Healthy and Ready for School:

Food, Family Hubs and Child Health Equity

Camden's Health & Wellbeing Board

Piers Simey, Assistant Director of Public Health
Debbie Adams, Head of Early Years
Abigail Knight, Consultant in Public Health

Camden Council

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Camden

Food & Nutrition in Schools – Deep Dive

Alejandra Diaz, Ayanna Griffith, Julia Mills, Alison Purchase, Piers Simey, Nick Smith, Dionne Usherwood

Education Commissioning & School Organisation, Health & Wellbeing Department, Strategy & Policy Design

Camden

Food & Nutrition in Schools - Deep Dive – *to cover:*

- The Whole School Approach to Food in Camden (population health informed)
- Five key workstreams within this approach – headlines presented on key successes/progress, & (b) challenges we may be able to work on together
    - **Healthy Schools** – the holistic umbrella
    - **Primary Schools** - Universal Free School Meals extension (London wide)
    - **Secondary Schools** – test and learn to tackle hunger (Camden)
    - **Free Breakfasts across schools** – a cost of living initiative
    - **The Holiday Activity & Food (HAF) programme** – biggest ever this summer
- Head Teacher perspectives on opportunities & challenges

- NB The Caterlink **school catering offer** has an established spec. Key principles of a future catering offer are being developed for Cabinet decision in June 2024.

Driving a whole school approach to food in Camden

Whole-School Approach to Food

Building on the existing approach led by Camden Learning's Health & Wellbeing Team

Clear leadership and commitment from the top *- with involvement at all levels including pupils, teachers and parents/carers*

Healthy Schools Programme *– meeting curriculum requirements, school food standards and promoting a positive school food culture to events, celebrations and rewards*

Nutritious and tasty food at school *– including breakfast, universal free school meals in primaries, increasing free school meals' uptake in secondaries, snacks and after-school clubs*

Nutrition and cooking lessons/training

Food culture *– including food growing where possible, water-only schools, family healthy eating and cooking sessions and creating a positive lunchtime eating environment for all children*

Key successes/progress in 2023

Healthy Schools: Four out of five Camden schools (79%)

Primary school universal free school meals:

- all pupils can now eat lunch for free
- more lunches for those affected by the cost of living crisis (source: Heads)

Addressing hunger in secondary schools:

(1) Why aren't eligible families applying for free school meals?

(2) Why aren't those registered eating regularly?

(3) How can we support those not eligible?

Research phase complete, moving to test & learning with schools

Progressing school breakfasts in Camden

- 2,980 children benefit daily from Magic Breakfast (587 in 2022) in 22 schools
- Free places for those eligible for free school meals across schools

Biggest Holiday Activity Food (HAF) Programme yet & award winning!

- Reached one in three of those eligible for free school meals this summer

Focus on the Magic Breakfast step change

- **A stigma free approach to breakfast** – 4 primary schools feed all pupils (e.g. St Albans), 6 feed more than half of pupils
- 575,000 breakfasts per year, with strong linked outcomes

"Giving all children access to food in the morning is really important to us, and has multiple benefits across the school." (Camden Head)

"**Punctuality has definitely improved since starting Magic Breakfast. It is noticeable that some families come every day and the children will be hungry enough to eat more than one bagel and fruit**." (Camden Head, different school)

"**Our Year 2 teacher, who has several children with significant special needs and many from social deprivation in her class, calls Magic Breakfast a 'game changer'. She has noticed a significant increase in concentration and readiness to learn since the children have had access to daily bagels on arrival at school in the mornings**." (Camden Deputy Head, different school)

- **Working well in Special Schools too** – Swiss Cottage case study – Magic Breakfast café run by 6th formers, and classroom breakfasts

Key Challenges

- **Healthy Schools:** school's capacity & desire to enrol in paperwork-heavy Healthy Schools London programme (admin load currently under review)

