

Chapter 1

Children and young people's health and wellbeing

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Aim:

The aim of this chapter is to consider the health and wellbeing of children and young people as well as the potential factors that may impact on it.

Learning Outcomes:

On completion of this chapter the reader will be able to:

- ▶ Define and discuss the concept of 'childhood'.
- ▶ Consider the 'voice' of children and young people and the importance of involving them in decision-making processes.
- ▶ Discuss health and wellbeing within a child and young person context.
- ▶ Understand some of the factors that have the potential to influence and impact on children and young people's health and wellbeing.
- ▶ Reflect upon the potential health promoting role of the nurse.
- ▶ Consider childhood morbidity, mortality and genomics within a 21st century context.

Test your knowledge:

1. Is involving children in decision making a professional, ethical and/or legal obligation for health care professionals?

(All three)

2. Where would you find these four core international principles relating to children?

- Non-discrimination.
- Best interest of the child.
- Right to life, survival and development.
- Right to be heard.

(The UN Convention on the Rights of the Child 1989)

3. Has it been found that child poverty is increasing or decreasing in the UK?

(Increasing)

4. Where does the NMC state that you should “*raise concerns immediately if you believe a person is vulnerable or at risk of harm and needs extra support and protection*”?

(NMC 2018, page 15: The Code. Professional Standards of practice and Behaviour for Nurses, Midwives and Nursing Associates)

5. Which law “*places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others are discharges having regard to the need to safeguard and promote the welfare of children*”?

(The Children Act, 2004, section 11)

6. Where does it state that everyone has the right to respect for his private and family life, his home and his correspondence?

(Human Rights Act, 1998, Article 8)

7. What piece of legislation introduced the role of The Children’s Commissioner?

(The Children Act, 2004)

8. In 2017 which organisation published the State of Child Health Report which found “*alarming health inequalities between the UK’s most disadvantaged children and young people and their more affluent peers*”?
(The Royal College of Paediatrics and Child Health)
9. What are the three key areas of public health?
(Prevention, promotion, protection)
10. Do nurses have a health promoting role?
(Yes. At the point of registration, the registered nurse will be able to: Understand and apply the aims and principles of health promotion, protection and improvement and the prevention of ill health when engaging with people)
11. What is the difference between mortality and morbidity?
(Mortality refers to the number of deaths, detailed by the cause, place and time. Morbidity relates to a particular disease)
12. What is genomics?
(Genomics studies genes, their function as well as their impact on the body)

Introduction:

“Across health and social care and education there is now a determined focus on improving outcomes for children’s health and wellbeing. Emphasis is on the importance of early interventions and preventive measures in improving health, more coordinated approaches to health and wellbeing and giving greater weight to the voices of children, young people, parents and families to develop effective care strategies” (National Health Service [NHS] England, 2016: 5).

The importance of ensuring a good, healthy start in life for children, not just for themselves, but also for the future benefit and economic stability of Britain has been acknowledged (NHS England, 2014) - this chapter focusses on the health and wellbeing of children and young people; initially it provides an introduction to the concept of childhood, reflecting on the role of family and friends; this is followed by a discussion of the importance of the child and young person’s ‘voice’ and the need to involve them in any decisions that may affect them. Children and young people’s health and wellbeing, the factors that may influence it and the potential health promoting role of the nurse are then considered. The chapter concludes by considering childhood mortality, morbidity and the relevance of genomics - thus ‘setting the scene’ for the subsequent sections of the book

The concept of childhood

The dictionary provides a rudimentary definition of childhood:

“The condition of being a child; the period of life before puberty.”
(Collins Dictionary, 2020,
<https://www.collinsdictionary.com/dictionary/english/childhood>).

It is also generally acknowledged that childhood spans four key phases – infancy and toddlerhood, early years, middle childhood and adolescence (Hutchison, 2011) with eminent psychologists, such as Erikson (1950); Piaget (1952) and Kohlberg (1984) all having considered different aspects of children and young people’s cognitive development.

However, Prout and James (1997: 8) offer more clarification and suggest that childhood is not simply about the organic maturation of children, but that it is a “*specific structural and cultural component of many societies.*” Importantly, Frønes (1993: 1) states that:

“There is not one childhood, but many, formed at the intersection of different cultural, social and economic systems, natural and man-made physical environments. Different positions in society produce different childhoods, boys and girls experience different childhoods within the same family.”

This raises an important point, if children are solely referred to collectively within the term ‘childhood’, there is a danger that differences (for example, gender, age and ethnicity) will be lost (James and Prout, 1997). Frønes, (1993) acknowledges the impact of society on the evolution of childhood, but also alludes to the personal experience and this perspective must surely be recognised.

