

# Health and Well Being for Children and Young People:

Action in response to the issues raised by the Health Behaviour  
in School-aged Children (HBSC) study 1986-2000



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

# WELSH ASSEMBLY GOVERNMENT AIMS FOR CHILDREN AND YOUNG PEOPLE

The Assembly Government believes that the UN Convention on the Rights of the Child should guide its work with children and young people. Based on the rights in the Convention, the Assembly Government has drawn up a new set of aims for all of its activities for children and young people. We aim to ensure that all children and young people in Wales:

- have a flying start in life and the best possible basis for their future growth and development;
- have access to a comprehensive range of education, training and learning opportunities, including acquisition of essential personal and social skills;
- enjoy the best possible physical and mental, social and emotional health, including freedom from abuse, victimisation and exploitation;
- have access to play, leisure, sporting and cultural activities;
- are listened to, treated with respect, and are able to have their race and cultural identity recognised;
- have a safe home and a community that supports physical and emotional well being;
- are not disadvantaged by child poverty.

These aims now provide the context for all Assembly programmes that have an effect on children and young people.

This document is published in response to the findings of the 1986-2000 Health Behaviour in School-aged Children study. It brings together action from a number of Welsh Assembly Government strategies in order to address the health issues raised.

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## Introduction

The Health Behaviour in School-aged Children (HBSC) study is a cross-national research study conducted in collaboration with the World Health Organization (WHO) Regional Office for Europe. Wales entered the study in 1985/86 since when surveys have been conducted every four years in a growing number of countries. In 1997/98, some 120,000 young people from 26 European countries, Canada and the United States participated in the study.

Throughout this period, Wales has also undertaken interim surveys on a biennial basis, the most recent being in 2000. This rich source of data allows an analysis of trends from eight surveys over a 14-year period. The study is school based and in Wales involves pupils from school years 7 (age 11-12), 9 (age 13-14) and 11 (age 15-16). Data are collected via a self-completion questionnaire administered under exam conditions.

The findings for the period 1986 –2000 were presented to the National Assembly plenary session on 16th April 2002. Assembly members voted unanimously for the development of an action plan to address the issues raised in the report.

This response presents proposals under the same headings as those listed in the HBSC report, with the addition of sexual health, and mental and emotional health; and with action on the school environment incorporated where relevant in appropriate topic areas. It addresses action for all children and young people.

It brings together actions from other relevant strategies, in addition to new actions; and is mainly concerned with health promotion action at a population level led by the Welsh Assembly Government working with external partners.

The Welsh Assembly Government recognises that other, broader issues influence the health and well being of our young people, for instance poverty, housing, the fabric of school buildings, health and safety. However these issues are beyond the scope of this response.

# Summary of main findings from the HBSC study over the period 1986-2000

## General health and well being

Boys and younger pupils are more likely to report being very healthy and very happy with their life. International data show that young people in Wales are relatively negative about their health and happiness with life compared with their Western European counterparts.

## Smoking

Regular (weekly) smoking rose sharply between 1986 and 1996. However, recent data suggest that weekly smoking has stabilised among girls and fallen among boys. Similar rates of adolescent smoking are found across Europe and North America.

## Alcohol

For older pupils, weekly drinking and reported drunkenness increased between 1986 and 1996. As with tobacco use, there is evidence to suggest a reversal of the trend among boys; for girls the proportions have fluctuated. Young people in Wales reported substantially higher rates of weekly drinking and drunkenness than the vast majority of other countries in the study.

## Illicit drug use

Overall there has been a significant increase in lifetime and current use of illicit drugs during the 1990s, such that the proportions reporting drug use in 1998 were almost double those recorded in 1990. However, once again, there is evidence to suggest a small reversal of this trend between 1996 and 1998 although further data will be required to assess whether this fall is a real one. Cannabis is by far the most common drug used by young people.

## Eating patterns, nutrition and dental care

Girls are less likely to consume breakfast, lunch and dinner on a daily basis, particularly those aged 15-16. In 2000, fewer than half of girls aged 13-16 ate breakfast every day. There has been an increase in the consumption of confectionery and drinks containing sugar among boys. Consumption of fat-reduced milk has increased but the proportions of boys and girls aged 15-16 eating fresh fruit every day were lower in 2000 than 1990. Fewer than half of this age group reported eating fresh fruit every day in 2000. Overall, tooth brushing more than once a day increased between 1986 and 2000, although girls are more likely than boys to brush their teeth this regularly.

