

Thomas Coram Research Unit

Final report to Department of Health



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Title of Unit:

Thomas Coram Research Unit (TCRU)

Grant holder:

Institute of Education, University of London

Key Researchers:

Professor Marjorie Smith
(Programme Director: 2007- 2010)

Professor Peter Aggleton
(Programme Director: 2006)

Professor June Statham



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This report describes, in summary, the research carried out as a five year programme of policy-relevant work, conducted for the Department of Health in the period from 2006 to the end of 2010. The research was carried out by the Thomas Coram Research Unit, at the Institute of Education, University of London, and focussed on the health and well-being of children and young people inside and outside their families.

The research was organised into three inter-related research streams: the health circumstances and needs of children and young people; promotion of children and young people's mental health; and organisation and delivery of health services for children and young people. In total, six substantive research studies were carried out during the five year period. Each of these studies is described, including its relevance to DH policy in the relevant time period, the key findings from the study, and where the study was completed early enough for this to be applicable, the impact of the research. In addition, a fifth of the funding for the programme was reserved for responsive activities to meet the immediate research needs of policy makers, alongside the more substantive studies. The responsive capacity has provided the facility to respond rapidly and flexibly to requests from the DH for short studies on issues of strategic or immediate policy relevance to the Department. As well as providing advice and consultation, seven different small scale responsive projects have been carried out during the programme duration. The report also contains information on these activities, which range from rapid literature reviews and scoping studies, to small scale research projects.

The individual summary study reports are followed by details of published outputs from the programme as a whole during this period, as well as a list of dissemination activities.

Overview of the work of the PRP Unit 2006- 2010

This report is an overview and summary report of the five year policy-relevant programme of work conducted between 2006 and the end of 2010 for the Department of Health, by the Thomas Coram Research Unit. The work has concerned the health and well-being of children and young people, inside and outside their families.

Background

The Thomas Coram Research Unit (TCRU) is a specialist unit within the Institute of Education, University of London. It was founded in 1973 by Professor Jack Tizard following discussions with the former Department of Health and Social Security. From its earliest days, TCRU has taken a multidisciplinary approach and conducted research focussed on the health, social and educational needs of children and families. Historically this has included studies on the links between motherhood and child health; the links between social support and pregnancy outcomes; the relationship between patterns of health and health care among parents; studies of family health including impacts of parental mental health, family violence and child maltreatment; and the health perspectives and behaviours of children and young people across a variety of circumstances and settings.

TCRU continues to conduct a wide range of policy relevant research focussed on the health, care and education of children and young people within and beyond their families. Work on the social care of children, which had previously been part of the responsibilities of DH, was transferred to DfES (as it was then) before the start of the current programme, which funded a parallel programme of work with a focus on social care, for the years 2006-2009. The unit's overall research income was just over £2.5m for the year ending 2010, with funding received from the DH, DfE, research councils, UK charitable funding as well as the European Commission.

The programme of work 2006-2010

The programme of work conducted for DH was begun under the directorship of Professor Peter Aggleton. Professor Aggleton stood down as Director of TCRU towards the end of 2006, and Professor Marjorie Smith was appointed Co-Director of the Unit, and also took over responsibility for the DH programme of work.

The research programme proposed in 2006 comprised four work streams:

- Health circumstances and needs of children and young people
- Promotion of children and young people's mental health
- Organisation and delivery of health services for children and young people
- A responsive research programme

Within the first three inter-related streams, research was conducted addressing topics identified as priorities by DH. Once a topic for research was identified, the process of development of proposals was negotiated and iterative, involving policy input and feedback at all stages. It initially involved dialogue with policy customers appropriate to the proposed research area, following which an outline proposal was submitted for policy and practitioner input. The outlines set out the background to the proposed research, the relevance to policy, the research questions to be addressed, and provided some brief information on the scale and duration of the project, the proposed methodology, as well as information on plans for dissemination. Once policy and practitioner feedback on the research idea and questions had been received, the full proposal was developed, taking into account the policy customer feedback. Full proposals were subject to academic peer review as well as internal review, before approval was given and the research could proceed.

At the time at which the programme was commissioned, an indicative programme of work in the identified areas was proposed by TCRU as a result of meetings with DH representatives – these discussions took place in the summer of 2005. As a result of the method of commissioning within the ongoing programme, policy priorities inevitably changed over time, and conducted studies reflected more the priorities current when they were commissioned. In retrospect then, it is interesting to note that, with some degree of overlap, the conducted research still broadly fits within the streams proposed in 2005.

The fourth stream, the responsive research programme, was designed to provide a dedicated facility to enable researchers in TCRU to respond swiftly and directly to policy makers needs for specific information or advice to support and inform policy development. This method of working was developed in an earlier policy research programme and was found to be of value to policy makers within DH. For this reason, 20% of the budget of the programme was allocated to provide a responsive capacity. The responsive stream was directed and coordinated by Professor June Statham throughout the programme duration.

The responsive stream has provided a facility for DH policy makers to request small-scale, exploratory studies on issues of immediate policy relevance. Activities within the stream have ranged from advice and consultation (including on research design to aid commissioning); the production of overviews and briefing papers; small scale research projects to fill immediate policy needs. This latter category includes rapid literature reviews; scoping studies that bring together evidence in a new field and describe the research 'landscape', as well as feasibility studies to test the ground before commissioning larger scale research or development work. The capacity to conduct this type of work with short response times and in accordance with sound research principles has been dependent on the availability of a pool of experienced researchers with relevant expertise within TCRU.

Within the programme as a whole, a total of six research studies and seven responsive projects have been carried out during the five year period.

The Gantt chart on page 6 shows the sequence, duration, and timescale for each of these activities.

The studies are below shown under the headings of the different research streams – with the responsive studies also included in these streams (and identified with an 'R').

Health circumstances and needs of children and young people

- The social functioning, emotional well being and mental health of unaccompanied asylum seeking children and young people
- Stress in children: the prevalence and patterning of somatic symptoms and anxiety in children
- Young fathers: roles, responsibilities and support
- National Child Measurement Programme: early experiences of routine feedback to parents of children's height and weight (R)

Promotion of children and young people's mental health

- Child and adolescent mental health services: providing on-call and 24 hour specialist cover
- Mental health and emotional wellbeing among younger students in FE colleges (R)
- Mental health services for children and young people with learning disabilities: a literature review (R)

Organisation and delivery of health services for children and young people

- Healthy early years settings: a scoping study
- Promoting young people's health through schools - the role and contribution of the nurse
- Healthy and health promoting colleges: an evidence base (R)
- An audit tool to assess implementation of Standard 8 of the Children's National Services Framework: a scoping study (R)
- The health of children and young people in secure settings (R)
- IAPT for children and young people(R)

Each of the substantive studies has, or very shortly will have, produced a full final report for the DH describing the policy background into which the

research was commissioned, the research aims and objectives, the design and methodology, the findings and their policy and practice implications. Similarly, the responsive studies have each provided reports for DH – many of which are now available online. The short reports that follow from each study, in the sequence in which they were started, provide only a brief summary of this information, but do include information, specific to each study, on the relevance of the work to DH policy between 2006-2010, and on the subsequent impact of the research.

The individual summary study reports are followed by details of published outputs from the programme as a whole during this period, as well as a list of dissemination activities.

In relation to these, and the impact of the research, it should be noted that two of the six substantive studies conducted are ending at the same time as the programme finishes, and another has only relatively recently received approval for

its final report (thus allowing the findings to be disseminated more widely). This timing means that it is too early to have any publications describing the results of the research, and that dissemination activity will be minimal, as yet, from these studies. Since publications, and particularly peer reviewed academic publications, often have a significant time lag between submission and publication, it is often some time between the ending of the research funding before publications are available in the public domain. As a counterbalance to this, it should be noted that the period 2006 – 2010 has also seen the (continuing) publication and dissemination of research conducted during the previous DH funded programme which ended in 2005. On this basis, it is far too early to describe accurately the real and lasting impact of the research conducted during the just-ended programme.

