](#)

opportunities due to prolonged absences from school or multiple appointments

- **Lack of accurate data in relation to outcomes development**

There is currently little provision to record the experiences or challenges for the children who test the interfaces of services and systems

- **Importance of health literacy and understanding of their child's condition**

In cases where families have good knowledge and understanding of their children's health there are fewer admissions through A&E ⁴³

are preventable

Diabetes 35,000 children in the UK have Diabetes, 96% of these with Type 1 Diabetes. The number of hospital admissions in England among 10-19 year-olds because of diabetes was just under 7,600 in 2009/10

Epilepsy: 60,000 young people under 18 have epilepsy. Many people 'grow out' of epilepsy in adult life

There were just over 5,400 hospital admissions among 10-19 year olds in England for Epilepsy in a year

Cancer: around 1 in 500 children in the UK develop some form of cancer by the age of 14, making it the most common cause of death from disease for children and young people ⁴⁵

Eczema: an estimated 1.7 million children in the UK have eczema ⁴⁶. It is prevalent in childhood and adolescents, with research

- **NHS England** has a programme specific to children with Diabetes, showing it as a priority area
- **The Association for young people's health** prioritises management of long term conditions
- **The Children and Young People's Health Outcomes Forum** showed management of long term conditions as a priority

⁴³ [Report of the Long Term Conditions, Disability and Palliative Care Sub-group, Children and Young People health Outcomes Forum \(2015\)](#)

⁴⁵ [Long term Conditions Research Summary, Association for Young People's Health \(2012\)](#)

⁴⁶ [Research on childhood eczema, Action Medical Research for children](#)

		showing that 65% of children will be free of eczema by the time they are 7, and 74% by the time they reach 16 years of age ⁴⁷		
Autism	<ul style="list-style-type: none"> • Appropriate support is crucial While autism is incurable, the right support at the right time is vitally important • Issues within education system 63% of children on the autism spectrum are not in the kind of school their parents believe would best support them, 17% of autistic children have been suspended from school, 48% of these had been suspended three or more times, and 4% had been expelled from one or more schools • Related mental health problems There are a higher number of autistic children who struggle with mental health issues; 34% of children on the autism spectrum say the worst thing about school 	<ul style="list-style-type: none"> • Around 700,000 people in the UK are autistic, which equates to around 1 in every 100 people⁴⁹ • The average age of diagnosis of autism in the UK is 5 years old, therefore childhood is an important time for people with autism and their families⁵⁰ • Research by the London School of Economics estimates that autism costs the country at least £32 billion per year in treatment, lost earnings, care and support for children and adults with autism⁵¹ 	0-11	<ul style="list-style-type: none"> • NHS England Improving care for children and young people with learning disabilities and/or autism is one of NHS England’s priorities for 2016/17 • National Government prioritises autism through Department of Education policy

⁴⁷ [Children's Eczema, National Eczema Society website](#)

⁴⁹ [Autism Facts and History, National Autistic Society website](#)

⁵⁰ [Testing for Autism, Child Autism UK website](#)

⁵¹ 'Autism is the most costly medical condition for the UK', London School of Economics (2014)

	<p>is being picked on. Depression, Anxiety and OCD are all recognisably more prevalent in people with autism as opposed to the population as a whole⁴⁸</p>			
<p><u>Mental Health</u></p>	<ul style="list-style-type: none"> • Importance of early intervention With half of all lifetime cases of mental illness beginning by age 14⁵², inadequate support in childhood and adolescence will have adverse effects for adult life • Lack of service provision Young people’s mental health services are seen by both policy-makers and the media as in crisis, with only 25% people needing services receiving them⁵³ • Stigma Stigma around mental health is a significant issue for young people who are struggling with mental illness. A survey from Time to Change showed half of those questioned (48%) chose not to tell anyone at school or college about their mental health 	<ul style="list-style-type: none"> • The NHS spends on average £700 million on CYP mental health • Three children in every classroom have a diagnosable mental health disorder⁵⁵ 	<p>0-19</p>	<ul style="list-style-type: none"> • Public Health England prioritises maternal mental health for 0-5 years and resilience and emotional wellbeing for 5-19 years • Royal College of Paediatrics and Child Health prioritise mental health and wellbeing through various strands of work⁵⁶ • National Government prioritises mothers and children with mental health problems • NHS England has a programme specific to mental health and wellbeing, showing it as a priority area • The Association for Young People’s Health prioritises