There can be no doubt that the perception, understanding and recognition of childhood has changed considerably over the centuries. Authors (such as Cunningham, 2006) have considered the development of childhood from the Middle Ages to more recent years, recognising that it has been influenced by a number of factors; for example the impact of Christianity in the eighteenth century meant that the child was often viewed as needing spiritual salvation from evil; in the Victorian era, as a result of the work of a range of reformists, there was a more overt drive to protect children (Cunningham, 2006). At the same time, there has been a recurrent theme over the years of viewing children in terms of purity and innocence (Cunningham, 2006).

Children and young people’s lives are different to that of previous generations; however, it could be argued that generational differences are not new and have existed for centuries; importantly, we need a good understanding of the twenty-first century influences that have the potential to impact on health and wellbeing so that appropriate care can be provided by all health professionals.

Fundamental aspects of children's lives

The family

Key organisations, such as the United Nations International Children's Emergency Fund [UNICEF] (1998) and the European Parliament (2000) have acknowledged the potential impact of the family on children's growth, nurturing and development. Research into the concept of attachment has suggested that children who feel secure are more likely to adhere to rules and boundaries set by parents (Thompson, 2006), and, responsive parenting fosters responsive and co-operative children (Kochanska et al, 2005). In addition, positive relationships with parents/family have been recognised in terms of enhancing young people's emotional and mental health wellbeing (Fenton et al, 2010; Levin et al, 2012) and reducing health risk behaviours (Zaborskis and Sirvyte, 2015; Klemra et al, 2017). The acknowledgement of the family's contribution to children's overall wellbeing is well established and was one of the key findings from work by Rees et al (2010); Ipsos Mori and Nairn (2011); Department for Education [DfE] (2019a).

Appreciating the crucial role of the family in a child's life is fundamental to all healthcare provision. Liaising and working in partnership with the people who the child or young person perceives to be part of their family is pivotal to the building of trusting, therapeutic professional relationships – this in turn promotes high quality nursing care.

Friendships

Friendships are an integral and crucial aspect of children and young people's lives with literature suggesting that they can enhance wellbeing (Rees et al, 2010; Ipsos Mori and Nairn, 2011); friendships are also associated with other positive attributes such as enhanced social behaviour (Cillessin et al, 2005).

Most children and young people spend the majority of their lives within a relatively small community area – as a consequence, they become familiar with their local environment and this not only gives them confidence, but also contributes to the development and maintenance of friendships. Children and young people tend to make friends readily and via a variety of mechanisms, this includes school, local clubs (such as swimming lessons) and in the immediate vicinity of their homes;

Troutman and Fletcher (2010) found that friendships were more likely to be maintained if they crossed different contexts (for example, school, neighbourhood and extracurricular activities) as this provides the opportunity for interaction within a variety of different circumstances. Children and young people's friends are often viewed in a similar manner to a family member; it is therefore essential that professionals recognise the value placed on friendship and the potential contribution it can make to the enhancement of social and emotional wellbeing.

Children and young people's health and wellbeing

When considering children and young people's health and wellbeing, it is essential that attention is given to all aspects of it: Physiological, emotional and psychological. In response to increasing concerns around child and young people's mental health, the Children and Young People's Mental Health Task Force was established by NHS England in 2015. The task force addressed access to mental health service provision, examining how it was organised in order to improve experiences for children and young people. In 2019, the DfE's research report: *State of the Nation 2019: Children and Young People's Wellbeing*, the opening statement set the tone:

"All children and young people deserve to have good wellbeing" (DfEd, 2019a, 5).

The above research found that 84.9% of 10–15-year olds were relatively happy overall with older adolescents reporting more unhappiness than those who were younger. Family and peers were identified as being fundamental to happiness outcomes.

The increased focus on the need for improvements to children and young people's health and wellbeing is widely evidenced. In 2016, NHS England highlighted a five-year strategy entitled *Healthy Children: Transforming Child Health Information*. Within this publication it was clearly identified that action was required if children and young people were to experience positive outcomes, stating:

“Issues of Children’s and young people’s health and wellbeing are now a major priority within health, social care and education.” (NHS England, 2016: 15).

