

Actions to improve health and well-being

8.1 Reducing unhealthy eating

8.2 Increasing physical activity

8.3 Reducing smoking prevalence

8.4 Reducing harm from alcohol and drugs

8.5 Reducing teenage pregnancy

8.6 Improving vaccination and immunisation uptake

8.7 Improving mental well-being

8.8 Reducing accidents and injuries



This chapter summarises recommendations on action that could be taken to improve the health and well-being of children and young people. The topics included map to the priority outcomes in *Our healthy future*, the Welsh Government's strategic framework for public health. The recommendations focus on multi-agency activity and therefore actions that should predominantly be delivered by the NHS are not included. The source of these recommendations is National Institute for Health and Care Excellence (NICE) guidance and the Cochrane and Campbell collaborations. No further literature searches were undertaken. Only a summary of the recommendations have been provided, the source documents should be consulted to inform implementation.

Governments '... shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child'.

The United Nations Convention on the Rights of the Child, Article 12

Most of the recommendations have been taken from NICE public health guidelines. This has no formal status in Wales but it is a useful source of reviewed evidence. A small number of recommendations from NICE clinical guidelines, relevant to multiagency activity, have been included. NICE clinical guidelines have formal status in Wales. This means that health professionals (and the organisations that employ them) are expected to take NICE clinical guidelines fully into account when deciding what treatments to give people.

Some further information from systematic reviews has been included. Systematic reviews summarise the best available research on a specific question. The research included is screened for quality so that the findings of a number of studies can be combined. The included systematic reviews are from either the Cochrane or the Campbell collaborations. The Cochrane Collaboration focuses on health care. The Campbell Collaboration looks at the research on education, crime and justice, social welfare and international development.



8.1 Reducing unhealthy eating

Prevention of obesity in children	
Who should take action	Recommended interventions
Nurseries and other childcare facilities	<p>Implement Government guidelines on food and health. Ensure that children eat regular, healthy meals in a pleasant, sociable environment free from other distractions (such as television). Children should be supervised at mealtimes and, if possible, staff should eat with the children.</p> <p>NICE 2006¹ and NICE 2006² (Government guidelines Welsh Government 2009³)</p>
Head teachers and chairs of governors, in collaboration with parents and pupils	<p>Assess the whole school environment and ensure that the ethos of all school policies helps children and young people to maintain a healthy weight, eat a healthy diet and be physically active, in line with existing standards and guidance.</p> <p>Head teachers and chairs of governors should ensure that teaching, support and catering staff receive training on the importance of healthy-school policies and how to support their implementation.</p> <p>NICE 2006¹ and NICE 2006²</p>
Welsh Government, those planning obesity prevention programmes, Welsh Network of Healthy School Schemes	<p>Evidence supports beneficial effects of child obesity prevention programmes on BMI, particularly for programmes targeted to children aged 6-12 years. A broad range of programme components have been used in research but it is not yet possible to distinguish which components were most effective.</p> <p>Promising policies and strategies are:</p> <ul style="list-style-type: none"> • school curriculum that includes healthy eating, physical activity and body image • improvements in nutritional quality of the food supply in schools • environments and cultural practices that support children eating healthier foods and being active throughout each day • support for teachers and other staff to implement health promotion strategies and activities (e.g. professional development, capacity building activities) • parental support and home activities that encourage children to eat more nutritious foods. <p>Cochrane Database 2011⁴</p>

Maternal and child nutrition	
Who should take action	Recommended interventions
Local authorities, local strategic partnerships, voluntary agencies and local businesses that fund or provide community projects.	Provide support (both practical and financial) to develop and maintain community-based initiatives which aim to make a balanced diet more accessible to people on a low income. Examples include: food cooperatives, 'cook and eat' clubs, 'weaning parties' and 'baby cafes'. Work with local retailers to improve the way fresh fruit and vegetables are displayed and promoted. NICE 2008 ⁵
Interventions where there is limited evidence	
<p>Prevention of eating disorders</p> <p>Current evidence does not allow for any firm conclusions to be made about the impact of prevention programs for eating disorders in children and adolescents.</p> <p>Cochrane Database 2002⁶</p>	

