

the good childhood®

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a national inquiry

evidence summary five  
– health



The  
Children's  
Society



**the good childhood inquiry:**  
**what you told us about health**

# Foreword

*In exploring the health theme we have focused a great deal of attention on mental health and well-being. This is partly because we have already discussed health in relation to other themes. For example, in our **Lifestyle** theme, we considered evidence submitted on sexual health, diet and exercise, as well as drugs, alcohol and smoking.*

*In addition children talked a lot about how they felt about themselves, highlighting their worries about how they looked and the attitudes of their peers.*

*Our focus on mental health is also a reflection of what you have told us. Throughout the inquiry there has been a growing concern that the mental health needs of children have been ignored. Like many health interventions, services are often only accessible when things go badly wrong and even then they are not readily available. Yet it appears that mental health problems in children are on the increase and a greater focus on preventative work is needed to buck this trend.*

*Investment in mental health services for children has increased in recent years, but not sufficiently to meet the new levels of demand. Moreover, there is increasing interest in promoting good mental health rather than simply intervening when things go wrong. One of the themes coming out of the submissions is for a more holistic approach to mental health and the promotion of well-being. There is some evidence that promoting mental health has positive outcomes and that investing in the right interventions can achieve results.*

*Yet one factor that has been absolutely consistent throughout this inquiry is that in order to help children have a better childhood, social inequality will have to be tackled. All indicators on health – physical or mental – tell the same story: life chances and quality of life are significantly affected by economic and social circumstances.*

*The evidence summary on health is the fifth out of six thematic reports from **The Good Childhood Inquiry**. We have already published evidence on friends, family, learning and lifestyle. Our final summary will be on values and will be out in early summer. **The Good Childhood Inquiry** will publish its definitive conclusions in early 2009.*

*Bob Reitemeier  
Chief Executive, The Children's Society*



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*“...it appears that mental health problems in children are on the increase and a greater focus on preventative work is needed to buck this trend.”*

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## Introduction

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Ask any parent what they want for their child and good health will be high on their list. Many aspects of children's health have improved enormously in recent decades, but as the evidence we received shows, there are still many areas of concern.

Some of these – including the major rise in levels of obesity, and problems with alcohol and drug use – were explored in the lifestyle theme evidence. Others reflect a diverse range of difficulties, from provision for children with chronic illnesses and disability to safety information for parents and children to help reduce the levels of accidents that are still a major cause of childhood death. Indeed, good quality health care of all kinds was seen by many as essential for a good childhood. It was felt strongly that a child's religion, culture, race and ethnicity should not result in poor access to the care, information and support that they need.

Perhaps the greatest volume of responses related to an issue barely acknowledged by past generations: children's mental health. Numerous submissions expressed concern that increasing numbers of children are experiencing mental health problems, and that some groups – including young people in prison, young carers, homeless young people and refugees and asylum seekers – are especially vulnerable. Young people themselves highlighted the importance of being free from stress, pressure and worry. Professionals linked children's mental health with a range of problems, such as poverty and material deprivation, pressures to achieve, the adverse effects of consumerism and exposure to violence.

How can we promote better mental health and a sense of positive well-being for children? Many respondents shared the belief that well-being depends on good relationships, especially within the family; on a sense of purpose and achievement; on freedom and autonomy; and on a positive sense of self. To achieve this, child mental health must be everybody's business. Support for parents is crucial; schooling has a key part to play and providing the effective treatments now available for children with mental health problems takes time and much professional skill. As a society, we must place the highest value on all the professions charged with the care of our children.

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## Submission sources

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A wide range of individuals and organisations submitted evidence to *The Good Childhood Inquiry* on the subject of health. Here we present a summary of the opinions, experiences and research that are expressed in these submissions. The views and experiences in this document have been submitted independently and do not reflect those of The Children's Society.