## Physical activity

Physical activity increased between 1986 and 2000 for both sexes, although boys are more likely to report frequent activity. For example, in 2000, 15-16 year old boys were more likely than 15-16 year old girls to report exercising on four or more occasions a week outside of school (62% compared to 22%). The data suggest that while older pupils exercise less frequently, they participate for longer periods of time.

## School environment

Girls and younger pupils are most likely to report liking school. The proportions reporting that they liked school a lot declined between 1986 and 2000, although there is evidence of a small increase from the 1998 and 2000 studies, with the exception of 11-12 year old boys. Significant proportions report to have bullied or been bullied, although international data indicate that bullying behaviour is less common in Wales than elsewhere. Fewer than half of young people walk to, or from, school.

## Socio-economic status and adolescent health

Welsh HBSC data indicate a consistent positive association between indicators of socio-economic status and health behaviours and measures of wellbeing. Despite some variation, findings were largely consistent across countries.

Questions on **sexual health** were recently introduced to the HBSC study and data will be presented in subsequent reports.

As with any international study, country comparisons should be treated with some caution. The HBSC study encompasses many school systems, crosses many cultures and languages and uses different methods of survey administration (e.g. researchers, school staff). Samples may also differ by age, socio-economic status and geographical coverage. That said, the HBSC works to an international protocol and is unique in providing data on the health of young people across so many countries in Europe and North America.

Other examples of international findings to emerge from the 1997/98 study include:

Young people in Wales are less likely to eat fruit every day than in most other European countries; and in common with England, Scotland, Northern Ireland and Ireland, are more likely to eat potato crisps every day. However, Welsh teenagers are less likely than their Scottish and Irish counterparts to eat sweets and chocolate every day.

In common with all other European countries, teenage boys in Wales take more exercise than teenage girls; with Wales in the top half of the table for both male and female exercise levels. However young people in Wales are more likely to watch television for four hours a day, and young Welsh males are more likely to play computer games for four hours a week than their counterparts from most other countries.

Experimentation with smoking, and daily smoking, is similar across most of Europe.

International findings from the 2001/02 HBSC study are expected to be published by the WHO European Office in October 2003.

## Strategic context for the action plan and key Welsh Assembly Government initiatives

The Assembly Government's *Plan for Wales 2001* sets out a vision for a sustainable, inclusive and equal Wales in which people live healthier lives with less variation in life expectancy.

A number of Welsh Assembly Government strategies and initiatives recognise the need for health promotion with young people:

*Well Being in Wales*, which the Assembly Government has published as a consultation document, makes explicit the links between people's health and well being and all the Assembly Government's policy areas. It sets out proposals for more action to address inequalities in health as part of an integrated approach. Responses to the consultation have stressed the importance of work in schools to address the health of young people.

*Promoting health and well being: Implementing the national health promotion strategy* details action to improve the health of all people in Wales.

The Tobacco White Paper, *Smoking Kills* states 'We need to make clear the risks of smoking to people of any age, and to counter the idea that there is any link between smoking and glamour, maturity and independence'.

*Tackling Substance Misuse in Wales* has a key aim to help children, young people and adults resist substance misuse in order to achieve their full potential in society, and to promote sensible drinking in the context of a healthy lifestyle. Guidance for schools and youth organisations on *Substance Misuse: Children and Young People* has recently been issued.

The Food Standards Agency Wales in collaboration with the Welsh Assembly Government has developed a nutrition strategy for Wales. The resulting action plan, *Food and Well Being*, identifies infants, children and young people as a key priority group for action.

In relation to physical activity, the *Healthy and Active Lifestyles Action Plan* consultation document presents a number of relevant actions. Similarly the *PE and School Sport Action Plan* aims to increase activity levels amongst young people. The Assembly's planned Sports, Physical Activity and Fitness strategy will address levels of activity amongst the whole population of Wales, including young people.