8.2 Increasing physical activity

High level policy and strategy	
Who should take action	Recommended interventions
Chairs of children and young people's partnerships, health board chief executives, directors of children's services, directors of public health.	Ensure that local needs assessments, development and planning frameworks, plans and strategies explicitly address the need for children and young people to be physically active. NICE 2009 ⁷
Families	
Who should take action	Recommended interventions
Parents and carers.	Encourage active play, try to be more active as a family, gradually reduce sedentary activities (watching television, playing video games) and consider active alternatives. Encourage children to participate in sport or other active recreation and make the most of opportunities for exercise at school. NICE 2009 ⁷ and NICE 2006 ⁸

Schools, nurseries and child care facilities	
Who should take action	Recommended interventions
Governors and heads of schools and colleges, those involved in governing or leading pre-school and early years education, school travel advisers.	<p>Develop a school travel plan which has physical activity as a key aim, in line with existing guidance.</p> <p>Foster a culture that supports physically active travel for journeys to school (for all staff, parents and students) and during the school day.</p> <p>NICE 2009⁹ and NICE 2012¹⁰</p>
Staff in childcare and other early years settings, trainers working with childcare staff, including home-based childminders and nannies.	<p>Nurseries and other childcare facilities should minimise sedentary activities during play time and provide regular opportunities for enjoyable active play and structured physical activity sessions.</p> <p>NICE 2006⁸</p>
Staff in schools and governors, health professionals working in/ with schools, children and young people's strategic partnerships, healthy schools schemes.	<p>Schools should ensure that improving the diet and activity levels of children and young people is a priority for action. A whole-school approach should be used to develop life-long healthy eating and physical activity practices.</p> <p>NICE 2006⁸</p>
Teachers and other staff in schools, parents.	<p>School-based physical activity should focus on fostering positive attitudes to physical activity and be geared to the developmental level of participants. Teachers and school staff should be encouraged to act as role models by demonstrating more physical activity during the course of the school day. Parental involvement could be an integral part of the school based intervention.</p> <p>Cochrane Database 2009¹¹</p>
Children's services, school sport partnerships, school governing bodies and head teachers.	<p>Ensure school playgrounds are designed to encourage varied and physically active play.</p> <p>NICE 2009⁷ and NICE 2008⁹</p>

Local strategic planning	
Who should take action	Recommended interventions
Those responsible for all strategies, policies and plans involving changes to the physical environment.	Create safe routes to schools - for example, by using traffic-calming measures near schools and by creating or improving walking and cycle routes to schools. NICE 2008 ⁹
Local strategic partnership agencies responsible for physical activity facilities and services for children and young people. Policy makers and planners working in the public, voluntary, community and private sectors.	Identify groups of local children and young people currently unlikely to participate in at least 1 hour of moderate to vigorous physical activity a day. Work with public health, schools and established community partnerships and voluntary organisations, the children, young people and their families to achieve the physical activity guidelines for these groups. NICE 2009 ⁷
Local strategic partnerships.	Ensure indoor and outdoor physical activity facilities are suitable for children and young people with different needs particularly those from lower socioeconomic groups, minority ethnic groups with specific cultural requirements and those with a disability. Facilities should be available before, during and after the school day, at weekends and during school holidays. NICE 2009 ⁷
Governors and heads of schools and colleges, local authorities, road safety officers, school travel advisers, transport planners.	Ensure local transport plans are fully aligned with other local authority plans which may impact on children and young people's physical activity. NICE 2009 ⁷

Local planning, delivery and training	
Who should take action	Recommended interventions
Those responsible for/able to influence opportunities for children and young people to be physically active, governors and heads of schools and colleges.	Identify local factors that may affect whether or not children and young people are physically active by regularly consulting with them, their parents and carers. NICE 2009 ⁷
Employers or supervisors of those providing programmes or opportunities for children and young people aged 18 and under to be physically active.	Ensure informal and formal physical activity sessions (including play) are led by those with relevant sector standards or qualifications, including requirements for child protection, health and safety, equality and diversity. Ensure they have the skills (including interpersonal skills) to design, plan and deliver physical activity sessions (including active play sessions) that meet children and young people's different needs and abilities. NICE 2009 ⁷
Education and training organisations.	Establish continuing professional development (CPD) programmes for people involved in organising and running formal and informal physical activities. NICE 2009 ⁷
Public, voluntary, community and private sector organisations involved in designing physical activity projects and programmes. Governors and heads of schools and colleges.	Develop multi-component physical activity programmes and identify education institutions willing to deliver these, involving school, family and community-based activities. Identify families, community members, groups and organisations and private sector organisations willing to contribute. NICE 2009 ⁷
Managers and decision-makers responsible for/able to influence opportunities for children to be physically active.	Ensure opportunities, facilities and equipment are available to encourage children to develop movement skills, regardless of their ability or disability. NICE 2009 ⁷
Managers and decision-makers able to influence physical activity facilities, opportunities and programmes for girls and young women.	Consult with girls and young women to find out what type of physical activities they prefer. Address any psychological, social and environmental barriers to physical activity. NICE 2009 ⁷