⁴⁸ [Autism and Mental Health, National Autistic Society website](#)

⁵² National Comorbidity Survey Replication, NIMH (2005)

⁵³ Report of the Children and Young People’s Mental Health Subgroup, Children and young people’s health outcome forum (2012)

⁵⁵ [‘What’s the problem?’, YoungMinds website](#)

⁵⁶ [‘Improving child mental health and wellbeing’, Royal College of Paediatrics website](#)

	problems with many people citing physical health conditions as the reason for being absent ⁵⁴			mental health and wellbeing, especially anxiety and depression in young people <ul style="list-style-type: none"> • The Children and Young People’s Health Outcomes Forum identifies mental health and wellbeing as a priority
Sexual health	<ul style="list-style-type: none"> • High teenage pregnancy and abortion rates The UK has the highest birth and abortion rate for teenagers in Western Europe⁵⁷. There has, however, been a decrease in pregnancies of under 18s in the last decade⁵⁸ • Young people most at risk of getting Sexually Transmitted Infections (STIs) Young people are much more likely to be diagnosed with an STI than older age groups • Rape and sexual assault is prevalent in children and young 	<ul style="list-style-type: none"> • In 2015, there were approximately 435,000 diagnoses of sexually transmitted infections (STIs) made in England with the impact of STIs highest in young people⁶⁰ • In 2015, among heterosexuals diagnosed, 15 to 24-year-olds accounted for 62% of those with chlamydia, 52% with gonorrhoea, 51% with genital warts, and 41% with genital herpes⁶¹ • The cost of teenage pregnancy to the NHS alone is estimated 	11-19	<ul style="list-style-type: none"> • The Association for Young People’s Health prioritises improving sexual health by de-stigmatising the subject, effective health information and a focus on the reduction of pregnancy in the under 18 age group • The Children and Young People’s Health Outcomes Forum showed sexual health as a priority • The Local Government Association prioritises reducing teenage pregnancy in a recent report⁶⁴

⁵⁴ [‘Students missing out on education because of mental illness’, Time to Change \(2014\)](#)

⁵⁷ [Statistics and Indicators in Women and Men – Indicators on Childbearing, UN Statistics Division \(2010\)](#)

⁵⁸ [‘Teen pregnancy rate continues to fall, ONS figures show’, BBC News \(2016\)](#)

⁶⁰ [Health Protection Report Weekly Report, Public Health England \(2016\)](#)

⁶¹ [Sexually Transmitted Infections Factsheet, FPA \(2015\)](#)

⁶⁴ [Good Progress but More to Do: Teenage Pregnancy and Young Parents – Local Government Association \(2016\)](#)

people

Research by the NSPCC showed 31% of young women aged 18-24 years reported having experienced sexual abuse in childhood

- **Socioeconomic drivers**
High numbers of those receiving support in Rape Crisis Centres are BME, identify as disabled, and 95% are female, with a high percentage reporting sexual abuse during childhood and adolescence
- **Access to services and stigma**
Access to services for rape and sexual abuse victims is inadequate. Most women in the UK do not have access to a Rape Crisis Centre⁵⁹. Due to the stigma and rhetoric around issues of rape and consent, it is often goes unreported

to be £63m a year⁶²

- Contraception services save the NHS over £2.5 billion a year. For every £1,000 spent on contraception services, £11,000 is saved⁶³

⁵⁹ [Statistics, Rape Crisis England and Wales \(2007\)](#)

⁶² [Teenage Pregnancy: Accelerating the Strategy to 2010, Department for Education and Skills \(2006\)](#)

⁶³ [Contraception and Sexual Health Services for Young People, Teenage Pregnancy Independent Advisory Group](#)

Overarching drivers in health service provision for this age group:

- Inequalities in the delivery and outcomes of children’s health
- The high number of unnecessary A&E and hospital admissions in children and young people

Inequalities in the delivery and outcomes of children’s health

The Marmot Review of Health Inequalities in England published in 2010 highlighted the important correlation between socio-economic status and health outcomes. As a result, reducing health inequalities has become a key priority for health bodies and a priority for NHS England⁶⁵ and the Department of Health.⁶⁶ The Royal College of Paediatrics and Child Health position statement on Equity in Child Health clearly cites the main societal determinant of poor health as child poverty.⁶⁷