This cohesive approach by multiple agencies is reflected further by The National Council for Child Health and Wellbeing [NCCHW] (2017). The NCCHW comprises of fifty professional groups focusing on the health and wellbeing of children and young people across the United Kingdom [UK]; they meet regularly to identify current concerns and to share information. It can be argued that if children and young people are to be offered the best possible opportunity to reach their full potential, a multiagency approach, utilising the best possible evidence and expertise, supported by joined up communication pathways, that are linked to current technology, needs to be employed to assist with achieving the best possible outcomes.

A global focus was highlighted by the World Health Organisation [WHO] in *The European Child and Adolescent Health Strategy 2015-2020* (WHO, 2014). The report stipulates that countries must:

“Enable children and adolescents in the WHO region realise their full potential for health, development and wellbeing, and reduce their burden of avoidable disease and mortality” (WHO, 2014: 4).

A life-course approach, that recognises that adult health conditions are often rooted in the earlier years of development, has been taken by the WHO - recommendations have been made and a status report is due to be published in 2020, examining the effectiveness of these.

It is therefore of considerable concern that one in five children are living in poverty in the UK and that the UK has one of the highest rates for child deaths (under one year) in western Europe, (Royal College of Paediatrics and Child Health [RCPCH], 2017). The RCPCH (2017) have compiled recommendations to address the findings (for example, the prioritisation of public health services for the early years of life) - the outcomes of which continue to be monitored. A more recent report by the Joseph Rowntree Foundation [JRF] has found that child poverty in the UK continues to rise (JRF, 2018), potentially causing a considerable negative impact on children and young people as well as their families, including their health and wellbeing. The

trends reported by the JFR (2018) are being used to assist with, and address, the child public health agenda.

Attention has been given to how socio-economic inequalities can negatively affect the health and wellbeing of children and young people; however, these can be exacerbated by the complexities of need experienced by looked-after children and those displaced by conflict and disasters. In 2016 the UK Government responded to the education committee's fourth report on the mental health and wellbeing of looked-after children by recognising their particular vulnerability and committing a further £2.8 million annually from 2017 to improve service access and support, targeting those most in need (Department of Health [DH] and DfE, 2016) - an example of public health policy recognising the importance of investing in children and young people.

UNICEF reported that there would be 17 million internally displaced children by the end of 2019 and that:

“Internally displaced children who do not receive the protection and services they need may suffer significant physical and psychological consequences” (UNICEF, 2019: 3).

Three detailed policy recommendations have been published for global consideration including reinforcement of established Human Rights legislation to improve health and wellbeing outcomes for this vulnerable group.

The UK Government's response to the Consultation *on Transforming Children and Young People's Mental Health Provision: A Green Paper and Next Steps* (DH and DfE, 2018), established that there are currently:

“around 850,000 children with a diagnosable mental health condition which can impact on their physical health, relationships and future prospects” (DH and DfE, 2018: 3).

This illustrates clearly how all aspects of a child or young person's health can influence their overall wellbeing and if not appropriately addressed, can lead to potential long-term health concerns in later life. As a direct result of the consultation,

the Government has committed £1.4 billion to improving services required by children and young people for their mental health needs.

There can be no doubt that health policies underpin and influence the lives that children live; therefore, the aim of policy must surely be to enable all children and young people to optimise their potential. It is recognised that the current socioeconomic climate continues to be challenging; therefore, it is more important than ever that the development of health policy is carefully considered to ensure that appropriate decisions are made for both the short and long term – taking children and young people’s perspectives into account is an essential aspect of this.

Current influences on children and young people’s health and wellbeing

In keeping with the focus of the collaborative approach to improving children and young people’s health, the RCPCH (2019a) have identified key influences that children and young people perceive as areas requiring further attention and education. A need for schools to include the following aspects within teaching sessions reflects the factors that children and young people consider important:

- *Finances and budgeting*
- *Domestic literacy*
- *Careers*
- *Relationships*
- *Mental health first aid*
- *Healthy lifestyles*
- *Accessing health services*
- *Being safe online*
- *Living with health conditions* (RCPCH, 2019a: 13).

The relevance of inequality and poverty is well documented when considering health impacts on children and young people and their ability to reach optimum health potential (Wickham et al, 2016). As previously mentioned, poverty and its negative influence remains an ongoing concern despite Article 27 of The United Nations Convention on The Rights of the Child (UNICEF, 1989) that states that it is the right of every child to have:

“A standard of living adequate for the child’s physical, mental, spiritual, moral and social development” (UNICEF, 1989: 9).