- **Primary school universal free school meals:**
  - Ensuring **no negative impact on pupil premium** levels
  - Moving to **easier/streamlined free school meals enrolment** for primaries & secondaries in the new school places application system

- **Addressing hunger in secondary schools:**
  - School specific solutions, fully considering pupil autonomy & choice, within available ongoing resources

- **Progressing school breakfasts in Camden**
  - Less reach in secondaries
  - Strengthen links with non-Magic Breakfast schools

- **Holiday Activity Food (HAF) Programme**
  More limited provision to secondary school aged, and for those with SEND

Key Next Steps into 2024

- **Healthy Schools** relaunch September ‘24 (depending on GLA refresh)
- Monitor **primary school meals** & impact on pupil premium – ongoing
- Implement **new schools application system**, including streamlined free school meals applications – summer 2024
- Insight and learning into prioritised **action plan working with secondary schools on addressing hunger**, with business case for Council annual financial planning
- Extend **Magic Breakfast** Contract for a further year – from Jan 2024
- Ongoing delivery & review of the **HAF programme**, including opportunities to upskill providers to meet needs of children and young people with SEND needs, and broaden the offer for teenagers

Family Hubs

Debbie Adams, Head of Early Years

Camden

Equity Improvement: Services

Eg: Review of data and identification of areas of inequity

Record equity characteristics across pathway: eligibility, access, completion, experience, outcome. Where is action required and for whom? (e.g. EiS database)

Coproduction with families

PDSA cycles to address identified equity issue

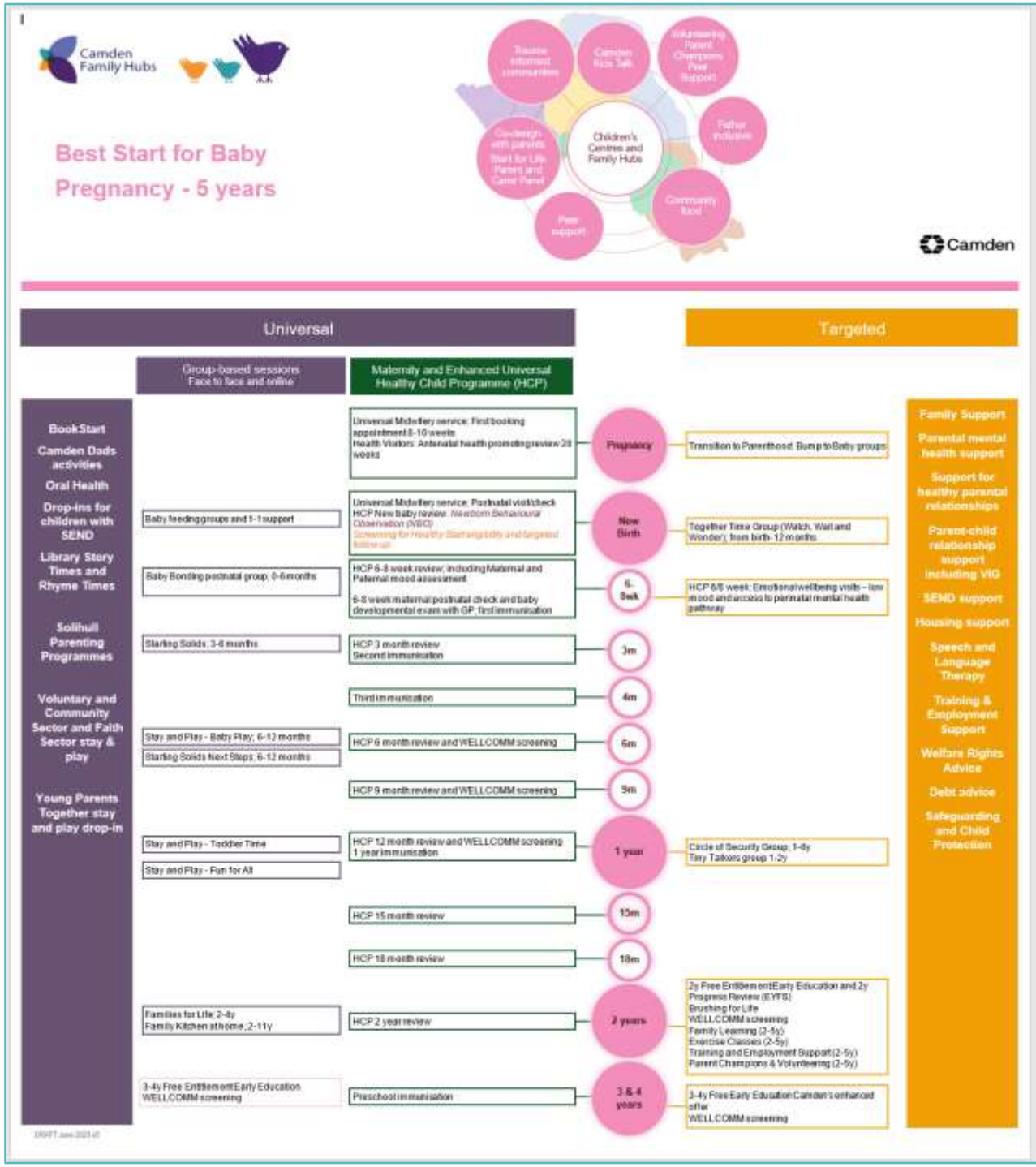
Revisit 'understanding the problem' to determine whether additional / different inequities have emerged and repeat.