Interventions where there is limited evidence

The body of evidence in this review does not support the hypothesis that multi-component community wide interventions effectively increase population levels of physical activity. Much of the available research is of poor quality inhibiting the ability to interpret the results and draw conclusions.

Cochrane Database 2011¹²

Interventions that are not currently recommended

Increasing participation in sport

There is an absence of high quality evidence to support interventions designed and delivered by sporting organisations to increase participation in sport.

Cochrane Database 2008¹³

8.3 Reducing smoking prevalence

Prevention of smoking uptake in children and young people

Who should take action	Recommended interventions
Organisers and planners of national, regional and local mass media campaigns including Welsh Government, NHS Wales, local authorities and tobacco control alliances.	Develop mass media campaigns to prevent the uptake of smoking targeted at children and young people. These should be based on research and testing with target audiences and use a range of strategies. NICE 2008 ¹⁴ , Cochrane 2010 ¹⁵
Local authorities and trading standards bodies.	Make it as difficult as possible for young people under 18 to get cigarettes and other tobacco products by addressing illegal tobacco sales. NICE 2008 ¹⁴
Education authorities, schools and other educational establishments.	Develop organisation wide or whole school smoke-free approaches and policies. These could include adult and peer led interventions and training and development of teachers and support staff. NICE 2010 ¹⁶

Interventions where there is limited evidence

There is limited evidence supporting the effectiveness of community interventions to influence smoking behaviour, including prevention of smoking in young people.

Cochrane Database 2011¹⁷

Interventions that are not currently recommended

It is not possible to draw firm conclusions from the current evidence base about the efficacy of family interventions to prevent adolescent smoking, or whether the interventions are intense enough to produce a sustained effect.

Cochrane Database 2007¹⁸

Currently, there is no high quality evidence that incentives aimed at children and adolescents prevent smoking initiation in the long-term.

Cochrane Database 2012¹⁹

There is insufficient evidence to recommend exercise as a specific aid to smoking cessation.

Cochrane Database 2012²⁰

Although several interventions, including parental education and counselling programmes, have been used to try to reduce children's tobacco smoke exposure, their effectiveness has not been clearly demonstrated.

Cochrane Database 2008²¹

8.4 Reducing harm from alcohol and drugs

Community interventions for vulnerable young people	
Who should take action	Recommended interventions
Local strategic partnerships.	<p>Develop and implement a strategy to reduce substance misuse among vulnerable and disadvantaged people under 25 years. The strategy should be based on a local profile and supported by a local service model defining the role of local agencies and practitioners.</p> <p>NICE 2007²²</p>
Those in education, voluntary, community, social care, youth and criminal justice sectors working with vulnerable and disadvantaged children and young people.	<p>Use existing screening and assessment tools to identify vulnerable and disadvantaged children and young people who are misusing, or who are at risk of misusing, substances; provide support and refer as appropriate to other services.</p> <p>For those aged 11-16 offer a family-based programme of structured support over 2 or more years, drawn up with the parents or carers and led by staff competent in this area.</p> <p>For children aged 10–12 who are persistently aggressive or disruptive, and assessed to be at high risk of substance misuse, offer group-based behavioural therapy over 1 to 2 years, before and during the transition to secondary school.</p> <p>For those under 25 who are problematic substance misusers, offer 1 or more motivational interview(s) according to need.</p> <p>NICE 2007²², NICE 2007²³, NICE 2010²⁴ and Cochrane Database 2011²⁵</p>
School based interventions on alcohol	
Who should take action	Recommended interventions
Head teachers, teachers, school governors and others who work in (or with) schools.	<p>Ensure alcohol education is an integral part of the national science and personal and social educational curricula in line with Welsh Government guidance.</p> <p>NICE 2007²²</p> <p>Evidence suggests generic psychosocial and developmental prevention programs such as Life Skills Training Programme (USA), the Unplugged Programme (Europe) and the Good Behaviour Game (USA and Europe) can be effective and could be considered as policy and practice options.</p> <p>Cochrane Database 2011²⁶</p>