An All-Party Parliamentary Group (APPG) continues to review policy and legislation that has a co-relation to poverty, inequality and children and young people’s health (APPG, 2016). An inquiry into the Welfare Reform and Work Bill 2015-2016 is an example of current Governmental activity in relation to the health of children and young people. Within the inquiry, serious concerns have been raised by the Equality and Human Rights Commission (EHRC) relating to the UK Governments obligation to international laws and the UN Convention on the Rights of the Child (APPG, 2016); recommendations included were for the Department of Work and Pensions to collaborate with expert groups such as the EHRC with the aim of reducing child poverty and the subsequent negative effect on health (APPG, 2016).

In terms of relationships, most children and young people, when asked, have reported being at their happiest when with family and friends (DfE, 2019b). Taking this into consideration, it would be arguably pertinent to explore how social media and technology has influenced children and young people’s health and relationship development. Recognition of the ever increasing usage of social media prompted the Government to specifically investigate and report on the likely implications to the health and safety of children in the UK; the findings aim to influence future legislation and public health policy (House of Commons Science and Technology Committee, 2019). The RCPCH responded to the report by welcoming investigation into the safety, health and wellbeing of children and young people but identified gaps and inconsistencies in current available evidence which need to be addressed (RCPCH, 2019b). While links could be made between the limited evidence available and negative influences on physical and mental health outcomes, some positive aspects were noted – namely, the importance of connectivity with family and friends and communities (RCPCH, 2019b). Consider this in terms of the child or young person being separated from friends and loved ones due to illness and/or hospitalisation – this could have an isolating effect and potentially impact further on their wellbeing.

Barnardo’s (2019) concurred with the RCPCH that the Government needs to fund and commission further research into the effects of social media on children and

young people's health (Barnado's, 2019). Cyberbullying in particular (*"the use of electronic communication technologies to bully others"* [Kowalski et al, 2014: 1074]) has received much media coverage in recent years. It involves a range of behaviours that include the sending of defamatory messages and posting of photographs or images that could cause distress. Children and young people now have access to a broad range of electronic devices so, it could be argued, are increasingly susceptible to cyberbullying. It has been recommended that improved education programmes are implemented to facilitate online safety (Barnardo's, 2019); in addition, the UK Government is working towards collaborative policy development that protects and safeguards children and young people whilst also recognising the positives associated with connectivity and educational development (Her Majesty's Government, 2019).

Socio economic influences such as poverty, inequality and environment have always had an impact on children and young people's health and they continue to be a current focus for national and international policy. It has been suggested that advances in access to technology and social media bring both positive and negative influences; further evidence of the long-term effects of online usage by children and young people will be essential if benefits are to be implemented and safeguarding maintained.

The 'voice' of the child and young person

Whilst a range of literature has, for many years, demonstrated a strong interest in the lives of children across the age ranges, much of the available material has tended to focus on the adult perspective, rather than valuing the voice and contribution of the child and young person (Prout and James, 1997). Prout and James (1997) offer a different paradigm for childhood that has six key features (Table 1.1):

- Childhood is a framework for the contextualisation of children's lives.
- Childhood cannot be separated from other variables in society, for example, gender and ethnicity.
- Children's social interactions should be studied and remain independent of the adult perspective.
- Children should be actively involved in decisions that may impact upon their lives.
- Ethnography can be a valuable research approach for the study of childhood.
- A new paradigm of childhood necessitates the reconstruction of childhood.

Table 1.1: Key features of the paradigm of childhood (Prout and James, 1997: 8)

The work of James and Prout (1997) has been invaluable in raising the profile of children as participants who are capable of being involved in decisions that may impact upon their lives. The need to involve children and young people in a range of issues has grown in acceptance and it is now widely established that their views and experiences should be taken into account wherever possible, with a range of key documents advocating this involvement (for example, Children Act, 1989, 2004; UNICEF, 1989; DfES and DH, 2004)(Table 1.2).

The United Nations Convention on the Rights of the Child (UNICEF, 1989)

- Article 12: Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child
- Article 13: The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds
- Article 42: Undertake to make the principles and provisions of the Convention widely known, by appropriate and active means, to adults and children alike.

Children Act (1989)

- Section 22(4): Before making any decision with respect to a child whom they are looking after, or proposing to look after, a local authority shall, so far as is reasonably practicable, ascertain the wishes and feelings of the child;

Children Act (2004)

- Section 17: To consult children and young people on Children and Young People's Plans

National Service Framework for Children, Young People and Maternity Services: Core Standards (UK DfES and DH, 2004)

- Standard 3: Professionals communicating directly with children and young people, listening to them and attempting to see the world through their eyes.

