A country that works for all children and young people

An evidence-based plan to build the foundations of a new "Sure Start" in and around education settings

Child of the North

N8 RESEARCH PARTNERSHIP

HEALTH EQUITY NORTH

CENTRE FOR YOUNG LIVES

Contents

4 Foreword by Anne Longfield & Dr Camilla Kingdon

6 Report details

7 Key insights

8 Policy recommendations

10 Principles

12 The evidence

- Why must children's services better connect?
- Why put educational settings at the heart of connected and co-delivered services for children and families?
- A focus on health and education: Supporting children with long term conditions with and through school
- Co-producing connected services with families and the wider community
- Why act early? Early intervention and education
- Why share information for connected service delivery?
- What are the best models for connecting services in and around education?

22 Innovative approaches trialled in the real world

- Innovative approaches to connecting services through education settings
- Innovative approaches to connecting stakeholders
- Innovative approaches to connecting health and education

50 End word

52 References and author list

Please sign our petition if you share our vision for building a better UK that invests in its future (the next generation of children and young people)

Foreword by Anne Longfield and Camilla Kingdon

Parenthood is a great leveller. All parents need help at some point, and life's inevitable obstacles mean many need substantial support at various points along the way. Whether it is help with baby health, or speech and language in the early years, mental health, children struggling in school, housing, finances, debt, and the deep impact of poverty - access to good quality and timely support can be transformative.

We all know, and the evidence is clear, that support of this kind can be hard to find. It needs to be local, universal, and welcoming to all, built on trusted relationships with people who are there for the long term. It also needs to be joined up.

Services and support need to be wrapped around the needs of children and families, providing a seamless open door to those who need it. Services should also be totally focused on gathering and understanding the data, anticipating need, and responding with support at the first opportunity. Preventing problems from escalating has to be a first order response to build the capacity of the community and help children to thrive.

The Sure Start centres introduced in the early 2000s aimed to deliver all of this and they still provide an excellent model on which to build. Twenty years on, following the drastic decline in Sure Start centre numbers, it is children and families who have paid the price with rocketing levels of need and crisis. We cannot turn back time and, with little new money available to rebuild an infrastructure of this scale and impact from scratch, it is upon all of us to look for creative ways to deliver the joined up support that vulnerable families can expect and rely on.

This report shows how we can place educational settings at the heart of a new Sure Start around a core of breakfast clubs and after school and holiday provision to provide the childcare, local joined up services, and support that can transform neighbourhoods and thereby life chances.

We have an opportunity of delivering all that is good about Sure Start in a new and creative way – in partnership with schools and nurseries and health service providers. This report sets out the case and a roadmap for a new infrastructure of joined up support for children and families – a new Sure Start for a new era.

A brilliant school is a unique and trusted anchor in a child's life but also in their local community. So often they are a first port of call when children and their families need some advice or are in search of support. Across the country there are thousands of thriving schools truly knitted into their communities, open all hours, providing support to families, helping spot problems, acting early to help, and offering a range of opportunities and adventure to children. All of this is boosting life chances and building stronger communities.

Providing schools with the support and resource they need to deliver more than just lessons in a classroom should be our ambition for every school, and for our whole education system. The days of schools sitting in isolation from the rest of the community, shut up for the holidays, focused almost exclusively on exam results, should become a model of the past.

But we can't expect teachers and school staff or current school budgets to deliver this ambition all on their own – our schools need much more help.

The dismantling and hollowing out of Sure Start since 2010, alongside the big cuts in early intervention funding, was a historic mistake, incredibly short-sighted, and we are currently paying the price. As the recent report by the Institute of Fiscal Studies shows, Sure Start was making a significant difference to the educational outcomes of some of the most disadvantaged children, as well as improving health outcomes. It was beginning to work for the children and families who most needed support, but it was decimated by a thousand cuts.