Update since last progress report

Throughout the duration of the programme, quarterly reports have been prepared to update the Department of Health (and CCF) on the progress of research and responsive studies conducted within the programme. In addition, face-to-face Programme Management meetings have been held at six monthly intervals.

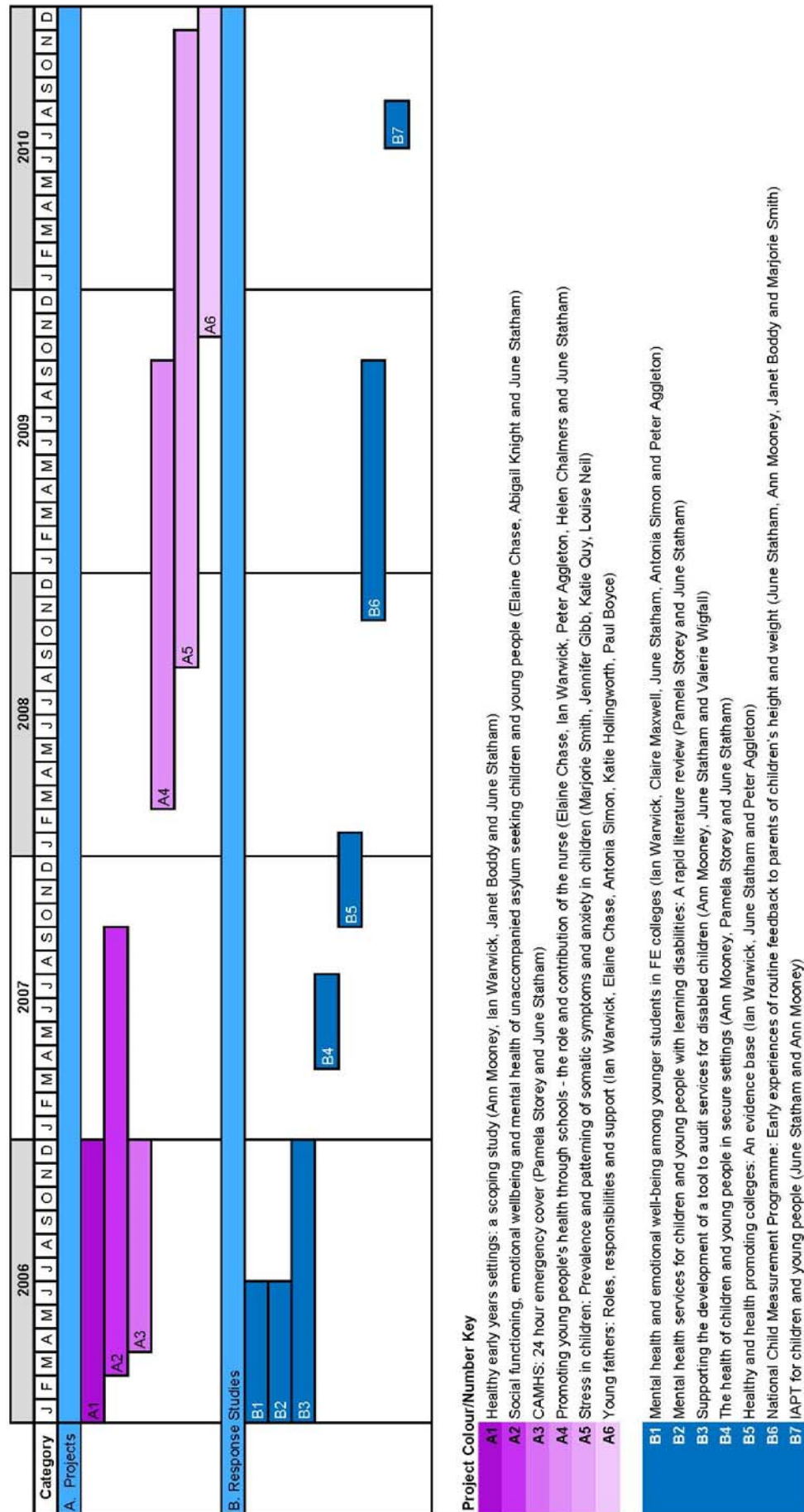
Until March 2009, when TCRU's parallel programme of research for the DCSF (now DFE) ended, these took the form of Joint Programme Management meetings attended by Research Liaison Officers from DH and DCSF, as well as representatives from the Central Commissioning Facility. This was particularly helpful in enabling both departments to benefit from research commissioned by the other and to obtain added value from studies in areas of common interest, such as

disabled children, mental health and wellbeing, and support for families with complex needs.

The most recent meeting, for which a Progress Update Report was prepared, took place in November 2010, so there is little to report since then.

The final part of the programme has seen the completion of two research studies: the Stress in Children study: exploring the prevalence and patterning of somatic symptoms and anxiety in children aged seven to eleven years; and Young Fathers: roles, responsibilities and support. These studies are now preparing their final reports for submission to the Department of Health.

Figure 1: Project timescales



Healthy early years settings: a scoping study

Research team:

Ann Mooney
Janet Boddy
June Statham
Ian Warwick

January to
December 2006



Context

The study provided an evidence base to guide decisions about how the government could best encourage early years settings to promote children's health and well-being, and in particular the feasibility of extending the National Healthy Schools Programme (NHSP), which was a joint DH and DfES initiative, to the full range of early years settings. The White Paper, *Choosing Health* (DH, 2004), reiterated the government's concern to improve public health by tackling health inequalities and promoting healthier lifestyles, and proposed an expansion of the NHSP to nursery level. Increasing the proportion of young children achieving normal levels of personal, social and emotional development was an important Public Service Agreement (PSA) target at the time and both Ofsted and the Food Standards Agency had focused on healthy eating in the early years (Ofsted, 2004). Furthermore, 'being healthy' was one of the five key outcomes for children and young people in the *Every Child Matters: Change for Children* programme (DfES, 2004).

Aims and objectives

The study aimed to identify how early years settings were promoting the health of young children; how current practice and policy related to the National Healthy Schools Programme criteria; the applicability of the NHSP approach; and the barriers and facilitators to using this approach in early years settings. The overall aim of the study was to provide an evidence base upon which decisions could be made about how best to encourage health-related activities in early years settings.

Methodology

The study took a multi-method approach involving:

- a review of health related guidance for the early years and of effective interventions in early years settings to promote health among young children;
- interviews with relevant stakeholders including key informants in the early years and health fields, NHSP Regional Coordinators and Foundation Stage Regional Coordinators;

- a survey of Local NHSP Coordinators; and
- case studies of early years settings representing promising practice in the promotion of health and well-being.

Key findings

The study identified much existing activity among voluntary and government agencies aimed at encouraging health-related work in early years settings. Wide support was found for a Healthy Early Years Programme which would dovetail with the Early Years Foundation Stage (EYFS) and Quality Assurance (QA) Schemes. However, the diversity of early years settings and issues of capacity and resourcing for Local Healthy School Programmes, suggested that extending the Healthy Schools Programme to the early years at this time may not be the best course of action. The findings indicated that building on existing early years curriculum frameworks, developing partnerships between health and early years professionals, engaging both parents and practitioners, and adequate national and local resourcing would facilitate development of health promoting work in the early years sector.

The study concluded that the EYFS provided a framework for ensuring the delivery of core health principles within an early years setting and that the National Healthy Schools Programme could play a valuable role in working alongside early years organisations and practitioners to provide professional advice and guidance to help raise health standards. The Regional and Local Healthy School Programmes could also offer valuable support, training and advice in helping early years providers implement the health aspects of the EYFS.

Impact

The findings informed a move away from considering how the NHSP might be extended to early years settings, towards considering instead how the NHSP experience could be used to help early years providers meet the health-related aspects of the Early Years Foundation Stage. The six case study examples of developing practice to support health in early years settings became an EYFS resource: http://nationalstrategies.standards.dcsf.gov.uk/node/84567?uc=force_uj

Two briefing papers and the final report from the project were published on the Healthy Schools website and links to these publications appeared on the Early Years Foundation Stage website.