Human Rights Act (1998)

- Article 10: Everyone has the right to freedom of expression

Table 1.2: Key documents that advocate the involvement of children

It is also important to recognise that children and young people themselves benefit from involvement by gaining a sense of achievement, increased self-esteem (Kirby, 2004; The National Youth Agency, 2007) and enhanced communication skills (Participation Works, 2007; Carnegie UK Trust, 2008).

The importance of giving children and young people a voice in the planning and delivery of health services is clearly documented (UNICEF, 2013). Certainly, children and young peoples' views, and an understanding of their health needs, should be central to the day to day running, development and improvement of health services. Amplifying the voices of children and young people and encouraging dialogue between them and decision makers should lie at the core of services that aim to meet the specific needs of this group (Association for Young People's Health [AYPH], 2018). This is reflected in the Children Act (2004):

“To ensure a voice for children and young people at national level part one of the Act provides the establishment of a children’s commissioner” (Children Act, 2004; <http://www.legislation.gov.uk/ukpga/2004/31/notes/division/1/1>).

The Office of the Children’s Commissioner is in a key position to promote the rights of children and young people including acting in their interests and considering their views. The rights of the child and young person is evident throughout the United Nations Convention on the Rights of the Child (UNICEF, 1989) and examples of reference to this can be seen in everyday health care decision making in terms of, for example, involving children and young people in care planning and consent for treatment. In the UK, NHS guidelines are in place to ensure the voice of the child and young person is listened to while practice remains within legislative parameters (NHS, 2019).

However, the reality of having consistent engagement with children and young people to ascertain their opinions in relation to health and wellbeing can be challenging. The current concern in relation to children and young people’s mental health care provision is highlighted in the 2017 Government Green Paper *Transforming Children and Young People’s Mental Health Provision* where it found that:

“Young people’s own views on their feelings and emotions are valuable indicators of their overall mental health and wellbeing” (DH and DfE, 2017: 7).

Although the Green Paper emphasised the importance of listening to children and young people when planning and developing services, the Care Quality Commission [CQC] found that they were not always listened to or consulted in relation to their care (CQC, 2018). During the review, evidence was gathered via ten health and wellbeing boards in England where the CQC spoke with children, young people, families, carers and those working in services. While the review identified highly committed and dedicated people, systems were also found to be complex and disjointed with the result that this impacted on service provision (CQC, 2018). Where the child and young person was central to planning and care provision, delivery of joined up care was more positive (CQC, 2018).

A multiagency, cohesive child centred approach is essential if effective care is to be provided for children and young people. This is particularly important when taking into consideration vulnerable children and young people who require safeguarding intervention. Indeed, the UK Government guidelines, *Working Together to Safeguard Children* (DfE, 2018), specifically say that they need:

“To be informed about and involved in procedures, decisions, concerns and plans” (DfE, 2018: 9).

Children and young people want to be involved in the discussions and choices that affect their health (RCPCH, 2017); youth Forums are a relatively recent concept that aim to facilitate this,

A youth forum is in existence to:

“represent the views of young people, giving young people the opportunity to have a voice, discuss issues, engage with decision makers and contribute to improving and developing services for young people” (NHS England, 2015: 5).

The ages of young people involved in youth forums are normally between 11 and 25 years of age. Whilst there has been some interchangeable usage of the terms youth forum and youth council, the latter is normally linked with governmental bodies (Collins et al, 2016). Since 1979, the number of youth forums has grown

considerably, both within the UK and further afield; it is estimated that there are now more than 620 youth councils and forums in the UK (NHS England, 2015).

The NHS England Youth Forum was established in 2014 and has provided a unique model in terms of valuing the voice of young people within a healthcare context. NHS England (2020) has identified the issues 3 that the forum is focusing on (Table 1.3).

- Making sure young people understand their healthcare rights.
- #yourhealthinyourhands – working to give young people control to prevent illness and stay well.
- Improving opportunities for young people to get involved in primary care, for example in their GP or dental practice.
- Developing ‘golden rules’ for good care, highlighting what young people need from their care pathway.

Table 1.3: The current focus of the NHS England Youth Forum

The NHS England Youth Forum is now receiving broad publicity, via, for example:

- The website (<https://www.england.nhs.uk/participation/get-involved/how/forums/nhs-youth-forum/>);
- Facebook (<https://www.facebook.com/search/top/?q=NHS+England+Youth+Forum>),
- Twitter feed (@NHSYouthForum)
- Publications that have introduced the work to wider audiences and professional bodies (for example, Evans, 2016; Whiting et al, 2016; Whiting et al, 2018).