We **can't expect** teachers and school staff or current school budgets to **deliver this ambition all on their own.**

Sure Start was making a significant difference to the educational outcomes of some of the most disadvantaged children.

Over recent years, the current Government has introduced its own Family Hubs and the Better Start alternative to Sure Start but, as this report points out, these approaches are both slow and small scale. It would take over 30 years to reach all the areas of disadvantage that Sure Start was going to reach. Our communities and our overstretched public services cannot afford to wait that long. While many Family Hubs are doing good things, the network just does not begin to match the scale and scope of Sure Start.

The task is now urgent. The unsustainable amount our public services are spending on dealing with crisis is a sign that the present system is failing many families and children. These inefficiencies and the long-term costs of disconnected services cannot continue indefinitely without more councils seeking bailouts and fewer children and families receiving the support they need (which in turn just causes more expensive problems when the children reach adulthood).

With the right support network, most schools have the potential to be the focus of a vital resource for children, families, and communities. That is why this report calls for a national strategy to put educational establishments at the heart of connected and co-delivered services, making all schools a hub in their community, and a consistent point of contact for children, young people, and families.

Bringing schools together with services, the community, and other organisations (including voluntary groups, local service providers, local business, faith groups, and others) is already happening in some parts of the country, but it is ad hoc and reliant on forward thinking multi-academy trusts, local authorities, or charities who already recognise the crucial role schools play in building strong communities.

This report highlights where this is happening, and how these models can be extended and built upon. So, we recommend that Government: (i) embarks on new Sure Start style programmes with schools and nurseries at the heart of joined up support and (ii) creates a new strategic and governance framework with new ring-fenced funding so that schools can provide the programmes, activities, and services that meet the needs of their community. Education must be seen as a key public health intervention. We call for Integrated Care Boards to include education leaders when designing and coordinating services for children and young people. We recommend that schools move to a model of holistic support and are judged and rewarded on this basis by Ofsted.

Children and families should be at the heart of shaping these services.

Before and after school provision, holiday clubs, dedicated health and family support teams, school nurses, wellbeing practitioners, and youth provision all need funding – but the savings in diminished life chances and costly crisis would be vast.

This holistic school offer is making a difference to the life chances of many children in places where it is already happening – supporting individual needs in a timely way, providing support and encouragement through trusted mentors and youth workers, identifying some of the children most at risk of falling through the gaps or not attending school. There is no reason why it should not be happening everywhere, or why it should not be a foundation of our education system.

We have a children's mental health crisis, a drop off in school attendance, unmet Special Educational Needs and Disability (SEND) provision, and growing child obesity – all underpinned by worsening child poverty. The need for a new ambitious infrastructure of support for our most disadvantaged children has never been greater. Twenty years ago, the then government launched Every Child Matters, instigating Sure Start centres, Extended Schools, and Education and Health Care Plans. Since then, in many ways, we have gone backwards. But we don't need to reinvent the wheel. Let's use what we have in a better way. Schools should belong to everyone and should be supported to deliver much more than many are currently able to offer.

This can be an exciting, ambitious moment of change for children and families. Whoever wins the next election, has an opportunity to deliver it.

Anne Longfield CBE,
Executive Chair of
the Centre for Young Lives

Dr Camilla Kingdon,
Former President of the
Royal College of Paediatrics
and Child Health

This report is a collaborative programme of work between Child of the North and the Centre for Young Lives.

Cite as: Todd, L., Pini, S., Mathai, M., Wood, M. et al. (2024). A country that works for all children and young people: An evidence-based plan for building the foundations of a new "Sure Start" in and around education settings, doi: https://doi.org/10.48785/100/263

A note about language

Schools, nurseries, and educational settings

Please note that this report often uses “schools” as shorthand for “schools, nurseries, and other educational settings, such as pupil referral units and special schools”. One central message of this report is the need for a “whole system” approach that includes all relevant stakeholders, and this includes all parts of the education system. We note that “special schools” have limited spaces, meaning children and young people (CYP) who require the support of special schools are often in mainstream education, where the current support available for special educational needs cannot meet the growing demand.

