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Consultation Response to ‘Priorities to Inform the Action Plan for the Belfast Area’

Belfast Healthy Cities (BHC) welcomes the opportunity to comment on the ‘Priorities to Inform the Action Plan for the Belfast Area’ consultation Document

About Belfast Healthy Cities:

Belfast Healthy Cities is a citywide partnership working to improve health equity and wellbeing for people living and working in Belfast. Our focus is on improving social living conditions and prosperity in a healthy way, through intersectoral collaboration and a Health Equity in All Policies (HEiAP) approach.

Belfast is also a leading member of the World Health Organization (WHO) European Healthy Cities Network which has over 100 cities, with a strong track record of meeting WHO goals and objectives. Belfast Healthy Cities’ office has a staff team dedicated to working with partner organisations to

facilitate and support change. The office also acts as the link between the city and WHO, and Belfast currently provides the secretariat to the Network.

Role of Belfast Healthy Cities:

The role of the partnership is, through our leadership and innovation, to inspire and harness the collective and individual strengths of partners to deliver the WHO European Healthy City goals and requirements and maximise their impact on health and inequalities. The focus of the global Healthy Cities movement, including ours, is on the wider physical and social living conditions that shape health and wellbeing, and creating conditions that support health and tackle inequalities.

In the current Phase V (2009 – 2013), the overarching aim for Belfast, and all WHO European Healthy Cities, is Health Equity in All Local Policies, supported through the core themes of Healthy Urban Environment, including Climate Change and Health, and Healthy Living, including active living and wellbeing. Our comments are made in light of this.

Priority areas 1-6 along with proposed action are discussed below:

1. Healthy
 - a. Promoting positive health at the pre-natal and post-natal stages with vulnerable families ;
 - b. Support those children and young people living in families with complex health problems, mental health problems and/or disabilities;
 - c. Support vulnerable families to adopt healthier lifestyle choices.

Do you agree with the initial priorities identified (a-c)?

Yes ✓ No

1.a BHC supports positive health at the pre-natal and postnatal stages.
¹Marmot was commissioned by the Department of Health to carry out a strategic review of Health Inequalities for England and one of the six recommendations as a result of this work was to 'give every child the best start in life'.

According to the WHO global Commission on Social Determinants of Health² (2008) investment in the early years provides one of the greatest potentials to reduce health inequities within a generation. The science of Early Child Development (ECD) shows that brain development is highly sensitive to external influences in early childhood with life long effects.

Early child development including the physical, social/emotional and language/cognitive domains – has a determining influence on subsequent life chances and health through skills development, education, and occupational

opportunities. Through these mechanisms, social determinants and direct early childhood influences subsequent risk of obesity, malnutrition, mental health problems, heart disease and criminality.

Belfast Healthy Cities supports the recommendations that there is a need to commit to and implement a comprehensive approach to early life, building on existing child hood programmes and working with mothers to include social, emotional, language and cognitive development for example the Family Nurses Programme (FNP) already introduced in the Western Trust and also through other initiatives for example such as HomeStart.

1.b BHC believes in coordinated approach to support children and young people living in families with complex problems such as mental health problems. It is estimated that in the UK that in any one year, 1 in 4 people will experience some type of mental illness. Furthermore, more than one third of all adults in the UK who experience mental illness are also parents.

Research has suggested that children may experience a range of adverse consequences when living with parents with mental illness. Effects on children include poor psycho-social development and attachments, compromised emotional and mental wellbeing and poor transitions into adulthood. However, not all children will be adversely affected when parents have a mental illness and positive outcomes have also been identified such as developing coping mechanisms and enhanced maturity.³

BHC believes that children and young people need to be supported by effective interventions from health and social care services when they live with a parent/parents with mental health difficulties in order to prevent or manage any particular adverse consequences which may arise.

In terms of supporting these children and young people it is important that they are listened to. Direct consultation should take place between professionals and children and young people themselves. New guidance shows that providing children and young people with age appropriate information and listening to what they have to say through more effective consultations are key factors in ensuring their greater inclusion in health care decisions.⁴ It is also important that children and young people be involved in health care decisions about their parents so that they understand what has happened and what support mechanisms will be put in place both for them and their parents. In addition to this children may be carers for their parents thus will have additional needs which need to be considered by professionals.