The social functioning, emotional wellbeing and mental health of unaccompanied asylum seeking children and young people

Research team:
Elaine Chase
Abigail Knight
June Statham

March 2006 to
September 2007



Context

This research addressed a number of the contemporary key policy areas for children and young people at the time of the study. These included, among others: the National Service Framework for Children and Maternity Services; the Children's Green Paper, Every Child Matters; the Youth Green Paper; Youth Matters; and the NSF standard for mental health. The research also helped to inform a number of key service areas such as Child and Adolescent Mental Health Services (CAMHS), looked after children services and leaving care services as well as the emerging roles of the foundation Children's Trusts.

Aims and objectives

The overall aim of this study was to explore in greater depth the emotional wellbeing and social functioning of unaccompanied asylum seeking young people in different social settings and create insights into the types of social and health care interventions that might positively impact on these dimensions of their health.

More specific objectives were to:

- Conduct a review of existing literature of the issues relevant to the mental health of refugee and asylum seeking children and young people in the UK.
- Through in-depth qualitative research document, from a range of perspectives, the factors that positively and negatively impact on the social functioning, emotional wellbeing and mental health of a sample of unaccompanied young people.
- Identify the implications for policy and practice emerging from the study in relation to promoting the social functioning, emotional wellbeing and mental health of unaccompanied asylum seeking children and young people.

Methodology

The study comprised a review of relevant literature to contextualise the study; in-depth discussions with 54 children and young people seeking asylum on their own in the UK; and interviews with 31 professionals (including three foster carers looking after asylum-seeking children) in one London borough. They included staff working in social

care, primary care, education and child and adolescent mental health services (CAMHS) and in voluntary organisations. All interviews were recorded where possible, partially transcribed and analysed thematically. The sample of children and young people in the study ranged in age from 11- 23 years and was made up of 25 male and 29 female participants living in either foster placement, semi-independent or independent living arrangements. They came from 18 different countries, and the average length of time spent in the UK at the time of interview was 3.3 years (with a range of less than one year through to seven years). While 80% of the sample was drawn from asylum teams within one London local authority, a further 20% of participants were identified through an independent advocacy service working across a number of different London local authorities.

Key findings

In a largely opportunistic sample of 54 young people, a very wide spectrum of difficulties in emotional wellbeing was observed and described by young people. These ranged from missing family, feelings of isolation and loneliness, disturbed sleep patterns, general anxiety, headaches, panic attacks, depression, eating difficulties and in some cases (six young people) more severe mental health problems requiring more specialist support and sometimes hospitalisation. Young men tended to be less likely than young women to talk or seek advice about the emotional difficulties that they were facing. Older young people participating in the research (age 16 plus) indicated far higher levels of anxiety than the younger children that we spoke to. Older young people appear to be more likely to experience the types of stresses and anxieties that can exacerbate other emotional health problems.

The study considered a wide range of factors that either promote or negatively impact on the emotional wellbeing of unaccompanied young people seeking asylum in the UK. Findings from this study have important implications for the range of services that unaccompanied young people seeking asylum are likely to come into contact with. These include primary, secondary and tertiary care services, social care services, education, immigration and legal services, benefits agencies (including income support and housing) and informal and community networks and services. Research findings provide clear

indications of where policy and practice governing all these areas of support could function more effectively to promote the wellbeing of unaccompanied young people seeking asylum, minimise the impact of the more negative experiences they have endured and harness the enormous personal resources and resilience of many remarkable young people.

Impact

The study findings are of particular relevance to professionals supporting asylum-seeking young people aged 18 years and over experiencing the transition to adulthood, who are less likely to have the same levels of support as unaccompanied young people who are under 18 years. The study also provided distinctive insights into some of the understandings that young people from different cultures have in relation to areas of health normally referred to in the UK as 'emotional wellbeing' or 'mental health'. These insights have implications for care and support across the spectrum of health services. The findings also have important implications for how professionals and agencies within newly identified receiving authorities across England are prepared and supported to work with children and young people arriving within their care.

The findings from this study have been widely used. Reviews on, and feedback from the BAAF publication (see publications list) has been very positive. Both this book and the paper in BJSW are widely cited across relevant sites on the internet, including:

- Information Centre about Asylum and Refugees (ICAR) www.icar.org.uk
- General Teaching Council Resource File: Supporting asylum seeker and refugee learners:
- The Fostering Network: Key Resources in Foster Care
- The findings are referred to in DCSF/DH Statutory Guidance on Promoting the Health and Well-being of Looked After Children (DCSF-01071-2009) <http://leavingcare.net/admin/uploads/405d8666bf910d0be0cb9d91558c0e79.pdf>

The research brief on this study, Promoting the emotional wellbeing and mental health of unaccompanied young people seeking asylum in the UK, was among the top 10 most downloaded article from the Institute of Education library's eprints services in 2009 <http://eprints.ioe.ac.uk/62/>

Child and adolescent mental health services: providing on-call 24-hour emergency cover

Research team:
Pamela Storey
June Statham

April to December
2006



Context

Standard 9 of the National Service Framework for Children, Young People and Maternity Services highlights the need to ensure that children and young people are able to receive urgent mental health care even when their needs arise out of normal working daytime hours. Developing a comprehensive Child and Adolescent Mental Health Service (CAMHS) was the subject of a Public Service Agreement, with the overall aim to produce faster and fairer services to deliver better health care and to tackle health inequalities. One of the three proxy targets identified as a key indicator of progress towards a comprehensive CAMHS service was that of providing 24/7 access.

Aims and objectives

The current study was commissioned to provide information on how CAMHS commissioners and providers in England were addressing the requirements for providing 24/7 cover to children and young people at times of mental health crisis, and the issues they were facing in meeting the deadline of December 2006 for implementing the PSA target.

Specific objectives were:

- to identify the difficulties involved in commissioning and providing 24/7 services and to explore the strategies that providers have employed to ensure efficient and appropriate cover;
- to identify the perceived benefits and disadvantages of different approaches and configurations;
- to highlight good and innovative practice, both in the administration and delivery of 24/7 cover;
- to provide examples of how service configurations might vary in different settings, for example between rural and urban areas, and in response to differing population demands.

Methodology

The study was undertaken in two parts: initial consultation and scoping work (April - July 2006) followed by a national survey of CAMHS providers (November 2006). The study drew on information from:

- Initial consultation with key experts in the National CAMHS Support Service and elsewhere;

- A focused review of literature on the effectiveness of different models of 24-hour CAMHS cover and on the views of young people using this provision;
- Telephone interviews with 18 commissioners and providers from 14 CAMHS in England;
- A national electronic survey of CAMHS providers (November 2006) to determine the quality and configuration of the on-call services in place by December 2006.

Key findings

- Services were trying hard to have emergency provision in place by the target date, but in some cases this had diverted resources from other aspects of the service and was unlikely to be sustainable in the longer term.
- The survey suggested that at the end of 2006, just 9% of services were unable to provide an on-call CAMHS response to provide emergency assessment at any time, and around 30% had no CAMHS staff on call to undertake assessments at weekends.
- There were inconsistencies in the data provided for the national mapping exercise (conducted by Durham University) and for local delivery plans, due to different interpretations by providers of the 24/7 PSA target and of what constitutes an 'emergency'.
- Some out-of-hours cover arrangements did not depend on formal protocols or agreements but instead relied on informal systems of goodwill, which could disappear if particular members of staff left or were unavailable.
- Adequate resources, and particularly staffing resources, were key to providing on-call services. Rural areas and smaller CAMHS struggled more than those where emergency services could be based around relatively well-resourced hospital departments.
- Commissioners and providers frequently reported reluctance from staff to take on a formal out-of-hours role, even though they would respond when a situation was perceived to be a real emergency.
- There was some evidence that where staff had knowledge of what on-call duties actually required, they were more willing to offer themselves for the role. Some staff resistance was

due to a fear of being inundated with callouts, but few areas had good audit data on which to base an estimate, or clear messages about what type of response would be required.

- The issue of specialist medical cover as the only effective form of response to an emergency presentation was questioned in both stages of the study.