School based interventions on alcohol - continued	
Who should take action	Recommended interventions
Teachers, school nurses and school counsellors.	<p>Where appropriate, offer brief one-to-one advice on the harmful effects of alcohol use, how to reduce the risks and where to find sources of support. Offer a follow-up consultation or make a referral to external services, where necessary.</p> <p>NICE 2007²³ and NICE 2010²⁴</p>
Preventing harmful drinking	
Who should take action	Recommended interventions
Welsh Government, UK Government.	<p>Take action to make alcohol less affordable (consider introducing minimum price per unit).</p> <p>Take action to make alcohol less available (consider revising legislation on licensing).</p> <p>Take action to ensure that children and young people's exposure to alcohol advertising is minimised.</p> <p>NICE 2010²⁴</p>
Local authorities, trading standards officers, police, magistrates, revenue and customs.	<p>Use local crime and related trauma data to map the extent of alcohol-related problems before developing or reviewing a licensing policy.</p> <p>Ensure sufficient resources are available to prevent under-age sales. Work in partnership with the appropriate authorities to identify and take action against premises that regularly sell alcohol to people who are under 18.</p> <p>NICE 2010²⁴</p>
Reducing alcohol use in university or college students	
Who should take action	Recommended interventions
Policy makers, those considering interventions in universities and colleges.	<p>Use normative feedback. Feedback can be given alone or in addition to individual or group counselling. Evidence suggests that individual and personalised normative interventions over the immediate and medium term appear to reduce alcohol use, misuse and related problems amongst university or college students.</p> <p>Cochrane Database 2009²⁷</p>

Interventions where there is limited evidence

Universal multi-component alcohol misuse prevention

Multi-component prevention programmes that deliver interventions in multiple settings, for example in both school and family settings, typically combining school curricula with a parenting intervention can be effective. However, there is little evidence that interventions with multiple components are more effective than interventions with single components. This means that this review found little evidence of a synergistic effect to multi-component interventions.

Cochrane Database 2011²⁸

Interventions that are not currently recommended

Currently there is insufficient evidence to recommend the use of structured mentoring programmes to reduce rates of drug and alcohol use in young people.

Cochrane Database 2011²⁹

8.5 Reducing teenage pregnancy

Personal, social, health and economic education (PSHE) focusing on sex and relationships	
Who should take action	Recommended interventions
<p>School & college governors, teachers, principals, lecturers and tutors. Commissioners and managers in children's services. Practitioners working with young people with responsibility for, school, college and community-based personal, social, health and economic (PSHE) education focusing on sex and relationships.</p>	<p>Raise awareness among school and college communities, (including parents), that effective education on sex and relationships has a positive impact on children's and young people's health and well-being. Consult and involve the whole school and college community in developing a comprehensive and complementary curriculum integrated within a planned programme of PSHE education.</p> <p>Help primary school children to develop and sustain relationships and friendships. Ensure they understand the importance of valuing and having respect for others, providing a foundation for later teaching about sex and relationships. Teachers and lecturers should encourage and support health professionals, members of other agencies and members of local community groups to contribute to the teaching of PSHE education.</p> <p>Ensure all those who teach about sex and relationships have received accredited training. Provide specialist accredited training for PSHE education as part of initial teacher training. This includes sex and relationships education. Use a range of evidence-based teaching methods to suit different learning styles.</p> <p>Commission community-based education about sexual health and relationships for young people who may have missed some of their school and college-based education, or who did not feel it met their needs. Ensure vulnerable children and young people receive PSHE education including education on sex, individually tailored information and advice, help to identify and manage risks and make responsible, healthy and safe choices.</p> <p>NICE 2010³⁰</p>