The Assembly's *Strategic framework for promoting sexual health in Wales* considers ways of ensuring that all young people receive effective education about sex and relationships; as well as looking at ways of providing services; reducing rates of unintended teenage pregnancy and reducing the incidence and prevalence of sexually transmitted infections in Wales. *National Assembly for Wales Circular 11/02* gives guidance on Sex and Relationships Education in Schools.

Mental health services for young people in Wales are addressed by the Child and Adolescent Mental Health Services (CAMHS) strategy.

The Welsh Assembly Government is currently developing a *National Service Framework for Children* which will work synergistically with this action plan.

Guidance due to issue shortly on the health of Looked After Children will consider health promotion issues specific to that group.

In addition to these strategies and initiatives, which can have a direct effect on the health and well-being of young people in Wales, other work currently being undertaken by the Welsh Assembly Government can affect health and well being, for instance work related to *The Learning Country*, and *Safe Routes to School*.

Locally, *Health Social Care and Wellbeing Strategies* (HSCWB) will take account of children and young people by reference to the local *Children and Young People's Framework*. The Framework sets the strategic direction for all provision affecting children and young people and will retain this focus. The local Framework Partnership has the lead on strategic planning for this group and for ensuring that this responsibility is exercised in a multidisciplinary way across all responsible agencies, including health services and the local authority. The Framework will already have been agreed jointly and this will assist the process for incorporation of the relevant parts into the HSCWB Strategy.

## What works?

Evidence presented in two systematic reviews of health promoting schools and health promotion in schools supports the following practice:

- continuing work on health promoting school initiatives;
- improving the content of school meals and promoting healthy options;
- encouraging and supporting physical activity in schools, but not on a compulsory basis;
- experimenting with school-based clinics providing advice on contraception and safe sex, and co-ordinating with sex education in the classroom;
- experimenting with involving parents in school health promotion initiatives;
- experimenting with programmes which make use of peers;
- establishing school injury prevention programmes;
- improving actions on mental and social well-being in the context of the health promoting school;
- investing small amounts of finance in schools interested in developing health promotion initiatives.

In addition the Acheson inquiry into Inequalities in Health recommends the further development of health promoting schools, initially focussed on, but not limited to, disadvantaged communities; as well as measures to improve the nutrition provided at school.

Evidence was presented to Health & Social Services Committee as part of the literature review to support the Committee Review of services for children with special health needs of what interventions worked in mental health.

In specific topic areas, recent evaluations of Assembly-funded adolescent smoking cessation pilot projects have indicated the appropriateness of continuing the approach in a variety of settings.

An effectiveness review into preventing the uptake of smoking in young people recommends a co-ordinated long term approach with co-ordinated activities operating in a synergistic way.

A recent systematic review of young people and physical activity lists among its recommendations a focus on a ‘...whole school approach (i.e. one involving all members of the school community in developing and implementing health promoting changes in school organisation and structure)... [which] can be effective for increasing the physical activity levels of young women aged 15 to 16 years’. This action plan therefore focuses on the health promoting school as the main vehicle for health promotion activities; with co-ordinated activities within different topic areas to reach young people throughout their school career.

Similar activities within youth organisations will support this approach, as will environmental action in areas where young people congregate.

## Proposed action in key areas:

### General health and well being

#### Aims:

- To develop an holistic approach to the health and well-being of young people.
- To monitor developments and their impact.

Action	Lead and timing
Develop Standards and implementation plan for NSF for Children	HSPD, CFD by March 2005
Further develop links between Local Authorities and the NHS to address the health needs of children and young people, building on local Partnership plans and crosscutting working groups of Ministers and officials	CFD, YPT, DfTE, HPD, Local authorities, PHS, NHS Trusts; on-going
Continue and expand the Welsh Network of Healthy School Schemes so that all schools in Wales have the opportunity to participate and benefit	HPD, PHS, DfTE, Local authorities; on-going
Provide training for teachers on PSE	Local authorities, PHS, DfTE; on-going
Place health on the agenda of School Councils in Wales	SMD, Local authorities; by September 2004
Develop the healthschool website	HPD; on-going
Produce regular research bulletins to update professionals	HPD; on-going, at least one per year
Consider the role of school nurses in health promotion for young people	OCNO; on-going
Develop the role of Community Focussed Schools and Schools of the Future in promoting health	DfTE, HPD, OCNO
Keep youth workers up-to-date with health issues via Wales Youth Agency	YPT; on-going
Monitor the health component of Children's Partnership plans and Young People partnership plans and promote effective participation of children and young people in planning and evaluation	CFD, YPT; on-going
Consider appropriate action to develop health promotion in FE institutions, following the 2003 scoping exercise	HPD, LLD, ELWa; by March 2004
Continue to undertake the HBSC survey biannually to provide data for programme planning and monitoring and as an international benchmark for Wales	HPD; on-going, next survey 2004
Undertake survey of health promotion policies and practice in schools in Wales, to include range of topics covered by HBSC	HPD; by March 2004
Collate existing evidence upon which future actions could be based	HPD; on-going