Family Hubs -Start for life

Family hubs provide a universal ‘front door’ to families, offering a ‘one-stop shop’ of family support services across their social care, education, mental health and physical health needs, with a comprehensive Start for Life offer for parents and babies at its core

…”less positive experiences early in life, particularly experiences of adversity, relate closely to many negative long-term outcomes: poverty, unemployment, homelessness, unhealthy behaviours and poor mental and physical health.”

Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. Health Equity in England: The Marmot Review 10 Years On. Institute of Health Equity; 2020



Peri-Natal Mental Health and Parent-Infant relationships

Universal Best Start for Baby Service

- Co-designing and Co-producing a Service Vision, establishing BSfB Parent & Carer forum, parent feedback, journey mapping
- Best Start for Baby – Camden's Enhanced HCP, child development, mothers and fathers' well-being, parent-infant relationship, parenting capacity & confidence, health promotion and WellComm screening
- Teams based in FHs across the borough, (HV, Psychologist and Admin), building relationships, easy to access, close to home
- Increased access to support in the first year, prevention and earlier identification
- Psychology support embedded in a universal service - reducing the stigma and barriers to asking for mental health support
- BSfB handbook; standardisation, practice guidelines – equitable offer across the borough
- Comms - leaflet, digital, social

Antenatal → New baby Visit → 6-8 week check → 3 months → 6 months → 9 months → 12 months → Targeted 15 months → Targeted 18 months → 2 year review

Equity Improvement: Systems

SETTINGS	• **Family Hubs 0-19(25) years** • **Early Years Settings** • **Schools** • **Youth Hubs** • **Voluntary and Community Services**
OUTREACH	• **Home-based visits** • **Community settings** • **VCSE partners** • **Faith-based organisations** • **Estates and Neighbourhoods**
VIRTUAL	• **Registration** • **Follow up** • **Hybrid delivery** • **Whole-programme delivery**

Family Hubs Settings / Outreach / Virtual offer sits within **Integrated Neighbourhood Teams**

Oversight by the **Equity and Inclusion Delivery Group**

Consider where and how we engage our families within equitable service design. Personal identity characteristics, vulnerabilities and past experience of system engagement informs preference and behaviours of both children and their care givers. Separate spaces are required for young people and their families.

Child Health Equity

Abigail Knight, Consultant in Public Health – Child Health Equity, Strategy and Partnerships

Camden

Why Child Health Equity?