Behavioural interventions for young women	
Who should take action	Recommended interventions
Those providing interventions in schools, colleges and health care settings.	Behavioural interventions (mainly information plus skills development) which aim to promote sexual behaviours protective of sexually transmitted infection transmission can encourage condom use for sexual intercourse. <small>Cochrane Database 2011³¹</small>
Interactive computer based interventions	
Who should take action	Recommended interventions
Those responsible for sexual health education in schools and colleges.	Interactive computer based interventions are effective for learning about sexual health leading to gains in knowledge in comparison with minimal intervention, and face-to-face interventions. <small>Cochrane Database 2010³²</small>
Interventions where there is limited evidence	
<p>Concurrent use of interventions such as education, skill-building and contraception promotion may reduce the risk of unintended pregnancy in adolescents. There is little evidence about the effect of each of these interventions offered alone. Overall, the evidence remains inconclusive and is not the basis for recommending the use or discontinuation of any of these interventions already in use. <small>Cochrane Database 2009³³</small></p> <p>This review found no consistent evidence that pregnancy prevention programs altered the sexual activity or pregnancy risks of young people. Limited evidence supported programmes with an abstinence focus. There was no consistent evidence that sex education programs altered the likelihood that young people would initiate sex, would risk pregnancy, or would become (or get someone) pregnant. The most promising results were for more intensive multi-component youth development programs serving higher risk adolescents and results tended to be most favourable for females. <small>Campbell Systematic Reviews 2006³⁴</small></p>	

8.6 Improving vaccination and immunisation uptake

Who should take action	Recommended interventions
Head teachers, school governors and heads of further education colleges and pupil referral units.	Head teachers, school governors, managers of children's services and PCT (health board) immunisation coordinators should work with parents to encourage schools to become venues for vaccinating local children. This would form part of the extended school role. <small>NICE 2009³⁵</small>

In addition, specific actions and resources for Wales are outlined in Chapter 5, Immunisation and screening.

8.7 Improving mental well-being

Early years	
Who should take action	Recommended interventions
Those planning and commissioning services for under 5s in local authorities, the NHS and partner agencies.	Ensure the social and emotional well-being of vulnerable children features in the Single Integrated Plan as one of the most effective ways of addressing health inequalities. NICE 2012 ³⁶
Professionals in early years settings, primary schools, NHS, voluntary and community sector, safeguarding services, police, housing departments.	Professionals should develop trusting relationships with vulnerable families and adopt a non-judgmental approach, while focusing on the child's needs. NICE 2012 ³⁶
Those providing early education and childcare, health visiting, local authority children's services, school nursing.	Ensure all vulnerable children can benefit from high quality childcare outside the home on a part or full-time basis and can take up their entitlement to early childhood education. NICE 2012 ³⁶
Early years settings primary schools, NHS, voluntary and community sector, safeguarding services.	Put systems in place to deliver integrated universal and targeted services that support vulnerable children's social and emotional well-being, including systems for sharing information and for multidisciplinary training and development. NICE 2012 ³⁶
Primary education	
Those with responsibility for commissioning or providing primary education, teachers and other practitioners working in primary education.	Ensure that schools adopt a whole school approach to children's social and emotional well-being and have access to the skills, advice and support needed to deliver a comprehensive and effective programme that is integrated with the curriculum. NICE 2008 ³⁷
Secondary education	
Those commissioning and providing services to young people in secondary education.	Enable all secondary education establishments to adopt an organisation-wide approach to promoting social and emotional well-being of young people. This should encompass organisation and management issues as well as the curriculum and extra-curriculum provision. NICE 2009 ³⁸