Since the inception of the NHS England Youth Forum, there has been a growth in the number of local health forums with both children’s hospitals (such as Sheffield, Great Ormond Street, Alder Hey and Birmingham) as well as local hospitals (for example, Burton, Blackpool and Barnet) being involved. It is imperative that this work continues so that children and young people are fully involved in the decision-making processes that may have an impact on their health and wellbeing.

Children and young people’s public health

Blair et al (2010: 2) define child public health as:

“The art and science of promoting and protecting health and wellbeing and preventing disease in infants, children, and young people, through the skills and organized efforts of professionals, practitioners, their teams, wider organizations, and society as a whole.”

Child public health focusses upon 3 key areas:

- *Prevention*: This includes vaccination programmes or education in relation to safe sex.
- *Promotion*: This encourages children and young people to live healthy lives by, for example, taking sufficient exercise, eating an appropriate diet and not smoking. It also promotes the child and young person's overall wellbeing, something that has received an increased worldwide commitment in recent years.
- *Protection*: The aim of this approach is to protect the child population from harm and includes factors existing in the environment such as air pollution.

In other words, child public health involves a multifaceted approach that includes a range of health professionals, as well as those from education, social care and a variety of organisations. However, the role of policy-makers, both at a local and national level, is crucial in terms of the promotion and implementation of public health policy.

Promoting children and young people's health: The role of the children's nurse

One of the key responsibilities of the nurse is to promote the health and wellbeing of children and young people. This is firmly embedded in England and Wales in the Nursing and Midwifery Council [NMC] *Future nurse: Standards of Proficiency for Registered Nurses* (NMC, 2018) that state that:

“Registered nurses make an important contribution to the promotion of health, health protection and the prevention of ill health. They do this by empowering people, communities and populations to exercise choice, take control of their own health decisions and behaviours, and by supporting people to manage their own care where possible” (NMC, 2018: 3).

Platform 2 of the NMC document is entitled: Promoting health and preventing ill health and details the expectations of the registered nurse in relation to this (Table 1.4):

At the point of registration, the registered nurse will be able to:

- Understand and apply the aims and principles of health promotion, protection and improvement and the prevention of ill health when engaging with people.
- Demonstrate knowledge of epidemiology, demography, genomics and the wider determinants of health, illness and wellbeing and apply this to an understanding of global patterns of health and wellbeing outcomes.
- Understand the factors that may lead to inequalities in health outcomes.
- Identify and use all appropriate opportunities, making reasonable adjustments when required, to discuss the impact of smoking, substance and alcohol use, sexual behaviours, diet and exercise on mental, physical and behavioural health and wellbeing, in the context of people's individual circumstances.

Table 1.4: Future nurse: Standards of proficiency for registered nurses (NMC, 2018: 11)

In the UK, an initiative, entitled Make Every Contact Count [MECC] aims to change health related behaviour by utilising *“the millions of day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing”* (Health Education England [HEE] 2020a). Viv Bennett, Public Health England's [PHE] Chief Nurse (Bennett, 2015: 11), has commented on the ‘major’ role that nurses have in relation to MECC and that *“nurses and midwives have vital roles”* in terms of improving health and reducing inequalities.

The National Institute for Health and Care Excellence [NICE] (2020) suggest that MECC is an evidence-based approach that enables the enhancement of the population's health and wellbeing supporting people in terms of behaviour change. NHS England (2019) states that it has contact with more than a million people in each twenty-four-hour period – MECC is about capturing that opportunity to promote health. To facilitate the implementation of MECC, PHE has collaborated with a range of organisations to produce a comprehensive portfolio of resources (GOV.UK, 2018). In addition, HEE (2020b) has developed several e-learning packages for professionals to help them promote aspects of health to their service-users.

The MECC approach has now become established and has been embraced by a number of NHS Trusts across the UK with organisations such a Birmingham Children's Hospital having trained over 120 staff to use MECC; the benefits have been to both staff and patients – for example, staff have had more conversations about their own health and have increased their engagement with services that are aimed at enhancing health and wellbeing; in addition, there have been more referrals made to other lifestyle facilities (PHE, NHS England and HEE, 2016). Within other

areas of England, an integrated approach has been embraced – for example, as part of the Healthy London Partnership (2020), Ealing Council MECC Programme has involved collaboration with the NHS, pharmacies, the Local Authority and the voluntary sector with a range of training straddling the professional groups; the MECC aims have been diverse, taking a life course approach and incorporating aspects of mental, physical, behavioural and emotional wellbeing. Ealing have suggested that their programme has the potential to make 38,000 lifestyle changes per year, each costing less than £3.00. MECC could therefore prove to be a cost-effective strategy to enhance the health of the nation.