- In recent years, **the intergenerational pact has been broken**. The UK has one of the lowest levels of social mobility in Europe, and for the first time a majority of parents are concerned their children will be worse off than previous generations. During Covid-19 lockdowns childcare, education and social interaction were severely disrupted – primarily to protect the health of older generations. However, their long-term health is likely to suffer as a result.
- **Rates of child poverty are increasing**. This has led to increasing rates of infant mortality, low birth weight, poor child development in early years, mental ill-health conditions, childhood obesity, and tooth decay; and will lead to increased levels of ill-health in adulthood and a mounting economic burden if left unaddressed.
- When looking at trends over the past 15-20 years, child poverty rates have been consistently higher for children living in large families and among families where the youngest child is under 5. Since 2020/21 similar rates were also seen in families where the youngest child is 5-10 years old. **It is increasingly difficult for family circumstances to improve from a low base in the early years into primary school age.**
- Child Health Equity is distinct from health equity more broadly as **parents play an influencing and intermediary role**. The Family Stress Model demonstrates how external stressors, such as deprivation, can cause stress within a family unit and impact on the parent-child and interparental relationships, and lead over the longer term to an increased risk of poor parental mental health, child mental health and conduct problems, and domestic abuse.
- An interesting observation about this trend, however, is that **children from low-income families are less likely to reach a good level of development if they live in high-income areas**, compared to if they live in low-income areas, illustrating a complex relationship between family-level and regional deprivation and the potential impact of targeted interventions within low-income areas. This will have implications for both Camden's affluent and disadvantaged residents.

A conceptual framework for Child Health Equity

Children and Young People's Personal Identity	
Protected Characteristics, Plus Populations, etc.	Equalities Team, Children's Services

Family Circumstance		Childhood Experience		Health and Wellbeing	
Household composition Household income Housing Parental/carer education and employment Parental/carer behaviours Parental/carer health	Supporting Communities, Adults & Health	Infancy and Early Years Education Employment prospects Crime Experience of the world Social networks Social media	Children & Learning	Infancy and Early Years outcomes Immunisations and screening Behaviours Mental and emotional wellbeing Health conditions Health management	NCL ICB, Health and Wellbeing

Social Safety Net	
Local policy and services related to each of the above	Cross-Council, Corporate Services

The role of the NHS in Child Health Equity

Call to Action

“Why treat people and then return them to the conditions which made them sick?”

“ Health outcomes are an indicators of the health of our society”

Prof Sir Michael Marmot

Example of child health equity work in practice:

- 9 in every 10 attendances at UCLH Paediatric A&E do not result in admissions
- 1 in 4 of these attendances do not have a chief complaint recorded
- UCLH have established a low acuity clinic as a result: this addresses the immediate emergency
- We want to work to understand and address the underlying drivers of these presentations:
  - How do we better response to the upstream causes of attendances with families?
  - What does this tell us about systemic issues affecting population health?

A conceptual framework for Child Health Equity & Mental Health INDICATIVE FOR ILLUSTRATIVE PURPOSES

Children and Young People's Personal Identity

How is the below experienced by different babies, children, young people and families?

Family Circumstance	Childhood Experience	Health and Wellbeing
Relationship with parents / carers Parental / carer mental health, physical health, behaviours and beliefs Safe, warm home Poverty and ability to afford the basics	School pressure and environment Friendships Bullying, neglect, abuse Leisure activities Access to green space Ability to pursue interests Social media Experience of crime, etc.	Self esteem Cognitive development Special educational needs Health behaviours Risk taking behaviour Physical health Timeliness of diagnosis and treatment Mental ill-health

Social Safety Net

Family hubs, Schools, Youth hubs, Community settings, Housing, Primary care, CAMHS, INTs, etc.