Those commissioning programmes to prevent school drop-out.	Drop-out prevention and intervention programs, regardless of type, will be effective if implemented well and appropriate for the local environment. Campbell Systematic Reviews 2011 ³⁹
Looked after children - a wide range of actions have been recommended covering the following areas	
Who should take action	Recommended interventions
Commissioners of health services and local authority children's services. Directors of children's services and directors of public health.	Strategic leadership, planning and commissioning High-performing local authorities are those with strong leaders who have an aspirational vision of effective corporate parenting for all looked after children and young people. NICE and SCIE 2010 ⁴⁰
Estyn, Care and Social Services Inspectorate Wales (CSSIW) and Health Inspectorate Wales (HIW).	Audit and inspection A robust audit and inspection framework ensures that looked after children and young people continue to be strategic priorities for local authorities, the NHS and their key partners. NICE and SCIE 2010 ⁴⁰
Directors of children's services.	Care planning, placements and case review Effective care planning, led by social workers, promotes permanence and reduces the need for emergency placements and placement changes. NICE and SCIE 2010 ⁴⁰
Directors of children's services and public health. Senior staff with responsibility for commissioning and providing health services.	Professional collaboration For the team around the child to provide effective care, professionals need to collaborate closely and share relevant and sensitive information. When multi-agency teams are supported and encouraged to address their way of working, they are better able to collaborate when handling difficult and complex situations. NICE and SCIE 2010 ⁴⁰
Directors of children's services. Commissioners of mental health services.	Dedicated services to promote mental health and emotional wellbeing Early intervention to promote mental health and well-being can prevent the escalation of challenging behaviours and reduce the risk of placement breakdown. NICE and SCIE 2010 ⁴⁰

Looked after children - continued	
Who should take action	Recommended interventions
Placement teams. Social workers and social work managers.	<p>Placements</p> <p>Membership of a sibling group is a unique part of the identity of a child or young person and can promote a sense of belonging and promote positive self esteem and emotional well-being.</p> <p>NICE and SCIE 2010⁴⁰</p>
Social work managers.	<p>Frequent moves and parents' physical and mental health problems can adversely affect the ability of babies and very young children to form healthy attachments that lead to healthy emotional and physical development.</p> <p>NICE and SCIE 2010⁴⁰</p>
Commissioners and providers of health services. Social work managers.	<p>Health assessments, records and information</p> <p>Accurate and up to date personal health information has significant implications for the immediate and future well-being of children and young people during their time in care and afterwards.</p> <p>NICE and SCIE 2010⁴⁰</p>
Social workers and social work managers.	<p>Quality of life</p> <p>Developing a positive personal identity and a sense of personal history is associated with high self esteem and emotional well-being.</p> <p>NICE and SCIE 2010⁴⁰</p>
Directors of children's services.	<p>Supporting foster and residential care</p> <p>Foster and residential care are complex activities that require rehabilitative and therapeutic approaches and skills.</p> <p>NICE and SCIE 2010⁴⁰</p>
Directors of children's services.	<p>Care provided by family and friends may lead to good long-term outcomes for many children and young people.</p> <p>NICE and SCIE 2010⁴⁰</p>
Those responsible for providing and commissioning education, including those with responsibility for teacher training.	<p>Education</p> <p>Education that encourages high aspirations, individual achievement and minimum disruption is central to improving immediate and long-term outcomes for looked after children and young people.</p> <p>NICE and SCIE 2010⁴⁰</p>

Looked after children - continued	
Who should take action	Recommended interventions
Directors of children's services.	<p>Preparing for independence</p> <p>Services designed with young people in mind and delivered by friendly, approachable professionals can help young people find the right support and advice at the right time, to help them become independent.</p> <p>NICE and SCIE 2010⁴⁰</p>
Those with responsibility for training staff working with looked after children and young people.	<p>Training for professionals</p> <p>Evidence suggests that the experiences and needs of looked after children and young people are not well understood by all the professionals who come into contact with them. Developing national training curricula, with levels appropriate for a wide range of professionals, will increase understanding of this diverse group of children and young people.</p> <p>NICE and SCIE 2010⁴⁰</p>

Group based parenting programmes	
Who should take action	Recommended interventions
Psychologists, therapists/ counsellors, social workers or community workers and others delivering parenting programmes.	<p>Evidence supports the use of group based parenting programmes to improve parental psychosocial functioning. Parental psychosocial health can have a significant effect on the parent-child relationship, with consequences for the later psychological health of the child.</p> <p>Campbell Systematic Reviews 2005⁴¹</p>
Conduct disorders – prevention and management	
Who should take action	Recommended interventions
Health and social care professionals, managers and commissioners in collaboration with colleagues in educational settings.	<p>Develop and implement evidence based local care pathways that address prevention and promote access to services for children and young people with a conduct disorder and their parents.</p> <p>NICE 2013⁴²</p>

Interventions where there is limited evidence

Treatment foster care is a promising social intervention for children and young people at risk of placement in settings that restrict their liberty and who are at risk of a range of adverse outcomes. This holds for a range of children and youths with behavioural and emotional disorders, but particularly those with conduct disorders and delinquency.