The need to address child health inequalities is a key recommendation of the Chief Medical Officer’s ‘Our Children Deserve Better’ report in 2012. This report focuses on the concept of Proportionate Universalism – improving the lives of all, with proportionately greater resources targeted at the more disadvantaged and champions integrated working between public services.⁶⁸

The Marmot Review identifies the high cost of health inequality. People living in the poorest neighbourhoods in England die on average seven years earlier than people living in the richest due to socioeconomic related determinants such as poor housing and education, low income, social isolation, illness and disability. The Review also counts the economic cost of health inequalities at between £36 to £40 billion pounds through lost taxes, welfare payments and costs to the NHS.⁶⁹ The Royal College of Paediatrics and Child Health also makes the link between deprivation and the risk of childhood death, with children in deprived areas more likely to die than their more privileged peers.⁷⁰

The Marmot Review sets out six objectives to improve health inequalities, emphasising the first ‘giving every child the best start in life’⁷¹ as key. The report also identifies the key role that community based service provision can play in decreasing health inequalities and reaching the hard to reach.

High number of unnecessary A&E and hospital admissions in children and young people

The number of people attending A&E has increased steeply in the last few years, from 16.5 million a year in 2003/4 to 22.3 million in 2014/15⁷², with nearly a quarter of A&E attendances being in the under 16 age group.⁷³ The College of Emergency Medicine attributes the high number of children and young people attending A&E to parents being ‘overly’ worried about their children, not properly understanding the health care system as well as children not having the experience to say if they have urgent needs or not.⁷⁴

The Royal College of Paediatrics and Child Health estimate up to 16% of children who arrive in A&E could have their care effectively managed outside hospitals.⁷⁵ A study by the University of Nottingham’s Medical School identified that the number of under 15 year olds attending casualty with routine medical complaints has increased by 42% over

⁶⁵ [Children and Young People’s Ambitions, NHS England \(2017\)](#)

⁶⁶ [2010 to 2015 Government Policy: Children’s Health, Department of Health and Department of Education \(2010\)](#)

⁶⁷ [A Fair Deal for All Children: Equity in Child Health, Royal College of Paediatrics and Child Health \(2007\)](#)

⁶⁸ CMO’s Annual Report 2012: Our Children Deserve Better, Department of Health (2012)

⁶⁹ [Fair Society Healthy Lives: The Marmot Review, UCL Institute of Health Equity \(2010\)](#)

⁷⁰ [State of Child Health Report, Royal College of Paediatrics and Child Health \(2017\)](#)

⁷¹ [Executive summary of the Marmot Review, Institute of Health Equity website](#)

⁷² A&E Attendances and Emergency Admissions, NHS Digital website

⁷³ [A&E Attendances Research, Royal College of Paediatrics and Child Health website](#)

⁷⁴ [Analysis on Accident and Emergency Admissions, College of Emergency Medicine website](#)

⁷⁵ [A&E admissions research, Royal College of Paediatrics and Child Health website](#)

past decade. This increase is acknowledged, in part, to a lack of access to GP appointments, but also to confusion about how to navigate the health care system. The average cost of an A&E attendance is £114 with admitted patient care accounting for 42% of the reported costs.⁷⁶ This cost to the NHS could be reduced if patients were better informed with appropriate access to quality health information and advice.

The Department of Health, Public Health England and NHS England all prioritise the provision of high-quality health information and signposting as a key strategy to reduce the number of unnecessary A&E attendances. The Royal College of GPs recommends providing parents, children and young people with access to health promotion activities to encourage prevention and early intervention care. In addition, Public Health England and the Royal College of Paediatrics recommend better support for self-management in children and young people.⁷⁷

Recommended age related public library health and wellbeing offers

Taking key health policy priorities into account alongside prevalence, economic and social impact, the following areas of age related health and wellbeing support emerge as relevant to a potential public library children and young people's health offer. These have been referenced against NICE guidance.

Early years offer (pre-birth/0-4 years)

There is clear potential for a coherent public library health and wellbeing offer supporting the early years from pregnancy and birth through to primary school age. Priorities for this offer include care in pregnancy and at birth, breastfeeding, nutrition and healthy eating for mothers, babies and children, maternal mental health and wellbeing, dental care and immunisations.