It could be argued that children’s nurses are ideally placed to promote health to children and young people to ensure that they get the best start in life; Table 1.5 provides examples of MECC health promoting activities that children’s nurses could engage in:

<ul style="list-style-type: none"> • Discussing immunisations with a parent when their infant visits an Accident and Emergency Department – using the contact to highlight the benefits of vaccinations and perhaps providing a supporting leaflet. • Using opportunities within the school nursing environment to raise awareness about mental health and emotional wellbeing. • Helping a child to clean their teeth properly whilst s/he is a hospital in-patient. • As a community children’s nurse, when visiting children who have respiratory problems, the contact could be used to advise parents who smoke of the strategies that can be employed to help them to stop.

Table 1.5: Examples of MECC health promoting activities for children’s nurses

Childhood morbidity and mortality within a 21st century context

Mortality data refers to the number of deaths, detailed by the cause, place and time. Morbidity, however, relates to a particular disease (or symptom of it), normally within a specific population; it also includes health problems that are caused by medical treatment – for example, a premature baby may have required artificial positive pressure mechanical ventilation to provide respiratory support; however, the positive pressure could lead to bronchopulmonary dysplasia and long-term respiratory problems.

The incidence of childhood mortality has changed dramatically over the last century with the death rate of children declining ten-fold; in the twenty-first century, across

the world, 95.4% of children now survive until 15 years of age (Roser, 2019). In countries that have good health care, a child is 170 times more likely to survive (Roser, 2019). As a result of the UK vaccination programme, diseases such as smallpox have been eradicated and the incidence of others, such as measles is greatly reduced – nevertheless, there is still reluctance by some parents to have their child immunised. The impact of Andrew Wakefield’s study (Wakefield et al, 1998) continues; a systematic review by Allan and Harden (2015) highlighted that parents still had worries in relation to the safety of the Measles, Mumps and Rubella [MMR] vaccination – this was primarily related to the previous controversy as well as the perceived possible serious side effects. Whilst MMR immunisation rates have increased, there is evidence that some of today’s parents are still choosing not to vaccinate their children.

However, whilst there is positive news in terms of the decreased mortality rate, unfortunately, children continue to lose their lives with there being one death across the world every 5 seconds. The most vulnerable children are those who are under five years of age; the principal causes of mortality being pneumonia, diarrhoea and health problems during the neonatal period (World Health Organization, 2020). In an England and Wales context, the mortality rate in infants has been gradually decreasing with the latest figures showing that 2,636 infants died in 2017, with deprived areas having a higher incidence (Office for National Statistics [ONS], 2019). In terms of the older age range, cancers remain the prime cause of death for the one to fifteen-year age range (ONS, 2019). The most vulnerable group are those babies who are born prematurely (before 37 weeks of pregnancy) – this being the largest cause of neonatal death and morbidity in the UK (NICE, 2019); mortality for low birthweight babies (those who are below 2.5 kgs) has risen to 34.7 deaths per 1,000 live births – mortality for a baby of normal birthweight (over 2.5 Kgs) is one death per 1,000 live births (ONS, 2019). Table 1.6 identifies the survival rates for premature babies.

Gestation at birth (weeks)	Per cent of babies who survived (2017 data)
22-23	29.6
24-27	85.5
28-31	96.9
32-36	99.5
37-41	99.9
42+	99.9

Table 1.6: Survival rates for premature babies, taken from: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) (2019)

Premature babies, who do survive, may have morbidity problems that will potentially require long-term health, social and education support – these include:

- Delayed physical development, learning, communication abilities;
- Behavioural challenges including attention deficit disorder;
- Neurological problems such as cerebral palsy;
- Respiratory conditions such as asthma and bronchopulmonary dysplasia;
- Intestinal/digestive diseases and/or conditions;
- A susceptibility to infections;
- Vision impairments such as retinopathy of prematurity;
- Hearing loss (partial or complete);
- Dental problems including changes to tooth colour, delay and irregularity in tooth growth.

[March of Dimes, 2013]

Prematurity is just one example of the changing health context in the UK and is an illustration that more children with “*serious illnesses and disabilities are surviving into adulthood*” (DH, 2013: 2). This has altered the health care provision required for children, young people and their families (DH, 2013: 2) and has undoubtedly impacted of the role of the Children’s Nurse. The NMC (2018) have recognised the complexity of care that so many patients now require and they have recently reviewed the standards that student nurses need to meet in order to gain registration.