1.c BHC supports the development of practical interventions that impact positively on a range of health issues such as smoking, obesity STI's teenage pregnancy, alcohol and drug misuse.

Smoking is the single greatest cause of preventable illness and premature death in Northern Ireland, killing around 2,300 people each year. Of these deaths, approximately 800 are as a result of lung cancer, which is now the most common cause of cancer death for both men and women. The cost of

smoking to society is high. In economic terms, the hospital cost of treating smoking related illnesses in Northern Ireland is in the region of £119m each year.⁵

It is imperative that any interventions are aimed at the entire population of Northern Ireland as smoking and its harmful effects cuts across all barriers of class, race and gender. However, a strong relationship exists between smoking and inequalities, with more people dying of smoking related illnesses in disadvantaged areas of Northern Ireland than in more affluent areas.⁶

Belfast Healthy Cities believes in taking a preventative or early intervention approach to the health of the public in terms of obesity to result in savings for the health service in later years. Research has put the annual costs of obesity in Northern Ireland at around £500million.⁷ More and more children and teenagers are becoming overweight or obese and are storing up a lifetime of health problems in later years. This highlights the need to tackle the problem early to avoid massive projected costs in the future.

Obesity causes around 450 deaths each year in Northern Ireland. People who are obese can expect to live nine years less than the average life expectancy and are also at much greater risk of Northern Ireland's biggest killers namely coronary heart disease, type 2 diabetes and cancer.⁸

Alongside the recognition that there are factors that are associated with both obesity and the recent rise in its levels has also come the acknowledgement that there are clear links between obesity and inequalities. Rates of obesity tend to rise in association with increasing social disadvantage in developed countries.⁹

Belfast Healthy Cities supports interventions to impact positively on drug and alcohol misuse as alcohol and drug misuse is one of the biggest public health and societal issues facing Northern Ireland today. The cost of alcohol misuse alone is estimated to be as much as £900 million every year. Add in the cost of drug misuse and the figure could be well over £1billion.¹⁰ These figures although high do not express the impact caused by drugs and alcohol on individuals, families ad communities especially true for those in deprived areas.

Across Northern Ireland, there is considerable evidence of health inequalities with life expectancy differing by as much as six years between deprived and affluent areas.

As is evidenced above there are notable inequalities in the areas of smoking, obesity, STI's, teenage pregnancy, alcohol and drug misuse. This is reinforced by figures from the Northern Ireland Health and Social Care Inequalities Monitoring System¹¹, the largest inequality gaps between disadvantaged areas and the Northern Ireland average are evident in:

- alcohol and drug related deaths (both more than two times greater than the average, at 121% higher)

- admissions for self-harm (nearly twice as high as the average, at 94% higher)
- teenage births (80% higher)
- suicide (73% higher)
- respiratory death rates and lung cancer incidence (both nearly two thirds more than the average at 66% and 65% higher, respectively)¹²

It is evident that unfair and unjust health inequalities are apparent across Northern Ireland. Belfast Healthy Cities reinforces that interventions and prevention methods need to be cost effective and evidence based but also targeted at and accessible to those who need them most in an effort to really address inequalities and mitigate against the very real risk of inequalities in health widening further.

BHC would propose programmes that are based on the idea of supporting people to increase their knowledge, motivation and develop better skills that will help them alter their behaviour or cope better with stress imposed by external factors.

2. Enjoying, learning and achieving

- a. Supporting vulnerable children and young people and their families during key transitional stages of the educational continuum;
- b. Increasing educational attendance levels;
- c. Promoting participation and access to positive play and activities for vulnerable children and young people;
- d. Improving educational outcomes for vulnerable children and young people.

Do you agree with the initial priorities identified (a-d)?

Yes No

2. a The role of education in providing a route out of poverty is at the centre of many policies to end child poverty. Improving educational attainment is important for the individual child, but it is also vital if the goal of eradicating child poverty in a generation is to be met.