About Child of the North

Child of the North is a partnership between the N8 Research Partnership and Health Equity North, which aims to build a fairer future for children across the North of England by building a platform for collaboration, high quality research, and policy engagement. @ChildoftheNort1

About the N8 Research Partnership

The N8 Research Partnership is a collaboration of the eight most research-intensive Universities in the North of England: Durham, Lancaster, Leeds, Liverpool, Manchester, Newcastle, Sheffield, and York. Working with partner universities, industry, and society (N8+), the N8 aims to maximise the impact of this research base by promoting collaboration, establishing innovative research capabilities and programmes of national and international prominence, and driving economic growth. www.n8research.org.uk @N8research

About Health Equity North

Health Equity North is a virtual institute focused on place-based solutions to public health problems and health inequalities across the North of England. It brings together world-leading academic expertise, from the Northern Health Science Alliance’s members of leading universities and hospitals, to fight health inequalities through research excellence and collaboration. www.healthequitynorth.co.uk @_HENorth

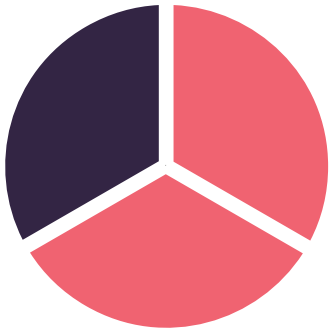
About the Centre for Young Lives

The Centre for Young Lives is a dynamic and highly experienced innovation organisation dedicated to improving the lives of children, young people, and families in the UK – particularly the most vulnerable. Led by former Children’s Commissioner, Anne Longfield CBE, who has been at the forefront of children’s issues for decades, the Centre’s agile team is highly skilled, experienced, and regarded. It is already widely known and well respected across government departments, Parliament, local and regional government, academia, the voluntary sector, and national and local media. The Centre wants to see children and young people’s futures placed at the heart of policy making, a high priority for Government and at the core of the drive for a future for our country which can be much stronger and more prosperous. www.centreforyounglives.org.uk @CfYoungLives

Acknowledgements

We would once again like to thank colleagues from the Bradford Priority Education Investment Area and Educational Alliance for Life Chances (and associated DfE colleagues) for their amazing work on addressing inequity, and for their support with getting this report off the ground. We would like to thank everyone who participated in the research that is described in this report and would like to particularly highlight the wonderful contributions made by the participants from the Born in Bradford programme, led by Professors Rosie McEachan and John Wright. This work would not be possible without generous funding from our UK and EU research funding bodies, who are an essential part of the system that needs to work together in the best interests of children and young people.

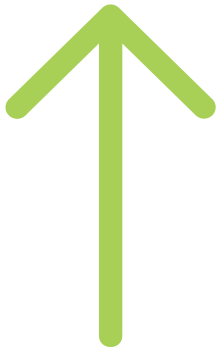
Key insights



Funding for Sure Start **decreased by over two-thirds** and over **1,340 centres closed** between 2010 and 2022.

There are currently about **400 Family Hubs** sites in the country.

There was a **47% rise** in spending on late intervention services.

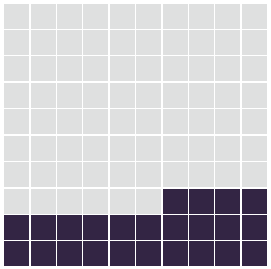


There was a **49%** reduction in local authority spending on early intervention services for children and young people between 2010-11 & 2017-18.

49%

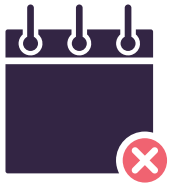
OVER 2,500 CHILDREN

In Bradford known to have eyesight problems were not taken to an optician.



Nearly a quarter (24%) of five-year-old children have tooth decay with each having an average of 3-4 teeth affected.