Next steps

- Establish and develop our collaboration with the Institute of Health Equity
- Conduct a Child Health Equity audit as the basis for prioritisation
- Develop our QI approach to equitable services within Health and Wellbeing team
- Develop our approach to equitable systems through the Family Hubs Equity and Inclusion Delivery Group
- Work with the Strategy, Policy & Design Team to consider a child health equity approach to We Make Camden

Remaining challenges:

- Embed children and young people's voice within our strategic programme
- Define the role of the ICB in child health equity
- Identify a collective vehicle for oversight of the strategic programme

Appendix

Progressing School Breakfasts in Camden

Magic Breakfast

- **Funding-** Council Funded
- **Reach-** In 22 deprived schools (30%+ Pupil Premium eligibility) – up from 7 schools in 2022
- **What's offered –** bagels, cereal, beans at core. Moving to more fruit. Ongoing support provided to schools. Schools are encouraged to test out delivery methods to increase uptake i.e. Playground grab and go; Breakfast Clubs; eating in the first class; food for late arrivals
- **16 Primaries –** 2,598 pupils, eating 493,000 breakfasts over the year (*Autumn term data*)
- **4 Secondaries –** 210 pupils
- **2 Special Schools –** 172 pupils

National School Breakfast Programme

- **Funding-** Nationally funded, 25% school contribution
- **Reach-** 11 schools with 35% Pupil Premium eligibility
- **What's offered –** bagels and cereal provided to schools. Schools decide how to deliver food to pupils.
- **6 Primaries-** 213 pupils
- **5 Secondaries-** 115 pupils

School Organised

- **Funding-** School budget and charge to families
- **Reach-** 16 schools
- **What's offered –** Schools organise logistics of breakfast service and choose how to deliver breakfast.
- **15 Primaries-** 280 pupils *(NB incomplete & relatively old data)*
- **1 Secondary**

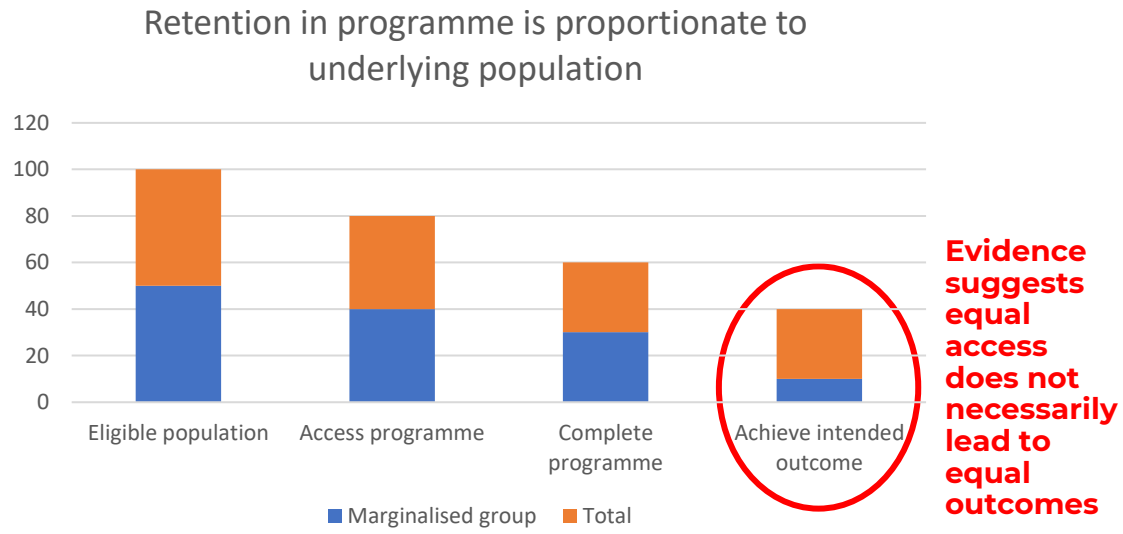
- December 2022 - 24 Camden schools charged for breakfast
- June 2023 - **all schools provide free places for pupils on FSM (as a minimum).** One school still to start their offer.