Education is a crucial determinant of health. Above all, it provides improved job opportunities, which in turn improves choice and increases a sense of control over one's life. Education is often also a key determinant of social class, as social class is linked to income levels and higher education typically entails higher income as well as better access to information and services. In addition, education provides a sense of purpose and structure to life and can considerably improve the outlook for a young person from a disadvantage or lower socio-economic group. On contrast, lack of access to education or lack of encouragement may exacerbate and perpetuate disadvantage. Education

can also act as protection against exclusion, criminality and other risk factors young people face.

BHC believes that transition is not about a specific period in a young person's life (for example moving school), but rather is about how to develop a child or young person's capacity to take on board change in a positive way. This means focusing on helping children and young people develop a strong sense of well being and confidence – by definition, it is this emotional well being that is lacking in vulnerable young people. There is a clear need to take a more holistic and strategic approach to work which supports vulnerable young people in transition. We suggest that this is fundamentally about addressing 'poverty of well being'. BHC believes it is crucial to have increased topics on the syllabus that contribute to self-worth, engagement, resilience as well as learning on academic subjects – all leading to positive outcomes.

In managing transition years it is important to recognize both the challenges which young people face as they approach a major shift in their educational development and as they emerge from that shift in a more complex life of secondary school.

To support these children and young people BHC supports the following points proposed by Gulati & King (2009)¹³ to be considered when developing interventions and support mechanisms for children and young people in the transition stages of the education system. Interventions should:

- Manage transition within the educational system at both primary and secondary school levels.
- Be targeted on those young people most vulnerable to the impacts of transition, focusing on the needs of children at both primary and secondary levels and recognising that transitional problems arise before during and after the shift in schooling.
- Offer Value for Money in that scarce financial and other resources are directed to activities and outcomes that are likely to prove effective in mitigating the damaging effects which transition can bring.
- Be set within the context of family – parents and siblings, and/or close relatives and friends, and recognize the importance of linking the experience of the young person with that of others who surround them.
- Be evaluated, to establish the successes of the initiative in quantitative and qualitative terms and to extract lessons for the wider improvement of policy and practice
- Be gap-filling, in ensuring that there is not duplication or competition between the initiative and other interventions addressing the transition issue.
- Be preventative in that it should seek to support young people in avoiding emotional and other difficulties before a time of crisis arrives.

- Be firmly based in that it should build on, and extend, existing experience within the statutory, voluntary and community sectors of work with young people/schools.
- Be responsive to the differing experiences both of young people and of the school settings within which transition occurs.
- Be medium term, in that any initiative is unlikely to provide useful results unless it is sustained for at least three, and probably, five years

2. b Children from all backgrounds see the advantages of school but deprived children are more likely to feel anxious and unconfident about school.¹⁴ This along with other factors such as, the nature of schooling, urban or rural deprivation/isolation, home circumstances/family problems, an inappropriate/inaccessible curriculum and/or poor teaching, bullying, irresponsible/recalcitrant parents and adolescent disaffection may lead to non attendance. BHC suggests that when dealing with truancy it is important to consider not only what is happening in school but also in the home environment. Some of the actions mentioned in 2.a and 2.c could help in encouraging and supporting children in school and building on their self confidence and self esteem that may help somewhat in addressing the issue of non-attendance.

2.c BHC believes that participation in positive play and activities should be encouraged particularly with vulnerable children and young people. BHC places a strong emphasis on creating a physical and built environment that supports play, as this is often obscured by a focus on service delivery.

Most children today grow up in towns and cities. They use the same spaces as adults, and the same services. Having access to a play friendly neighbourhood is vital for children, as it encourages free, creative and spontaneous play that is not dependent on external supervisors, transport etc. This in turn can help young people develop healthy habits for life and also supports their social and mental development.

Spaces that welcome children help children express themselves and explore their physical limits, which supports healthy development and builds respect for children. In doing so, child friendly environments also support children to take ownership of space and shape places in ways that suit them. This helps children engage with their neighbourhood, community and city, which in turn underpins mental and social development and encourages young people to participate in society. Indeed, such child friendly environments are a key indication that children are valued members of society.