NICE guidelines on key health determinants during pregnancy include support for weight management, gestational diabetes,⁷⁸ maternal mental health and nutrition and exercise during pregnancy.⁷⁹ NICE recommends community based services to support women's weight management before, during and after pregnancy⁸⁰ including weight management groups and slimming clubs, work with NHS health trainers, information and advice on health eating and physical activity.

NICE guidelines on maternal mental health include the provision of information and advice on the physiological process of recovery after birth (within the first 24 hours), normal patterns of emotional changes in the postnatal period and common health concerns in weeks 2-8. NICE guidelines also highlight the importance of encouraging women to look after themselves through 'gentle exercise, taking time to rest, getting help with caring for the baby, talking to someone about their feelings and ensuring they can access social support networks.'⁸¹

NICE guidance on maternal and child nutrition includes recommendations for child health promotion.⁸² This includes providing support for mothers to feed their babies in public areas without fear of interruption or criticism, providing advice on nutrition and eating for early years, introducing foods to babies and setting a healthy eating example to babies and toddlers. It also covers the health and safety implications of feeding, including the hazard of choking.

⁷⁶ [Reference costs 2012-13, The Department of Health website](#)

⁷⁷ See Appendix 1

⁷⁸ [Diabetes in Pregnancy: Management of Diabetes and its Complications from Pre-conception to the Postnatal Period, \[CG63\], National Institute for Health and Care Excellence \(2008\)](#)

⁷⁹ [Quality statement 1: Healthy Eating in Pregnancy \[QS98\], National Institute for Health and Care Excellence \(2015\)](#)

⁸⁰ [Weight Management Before, During and After Pregnancy \[PH27\], National Institute for Health and Care Excellence \(2010\)](#)

⁸¹ [Postnatal Care up to 8 Weeks After Birth \[CG37\], National Institute for Health and Care Excellence \(2010\)](#)

⁸² [Maternal and Child Nutrition \[PH11\], National Institute for Health and Care Excellence \(2014\)](#)

Social and recreational activities for mothers, babies and toddlers are also important in promoting wellbeing, empathy and the development of language and literacy skills so important to future life chances.⁸³ Library activities such as baby rhyme times provide a platform for parents and children to improve speaking and literacy skills in a safe and non-institutionalised environment. They qualify as ‘connecting’ and ‘keeping learning’, two of the five ways to wellbeing set out by Government Office for Science⁸⁴ and help children’s cognitive, physical, emotional, linguistic, and moral development. They also provide opportunities for parent-child attachment which further improves speech, language and communication development, as well as giving parents the confidence to involve activity and play in wider learning experiences and reducing isolation for parents.⁸⁵

Summary of key recommendations

There are opportunities for library support and intervention in the following areas:

- Information and signposting for pregnant women and new mothers on relevant services and support agencies
- Accessible and high-quality health information on pregnancy, breastfeeding, dental care, immunisation, early years nutrition and mental health and wellbeing
- Social and recreational activities that encourage participation, social interaction and reading, as well as opportunities for parent-child bonding
- Promotion of public libraries as safe and welcoming places for women to breastfeed and for family activity

Children’s offer (5-11 years)

The suggested priority areas for a children’s health and wellbeing offer in libraries include support to combat childhood obesity, to promote mental health and wellbeing, to improve dental health and to promote the understanding and management of long term conditions. The target audience for this offer should be both children and their parents and carers.

The NICE quality standard for prevention and lifestyle weight management programmes for obesity in children and young people recommends advice on the use of vending machines and on healthy eating and nutrition, access to up to date local lifestyle weight management programmes and the reduction of sedentary behaviour in children and young people.⁸⁶

Evidence shows the most prevalent long term conditions in childhood are asthma, diabetes, eczema, epilepsy and cancer. NICE guidelines for each of these individual conditions recommend the importance of children and their parents understanding and managing their conditions.⁸⁷ High-quality and accessible health information supported by appropriate signposting can play a key role in this respect.