We received contributions relating to health from academics, local authority and health professionals, teachers, playworkers, authors, religious leaders and many others, which we refer to anonymously. We also received submissions from the following organisations:

Action for Prisoners' Families	Family Links
Alone in London	Fostering Network
Anorexia and Bulimia Care	Girlguiding UK
Association of Child Psychotherapists	Human Scale Education
Association for Family Therapy	International Council for Self-Esteem
Association of School and College Leaders	Kids
Association of Young People with ME	Mental Health Foundation
Barnardo's	National Heart Forum
Blue Balloon Foundation	National Pyramid Trust
British Association of Social Workers	National Children's Bureau
British Institute for Brain Injured Children	new economics foundation
Brook	Pre-school Learning Alliance
Care Co-ordination Network UK	Refuge
CAVI Society	Royal College of Midwives
CfBT Education Trust	Royal College of Paediatrics and Child Health
Childhood First	Sex Education Forum
Children's Trust, Tadworth	Spurgeons
Children's Links	Sustainable Development Commission
Churches' Network for Non-violence	Teens In Crisis
Commission on Racial Equality	The Nurture Group Network
Contact a Family	The Royal College of Midwives
	Victim Support
	Wildlife Trusts

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*“Young people themselves highlighted the importance of being free from stress, pressure and worry.”*

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## Children and young people

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We received evidence from a number of different sources:

- 338 comments and 1,715 votes were submitted by children and young people via the *BBC Newsround* and *The Good Childhood Inquiry's* 'my life' website in response to a series of questions on health.
- 742 children and young people responded to the inquiry's call for evidence.
- 8,000 young people took part in The Children's Society's national survey in 2005.

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## Children and young people's views on health

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### How children feel about their health

In a *BBC Newsround* Poll for *The Good Childhood Inquiry* 78% of children and young people felt fine, good or really good about their health. However, a worrying 22% felt bad or really bad about their health.

### Exercise

Asked about the best ways to stay healthy, children said that regular exercise is important, be it playing sports or walking to school. Some recognised that they were often exercising without realising it or enjoyed physical activity so much that they did not think of it as something that is necessary.

*'I get plenty of exercise without realising it. I walk to school, run around at playtime, play football at dinner time and walk home at the end of the day. So, I walk about two miles a day without realising it.'* (10 year-old boy)

One in 10 children (*BBC Newsround* Poll for *The Good Childhood Inquiry*) said that they didn't do any exercise in the last week, a quarter said that they exercised on one or two days, a third said that they exercised on three to five days, and almost a third said they exercised on six or more days.

### Diet

Children and young people recognised the health benefits of eating a balanced diet with plenty of fruit and vegetables, cutting down on junk food and not skipping breakfast. However, seven out of 10 children (*BBC Newsround* Poll) admitted they dieted some or all of the time. In addition, a number of responses were critical of healthy eating guidelines, saying that it wasn't always possible, or desirable, to avoid junk food and eat five portions of fruit and vegetables a day.

*'I think everyone needs a balanced diet. Everyone needs the right amount of exercise and sleep [...] On a school day, kids should eat breakfast because it helps keep them alert so they aren't falling asleep.'* (11 year-old girl)

### Smoking

Some children suggested that a good way of staying healthy was not to smoke.

*'The best ways to keep healthy are trying not to smoke, following the drinking guidelines, eating a balanced diet and exercising regularly!'* (11 year-old girl)

### How children feel about themselves

Asked how they feel about their appearance, some children and young people said they were happy with their looks, while others felt that looks aren't worth worrying about. However, many respondents said that they did not like the way they look at least sometimes.

*'I have good days and bad days. Some days I feel pretty and other days I feel really ugly, and when I have those days I pile on the make-up. I think that I need to love myself more.'* (13 year-old girl)

A number of children said that they felt under pressure to look good because of their peers or the media.

*'At school you are under pressure to be pretty, wear make-up and have the right figure. If not, you don't fit in. I don't like the way I look because I am not skinny or tall.'* (13 year-old girl)

Spots were frequently lamented by young people.

*'I am full of spots and I really lose confidence when people call you ugly and spotty. It's not even my fault – it's really upsetting.'*

A considerable number of comments focused on the fact that many girls feel they need to wear make-up.

*'I can't go out without wearing nice clothes and make-up! Everyone says I'm too young but it makes me feel good about myself.'*

### Freedom from pressure

Asked what makes a good life, many children and young people told us that it was important to have fun.

*'Let them have fun.'* (12 year-old girl)

There were also a number of comments about the importance of being free from stress, pressure and worry.

*'Having worries they can't see a way out of [...] having a worry they can't talk to anyone about.'* (13 year-old)

In some cases, children and young people explicitly linked pressure to school, the influence of peers, bullying, family expectations and their looks.