BHC suggests that there could be a focus on action for concrete delivery of play opportunities perhaps in the form of demonstration projects and engagement with young people. BHC recommends that a key function of engagement with children and young people should be to enable children to value themselves and giving them the skills to look confidently to the future, concretely showing them how to participate in decision making.

It is worth noting that in Spring 2011 BHC developed a project working with children and young people to identify how they perceive their environments – what they like and didn't like and what would help them use their environments for play, this involved children from the Lenadoon and Suffolk areas of Belfast and the findings are contained in the report 'Shaping Healthier Neighbourhoods for Children'¹⁵ In addition to this BHC held a KidsSquare event which focused on making Belfast a child friendly city. It was held over 3 days and highlighted how parts of the city could be utilised for children and young peoples play and activities the findings are demonstrated in the report 'KidsSquare exploring child friendly space in Belfast City Centre'.¹⁶

BHC used feedback and findings from the children and young people involved in these two projects to develop a Children's Charter for Shaping Healthier Neighbourhoods for Children¹⁷ which sets out the basic principles in making a neighbourhood healthier for children and more child friendly these include:

- Maintain and strengthen green space
- Enable active travel
- Support traffic calming
- Emphasis and strengthen key local amenities and services
- Maintain and improve cleanliness
- Support informal surveillance

This is a vast area that requires action from all sectors but engaging all children in decision making is one very important way of conveying the message that they matter and have a role to play in society, which in turn supports mental well-being and can help strengthen aspirations. It is important that implementation includes direct engagement with stakeholders ranging from Government departments/agencies and Councils to parents, as this is a key way to ensure that action is integrated to ensure existing and future positive play opportunities. BHC would encourage agencies working with children to advocate for the Children's Charter (contained at the end of this document).

2.d The UK has one of the steepest socio-economic 'gradients' in education among similar countries. Children growing up in poverty and disadvantage are less likely to do well at school. This feeds into disadvantage in later life and in turn affects their children. To break this cycle, it is important to address the attitudes and experiences that lie behind social differences in education.¹⁸

BHC believes it is vital that educational outcomes for children and young people need to be improved and supports following actions¹⁹ as methods in attempting to achieve this:

- Provide a range of extra curricular activities which help students develop their life skills and aspirations which might not be fully addressed in the classroom.
- Target support on students from economically disadvantaged areas or those from families with no tradition of going on to higher education.

- Provide accurate, up-to-date careers information, advice and guidance for students. This requires regular communication with schools, learning institutions and employers.
- Develop effective relationships with other schools and learning institutions that will help provide clear progression routes for students and opportunities to share practice.
- Ensure close engagement with parents and carers so that they are involved and informed about the range of options available to their children.
- Engage with employers to understand their needs, involve them in curriculum development and respond creatively to what they say.
- Provide strong leadership, focused on the importance of narrowing the gap in achievement, is essential.

3. Living in safety and with stability

- a. To reduce the number of incidents of domestic abuse by intervention and support for vulnerable families;
- b. Intervention for children and young people engaged in/or at significant risk of offending;
- c. Supporting vulnerable families, children and young people experiencing hate crime which includes sectarianism.

Do you agree with the initial priorities identified (a-c)?

Yes No

3.a BHC highlights that domestic violence occurs throughout socio-economic groupings and not just vulnerable families. BHC believes that tackling domestic violence through interventions requires the continued support of Multi-Agency Risk Assessment Conferences (MARACs). A MARACs is a network specifically designed to protect those most at risk of domestic violence that have been in operation in Northern Ireland since January 2010. The fundamental aspect of the MARAC process is the collaboration of professional sectors and the sharing of information.

3.b BHC supports action to tackle the issue of young offenders. Offending is typical linked to social disadvantage and exclusion, in particular low educational achievement and lack of job opportunities. Therefore quality education for all should be the foundation of strategy and action to prevent offending, while providing continued or second chance access to education and employment support should be a cornerstone to prevent reoffending or rehabilitate offenders. An important aspect is to engage the education sector and potentially support initiatives aimed at engaging students in their local community or reengaging those at risk of disaffection. Concrete initiatives might include intergenerational projects or a programme of visits by former offenders who can highlight the full consequences of offending.