NICE guidance on oral health includes recommendations on prioritising, promoting and providing information and advice on oral health and health promotion services.⁸⁸ Specific advice for primary school aged children highlights the importance of drinking water as opposed to fizzy drinks, displaying and promoting evidence-based, age appropriate

⁸³ [Health and Wellbeing in England: A Focus on Children, Local Government Association \(2015\)](#)

⁸⁴ [Five Ways to Mental Wellbeing, Government Office for Science \(2008\)](#)

⁸⁵ [7 Benefits of the Arts in Early Childhood, Early Arts website](#)

⁸⁶ [Obesity in Children and Young People: Prevention and Lifestyle Weight Management Programmes \[Qs94\], National Institute for Health and Care Excellence \(2015\)](#)

⁸⁷ [Diabetes \(Type 1 and Type 2\): in Children and Young People: Diagnosis and Management \[NG18\], National Institute for Health and Care Excellence \(2013\); Asthma \[QS25\], NICE \(2013\); Epilepsy in children and young people \[QS27\], NICE \(2013\); Eczema NICE pathways, NICE \(2017\)](#)

⁸⁸ [Oral Health: Local Authorities and Partners \[PH55\], National Institute for Health and Care Excellence \(2014\)](#)

oral health information for parents, carers and children and signposting to local dental service and activities promoting good oral health and its links with appearance and self-esteem.

Support for children’s learning, literacy, social and personal development is also a key strand to any 5-11 years health offer tackling the socioeconomic determinants that create health inequality and impact on life chances. The universality of library provision is also relevant in this context. A report from Barnardos identifies the strong public health argument for universal rather than targeted service provision as many poor and deprived children do not live in poor communities.⁸⁹ Summer reading activities such as the Summer Reading Challenge alongside reading groups, homework clubs, coding clubs and other leisure and learning programmes and events are as key to a public library health offer for children as health information and promotion.

Summary of key recommendations

There are opportunities for library support and intervention in the following areas:

- Information and signposting to relevant services and organisations and support for the appropriate use of health care services
- Health information relevant to mental health and wellbeing, oral health, the management of long term conditions, healthy eating and nutrition. Book lists could be created using the existing Books on Prescription model, using the appropriate evidence-base for both non-fiction and fiction literature to support self-help and self-management
- Continued development of autism friendly libraries and library support for children and young people with autism, and their families
- Activities and events promoting healthy living, physical activity and oral health
- Social, recreational and learning activities that build self-confidence, resilience and empathy, support skills development, reduce social inequality and health inequalities within communities
- Promotion of the library space as child and family friendly and health aware in terms of food and drink choices

Young peoples’ offer (11-18 years)

Although priorities such as healthy living, dental hygiene and support for long term conditions remain relevant to a public library health offer targeting young people, support for mental health emerges as a key priority as the increasing social and emotional pressures experienced by this age group result in accelerated rates of poor mental health and increasing levels of self-harm and suicide.⁹⁰

The Nuffield Foundation cites the following social trends as having an impact on young people’s mental health:

- **Time use and education:** A move to substantially increase the number of 16-18 year olds in full time education has meant an increase in pressure relating to attainment and more rigorous and regular testing. It has also increased the number of education-based vocations post 16.
- **Substance use and a greater availability of alcohol and other drugs:** The level of alcohol consumption in 11-15 year olds is higher in the UK than in most other countries. Stress and anxiety through peer pressure and binge drinking are unhealthy bi-products of alcohol and substance misuse. There is also a link between alcohol and substance use and conduct disorders, anxiety and depression in young people.

Evidence also shows that the impact of extensive use by young people of social media and digital platforms is complex.⁹¹ Young people’s digital literacy and awareness can create enormous peer pressure and social anxiety whilst

⁸⁹ [What Works in Reducing Inequalities in Child Health - A Summary, Barnardos \(2000\)](#)

⁹⁰ [State of Child Health 2017, Royal College of Paediatrics and Child Health \(2017\)](#)

⁹¹ [Presentation on Engaging Young People with Policy, Royal Society of Public Health \(August 2016\)](#)

also providing support for the delivery of health information and advice, improving health literacy and supporting general health and wellbeing.⁹²

Sexual health emerges as another key area of focus for this age group. Sexual health information is not currently compulsory in primary or secondary school education in the UK. In March 2017 the decision to make Sex and Relationship Education (SRE) compulsory in council-run schools, with the Department for Education saying this curriculum aims to be in place by September 2019.⁹³ The PSHE Association guidelines on the provision of sex and relationship education highlight the importance of teaching young people about issues of consent, respect and sex and the internet.⁹⁴ NICE guidelines also recommend the provision of high-quality information on sexually transmitted infections and safe sex and ensuring young people are aware of the laws around confidentiality.⁹⁵