There are around **60,000 missed opportunities** to provide early help every year in England, as of 2019-20.



Dental extractions in hospital alone accounted for **60,000 school days** lost in 2019.

Policy recommendations

If the UK wishes to invest in its future and improve the efficiency and effectiveness of its public services, then its systems need to be connected and coordinated (including education, health, social care, and policing). Our public services have been squeezed for every drop of short-term efficiency, but the colossal inefficiencies (and long-term costs) of disconnected services have been studiously ignored. There is an urgent need to close the public service gaps through which so many children and families fall. Sure Start centres began this process and their effectiveness has been demonstrated – but the next government should seize the opportunity to build on existing assets, connect health services into these efforts, and extend connected public services across a child's educational journey. Communities within and across the UK are a major untapped resource with unique knowledge that should be included in decision-making about place-based connected services (involving children and families). Three core evidence-based recommendations could and should be adopted by the next government to reverse the tide of inequity and economic stagnation afflicting the next generation.

1 Commit to a national strategy that puts schools at the heart of connected and co-delivered services for children and families.

Schools are well-situated physical locations and a consistent point of contact for CYP. They are, therefore, well-positioned to act as hubs where services, the community, and a range of organisations (e.g., charities, cultural organisations, and businesses) can be brought together with a shared goal of building a better country for CYP (with benefits for everyone of all ages within the community).

Schools have become anchor institutions within many disadvantaged areas throughout the UK (especially during and since the COVID-19 pandemic), as they not only provide education, but have also developed trusted relationships with communities and played a role in helping connect children and their families with essential services. Thus, they have a role to play in addressing the short-, medium-, and long-term inequalities crippling the UK. However, schools should not be seen as the dumping ground for system failures arising from austerity or other systemic structural inequalities. A new approach is required where a public service offer is centred around educational settings, with collaborative input from other organisations (e.g., healthcare) in providing support for CYP and their families.

Government must reimagine past and current initiatives (such as Family Hubs, Sure Start, and Extended Schools) and utilise existing resources to address the inequity and economic stagnation afflicting the UK, particularly in the North of England. This report provides innovative approaches showing how typically "outside school-gate services" (e.g., dental care, mental health services, social care etc.) can be brought inside educational settings to ensure all CYP and their families have access to the support they need and deserve.

The response from the Government must involve its own structures to encourage departments to work in a connected and coordinated manner. Government must also provide external drivers for different sectors. For example, Integrated Care Boards (the commissioning bodies for health and social care) should involve education leaders in their plans and prioritise education as a major lever for improving population health. Governance and quality assurance frameworks can be powerful enablers of collaboration. Ofsted criteria should include how schools link with their communities and external agencies and incorporate how well schools attend to the holistic needs of CYP (a factor that should be given equal weight to academic attainment and attendance). The current reporting burden on schools should be reduced to free up much needed time and capacity. A form of social licensing of provision is needed, particularly for private nurseries and childcare homes, with effective mandatory regulation of these sectors with commitments on quality of education and care; workers' pay; value for money (including a cap on profits); and financial transparency. In addition, a national Scientific Advisory Group for Children should be established to ensure evidence, evaluation, and data-sharing underpin efforts to improve CYP's lives.

2 Create a strategic and governance framework with adequate ring-fenced funding so UK schools can lever and access the programmes, activities, and services that meet the needs of their community.

Schools and nurseries are already overstretched. Adequate funding should be allocated to enable schools to carry out additional responsibilities and arrange the co-location of other services. This must equitably reflect need and, in the first instance, focus on our most disadvantaged areas.

Nevertheless, CYP have common fundamental health and wellbeing needs regardless of their specific situation, so these needs should be identified and form the basis of planning holistic service delivery in the long-term. This will include support for all CYP, including those with a variety of long-term health conditions, SEND, and/or experience of social care. Recognising that the UK will be in a perilous financial state in 2024-25, greater coordination between organisations has the potential to make better use of existing resources to deliver the needed programmes, activities, and services that make the best use of existing capacity and infrastructure.