Getting young people involved in sports and leisure opportunities can have intrinsic value as they can help people to develop skills and confidence and should be prioritised especially in a climate of tight resources. This will not only help to reduce the risk of offending, but will also support health and wellbeing and can offer new life opportunities, outside or in addition to academic achievement.

Working at neighbourhood level is key to reducing antisocial behaviour in conjunction with other partners such housing providers, councils and the police to improve safety and through the built environment and improve neighbourhoods. It is important however that the work is broad and considers for example the need to provide facilities that can help stop young people using streets as a meeting place and minimise the risk for opportunity offending including vandalism and graffiti. Alternatives may include engaging young people in public arts initiatives which can also help them feel valued and encourage them to take pride in their area. It is also vital that community representatives are involved when specific developments are considered, as they are experts on needs and potential solutions for their own area.

Social marketing campaigns may be useful by encouraging young people to think about the impact and consequences of their behaviour and thus change negative behaviour patterns. The social marketing campaign on UTV to address the issue of young people making hoax calls to emergency services, injuring emergency services staff and lighting fires provides a good example.

In terms of improving safety in town centres at night community safety partnerships could have a role in supporting non alcohol focused night time uses of town centres and supporting work on the responsible use of alcohol.

BHC would stress that support to families e.g. Referral to parenting courses, employability support, substance dependence treatment etc should be offered as early as possible; ideally before problems deteriorate and a young person commits an offence. Again the education sector has an important role in identifying young people at risk and these further highlights why it is important to engage the sector in preventative work.

3.c BHC believes that tackling hate crime for example sectarianism is vital for moving forward post conflict. In addition to death and injury, the impact of the Northern Ireland conflict on children and young people has also manifested itself in psychological and emotional trauma. Many children and young people have experienced trauma in a variety of ways: for example, the loss of family members; witnessing violence; experiences of rioting and bombs. However, on a more universal level it could be argued that most, if not all, children and young people in Northern Ireland have been influenced by the Troubles, in the formation of their attitudes and constructions of religious and societal divides, oppression and discrimination.

Research carried out for the National Children's Bureau²⁰ found that the six most important changes/actions that young people wanted to see in terms of sectarianism were:

- More formally integrated schools and more informal mixing between schools
- More cross-community contact schemes, both through schools and across neighbourhoods, so that young people can get to know the 'other' community
- Better facilities and activities for young people to mix in a non-sectarian atmosphere
- The banning of territorial markers such as murals, flags and kerb-painting
- Acknowledgement of the need to assist people to accept compromise and recognise the things they have in common
- The involvement of young people in interactive and participatory focus groups, to enable them to come together from different communities and to discuss sensitive and controversial issues in a safe and constructive environment.

BHC believes that some of these actions could also be implemented with other BME groups in mind to tackle other forms of hate crimes.

4. Experiencing economic and environmental well being
 - a. Support for vulnerable children and young people experiencing problems relating to drugs, alcohol, family breakdown and risk of homelessness;
 - b. Early intervention to support vulnerable children and young people not in education or training.

Do you agree with the initial priorities identified (a-b)?

Yes No

4.a BHC supports the proposal - support for vulnerable children and young people experiencing problems relating to drugs, alcohol, family breakdown and risk of homelessness.

BHC supports a multi-agency and multidisciplinary approach to working with vulnerable children, young people and their families as they can have multiple needs and therefore a holistic and coordinated approach to help to address all of these issues is required in terms of delivery of information, assessment and support.