Impact

Both the interim and final report from this study informed development of DH advice and guidelines in relation to provision of a comprehensive CAMHS service across England, specifically by highlighting issues where the National CAMHS Support Service could most usefully offer support, and by identifying a range of models for providing 24/7 cover. The findings were publicised by practitioner and professional journals, and received publicity in Children and Young People Now, Children's Services Network e-bulletin etc.. In addition, an invited presentation was made to the National CAMHS Support Service conference.

Promoting the health and wellbeing of children and young people through schools: the role of the nurse

Research team:
Elaine Chase
Ian Warwick
Katie Hollingworth
Claire Maxwell

March 2008 to
September 2009



Context

Over recent years, there has been an increasing emphasis at a national level on integrated and multi-agency approaches to promoting the health and wellbeing of children and young people. Equally, the importance of innovation and modernisation in health promotion practice has been highlighted, alongside a recognition that interventions can take place in many different settings. Every Child Matters (ECM): Change for children (DfES, 2004), identified health as one of the five outcomes to be achieved for children and young people. The National Service Framework for Children, Young People and Maternity Services (DH, 2004c); Youth Matters (DfES, 2006) and Aiming High (HMT/DCSF, 2007) all stressed the need for partnership, multi-agency approaches and shared responsibility in promoting and safeguarding young people's health and wellbeing.

At the time of the study, there were many national level policy drivers which identified schools as key settings for the promotion of young people's physical, emotional and social wellbeing. Indeed,

schools have increasingly hosted a range of health and wellbeing-related agencies, services and initiatives including, the National Healthy Schools Programme (NHSP); the Connexions service; education welfare services; youth services; the extended schools programme (ESP); community safety partnerships and youth justice agencies. There has also been an increasing emphasis on extending health promotion activities in schools beyond health education, to include components of health-service delivery. At the time of finalising the report, the government introduced the Healthy Child Programme 5-19 (DH/DCSF, 2009) which provided further guidance on the commissioning and management of school-based health services. Nurses working in schools comprise an essential component of the community-based workforce and therefore their contribution to the health promoting agenda warrants particular consideration.

Aims and objectives

The study aimed to offer new insights into the various roles and responsibilities which nurses were expected to assume with respect to

promoting the health of children and young people and families in and through schools. More specific objectives were to:

- Identify the types of commissioning, management and strategic arrangements most likely to maximise the contribution of nurses to promoting the health and wellbeing of children, young people and their families through schools.
- Identify ways in which nurses might best be supported to assess and respond to the range of health and wellbeing-related needs of pupils in schools.
- Determine the scope for extending the professional practice of nurses in schools and help inform existing routes of registration/professional development for nurses.

Methodology

A literature review was conducted to set the context for the wider study and to help inform subsequent phases of the work. The review included national as well as international literature published between 1997 and 2008. Interviews were conducted with 28 key stakeholders with specific knowledge and expertise about the work of nurses within schools in local, national and international contexts. A telephone survey was conducted with professional leads for nursing services in a one-in-three stratified sample of all 150 local authorities in England, stratified according to authority type: London Boroughs, Unitary authorities, Metropolitan District authorities and County Councils. Case studies were carried out in five local authorities in England, and included interviews with primary care trust and local authority stakeholders, as well as interviews and focus group discussions in one secondary school and one primary school with teachers, school staff, nurses, pupils and parents.

Key findings

Nurses continue to face significant challenges in promoting the health of children, young people and families in and through schools. These challenges include too few nurses working on part-time and/or term time only contracts; nurses being expected to carry out extensive child protection and safeguarding work; and the pressures of national public health campaigns.

These factors militate against nurses engaging sufficiently in health promoting and preventative work in schools and often lead to the provision of reactive rather than proactive services.

Irrespective of these challenges, there was evidence that at the time of the study, nurses working in school and community settings were enjoying increasing recognition and value. Commissioners were beginning to re-invest in school nursing services after many years of limited funding – although the extent to which this was sustainable in the current financial climate was sometimes questioned. The study identified increasingly integrated ways of working, with nurses collaborating in close partnership with a wide range of other community health and social care providers.

Nurses have the potential to work on a number of levels in, with and through, schools including offering one-to-one support to children and families, as well as a generic health promoting service to whole school populations. The research indicated that it is no longer relevant to talk exclusively about nurses' work in schools, but rather their work with school-age children and young people. It may be useful therefore to conceptualise nurses as providing a service primarily in schools and, from there, working in a range of other community settings according to the needs of local communities.

Impact

The findings of the study were described at an expert seminar of national stakeholders relevant to school and community nursing services, held in London in November 2009. Feedback and input received at that point was incorporated into and served to refine the findings. Since then there has been wide dissemination of the final report and key findings by a number of professional and practitioner organisations, including, for example, links to the findings from key websites such as the School and Public Health Nursing Association and Royal College of Nursing websites.

Findings from the study have been used by the British Journal of School Nursing (BJSN) to lobby for clarity on the future role of school nurses. See for example: <http://moreschoolnurses.co.uk/?p=178>

Stress in children: the prevalence and patterning of somatic symptoms and anxiety in children

Research team:

Marjorie Smith
Pamela Storey
Jennifer Gibb
Louise Neil
Katie Quy

September 2008 to
October 2010



Context

Most of the attention to children's behaviour in schools has focussed on conduct disorders and other behaviours that are disruptive to the classroom or school environment. There had been little attention to children who were not disruptive, but who were anxious or stressed, and who reported feelings of physical illness, such as headaches or stomach aches, when there was no discernable pathological reason for their symptoms. The lack of attention to these children in school was perhaps not surprising since they are often reported to be conscientious, sensitive, 'good' children, who are keen to succeed at school. At the same time there was evidence that increasing numbers of children were reporting that they felt stressed, and rates of physical symptoms such as headaches in children were increasing. The first interim report from the Primary Review (2007) identified that there was deep concern among community representatives, including parents and children themselves, about the 'pervasive anxiety' which characterises children's lives. There is reason for concern, as anxious children or children with somatic symptoms are at increased risk of psychiatric problems in adulthood.

The study was commissioned at a time of increased focus on the emotional health and well being of children and young people: the Every Child Matters (ECM) framework described five key outcomes for children and young people, the first of which was 'being healthy: enjoying good physical and mental health and living a healthy lifestyle'. Initiatives to achieve this included the Healthy Schools Programme, and SEAL (the Social and Emotional Aspects of Learning), as well as plans to increase investment in CAMHS to deliver a ten percent increase in capacity.

Aims and objectives

Few studies of community populations have simultaneously investigated common somatic symptoms and symptoms of anxiety in primary school aged children, and the overall aim of this study was to do that, at the same time as investigating family and school stressors as contributory factors.

More specifically the aims of this study were to:

- investigate in detail the prevalence and patterning of somatic and anxiety symptoms in

children aged between seven and eleven years, and the association of these with factors that are stressful for children

- investigate children's coping strategies, and the relationship of these to children's symptomatology
- identify family or school factors associated with higher levels of anxiety or somatic symptoms, and investigate whether the patterns of (potentially) contributory and exacerbating factors associated with somatic symptoms differed from those associated with symptoms of anxiety in children.

Methodology

The study, which involved a community population of children attending schools in or around London, and their mothers, was in two stages, as follows:

1. The first stage involved questionnaires assessing anxiety and somatic symptoms being completed by over 2500 children. Questionnaires were completed in class groups in schools. Care-taking parents were asked to complete parallel versions of the questionnaires about their children. Based on children's questionnaire responses, a subsample of 150 children was identified. Equal numbers of girls and boys were sampled from each of the 25 cells in a grid plotting anxiety symptoms against somatic symptoms in quintiles. Sampling from each cell was random, with replacement.

2. The second stage involved these children completing diaries of symptoms and stressors for an eight day period, after which they and their mothers were interviewed separately at home, to obtain information on family functioning and relationships at home, as well as on children's physical health and well being, parental mental and physical health, life events and other variables that might be stressful to children. Children's coping strategies were explored.

