

# Becoming a Healthy Children's Centre

## What is a children's centre?

Children's Centres offer services as well as information and advice to families with babies and children under the age of five with the aim of offering young children the best possible start in life. In Barnet, 25.5% of the population is aged between 0-20 years and we have a fast growing young population. A children's centre aims to:

- ❖ give every child the best start in life
- ❖ provide better opportunities for parents
- ❖ provide good quality childcare
- ❖ create stronger and safer communities
- ❖ work holistically with the whole family, where there is a child under five.

Each children's centre has a weekly programme, which is based on the concept of providing integrated education, family support and health services. These are all key factors in determining good outcomes for children and their families. Children's Centres are open from 8am-6pm for 48 weeks throughout the year. Barnet has 13 children's centres, which also offer services from additional linked venues. The range of services are detailed below:

- ❖ family support and information, including parenting workshops and drop-in services
- ❖ health services and advice including support before and after the birth of the baby
- ❖ access to specialist services, including speech and language therapy, midwifery support etc.
- ❖ home visiting to isolated families
- ❖ activities for children, mothers, fathers and carers
- ❖ learning opportunities for parents and advice on employment
- ❖ child minding support groups
- ❖ information and advice including benefit information
- ❖ support groups for children with additional needs.

## What are the standards?

The Healthy Children's Centre standards will bring together health professionals, centre staff and other agencies to improve the health & wellbeing of Barnet's children and families. Being recognised as a Healthy Children's Centre means that they can offer a range of good support for: breast feeding: weaning: oral health: healthy eating: physical activity: child immunisation: alcohol and substance misuse: smoking cessation and their families' emotional health & wellbeing.

This support will be delivered by health visitors, family support workers, midwives, breast feeding peer supporters, clinical psychologists, oral health coordinators, voluntary sector staff and early years practitioners. In addition, the children's centre staff will receive the training needed to address our health priorities, which are listed below.

Children's centres will audit their provision in line with the Healthy Children's Centre standards to identify gaps and improve services and support.

These standards originate from national and local guidance and policy requirements, and they address Barnet's health priorities:

- ❖ healthy weight, healthy lives (breast feeding, healthy eating and physical activity)
- ❖ improving child oral health
- ❖ improving child and adult emotional health & wellbeing
- ❖ reducing alcohol and substance misuse
- ❖ increasing smoking cessation and smoke free homes
- ❖ increasing child immunisations

When a children's centre has all the standards in place, and they can demonstrate the impact on their families, they can be recognised as a Healthy Children's Centre.

The programme supports continual centre improvements and should be led by a member of the children's centre senior team, with the support of a nominated health & wellbeing champion. The centre will work individually to be recognised as a Healthy Children's Centre, but it is important to plan services in collaboration with other centres in the same locality.

## Health

### Obesity

Childhood obesity is a growing problem in the UK and worldwide. Obesity is a complex issue, often relating to range of different environmental, genetic and behavioural factors. The World Health Organization (WHO) regards childhood obesity as one of the most serious global public health challenges for the 21st century. Obese children and adolescents are at an increased risk of developing health problems, and are also more likely to become obese adults. In Barnet, 10.2% of children aged four-five years and 18.5% of children aged 10-11 years are classified as obese.

Maternal obesity (defined as obesity during pregnancy) increases health risks for both the mother and child during and after pregnancy (Sebire et al. 2001) There is

currently no data available for the prevalence of maternal obesity, but it is important that obese mothers can get advice on the importance of a healthy diet and active lifestyle. Health visitors, GP's and children centres can help mothers who require extra support.

## Oral Health

Oral health is defined as: A standard of the oral and related tissues (of the mouth) which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general wellbeing (WHO1982).

Good health behaviours learned in early childhood are more likely to last a lifetime, and deprivation and ethnicity can impact on patterns of oral disease. Increased consumption of sugary food and drinks, poor oral hygiene and lack of exposure to fluoride are particular factors which contribute to poor oral health.

Although children develop two sets of teeth, first (baby) teeth have a crucial role in supporting good nutrition and speech development. Disease affecting first teeth can impact on developing permanent teeth under the gums. The latest National Dental Epidemiological Survey 2011/12 for Barnet reports that 25% of 5 year olds have decayed, missing (extracted) or filled teeth (dmft) due to dental decay. The average number dmft surveyed was 0.86 and this figure rose to 3.43 in children who had evidence of current or past decay. Many children with tooth decay have to have teeth extracted or filled under general anaesthetic and tooth decay is the single highest reason for childhood (1-18 years) admission to hospitals. Children's Centres have a valuable opportunity to signpost children and families to Dental Services.

## Emotional Health and Wellbeing and Domestic Violence

Domestic violence (DV) has a strong link to a child's emotional and mental wellbeing. In the UK, one in four women and one in seven men are victims of DV. Around 750,000 children per year will witness DV and it is a common factor in child protection cases, as 75% of these involve DV (2013, Department of Health).