## Smoking

### Aims:

- To reduce the number of young people who experiment with tobacco; or who, having experimented, continue to become regular smokers.
- To help adolescent smokers to give up.

Action	Lead and timing
Continue dissemination and training on new primary school resource <i>Smoke Signals</i>	HPD, Local authorities, PHS; by April 2004
Continue, and expand, Smoke Bugs! club for 8-11 year olds	HPD, PHS, Local authorities; on-going
Continue to run annual Smokefree Class Competition for Years 7 and 8	HPD; on-going
Participate in European Smokefree Youth Conferences if planned	HPD
Reprint and disseminate secondary school resource on tobacco, <i>Burning Issues</i>	HPD, Local authorities, PHS; by Dec 2003
Disseminate findings from the TAGs (Tobacco Action Groups ) pilot project	HPD; by Dec 2003
Encourage and support local implementation of co-ordinated range of smoking prevention initiatives	HPD, PHS, Local authorities; on-going
Continue grants for adolescent smoking cessation pilot projects	HPD; until March 2004
Develop smoking cessation services for young people within the Wales-wide smoking cessation services developed by the National Public Health Service	HPD, PHS, by April 2004
Repeat adolescent smoking cessation media campaign	HPD; on-going
Support Cardiff University ASSIST peer support programme for tobacco prevention	HPD; on-going
Prepare proposal for possible European collaboration on smoking cessation in young people	HPD; by May 2003

## Alcohol and illicit drug use

### Aims:

- To contribute to the objectives of *Tackling Substance Misuse in Wales*.

Action	Lead and timing
To ensure guidance for new Community Safety partnerships includes reference to Education Circular and good practice in substance misuse education programmes and policies	CSU; by Apr 2003
To monitor local plans and work towards ensuring all schools and youth services have substance misuse education programmes and policies in line with good practice guidance	CSU; by March 2004
To gather information on effective substance misuse education programmes and resources and report to Minister	CSU; by May 2003
To work with other departments across the Assembly to ensure provision of programmes and policies	CSU; by March 2004
To map current distribution procedure for existing substance misuse education and information resources, to identify gaps and report findings	CSU; by August 2003

## Nutrition and dental care

### Aims:

- To contribute to the improvement of diet amongst children and young people in Wales.
- To contribute to the aims of the Nutrition strategy action plan, *Food and Well Being*.

Action	Lead and timing
Encourage the provision of breakfasts in schools as part of healthy school development; and provide supporting publications	HPD; on-going
Continue, and expand, the fruit tuck shop scheme in schools on a cost-recovery basis	HPD; on-going
Encourage the introduction of fresh water dispensers in all schools	HPD, PSD; on-going
Develop a nutrition-based teaching resource for primary schools	HPD; commencing April 2004
Encourage the development of SNAGS (School Nutrition Action Groups)	HPD; on-going
Investigate innovative ways of extending work on nutrition in schools as part of a whole school approach	HPD, PHS, Local authorities; on-going
Encourage local areas to work with the Heartbeat Award for Schools	HPD, PHS; on-going
Take action to increase the take up of school milk, including free school milk to KSI pupils	FFDD2; on-going
Provide guidance linked to the new nutritional standards for school meals	SMD; on-going
Assess the impact of new legislation on nutritional standards for school meals	FSA
Carry out a school's audit of the extent and impact of snacks on children's food intake	FSA
Develop an audit tool on nutrition issues for schools to use as part of healthy school development	HPD, Local authorities, PHS; by March 2004

## Physical activity

### Aims:

- To actively encourage, promote and enable participation in physical activity amongst children and young people in Wales.
- To contribute to the aims from the Healthy and Active Lifestyles action plan.