BHC supports preventative programmes to manage homelessness particularly with disadvantaged families. Some of the effects of homelessness are disempowerment, isolation and poverty. Homelessness compounds a number of the problems faced by young people. Young homeless people face many inequalities in comparison to other young people for example they often experience poorer physical and mental health; they are more likely to have substance misuse issues; they face great difficulties accessing and completing training programmes and they can have their employment

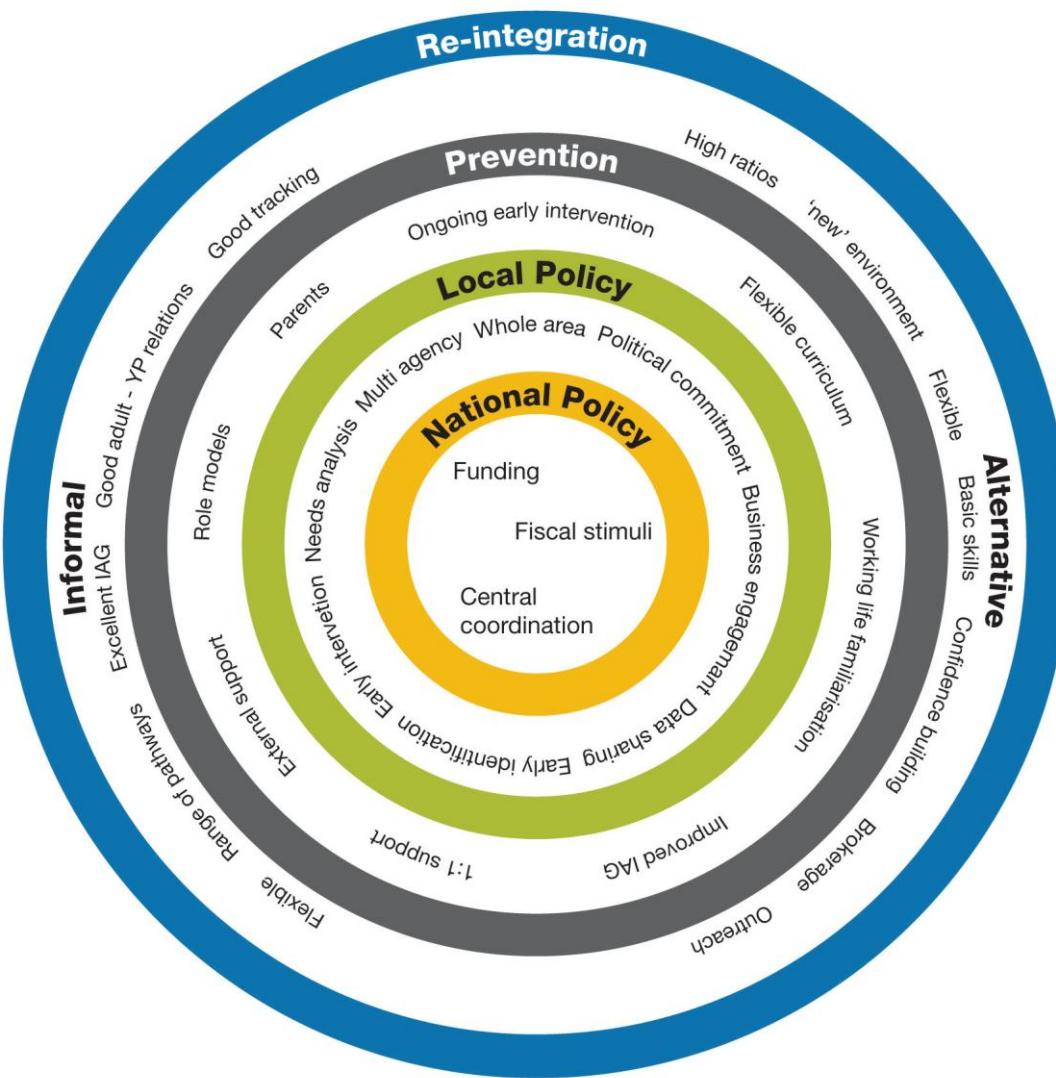
prospects adversely affected²¹ all of which can have long term life implications.

4.b BHC believes it is vital to support children and young people not in education or training especially against today's backdrop of economic recession, high youth unemployment and a sustained reduction in public funding. As well as these issues, young people not in education, employment or training are more likely to be depressed, feel disengaged from wider society and turn to crime.