*'The trouble of school and homework and peer pressure and wanting to be like everybody else, basically, they worry too much.'*

## Adult and professional views on health

These views were expressed in submissions from 1,184 adults and 442 professionals to *The Good Childhood Inquiry*.

### General health issues

Professionals considered some general health issues, including trends in child health over time, the importance of good quality ante and post-natal care, and better support for breastfeeding. One submission discussed health inequalities, and considered these to have increased in the last 20 years. It was also felt that there should be greater focus on accidents, which are a major cause of childhood mortality, and that public health campaigns should highlight the need for children to wear cycle helmets, for example.

Other notable trends include more children being seen for obesity, behavioural and social issues than ever before.

### Children and young people's mental health

#### *The importance of good mental health*

Many felt that a good childhood was one in which children could thrive both physically and psychologically. However, professionals voiced concern that mental health was often overshadowed by a focus on physical health. Emotional health and relationships – particularly family relationships – were highlighted as being central to the health of a child.

*'The human race has placed too much faith in the physical growth of the child. We have accepted that once a child is born, it will grow up physically, become big and successful. What we hardly think about is the importance of the psychological development of the child.'*



### Promoting good mental health

Various aspects of psychological well-being were emphasised including the importance of feeling safe, having good relationships, a sense of purpose, freedom and autonomy.

*'For people to lead truly flourishing lives they need to feel they are personally satisfied and developing, as well as functioning positively in regard to society.'*

Spiritual health was also considered important for children's well-being. Physical activity and play were widely agreed to contribute to psychological well-being.

### Self-esteem

A number of submissions focused on the importance of children's self-esteem and confidence. Low self-esteem was seen to contribute to eating disorders and self-harming. It was felt that the more children gained self-esteem, the more they would be able to appreciate the worth of others.

*'Children need to know they exist and have value just because they are themselves, they do not have to perform or achieve in order to have value.'*

### Resilience

There was general agreement that a good childhood is one in which children and young people are helped to develop resilience to confront the risks they face. There were various suggestions about what helps build resilience including good close relationships, economic advantage, high quality education, community resources and a sense of worth, self efficacy and self determination.

### Mental health problems

There was concern that children and young people are experiencing mental health problems in increasing numbers.

*'The truth is that there is a mental health epidemic in this country, far worse than in comparable countries, and children are always suffering the brunt of it. A growing proportion of UK children suffer from severe emotional and psychological distress.'*

The Mental Health Foundation estimated that 13% of girls and 10% of boys aged 11-15 suffered from mental health problems.

*'When considering the mental health and well-being of young people, the different needs of girls and boys should be taken into account.'*

It was emphasised that some groups of children and young people are at much greater risk of developing mental health problems, in particular, young people in prison, young carers, homeless young people and refugees and asylum seekers. The National Children's Bureau (NCB) pointed to research that shows that 45% of looked after children under 18 – and about 66% of those living in residential care – were assessed as having at least one psychiatric disorder (Meltzer and others 2003).



## Causes of poor mental health

### Violence

Violence in the home was linked to poor mental health for children.

*'There is increasing concern that children living with domestic violence are at risk of psychosomatic illnesses, depression and suicidal tendencies. Fifty percent of pre-school children in a study undertaken by Refuge met the criteria for post-traumatic stress (PTS).'*

### Achievement

Many considered the links between children's well-being and a culture of testing, and there were calls to slim down the national curriculum, reduce the number of national tests, and abolish league tables.

### Consumerism

Some looked to consumerism to explain current levels of mental health problems amongst children.

*'Some commentators believe that the rampant materialism of our consumer society fuelled by television advertising – much of which is directed to children and young people – is damaging their emotional well-being, particularly in the case of those on low incomes, contributing to worryingly high levels of depression and mental health problems.'*

It was also felt that changes in children's diets may be important.

### Poverty and inequality

Mental health problems were considered to be associated with material deprivation.

*'Poverty and deprivation give rise to feelings of hopelessness, despair, frustration, anger and low self worth. This, in turn, affects relationships, the quality of care of children and how people care for themselves.'*

### Parental mental health

Parental mental health was seen to be a significant influence on children's well-being, with children whose parents have a history of mental health problems or substance misuse being at a greater risk of developing health problems themselves.

Maternal depression in particular, was felt to have a serious effect on the health and development of the child. More than one submission felt that there should be more support to mothers during pregnancy and just after birth.