Key findings

- Children from the community populations investigated generally reported rather high levels of somatic and anxiety symptoms. Children reported an average of nearly three somatic symptoms bothering them at least 'quite a bit' in the previous two weeks.
- Levels of anxiety and somatic symptoms reported varied by gender and age: girls and younger children reported higher levels of both

anxiety and somatic symptoms, than boys or older children.

- A relatively high correlation was found between somatic symptoms and symptoms of anxiety – particularly in children's accounts, suggesting that symptoms of anxiety and somatisation usually co-occur, even in community populations.

■ There was generally a rather modest correlation between mothers' and children's reports of both anxiety and somatic symptoms. Since the evidence suggests that children's accounts were valid, this appears to indicate that mothers are not very knowledgeable about their children's emotional health and well being.

- Perceived 'daily' stressors (for example, such things as friends or other children, or schoolwork and lessons) were associated with children's symptomatology, with children who reported more, or more frequent, stressors having much higher levels of anxiety and somatic symptoms.

■ Children's coping responses were also associated with their self-reported anxiety and somatic symptoms, with higher levels of symptoms generally associated with preoccupation, upset, anger, denial, and self blame, while seeking solutions (self efficacy) appropriate emotional regulation, and optimism were associated with lower child-rated overall symptom scores, and with higher self esteem.

- Unexpectedly, there was little evidence of associations between anxiety and somatic symptoms, as reported by either children or their mothers, and family or other variables. This is in contrast to other child outcome measures such as measures of children's overall wellbeing, or externalising symptomatology which did show associations with family variables.

Impact

The research has only just been completed and results have not yet been published or disseminated in other ways, so it is too early to assess the impact of the study. It is hoped that the study will raise awareness of the significant burden of anxiety borne by ordinary children, and in particular, of the frequency and significance of functional somatic symptoms in children. As well as informing the evidence base for initiatives such as the Healthy Schools Programme, better information on the factors that contribute to, or ameliorate somatic or anxiety symptoms in vulnerable children is a first step to intervening more effectively to reduce such symptoms.

Young fathers: roles, responsibilities and support

Research team:

Ian Warwick
Elaine Chase
Antonia Simon
Katie Hollingworth
Paul Boyce

November 2009 to
December 2010



Context

This research was directly linked to the broader public health agenda and the previous government's vision to tackle inequalities. *Choosing Health: Making Healthy Choices Easier*, for example, identifies poor parenting as one of the determinants of mental and physical ill health and more positive parenting as a key determinant of emotional and social well-being (Stewart-Brown, 2005). The *Gender Equality Duty* imposes a statutory duty on public authorities to promote equality between men and women, and although the Equal Opportunities Commission's Code of Practice for the Gender Equality Duty notes that women are frequently disadvantaged by policies which do not recognise their greater caring responsibilities, it is argued that men, too, are disadvantaged by patterns of working that fail to support their childcare responsibilities, and by family services that assume they have 'little or no role in parenting' (Coalition on Men and Boys, 2009). More specifically, the research was relevant to policies focusing on young people's health and wellbeing, such as the *National Service Framework for Children, Young People and Maternity Services*, the *Teenage*

Pregnancy Strategy, and *Healthy lives, brighter futures: The strategy for children and young people's health*. The Core Standards for the *National Service Framework for Children, Young People and Maternity Services* highlight that 'Fathers' availability to their children is of vital importance, as is their sharing in the wider responsibilities of parenthood' (p 67).

Aims and objectives

The aims of this research were to establish a clearer baseline of information on young fathers and fatherhood in England; to identify the challenges and difficulties encountered, and the factors most likely to enable young men to positively engage in the upbringing of their children.

More specific objectives were to:

- Establish the current evidence base with respect to young fathers (up to the age of 25) in the UK in terms of demographic factors, numbers, location and frequency.
- Examine the meanings and associations of fatherhood for young men, and how wider social,

economic, cultural and other factors impact on the ways in which they are engaged in bringing up their children.

■ Explore how young men experience health, social care, education and voluntary sector services designed to work with young people who are expectant parents, or parents at a young age, and consider the implications of these experiences for policy and practice for working with young fathers.

Methodology

A three-phased mixed methodology was employed. This involved: a review of key literature on young fathers; an analysis of available secondary source data on young fathers in England using national data sets, including the Labour Force Survey and the Millennium Cohort Study, as well as birth registration data, and an in-depth qualitative investigation of the experiences of young fathers and fathers to be in three contrasting local areas in England. Professionals in each site were also interviewed to identify their perceptions of the needs and resources of young fathers and fathers to be.

Key findings

There has been an increasing focus on young fatherhood in UK policy and in the research literature over the past 10 years. Findings from a number of studies have highlighted a range of factors associated with young men becoming fathers and, when they do, the extent to which they are involved in their children's care and development.

The literature review reported that being an accessible, engaged and responsible young father was found to have beneficial outcomes not only for fathers, but also for mothers and their children. It was reported that more could be done to support fathers in an holistic way – which addresses their needs regarding finance, housing, employment, intimate and familial relationships, emotional wellbeing and for some, substance use.

The analysis of ONS birth registration data found that for 2008, there were a total of 90,576 births registered to males aged 24 and under: 15,266 within marriage (527 under age of 20 and 14,739 registered to males aged 20-24) and 75,310

outside marriage (13,523 under age of 20 and 61,787 registered to males aged 20-24). The analysis of other data sets found that, compared to other young men in England, young fathers are more likely to have no or fewer qualifications, be unemployed, be in households claiming state benefits and be accommodated in rented tenure. Broadly speaking, this suggests a profile of young fathers facing socio-economic disadvantage relative to other young men.

The fieldwork highlighted that most respondents were keen to be involved in their children's lives and wanted to live up to their responsibilities as young fathers. Many respondents viewed a pregnancy or a birth as an opportunity to review and change their lives and were looking forward to being closely involved in the lives of their children. However, some young fathers and fathers-to-be faced a series of challenges which not only limited access to their children, but also hampered their ability to play a direct role in meeting their children's physical and emotional needs. Factors that helped young fathers be involved in the lives of their children included: having had informal opportunities to learn about children's development (such as growing up with younger children (siblings, nephews, nieces) around them; having good quality relationships with the birth mother and the child's maternal and paternal grandparents; having adequate material resources to meet their children's needs; having access to services that were tailored to their needs (and not only to the needs of young mothers).

Impact

Given the timing with the completion of this research which coincides with the end of the five year programme, it is too early to comment on the impact of the study.

Responsive studies

A 'responsive' stream of work has run alongside the more substantive research projects throughout the duration of the programme, accounting for around a fifth of total funding. This has provided the facility to respond rapidly and flexibly to DH requests for short studies on issues of strategic or immediate policy relevance to the Department. This work involved close liaison with policy makers to ensure that the research was tailored to specific policy requirements and was able to meet policy deadlines, whilst maintaining scientific rigour.

Over the course of the programme, responsive studies were requested by many different policy sections and teams within DH, including Ill and Disabled Child, Child Public Health, Child and Adolescent Mental Health Services, Child Health and Maternity, Healthy Schools Delivery Unit and the cross-government Child Obesity Team. The research directly informed the development of strategies and programmes such as the National Child Measurement Programme, Healthy Schools,

Improving Access to Psychological Therapies, Healthy Children, Safer Communities, and implementation of the National Service Framework for Children, Young People and Maternity Services. Final reports from most responsive projects were independently peer reviewed and published on the relevant part of the DH website, and interim findings were often presented and discussed with policy teams at an earlier stage in order to inform ongoing policy development.

In addition to the provision of 'on tap' advice and support, seven individual studies were completed within the responsive stream during the 2006-2010 programme. These are summarised on the following pages.

Mental health and emotional wellbeing among younger students in FE colleges

Research team: Ian Warwick, Claire Maxwell, June Statham, Antonia Simon and Peter Aggleton

January - June 2006 (6 months)

Context

Leaving school and entering further or higher education can be a particularly stressful time for young people. An increasing number of young people attending FE colleges come from backgrounds that may make them more vulnerable to mental health problems. National policies and guidance highlight the importance of promoting the mental health of young people in general, and of students in particular.