The following groups of young people are far more likely to not be involved in education or training:

- Teenage mothers
- Those with poor academic achievement
- Those who misuse drugs and alcohol
- Children in care
- Those with a disability
- Those with mental health issues
- Those who engage in crime and antisocial behaviour

In terms of supporting children and young people not accessing education or training the model developed by Spielhofer et al (2011)²² below demonstrates a coordinated approach on many levels and actions for application. (Note this model is mainly for young people at 16 and 17 but the principles can be applied for younger children)



Examples of actions at the various levels are suggested by Nelson & O'Donnell (2012)²³ below:

1. National policy-level strategies include – waiving of employers' national insurance contributions for young people aged under 25 – so that young people may be more encouraged to stay on in education/training and progress to employment.
2. At a more local level a number of strategic approaches could be developed or strengthened:
 - Identify need early
 - Intervene early with families at risk of poor outcomes
 - Develop informal learning and volunteering opportunities
 - Develop alternative and flexible learning opportunities
 - Offer financial support

On a more practice/on the ground level a number of strategies are identified that can be adopted by schools and other organisations such as youth

services, to prevent young people disengaging from learning or loosing direction:

- Intervention should begin as soon as signs of difficulty at school or home are detected, as early as preschool, and should continue to be monitored throughout primary and secondary school, providing targeted support where appropriate.
- The education curriculum should be varied, flexible and relevant to the world of work. It should also take account of different learner needs and styles using innovative and experiential teaching methods.
- Advice and guidance should be impartial, realistic, responsive and available to all young people. The advice should be tailored to the specific needs of the individual and provided by independent and impartial staff.
- One-to-one support should be developed/sustained and of a high quality. It should be face to face and available to all young people at key transitions points such as from primary to secondary school and from GSCE to further education or work.
- Parents should be given the necessary support so that they are engaged in interventions being used with their children, as well as school life generally.

5. Contributing positively to community and society
 - a. Promoting volunteering opportunities in local communities for children and young people;
 - b. Intervention that promotes improvement for those vulnerable families, children and young people displaying behaviour management difficulties.

Do you agree with the initial priorities identified (a-b)?

Yes No

5.a BHC supports volunteering opportunities for children and young people as volunteering can be useful in career planning, gaining practical experience and increase chances of getting on to further courses and employment. This is particularly significant for young people from lower socio-economic groupings in attempting to overcome social disadvantage. In addition to these benefits volunteering for young people can help widen social networks, give a meaningful purpose to life and increase their sense of connectedness to their communities.

Research²⁴ has shown the kinds of things that young people want from volunteering opportunities. These findings can be incorporated into actions:

- Demonstrate to young people the positive impact of their actions so that they know it is worthwhile;
- Young people want to work on projects;

- Young people want to work in teams;
- Offer opportunities to socialise with other young volunteers;
- Gain respect from peers/parents/community;
- Reinforce with employers the need to recognise volunteering;
- Give young people a chance to contribute and learn
- Offer flexibility in both time and commitment
- Ease of access - many young people simply don't know how to start volunteering or who to contact
- Young people want relevant, useful experience and the chance to learn new skills
- Offer additional incentives
- Offer variety – both type of work and the level of commitment

5.b BHC supports interventions that promote improvement for those vulnerable families, children and young people displaying behaviour management difficulties – however BHC does not have the expertise in the area to offer comment

6. Living in a society which respects their rights
 - a. Supporting access to services for marginalised groups, e.g. travellers, Lesbian, Gay, Bisexual and Transgender (LGBT) young people, and black and minority ethnic groups
 - b. Engaging with children, young people and their parents to obtain their views and ideas to help inform the planning process

Do you agree with the initial priorities identified (a-b)?

Yes No

6.a BHC supports access for potential marginalized groups. Many people are unable to access mainstream services or programmes for reasons of poverty, language, disability and geographical inaccessibility; or are denied access because of stigma and discrimination. Overcoming inequalities in access requires that the needs of marginalized people are identified, and interventions are targeted towards meeting their needs in a culturally considerate manner. Engaging young people, listening to their views and acting on their recommendations is key to improving access to services. Improvements in access can be made for example by clear straightforward information of how to book and make appointments, where to go for appointments, what organisations people can contact for additional support, leaflets being produced in various languages, interpreters, services being provided in non-healthcare settings or in the community setting to help people avail of them more readily and non-judgemental and supportive staff. These

may seem like small measures but can have a huge impact on the experience for the service user.