Campbell Systematic Reviews 2007⁴³

There is some evidence that vigorous exercise has positive short-term effects on self esteem in children and young people aged between 3 and 20 years.

Campbell Systematic Reviews 2005⁴⁴

There is evidence that participation in psycho- educational internet safety interventions is associated with an increase in internet safety knowledge but this is not significantly associated with a change in risky online behaviour.

Campbell Systematic Reviews 2009⁴⁵

Interventions that are not currently recommended

There is insufficient evidence for any firm conclusions to be made about the impact of prevention programs for eating disorders in children and adolescents.

Cochrane Database 2002⁴⁶

There is insufficient evidence to recommend independent living programmes to improve outcomes for young people leaving the care system.

Cochrane Database 2006⁴⁷

The research included in this review did not provide evidence that home-based interventions that are specifically targeted at improving developmental outcomes for preschool children from socially disadvantaged families are effective.

Cochrane Database 2011⁴⁸

8.8 Reducing accidents and injuries

Preventing unintentional injuries in those under 15 years	
Who should take action	Recommended interventions
Welsh Government, local authority children's services and their partners.	Ensure local and national plans and strategies for children and young people's health and well-being include a commitment to preventing unintentional injuries. NICE 2010 ⁴⁹
Local authority children's services, local safety partnerships.	Ensure a child and young person's injury prevention coordinator works with local partners and develops a 2 to 3 year injury prevention strategy. NICE 2010 ⁴⁹
Welsh Government, local authority children's services and their partners.	Parenting interventions (commonly provided in the home as part of a multi-faceted intervention to improve a range of outcomes) are effective in reducing self-reported or medically attended unintentional injury. These may also improve home safety. Evidence relates mainly to families 'at risk' of adverse child health outcomes including child abuse and neglect. Cochrane Database 2013 ⁵⁰
Welsh Government.	Encourage funding for educational establishments and organisations to help them develop standards for competencies in and courses and modules on the prevention of unintentional injuries among children and young people. NICE 2010 ⁴⁹
Local authority children's services and partners injury prevention coordinators, health, social care & education providers.	Provide access to appropriate education and training in preventing unintentional injuries for everyone who works with (or cares for and supports) children, young people and their families. Prioritise those who work directly with these groups. NICE 2010 ⁴⁹
Local authorities.	Consider developing local agreements with housing associations and landlords to ensure permanent home safety equipment is installed and maintained in all social and rented dwellings. NICE 2010 ⁴⁹ and NICE 2010 ⁵¹
Welsh Government.	Ensure national child health initiatives include guidance on delivering home safety assessments and providing safety education to families with a child under 5 or with other children who may be particularly vulnerable to unintentional injuries. NICE 2010 ⁴⁹ and NICE 2010 ⁵¹

Preventing unintentional injuries in those under 15 years - continued

Who should take action	Recommended interventions
Local authority children's services and their partners.	<p>Ensure home safety assessments and education are incorporated in local plans and strategies for children and young people. They should be aimed at families with a child under 5 or with other children who may be particularly vulnerable to unintentional injuries.</p> <p>NICE 2010⁴⁹ and NICE 2010⁵¹</p>
Local authority children's services and their partners, health and social care providers.	<p>Home safety education and provision of safety equipment is effective in increasing a range of safety practices and possibly also in reducing child injury rates.</p> <p>Cochrane Database 2012⁵²</p>
Head teachers, school governors, local strategic partnerships, play and leisure providers in all sectors.	<p>Ensure policy takes a balanced approach to assessing the risks and benefits of play and leisure environments and activities.</p> <p>NICE 2010⁴⁹</p>
Injury prevention coordinators, lifeguards, outdoor activity and holiday centre managers, schools, swimming instructors, swimming pool managers.	<p>Know which groups of children and young people are at high risk of drowning – and when that risk is increased. Provide children, young people, their parents and carers with information and education on water safety in play and leisure environments. Encourage children, young people, their parents and carers to become competent swimmers and to learn other water safety skills. Ensure swimming lessons include general and specific water safety information.</p> <p>NICE 2010⁴⁹</p>
Leisure facility providers, hoteliers, holiday companies and tour operators.	<p>Use risk analysis and management procedures to identify where there may be a risk of drowning. Minimise that risk, wherever possible, without discouraging swimming.</p> <p>NICE 2010⁴⁹</p>
UK and Welsh Government, individuals and organisations with swimming pools.	<p>Isolation fencing with dynamic self-latching gates is an effective environmental intervention reducing unintended access to pools and risk of drowning for preschool children. Legislation accompanied by educational campaigns should be implemented for all public, semi-private and private swimming pools. Legislation should require fencing of both newly constructed and existing pools and include enforcement provisions, in order to be effective.</p> <p>Cochrane Database 1998⁵³</p>