There is an on-going drive to reduce mortality and morbidity – of most significance is the 100,000 genomes project that was announced by the then Prime Minister, David Cameron, at the London 2012 Olympics. It was initiated in order to sequence 100,000 genomes from approximately 85,000 NHS patients who have a rare disease or cancer and who are receiving NHS care. The NHS will be the first health service in the world to benefit from this type of information.

Genetics relate to how specific characteristics and diseases are inherited; however, the more insight that is gained into genes, the more complex the area appears to be – genes can operate together in a group and their behaviour is influenced by a whole range of factors, including the environment. The ‘genome’ has been described as “*your body’s instruction manual*” (Genomics England, 2019a) that is present in nearly every healthy body cell; genomics studies the genome as well as the associated technologies and has the potential to transform our health system by enhancing diagnosis and subsequent care and management. Recruitment of participants to the 100,000 Genomes Project was completed in 2018.

Children are already benefiting from the work and Genomics England (2019b) provides examples such as Jessica, aged four years, who received the diagnosis of her rare and serious condition via the 100,000 Genomes Project. Her diagnosis of glucose transporter type 1 (GLUT1) deficiency syndrome (a metabolic condition) means that there is an insufficiency of the protein that enables glucose to cross the blood-brain barrier – this results in a range of symptoms, the key one being epilepsy. Jessica’s condition was previously undiagnosed, but this finding has meant that her medication, diet and overall management can be tailored to her individual needs; as a result, she is more likely to fulfil her potential in terms of her future development and quality of life. In addition, and importantly, Jessica’s parents have had assurance that the condition is not hereditary so should not impact on any subsequent pregnancies. In the future, it is hoped that children will be able to receive their diagnoses at a much earlier age meaning that the condition will not have the same impact on their lives as it has had on Jessica.

Conclusion:

Children and young people are key members of our society and are the future of our nation - it is therefore imperative that they are consulted about decisions that may impact on them. Recognising and valuing the contribution that children and young people can make will serve to enrich the society in which we all live; however, at the same time, they remain a vulnerable group and it is imperative that health care professionals continue to strive to enhance their health and wellbeing ensuring,

wherever possible, that this is informed by the children and young people themselves. This approach is undoubtedly challenging and arguably time consuming, but it is not something that should be shied away from as it has the potential to facilitate not just the health of our children and young people, but also the future adult population.

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MCQs

1. Which documents state that children and young people should be involved in decision making?

- a) Children Act (1989)
- b) Children Act (2004)
- c) The United Nations Convention of the Rights of the Child (UNICEF, 1989)?

[a, b, c]

2. Friends and family are a key influence on children and young people's wellbeing:

- a) True
- b) False

[True]

3. It is the right of every child to have "*a standard of living adequate for the child's physical, mental, spiritual, moral and social development*" Which document is this quote from?

- a) Human Rights Act (1998)
- b) Children Act (2004)
- c) Investing in children: The European child and adolescent strategy, 2015-220 (World Health Organization, 2014)
- d) The United Nations Convention of the Rights of the Child (UNICEF, 1989)?

[d]

4. Are health and wellbeing considered to only relate to the absence of disease?

- a) Yes
- b) No

[No]

5. What is cyberbullying?

- a) The use of any electronic device to bully others
- b) The use of online websites to bully others
- c) Any bullying that is undertaken away from the immediate vicinity of the victim

[a]

6. Which of the statements below is accurate in terms of a youth forum?

- a) A group that enables children and young people to socialise
- b) A group that enables children and young people to voice their views in relation to decisions that may impact on them
- c) A group that enables children and young people to discuss a range of health and wellbeing issues

[b]

7. When was the NHS England Youth Forum established?

- d) 2014
- e) 2000
- f) 2018

[a]

8. What does MECC stand for?

- a) Make Everything Count for Children;
- b) Make Every Contact Count;
- c) Make Evidence Count in Care.

[b]

9. Which of the following are potential problems associated with prematurity:

- a) Vision impairments
- b) Hearing loss
- c) Behavioural challenges
- d) Delayed physical development

[a, b, c, d]

10. There is some evidence that children have participated in policy development:

- a) True;
- b) False;

[b]

11. In England of Wales, what is the prime cause of death in the 1-15 year age range?

- a) Road traffic collisions
- b) Accidents
- c) Infectious diseases
- d) Cancers

[d]

12. How many NHS parents have been involved in the 100,000 genomes project?

- c) 25,000
- d) 50,000
- e) 85,000

[c]