Aims

This scoping study was commissioned by the CAMHS team at DH and aimed to explore how FE colleges in England are engaging with and addressing the mental health needs of their younger students (aged 16-19), both in terms of promoting positive mental health and emotional well-being and in responding to identified mental health problems.

Methods

The study drew on an overview of relevant literature, a survey of a stratified sample of 150 FE colleges in England (56 responded), thirteen key informant interviews and five case studies of individual FE colleges providing specialised mental health support services to students.

Key findings

- There was interest and goodwill among many professionals in the FE sector to develop their provision to support and promote the mental health of younger students.
- However, support and awareness was perceived as lacking at senior level. Only a third of survey respondents thought their college was committed to promoting student health and wellbeing, and even fewer believed that their college was committed to supporting students with mental health problems.
- The FE sector is very diverse and no single approach is likely to work for all colleges. However, factors that appear to contribute to success include strong leadership, good use of existing policies and guidance, continuing professional development, and close partnership working between colleges and local CAMHS.

Impact

A report from the study was published on the DH and IOE websites and circulated widely to key organisations and stakeholders, and a summary of key findings was published in the journal *Further and Higher Education*. The findings and recommendations from this study informed the development of a national Healthy Further Education Programme, funded by DH with support from DIUS and DCSF, which was launched in July 2008.

Mental health services for children and young people with learning disabilities: a rapid literature review

Research team: Pamela Storey and June Statham

January - June 2006 (6 months)

Context

Children and adolescents with learning disabilities have a much greater prevalence of mental health problems than their non-disabled peers. Yet there is significant variation in the level and type of mental health services provided across England, and concerns have been expressed about the accessibility and quality of provision for this group.

Aims

To review the literature on prevention and treatment interventions for children and young people with learning disabilities and mental health support needs, focusing particularly on the UK.

Methods

Searches of relevant bibliographic databases, contact with key researchers.

Key findings

- There is little robust research evaluating the effectiveness of different treatments and forms of support for children and young people with learning disabilities and mental health problems.
- The available evidence indicates that standard mental health programmes and interventions in use with children and young people can be applicable with some adaptations and modifications to those with learning disabilities.

- Extra time and resources may be needed to enable CAMHS staff to undertake assessments and interventions. Training may also be required in both verbal and non-verbal methods of communicating with children and young people with learning disabilities.

- There is as yet insufficient evidence to recommend a particular organizational model for providing mental health services to children and young people with learning disabilities, but good inter-agency collaboration and joint working appears to be a key factor.

Impact

A briefing paper summarising key findings was prepared and circulated widely among DH policy makers. The work supported the PSA target on developing a comprehensive CAMHS, specifically the proxy indicator of offering the full range of services to children and young people with learning disabilities by December 2006.

Supporting the development of a tool to audit services for disabled children

Research team: Ann Mooney, June Statham and Valerie Wigfall

January – December 2006 (3 months plus follow up support)

Context

The White Paper "Our Health, Our Care, Our Say" required PCTs to audit their provision of services for disabled children, children with complex health needs and those in need of palliative care against National Service Framework (NSF) standards. Thomas Coram Research Unit was asked to undertake background work to provide information to enable DH to make decisions about the type of tool needed to audit Standard 8 of the NSF.

Aims

The study aimed to identify examples of different approaches to auditing, assess how these tools had been developed, examine the issues and costs involved in developing them and explore informed views on the form an audit tool for NSF Standard 8 should take.

Methods

Information was gathered through a review of published audit tools relevant to the areas covered by Standard 8; interviews with key informants (including the developers of seven of the 14 audit tools identified in the review), and a seminar for invited commissioners and service providers organised jointly with the DH policy team.

Key findings

- None of the existing tools reviewed by the study covered the full age range or all the topics in Standard 8
- A tool for voluntary use should have service improvement functions to make sure that the tool is used.
- Key principles for the development of a good audit tool include: being owned by all stakeholders, having specific and measurable standards, being flexible enough to accommodate local situations, addressing users perspectives, requiring justification and evidence for self-ratings, and linking to inspection and other frameworks.

Impact

The information was used by the DH policy team to develop an audit tool, which was then trialled by the Care Services Improvement Partnership. In addition to a published report TCRU provided ongoing support and advice to DH and CSIP during this development work.

The health of children and young people in secure settings

Research team: Ann Mooney, Pamela Storey and June Statham

April – July 2007 (4 months)

Context

The number of 15-17 year olds held in secure settings has increased significantly over the last ten years, and the incidence of mental, physical and sexual health problems is known to be particularly high among this population. This descriptive study was commissioned by the Children and Young People's Public Health team within the Department of Health, in partnership with Offender Health, in order to inform preparation and implementation of an Offender Health Strategy document for children and young people.

Aims

The overall aim was to review what is currently known about healthcare for children and young people in the secure estate, covering all three types of settings (Young Offender Institution, Secure Training Centre and Secure Children's Home) and all aspects of health, but with a particular focus on physical health since more was already known about mental health and substance misuse among young people in secure settings. The study also aimed to identify initiatives underway to address these needs, and examples of good or promising practice.

Methods

The study took a multi-method approach involving a focused overview of relevant literature, interviews with key stakeholders, analysis of the most recent full inspection report for each secure setting (obtained for 42 of the 45 institutions holding young people under 18), and case studies of promising practice. It did not include primary research in secure settings.

Key findings

- Some aspects of young people's health needs in secure settings have been relatively well researched, such as mental health and substance misuse. Much less is known about physical health needs or health promotion activities
- There are specific health needs among some groups of young people in custody, such as higher rates of substance misuse, sexual health problems and self-harming among girls compared with boys.
- Although services are improving to meet the needs of children in custody, there exists significant variability in the level and quality of services across the secure estate
- Custody is often for a short period, so it is important that systems take account of healthcare needs both before and after custody, for example through a care programme or pathway approach.
- The evidence base for effective health interventions in secure settings is weak, partly due to the problems associated with evaluating effectiveness among a transient population. However, there are examples of innovative and promising practice, particularly a 'whole setting' approach whereby health specialists work with other staff such as prison officers, education staff and residential workers to address children's health needs

Impact

The report was published on the IOE website and circulated widely to relevant stakeholders within and outside the DH. The findings informed the joint DH, DCSF, MoJ and HO strategy to promote the health and wellbeing of children and young people in contact with the youth justice system, Healthy Children, Safer Communities (DH, 2009). Findings from the study are referred to in DCSF/DH Statutory Guidance on Promoting the Health and Well-being of Looked After Children (DCSF-01071-2009) <http://leavingcare.net/admin/uploads/405d8666bf910d0be0cb9d91558c0e79.pdf>

Healthy and health promoting colleges: an evidence base

Research team: Ian Warwick, June Statham and Peter Aggleton

October 2007 - January 2008 (4 months)

Context

Colleges of further education are potentially useful sites within which the health of young people can be protected and promoted. The 2005 White Paper Choosing Health committed the Department of Health to consider extending the principles of the National Healthy Schools Programme to colleges and universities. This study was requested by the Healthy Schools Delivery Unit to begin to provide an evidence base for taking this work forward. It built on the earlier TCRU work on promoting mental health among younger students in FE colleges.

Aims

The study aimed to identify sources of evidence of promising and successful approaches to promoting the physical and emotional health and wellbeing of young people (aged 14-19) within further education (FE) settings. Specifically, it aimed to:

- identify what is known about the health-related needs, interests and concerns of young people attending FE colleges;
- investigate what FE colleges in England are already doing to promote their students' health and wellbeing;
- review research evidence on effective approaches, and;
- suggest how this might inform the development of programmes to promote health and well-being in FE college settings in England.

Methods

This was primarily a desk-based study, involving a review of relevant literature (focusing particularly on the UK); and email contact with relevant bodies in the USA, Canada, Australia, New Zealand and

Europe to identify additional material on comparable settings elsewhere. A request for reviews or evaluations of health-related work taking place in FE colleges in England was sent to all members of two key national networks: the Association of Managers of Student Services and the National Institute of Adult Continuing Education.