In addition to the importance of social and recreational activities, volunteering and social activism also has a key role to play in the health and wellbeing of young people. Research by IPSOS Mori (2015) indicates that 42% of young people volunteer to support meaningful social activity in the UK.⁹⁶ A recent Department of Health strategy document asserts that volunteering can produce better and more person centred service provision as well as promoting improved physical and mental health and supporting skills development for the volunteer.⁹⁷ Evidence shows that library and reading focused volunteering and social activism in young people can impact on confidence and wellbeing with 88% of Summer Reading Challenge volunteers indicating that their confidence had increased as a result of taking part.⁹⁸ Existing models such as the [Royal Society of Public Health's Youth Health Champions programme](#) indicate the potential for this volunteering role in libraries to be extended to a health and wellbeing advocacy role for young people.

Summary of key recommendations

There are opportunities for library support and intervention in the following areas:

- Information and signposting to relevant organisations and support agencies
- Provision of high-quality information and promotional activity relating to healthy living and support for long term conditions
- Continued provision of high-quality information on mental health and wellbeing in young people ([Reading Well for young people](#)) and the development of support activity
- Digital literacy and digital learning activity
- Sexual health and relationship information, advice and support
- Volunteering, peer champions and social activism opportunities building on the Reading Hack model and the Royal Society for Public Health's Youth Champions model
- Promotion of the public library as a safe and welcoming hub for young people's activity

Conclusions

Evidence shows that there are a number of clear and pressing priorities informing the development of a children and young people's strand to the Universal Health Offer. These can be grouped according to age and include reference to

⁹² [NHS Widening Digital Participation, Good Things Foundation website](#)

⁹³ ['Sex education to be compulsory in England's schools', BBC News \(2017\)](#)

⁹⁴ [Sex and Relationship Education for the 21st Century, PSHE Association \(2017\)](#)

⁹⁵ [Contraceptive Services for under 25s \[PH51\], National Institute for Health and Care Excellence \(2014\)](#)

⁹⁶ [How many young people volunteer, Institute for Volunteering Research website](#)

⁹⁷ Social Action for Health and Wellbeing; Building Cooperative Communities Department of Health Strategic Vision for Volunteering, Department of Health (2011)

⁹⁸ 2016 Participation Report for Summer Reading Challenge, The Reading Agency (2016)

both the direct provision of health information and support services as well as activities and programmes that address the wider determinants of health. There is also potential to extend existing library health information models such as Reading Well to deliver these priorities.

Additional recommendations from stakeholder interviews

Alongside these findings, additional consultation with key stakeholders have identified a number of further issues and priorities for consideration (see appendix two). These include:

All age groups

- Obesity issues are relevant across age groups and a focus on this priority should be extended to all potential offers, with a particular emphasis on children at the start of secondary education. This priority includes a focus on increasing participation in healthy activities and providing health information that allows young people to make informed decisions about keeping fit and healthy
- Supporting children, young people and parents with sleep issues is also a key priority across age groups. Where relevant, this could include signposting to existing sleep related resources on the Reading Well for young people's book list
- Encouraging children and young people to be aware of infection control and hygiene by signposting and promoting handwashing, correct use of antibiotics is also important across the potential offer areas
- As is the prioritisation of education and support for parents and carers ensuring they are informed and on board with the health and wellbeing activities and events aimed at their children and supported to build positive relationships
- Peer support health models are relevant for both children, young people and families providing a valuable support framework for health and wellbeing outcomes
- Signposting and local partnerships between library services and health and social care services can play a key role in supporting Making Every Contact Count (MECC) particularly in relation to hard to reach families. MECC is an approach to behaviour change that utilises the day to day interactions that organisations and people have with other people to have a positive effect on the health and wellbeing of individuals, communities and populations.⁹⁹

Early years

- In addition to the priorities identified for the early years' age group, it is also important to highlight the importance of providing health and safety information for parents to prevent accidents around the house
- Peer support or peer champion model for parents would also be particularly relevant to the early year's section, with recommendations of support groups and advice groups around issues such as childhood nutrition and breastfeeding

Children (5-11 years)

- Consider the inclusion of provision of health and safety information for parents to prevent accidents travelling to and from school and promote road safety, ensure internet safety and support parents and children to stay safe in all these situations

⁹⁹ [Homepage, Making Every Contact Count website](#)