Effects of DV on children can lead to range of health issues such as: low birth-weight; anxiety; depression; sleep problems; bed wetting and an inability to accurately recognise their own and others emotions.

Children's centres work with services such as Safer Families, Police, Social care, Child and Adolescent mental health services (CAMHS), Health visitors, Barnet Home Start and Solace, to support families with DV issues.

## Alcohol and Substance misuse

Substance misuse is a complex issue, which affects not only the individual but the whole family. Parental or carer drug or alcohol use can reduce the capacity for effective parenting. A child's health or development may be impaired to the extent that they suffer or likely to suffer significant harm. Children can be affected by their parents' or carers' abuse and are more likely to develop behaviour problems, have low educational attainment and are more vulnerable to develop substance misuse themselves.

The access to treatment services has increased significantly in the last 10 years and there are a range of services available in Barnet. In 2011, there were over 200,000 people being treated for drug problems in England and Wales and it's estimated that 55% of users are currently in treatment (Cleaver et al. 2011).

## Smoking cessation and Smoke free homes

Every day millions of children in the UK are exposed to second-hand smoke, which puts them at increased risk of lung disease, meningitis and cot death. Around 9,500 children visit hospitals each year for illnesses related to second hand smoke (Department of Health, 2014). Department of Health is currently carrying out a consultation which could make it illegal to smoke in private vehicles whilst children under 18 years of age are present.

We want to make sure children's centre staff are able to advise parents about the dangers of second hand smoke and refer parents and carers to services, should they wish to stop smoking.

## Childhood Immunisation

In the UK diseases are kept at bay by immunisation, but around the world more than 15million people die from infectious diseases each year. More than half of these are deaths are children under five and most could be prevented by immunisations.

Childhood immunisation in Barnet is currently lower than UK average, with 87.8% of children having their first dose of measles, mumps and rubella (MMR) and 78.1% having their second injection(Public Health England, 2014). We are striving to increase the percentage of children who have the MMR immunisation in Barnet.

## Breast feeding

In Barnet, breast feeding initiation rates were 89.2% in 2012/13, however data to show whether breastfeeding continues at 6-8 weeks is limited.

Exclusive breastfeeding is recommended for the first six months (26 weeks) of an infant's life (DoH, 2003). National data shows that at six weeks, 48% of mothers were still breastfeeding, 22% of these were breastfeeding exclusively, and only 25% continued to breastfeed at all at six months (Bolling et al 2007).

Research has shown that not breast feeding can have short-term effects, such as gastroenteritis and respiratory disease, requiring hospitalisation. In the longer term, evidence suggests that infants who are not breastfed tend to have higher levels of blood pressure and blood cholesterol in adulthood and may also be at a greater risk of type 2 diabetes. For mothers, breastfeeding is associated with a reduction in the risk of breast and ovarian cancers. A recent study also suggests a positive association between breastfeeding and parenting capability, particularly among single and low-income mothers.

A public health intervention and collaborative approach is needed to support mothers to initiate and continue to breastfeed exclusively for the first six months for optimal baby and maternal health.

## References

Barnet Child Health Profile, 2014, Public Health England.

Bolling K., Grant C., Hamlyn B., (2007) Infant feeding 2005. A survey conducted on behalf of The Information Centre for Health and Social Care and the UK health departments by BMRB Social Research. London: The Information Centre.

Children's Need Parenting Capacity; Child abuse: Parental mental illness, learning disability, substance misuse and domestic violence (2011), Cleaver H., Unell I., Aldgate J., Department for Education, London.

Department of Health (2003), Infant Feeding Recommendations, London: Department of Health.

Department of Health and Jane Ellison (2013), Reducing Smoking, Department of Health/Public Health England.

Department of Health, (2013), Guidance for health professionals on domestic violence.

NHS Immunisation Information, Department of Health Publications.

Sebire NJ , Jolly M, Harris JP, Wadsworth J, Joffe M, Beard RW, Regan L, Robinson S, (2001), International Journal of Obesity and Related Metabolic Disorders : Journal of the International Association for the Study of Obesity. 25(8):1175-1182.

[www.who.int/dietphysicalactivity/childhood/en/](http://www.who.int/dietphysicalactivity/childhood/en/)

[www.nhs.uk/Conditions/vaccinations/Pages/mmr-vaccine.aspx](http://www.nhs.uk/Conditions/vaccinations/Pages/mmr-vaccine.aspx)

[www.maternal-and-early-years.org.uk/topic/0.3-years/oral-health](http://www.maternal-and-early-years.org.uk/topic/0.3-years/oral-health)

[www.who.int/topics/oral\\_health/en/](http://www.who.int/topics/oral_health/en/)