Key findings

- Much useful work is already underway or planned in FE colleges which could be built upon, and there is interest among those working in and with the FE sector to address the health of young people.
- The available research evidence is limited, but suggests that multi-component, whole-setting approaches to promoting health in college and university settings are most likely to be successful.
- Grounding health-related programmes and the activities associated with them on the identified needs of young people, which are often very diverse, appears central to effective practice.

Impact

This study involved close collaboration with the coordinator appointed by DH to take forward work on a Healthy Colleges scheme. As with the earlier study on mental health and emotional well-being among younger students in FE colleges, the findings and recommendations contributed to the evidence base for developing the Healthy FE Programme.

National Child Measurement Programme: early experiences of routine feedback to parents of children's height and weight

Research team: June Statham, Ann Mooney, Janet Boddy and Marjorie Smith

November 2008 – September 2009 (11 months)

Context

The National Child Measurement Programme (NCMP) was established in 2005 to collect data on height and weight of all 4-5 year-olds and 10-11 year-olds in primary schools in England. The data, collected by Primary Care Trusts (PCTs), are used by government to track population trends in the prevalence of underweight, healthy weight, overweight and obesity and to inform local planning and delivery of services. Most PCTs did not routinely provide feedback to parents on their child's results, but in the school year 2008/9 they were asked to do so and provided by DH with guidance and a template for the feedback letter.

Aims

The study had two principal aims:

- to explore the impact on parents of receiving routine feedback about their child's height/weight, and their views on how this information was presented to them
- to learn from the experiences of PCTs who had chosen to implement routine feedback procedures in 2008/09.

The study was undertaken to a particularly tight time frame in order to meet the policy team's timetable for revisions to the guidance for PCTs for the 2009/10 programme.

Methods

A postal survey was undertaken of parents of children in Reception and Year 6 receiving the feedback letter in four PCTs (616 parents responded), and 49 parents were followed up with in-depth telephone interviews. Interviews were also carried out with key staff involved in the NCMP across the four participating PCTs, and with a key staff member in each of 11 schools selected from the four PCTs.

Key findings

- The great majority of parents welcomed their children being weighed and measured in school and thought it appropriate that parents should receive feedback on their child's weight status
- Parents of overweight children, and especially those who were just over the threshold, were more likely to disagree with the results and find the letter unhelpful
- Almost a third of the parents surveyed reported that they planned to take action as a result of the letter. However among those who were followed up with a telephone interview, few had actually made any changes or sought professional advice
- Concern was expressed by both parents and PCTs about the wording of parts of the letter, particularly the use of labels such as overweight and what some perceived as the 'scare tactic' of referring to the risks to children's future health
- The fact that so few families sought help or advice was a matter for concern for many PCT representatives. A more proactive response may be necessary, following up families whose children are overweight or obese rather than expecting them to get in touch for advice and support.

Impact

An interim presentation of findings was made to the NCMP team and informed revisions to the 2009/10 guidance for PCTs. The full report was published on the DH Healthy Living website as a resource for the NCMP programme. The report was also requested by the Welsh Assembly Government as part of their consultation on arrangements for a weighing and measuring programme in Wales.

IAPT for children and young people

Research team: June Statham and Ann Mooney

July-August 2010 (2 months)

Context

DH was interested in extending the Improving Access to Psychological Therapies (IAPT) programme to children and young people, and wanted to know more about the availability of research evidence.

Aims

This initial scoping exercise set out to identify the sources of evidence on improving access to psychological therapies, particularly the features that characterise effective approaches, the barriers and facilitators to accessing such therapies, and the needs of specific groups of children and young people (e.g. those in custody, with learning difficulties including ASD and speech/language difficulties; and those in transition between child and adult mental health services)

Methods

Search of bibliographic databases such as Medline and the International Bibliography of the Social Sciences (IBSS) and use of search engines such as Google and Google Scholar.

Key findings

The literature and website information broadly covers the following areas:

- The views of service users and service providers about mental health services including barriers and facilitators to access and engagement, and
- Improving access and engagement e.g. specific programmes and initiatives and different approaches to service delivery.
- Overseas examples (e.g. the Headstrong programme in Ireland and the Headspace initiative in Australia) may be worth further investigation.

Impact

The original intention was that this work would support the development of guidance or information for commissioners and service providers who were looking to extend local IAPT services to incorporate children and young people and transitions. There has since been a move away from centrally produced guidance.

Publications

Healthy early year's settings: a scoping study

Mooney, A., Boddy, J., Statham, J. and Warwick, I. (2006). Healthy early years settings: a scoping study - Briefing Paper on the Diversity in Early Years Provision. <http://eprints.ioe.ac.uk/60/>

Mooney, A., Warwick, I., Statham, J. and Boddy, J. (2007) 'Starting young': health, well-being and early years. *Journal of the Royal Society for the Promotion of Health*, 127 (1), 10-11.

Mooney, A., Boddy, J., Statham, J. and Warwick, I. (2008) Approaches to developing health in early years settings. *Health Education*, 108 (2), 163-177.

Department for Education and Schools (2007) The Early Years Foundation Stage: supporting health in early years settings. Examples of promising practice. 00012-2007CDO-EN http://www.teacher.net.gov.uk/_doc/11169/Supporting%2520Health.pdf

The social functioning, emotional wellbeing and mental health of unaccompanied asylum-seeking children and young people

Chase, E., Knight, A., and Statham, J. (2008) The emotional wellbeing of unaccompanied young people seeking asylum in the UK. London, BAAF pp 142 (ISBN 978-1905664504)

Chase, E. (2009) Agency and silence: young people seeking asylum alone in the UK. *British Journal of Social Work*. doi:10.1093/bjsw/bcp103 Available online at: <http://bjsw.oxfordjournals.org/cgi/reprint/bcp103v1>

Chase, E. (2008) An examination of the factors that influence the emotional well-being of unaccompanied asylum-seeking children and the role of social work staff. *Community Care*, 29 July 2008. Available at: <http://www.communitycare.co.uk/Articles/2008/07/29/108994/Well-being-of-asylum-seeking-children.htm>

Chase, E., Knight, A. and Statham, J. (2008) Promoting the emotional wellbeing and mental health of unaccompanied young people seeking asylum in the UK. <http://eprints.ioe.ac.uk/62/>

Child and adolescent mental health services: providing on-call 24-hour emergency cover

Storey, P. and Statham, J. (2007) Meeting the target: providing on-call and 24-hour specialist cover in Child and Adolescent Mental Health Services. <http://eprints.ioe.ac.uk/663/>

Storey, P. and Statham, J. (2007) Emergency support: mental health crisis among young people: research. *Community Care*, 1694, pp. 26-28.

Promoting the health and wellbeing of children and young people through schools: the role of the nurse

Chase, E., Chalmers, H. , Warwick, I., Thomas, F., Hollingworth, K., and Aggleton, P. (2010) Shifting policies and enduring themes in school nursing *British Journal of School Nursing*, 5, 492 – 500.

Chase, E., Warwick, I., Hollingworth, K., Maxwell, C., Chalmers, H. and Aggleton, P. (2010) Promoting the health of children and young people through schools: the role of the nurse. <http://eprints.ioe.ac.uk/6407/>

Chase, E. and Warwick I. Promoting children's health through schools: the place of nurses in the big society (submitted to *Children and Society*).

Stress in children: the prevalence and patterning of somatic symptoms and anxiety in children aged seven to eleven years

(Completed in December 2010 – only one interim publication to date).

Storey, P. and Smith M (2008) Methods and approaches to improving the emotional health and well being of children: a briefing paper concerning interventions to prevent internalising disorders. London: Institute of Education.

<http://eprints.ioe.ac.uk/66/>

Young fathers: roles, responsibilities and support

(Completed in December 2010 - no publications yet).