It was felt that adults need to learn how to be mentally and emotionally healthy, learning how to regulate their own emotions, communicate positively and be reflective.

### Family relationships

Many submissions agreed that family relationships were vital in shaping a child's formative years. One respondent believed that the environment that children grow up in has a lasting impact and will feel the most 'right' whether it is good or bad. In a good environment a child will develop a sense of its own capacities, individuality and connectedness.

*'Put children in a loving, warm, caring, nurturing, light hearted environment and they will blossom and flourish, because it draws out what they already have within them.'*

If a child does not receive love and affection from an adult carer, his or her growth, development and regulatory systems may be affected. According to one respondent, infant attachment is not dependent on social class, but the effects of insecure attachment are increased by experience of social disadvantage. Families with severe or complex problems can benefit from therapy and other interventions that are sensitive to and support children's close relationships.

In some cases, children may be helped through tough times by other important adults.

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### Parenting

The quality of the parent-child relationship was felt to be an important influence on children's well-being. Some respondents deemed positive parenting to be that which takes an authoritative, rather than punitive or authoritarian approach. One submission saw the source of many children's unhappiness in a lack of parental authority at home.

*'Many parents openly 'give up', feel depressed and inadequate, and the children receive the message that they are uncontrollable and the bully of the family.'*

However, one submission pointed out that blaming parents is futile 'both clinically and politically'.

### Chronic illnesses

It was thought that children with chronic physical health problems are at greater risk of developing certain mental health problems such as depression.

### Disability

A number of submissions believed that society needs to recognise the costs associated with caring for disabled children as well as providing them with the same opportunities as other children, such as playing sports and making friends. One submission referred to society's preoccupation with physical perfection, believing we need to celebrate positive images of disabled children and young people.

## Improving children's health and well-being

### Health care

There were a wide variety of suggestions as to what might improve children's health and well-being. Good quality health care was seen as being essential and it was felt that a child's religion, culture and ethnicity should not result in poor access to the care, information and support they need.

Sexual health was one area where services were seen as inadequate. Children and young people should have access to clear, relevant and confidential advice and information.

### Prevention

Professionals felt children were more likely to engage with mental health services if they were in public settings such as schools, youth centres and GPs surgeries.

*'It has been found that receiving help from a school-based rather than an external counselling service is perceived to be less stigmatising.'*

A preventative approach was seen to be crucial, as well as targeting the 'most at risk' families. It was also felt that mental health services should promote exercise and nutrition, both known to have significant benefits to mental well-being, while young people should be educated about the mental health consequences of alcohol consumption.

### Treatment

Mental health services, particularly for young people aged 16 and 17 who often fall into a gap between child and adult services, were considered inadequate. One submission also pointed out that there is insufficient support for new parents and parents of teenagers and children with emotional and behavioural problems especially ADHD and conduct disorder. However, it was acknowledged that treating emotionally damaged children is immensely time-consuming.

*'The problem for all of us, but especially politicians and charities needing a campaign, is that the answers are not at all simple. To create the kind of culture amongst adults, which can heal troubled children takes immense effort and expense and resolution. It takes years. About 10-20 years in one children's home.'*

### Flexibility for parents.

It was felt that enabling parents to better balance their working needs with time for their children might help improve children and young people's mental health. However 'this would require a change of culture in which such care is valued, and paid for out of public funds, as it already is in many European countries.' It was pointed out that fully funded maternal leave is associated with lower child mortality.

### Workforce

A number of submissions emphasised the need for society to value those professions that care for children and young people, noting that apart from teaching, there is little training and poor pay for most people, usually women, who look after children and young people.



## The Good Childhood Inquiry

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The Right Revd Dr Rowan Williams,  
Archbishop of Canterbury

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- Dr Muhammad Abdul Bari, Secretary General, The Muslim Council of Britain
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- Jim Davis, Programme Manager, Children's Participation Project Wessex, The Children's Society
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- Professor Lord Richard Layard, Emeritus Professor of Economics, Centre for Economic Performance, London School of Economics
- Professor Barbara Maughan, Institute of Psychiatry, King's College, London
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- The Right Revd Tim Stevens, Bishop of Leicester and Chair of the Board of Trustees, The Children's Society
- Professor Kathy Sylva, Professor of Educational Psychology, Department of Education, University of Oxford

### How to contact us

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