Preventing unintentional injuries in those under 15 years - continued	
Who should take action	Recommended interventions
Local authorities, schools and school travel advisers, injury prevention coordinators, police, retail outlets and cycle hire centres.	Use local information campaigns and ongoing education to encourage cycle training and promote the use of correctly fitted and fastened cycle helmets while cycling. Schools, school travel advisers, injury prevention coordinators, local authorities and the police should ensure travel plans cover off-road routes. Retailers should provide point-of-sale advice on the correct fitting of cycle helmets. Cycle hire centres should advise about the advantages of children and young people wearing correctly fitted and fastened cycle helmets. NICE 2010 ⁴⁹
Local highway authorities.	Maintain the existing road safety partnership (or establish one) to help plan, coordinate and manage road safety activities. Ensure local child road safety reviews are carried out at least every 3 years. NICE 2010 ⁴⁹
Local authority children's services and partners.	Review local partners' priorities and strategies to ensure they are coordinated. NICE 2010 ⁴⁹
Local highway authorities and their road safety partnerships.	Use signage, road design and engineering measures to reduce vehicle speeds on roads where children and young people are likely to be, such as those passing playgrounds or schools and streets that are primarily residential where pedestrian and cyclist movements are high. NICE 2010 ⁴⁹ and NICE 2010 ⁵⁴
Environmental health officers, fire service, injury prevention coordinators, children's services and partners, police, schools, trading standards officers.	Conduct local firework injury prevention campaigns, informed by emergency department surveillance data, during the lead up to all celebrations and festivals where fireworks are used. NICE 2010 ⁴⁹
Reducing crash rates in young drivers	
Welsh Government, UK Government.	Graduated driver licensing is effective in reducing crash rates of young drivers. The magnitude of the effect varies across jurisdictions. Individual provisions may be less important than the overriding principle of gradually introducing new drivers to higher risk situations as they acquire more driving experience. Cochrane database 2011 ⁵⁵

School based interventions to prevent violence	
Who should take action	Recommended interventions
Welsh Government, local authorities, school teachers and governors.	School-based interventions targeted to children exhibiting aggressive or violent behaviours are beneficial in reducing both reported or observed aggressive behaviour and school responses to aggression. Interventions designed to improve relationship skills or social skills may be more effective than interventions designed to teach skills of non-response to provocative situations. Cochrane Database 2006 ⁵⁶
Interventions where there is limited evidence	
Pedestrian safety education can result in improvement in children’s knowledge of the road crossing task and change observed road crossing behaviour but whether this reduces the risk of pedestrian motor vehicle collision and injury occurrence is unknown. There is evidence that changes in safety knowledge and observed behaviour decline with time, suggesting that safety education must be repeated at regular intervals. Cochrane Database 2002 ⁵⁷	
Interventions that are not currently recommended	
There is insufficient evidence to determine whether interventions focused on modifying environmental home hazards reduce injuries. Cochrane Database 2011 ⁵⁸	
This systematic review found no evidence that newly licensed driver education is effective in preventing road traffic injuries or crashes. Cochrane Database 2003 ⁵⁹	
There is a lack of research from which practitioners can draw an evidence-base regarding the effectiveness of community-based injury prevention programmes to prevent burns and scalds in children. Cochrane Database 2004 ⁶⁰	
Interventions that may be harmful	
The results show that school based driver education leads to early licensing. The evidence found did not show that driver education reduces road crash involvement and suggests that it may lead to a modest but potentially important increase in the percentage of teenagers involved in traffic crashes. Cochrane Database 2001 ⁶¹	

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