BHC believes that meaningful participation should be a fundamental theme for work with children, young people and their families. This is because public participation can contribute to improved decision-making, enhanced cooperation and sustainability and can also contribute to empowerment of the local community. Service users should be at the heart of decision-making and their thoughts and views should be fundamental when developing new services or improving existing ones.

6.b BHC recommends that the methods chosen for the children and young person activity should match the nature of the activity, the professionals involved, the resources available and the aims and goals. Possible methods of engagement include focus groups, one to one interviews, needs based assessment, Youth Conferences, Youth Forums, consultation, comment cards, evaluation forms and ad hoc feedback²⁵. Evaluation is a key phase but is also the most challenging phase. Identifying the impact of involvement requires the use of a range of different outcome measures, including measures of children and young people's experience, which are not always simple to capture.

Providing feedback to those who have been involved is vital. The way in which organisations do this will influence how much trust and confidence children and young people have and will also influence how prepared they are to continue to be involved in the future.

Effective parent participation happens when parents have conversations with and work alongside professionals, in order to design, develop and improve services and many of the methods used are similar to those mentioned above. Working with parents helps professionals to understand what needs to happen to develop services that meet families' needs. This is particularly important in today economic climate when resources are limited to avoid inappropriate or unnecessary service. Working with professionals helps parents understand the complexity involved and the challenges faced by the professionals who have to bring about that change. Working together and sharing knowledge enables parents and professionals to find solutions that work.

There are three essential ingredients for successful parent participation²⁶:

- Good information - relevant and timely information which helps them access the services and support they need to care for their children. The better informed parents are, the more confident they are and the more able to make informed choices for their children.
- Honest consultation - Consultation is a two way communication. The people carrying out the consultation need to reply to parents' responses, setting out clearly what has changed as a result of parent feedback and where it has not been possible to make changes, explaining why
- Effective participation - Parent participation is a significant step up and requires real commitment from parents and professionals. Informed and

empowered parents are enabled to become actively involved in service planning and decision-making. Professionals are given the opportunity to draw on the unique skills and expertise which parents can offer.

Liasing with professionals may be a daunting experience for some people. BHC recommends that professionals are sensitive to the needs of the parents and children and young people by choosing an appropriate venue, speaking in clear non-jargonistic language and being approachable and accessible.

Further comments

As a successful partnership organisation itself, BHC reinforces that working in partnership across sectors is paramount to achieving the priorities as outlined in the consultation document and to reducing inequalities. This is because partnerships and integrated working can help improve services and be more cost effective in a number of ways, including gaining agreement on priorities in the context of productivity and efficiency; achieving greater efficiency by minimising duplication; improving coordination and sharing of resources, improving user experience by integrating care and support and extending choice and pooling budgets to achieve efficiencies and better outcome.

BHC believes that when tackling health issues and improving outcomes for children and young people health inequalities need to be considered in tandem with other key social indicators such as education, economic status, family background, neighbourhood and peers. Improving health inequalities for children and young people has to be embedded as an integral part of service provision, not handled as a special interest or an optional extra.

BHC would advocate for the inclusion of health equity as an additional core theme. This would strengthen the emphasis on the importance of tackling inequalities. Within this consideration should be given to all policies and actions in relation to their impact on the determinants of health (social, access, lifestyle and personal, economic and environmental).

BHC are currently piloting Health Equity in All Policies (HEiAP)²⁷ with public sector organisations in Belfast. HEiAP is a policy mechanism that can help organisations achieve their objectives in a way that also addresses inequalities. It allows organisations to use a health lens approach to systematically look at policies and assess them against the social determinants of health with a view to identifying gaps and integrating health equity issues.

BHC is currently supporting Belfast Outcomes Group and will continue to support where appropriate/requested in the future.

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