£158k cost of living support distributed through schools while breakfast offer established

What is the difference between equal and equitable services?

Equal services ensure that service users are reflective of the underlying population, and all service users receive the same standard and quality of service.

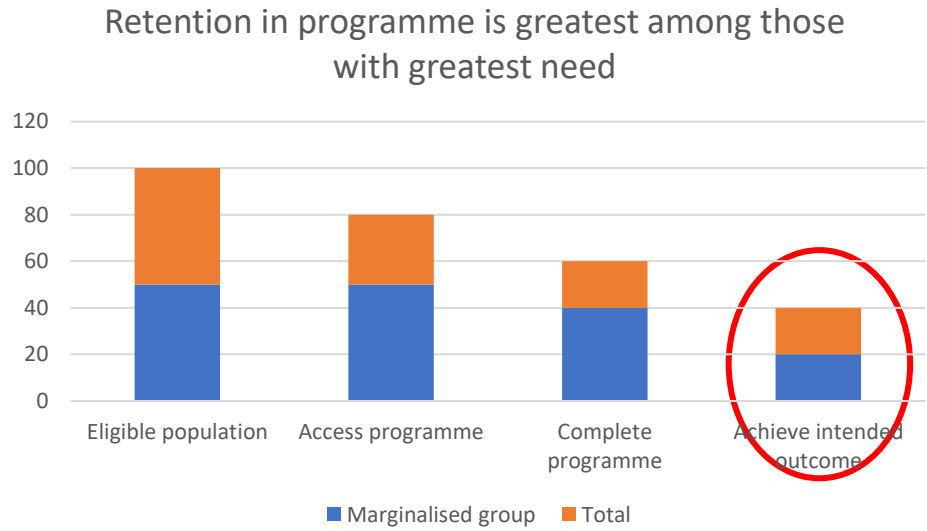
Universal services open to all, supplemented by targeted services for those with additional needs, work under the premise of equality.



Evidence suggests equal access does not necessarily lead to equal outcomes

Equitable services ensure that those with greatest potential to benefit have greatest use of the service, and the service adapts to individual need and preference.

In reality, universal services tend to have lower take up by marginalised groups. By centring those with greatest potential to benefit in the service design, while ensuring it is open to all, services move closer to proportionate universalism.



Centring marginalised communities in service offers is the best way of equalising outcomes

Risk and protective factors for CYP's mental health

RISK FACTORS

Child	Family	School	Community
✗ Genetic influences ✗ Low IQ and learning disabilities ✗ Specific development delay ✗ Communication difficulties ✗ Difficult temperament ✗ Physical illness ✗ Academic failure ✗ Low self-esteem	✗ Family disharmony, or break up ✗ Inconsistent discipline style ✗ Parent/s with mental illness or substance abuse ✗ Physical, sexual, neglect or ✗ emotional abuse ✗ Parental criminality or alcoholism ✗ Death and loss	✗ Bullying ✗ Discrimination ✗ Breakdown in or lack of positive friendships ✗ Deviant peer influences ✗ Peer pressure ✗ Poor pupil to teacher relationships	✗ Socio-economic disadvantage ✗ Homelessness ✗ Disaster, accidents, war or other overwhelming events ✗ Discrimination ✗ Other significant life events ✗ Lack of access to support services
✔ Secure attachment experience ✔ Good communication skills ✔ Having a belief in control ✔ A positive attitude ✔ Experiences of success and achievement ✔ Capacity to reflect	✔ Family harmony and stability ✔ Supportive parenting ✔ Strong family values ✔ Affection ✔ Clear, consistent discipline ✔ Support for education	✔ Positive school climate that enhances belonging and connectedness ✔ Clear policies on behaviour and bullying ✔ 'Open door' policy for children to raise problems ✔ A whole-school approach to promoting good mental health	✔ Wider supportive network ✔ Good housing ✔ High standard of living ✔ Opportunities for valued social roles ✔ Range of sport/leisure activities

PROTECTIVE FACTORS