From the responsive studies:

Promoting health in FE colleges

Warwick I., Maxwell C., Simon A., Statham J. and Aggleton P. (2007) Mental health and well-being of students in further education: a scoping study. <http://eprints.ioe.ac.uk/56/>

Warwick I., Maxwell C., Statham J., Aggleton P. and Simon A. (2008) Supporting mental health and emotional well-being among younger students in further education. *Journal of Further and Higher Education*, 32 (1). pp. 1-13.

<http://dx.doi.org/10.1080/03098770701560331>

Mental health services for children and young people with learning disabilities: a rapid literature review

Storey, P. and Statham, J. (2006) Mental health services for children and young people with learning disabilities. Thomas Coram Research Unit, Institute of Education, London.

<http://eprints.ioe.ac.uk/6413/>

Supporting the development of a tool to audit services for disabled children

Mooney, A., Statham, J. and Wigfall, V. (2006) An audit tool to assess implementation of Standard 8 of the Children's National Service Framework: a scoping study. Project Report. Thomas Coram Research Unit, Institute of Education.

<http://eprints.ioe.ac.uk/2717/>

The health of children and young people in secure settings

Mooney, A., Statham, J. and Storey, P. (2007) The health of children and young people in secure settings. <http://eprints.ioe.ac.uk/53/>

Healthy and health promoting colleges: an evidence base

Warwick, I., Statham, J. and Aggleton, P. (2008) Healthy and health promoting colleges – an evidence base. <http://eprints.ioe.ac.uk/64/>

National Child Measurement Programme: early experiences of routine feedback to parents of children's height and weight

Mooney, A., Statham, J., Boddy, J. and Smith, M. (2010) The National Child Measurement Programme: early experiences of routine feedback to parents of children's height and weight.

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_111126.pdf

Dissemination

Healthy early years settings: a scoping study

Mooney, A., Boddy, J., Statham, J. and Warwick, I. (2006) Healthy early years settings: a scoping study. Invited paper presented at Healthy Early Years Seminar, Healthy Schools Programme, London. (2006)

Statham, J. (2007) Promoting health in early years settings. Invited paper presented at Children in Scotland Conference, New Lanark, Scotland. (May)

Two briefing papers and the final report from the project were published on the Healthy Schools website and links to these publications appeared on the Early Years Foundation Stage website. In addition, all study participants were circulated with a summary of the findings and a link to the main report and briefing papers.

The social functioning, emotional wellbeing and mental health of unaccompanied asylum-seeking children and young people

Chase, E. (2007) The emotional wellbeing and mental health of unaccompanied young people seeking asylum. Invited presentation at BAAF conference, A Safer Future for Unaccompanied Children: The challenge for local authorities in implementing the UASC reform programme, London. (July)

Chase, E. (2007) The social functioning, emotional wellbeing and mental health of unaccompanied young people seeking asylum. Invited presentation at Scottish Refugee Council Conference, on Refugee Children and Families, Glasgow. (November)

Chase E. (2007) Feedback presentation to all asylum teams within hosting authority (Social Services Department – three asylum teams). (December)

Chase, E. (2008) The social functioning, emotional wellbeing and mental health of unaccompanied young people seeking asylum. Invited presentation at the Institute of Education Health in Schools conference, London. (May)

Chase, E. (2009) Emotional wellbeing of young people seeking asylum alone in the UK. Invited presentation at Colour Matters in Care: Culture, ethnicity, health and child placement, BAAF Health Group Conference, London. (October)

In addition, briefing papers were prepared for professionals working with unaccompanied young people seeking asylum:

Chase, E.; Knight, A. & Statham, J. (2008) Promoting the emotional wellbeing and mental health of young people seeking asylum in the UK. London, Institute of Education.
<http://eprints.ioe.ac.uk/62>

and a research brief for young people:
Chase, E.; Knight, A. & Statham, J. (2008) Children and young people seeking asylum alone: what helps them and what doesn't? London, Institute of Education.

Child and adolescent mental health services: providing on-call 24-hour emergency cover

Storey, P. (2007) Providing 24-Hour CAMHS: challenges and solutions. Paper presented at the NCSS conference on Delivering a Comprehensive CAMHS, Leicester. (July)

Promoting the health and wellbeing of children and young people through schools: the role of the nurse

Chase, E. (2009) Promoting the health of children and young people through schools: the role of the nurse. Invited presentation at Nursing in Practice Conference, NEC, Birmingham. (November)

Chase, E. (2010) Promoting the health of children and young people through schools: the role of the nurse. Invited presentation at National School and Public Health Nursing Conference, Birmingham. (September)

Stress in children: the prevalence and patterning of somatic symptoms and anxiety in children aged seven to eleven years

Smith, M. (2009) Stress in Children: the prevalence and patterning of somatic symptoms and anxiety in children aged seven to eleven years. Psychology seminar, University of Reading. (May)

Conclusion

The research and responsive activities conducted as part of the TCRU programme range from investigations into very specific vulnerable groups, such as unaccompanied asylum seekers, or children and young people in secure settings, to investigations of health and well being in community populations. They range from studies addressing very specific health delivery problems, such as the provision of 24 hour CAMHS services, to those concerned with health delivery to a whole age or population group – for example, studies of healthy early years settings; health promoting colleges; or via particular professional groups, such as school nurses. Studies conducted within the programme contribute to the knowledge base on which future policy will be based – for example, the studies of the roles and responsibilities of young fathers, or of the prevalence and patterning of somatic and anxiety symptoms in children. The theme that underpins and links these studies and activities is that they all, in their different ways, are studies that aim to provide information, whether it is specific or more generally applicable, to improve the health and well being of children or young people, and in some cases their families.

This report is being written at the point at which the programme has just ended, and since two of the studies are only just finishing as the programme concludes, and have not yet published their findings, it is too early properly to assess the impact of the programme as a whole on government policy. To do this would require a space of several years and a retrospective look at how government policy and priorities had changed and shifted over time. In this context it is perhaps more relevant to look back at a previous programme of work, and point out how policy in relation to the significance of parental mental health problems for children, of family violence and safeguarding issues, has been changed and shaped over time, at least partly influenced by the research conducted by TCRU. Nevertheless there are already some specific signs

of the impact of research, including responsive projects, conducted during the just-ended programme; for example, the decision to continue routine feedback to parents, from the National Child Measurement Programme; the design of an audit tool to assess provision for children with disabilities; and the extension of the Healthy Schools approach to further education colleges.

Each of the substantive studies, and all but the shortest of the responsive studies, in the programme has (or shortly will have) been subject to policy and academic peer review, both at the research commissioning and final report reporting stages. In addition, most studies have had research advisory groups, comprising academic as well as policy and practitioners advisors. These have been important elements of the programme, ensuring that not only is the research relevant to policy needs, it is also conducted to a high quality and to rigorous standards. Peer review comments and feedback on studies have generally been very positive, consistently identifying the high quality of the research conducted.

As well as being of high quality, the research studies demonstrate specific methodological expertise – for example, in accessing and engaging hard-to-reach and hard-to-engage groups such as young fathers, or unaccompanied asylum seeking children and young people; and skills in addressing sensitive topics, such as mental health problems, stress and anxiety in children (and their parents). Most of the substantive and some of the responsive studies have employed mixed methods, combining methodologies and integrating different types of information. They include studies involving interviews with children and young people seeking to obtain their views and perspectives.

These studies have sometimes involved innovative methods, such as the provision of disposable cameras to help young people to identify and

record the factors they perceived as important in contributing to their well being. The responsive studies are also innovative in their own way, though this is less about designing and employing new methodologies, than adapting and combining existing ones so that they best address the question in hand within limited budgets and short timescales. Particular attention has been paid to ensuring that the quality and integrity of the research can be maintained despite the short timescales and close involvement with policy concerns.

After conducting policy relevant programmes of research for the Department of Health for many years, the ending of this programme of research represents a significant change for TCRU. It is, however, pleasing to report that the work commissioned through the programme is already being built upon and continued in various ways through other DH PRP funded studies, such as an ongoing study of Meeting the health needs of families referred to Family Intervention Projects; and a study of Behavioural and emotional dimensions in children, which is about to start.

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