Action	Lead and timing
Encourage schools to develop active lifestyles policies that build on the lessons learned from pilot PE and School Sport Development Centres	SPD; ongoing
Encourage schools to set aside two hours per week for physical education and sport for all pupils in each key stage	SPD; ongoing
Develop opportunities for young people to participate in extracurricular activities of their choice, e.g. by programmes such as Girls' First and Dragon Sport	ALSD, SCW, Local authorities; on-going
Provide training for healthy schools co-ordinators to identify and integrate with physical activity initiatives for young people	HPD; by September 2003
As part of healthy schools work, investigate innovative ways of encouraging activity beyond the curriculum in secondary schools' particularly for those groups who do not normally participate	HPD, Local authorities, PHS; on-going
Reprint and disseminate <i>The Health Promoting Playground</i>	HPD, Local authorities, PHS; by July 2003
Encourage primary schools to paint playgrounds to encourage physical activity as part of their healthy school work	HPD, Local authorities, PHS; on-going
Continue dissemination and implementation of <i>The Class Moves!</i>	HPD, Local authorities, PHS; on-going
Support and encourage the work of voluntary and other organisations to develop physical activity in schools	ALSD, HPD; on-going
Continue the Safe Routes to School initiative to encourage more children to walk to school	TP; on-going

## Sexual health

### Aims:

- To contribute to the aims from the *Strategic framework for promoting sexual health in Wales*.

Action	Lead and timing
Develop and produce new primary school resource on sex education	HPD. Draft for trialling by Summer 2004; Publication Autumn 2005
Disseminate good practice on sexual health and sex education for young people	HPD, Sexual health network; on-going
Develop multi-disciplinary training package for professionals dealing with sexual health and young people	HPD, PHS
Continue grant scheme to pilot innovative sexual health service provision for young people	HPD; 2003-04
Continue STI prevention campaign in Universities and FE colleges, pubs and night clubs	HPD; until July 2003
Provide training for teachers linked to <i>Sex and Relationships Education in Schools Circular 11/02</i>	Local authorities, PHS; on-going
Investigate the possibilities of extending the provision of sexual health services designed specifically for young people eg school-based clinics	HPD and NHS Directorate 2003-2004
Develop an audit tool on sex and relationships issues for schools to use as part of healthy school development	HPD, Local authorities, PHS; by March 2004

## Mental and emotional health

### Aims:

- To promote positive mental and emotional health in young people.
- To contribute to the reduction of stigma associated with mental ill-health.

Action	Lead and timing
Encourage the use of resources and approaches to promote positive mental and emotional health e.g. Circle time	Local authorities, PHS; on-going
Provide training linked to new Welsh Assembly Government Circular on bullying	Local authorities, PHS; from March 2003
Consider involvement in new European project on mental and emotional health	HPD
Provide mental health services in accordance with the Implementation Plan of the NSF for children when published	NHS, social services and voluntary sector

# Annex I

## Abbreviations used

ALSD	Arts, Lottery & Sports Division, Welsh Assembly Government
CFD	Children and Families Division, Welsh Assembly Government
CSU	Community Safety Unit, Welsh Assembly Government
DfTE	Department for Training and Education, Welsh Assembly Government
ELWa	The National Council for Education and Training for Wales
FFDD	Food and Farming Development Division, Welsh Assembly Government
FSA	Food Standards Agency Wales
HPD	Health Promotion Division, Welsh Assembly Government
HSPD	Health Services Policy Division, Welsh Assembly Government
LLD	Lifelong Learning Division, Welsh Assembly Government
NHS Directorate	National Health Service Wales Directorate, Welsh Assembly Government
NSF	National Service Framework
OCNO	Office of the Chief Nursing Officer, Welsh Assembly Government
PHS	National Public Health Service
PSD	Pupil Support Division, Welsh Assembly Government
SCW	Sports Council for Wales
SMD	Schools Management Division, Welsh Assembly Government
TP	Transport Policy Division, Welsh Assembly Government
YPT	Youth Policy Team, Welsh Assembly Government