Holistic services will include resource for comprehensive before- and after-school provision and holiday clubs, and dedicated health and support teams onsite (i.e., school nurses, wellbeing practitioners) tailored to the contextual needs of families. This support should also include provision of, or signposting to, other out-of-school youth, adult learning, and community provision. In addition, other pressing issues faced by schools (e.g., poor attendance and academic achievement) can be addressed by providing schools with the resources to deliver holistic care. The SEND and health needs of children can be assessed in a timelier manner by working with and through educational establishments, and this could and should be facilitated using the NHS number as a single unique identifier (see the CoTN autism report and the Children's Commissioner's The Big Ambition report). In addition, prioritising mental health and wellbeing (through adequately trained staff and counselling services) can allow schools to provide an environment where positive peer relationships and emotional resilience development is supported. Consequently, fewer CYP will fall out of the education system and society will become healthier.

3 Encourage holistic and collaborative working by co-producing connected services with children, young people, families, and the wider community.

CYP and their families must be more centrally involved in decision-making. They are currently a virtually untapped resource in shaping effective service provision. This should automatically be common practice in all services across all domains of need. Government strategy needs to mandate and facilitate holistic and collaborative working. Schools cannot make the transformational changes that are needed to improve the life chances of disadvantaged CYP, without collaborating with all relevant stakeholders. This report provides examples of school staff, parents, and CYP working with other providers such as charities, health services, businesses (e.g., transport companies), and local authorities to produce positive change in their communities. Examples explore partnerships between schools and local chapters of Citizens UK and demonstrate the powerful outcomes that emerge when CYP and adults have been trained in community organising methods. This report also presents invaluable learning about teamwork, communication, problem solving, civic engagement and more, at the same time as providing suggestions for innovative ways in which schools and other organisations can connect. By working in this way, individual wellbeing is improved, families are empowered, and teachers are invigorated. These connections with and through education help build stronger and more resilient communities – the next government must support this way of working across the UK.

These recommendations offer immense potential for decreasing the long-term costs associated with not acting early enough (e.g., the health, social care and criminal justice bills that result from not supporting children's needs sooner); they will help the UK benefit from the sustainable economic growth available when the talents of every child can be deployed effectively within the workforce. Whilst there are resource implications, the recommendations do not require unfeasible levels of investment.

Principles

Overview

Our public services are fragmented and at breaking point, and many CYP face structural barriers in accessing services (e.g., dental appointments, GP services, SEND, CAMHS etc.). School is the place where most children spend most of their time. Thus, we can start to break down barriers and become better able to support CYP when we place services within the school gates. As we have shown in previous reports, additional resource alone is insufficient to provide our CYP with the future they deserve and which currently, for so many, is fraught with insecurities and lack of opportunity. Thus, we argue that the UK Government needs to act, and act at pace. The recommendations are based upon seven key principles and the evidence that underpins these recommendations is laid out within this report. They are pragmatic in nature and recognise the financial constraints facing the next government.

Our seven principles

1 **Putting our children first** – Children have a right to a society that cares for their development, agency, and wellbeing. The future of a country depends on a healthy workforce, equipped with the skills needed by the economy and society. Childhood determines long-term health and is a critically important period for developing the core skills needed to function and be economically productive within society. The UK must commit to putting children first, legislations for which are already established for Scotland (Getting it Right for Every Child) and Wales (Future Generations Act) (1). Previous initiatives have been successfully trialled in England, including the "Every Child Matters" campaign, the development of Sure Start centres and Extended Schools, and the more recent "Children's Zones" and Family Hubs. We need to sustain momentum on these initiatives, make them fit for the current decade, and ensure they are adequately supported in the longer term. The UK must prioritise CYP in the long term if it wants to enjoy a healthy future.

2 **Addressing inequity** – Levelling the playing field will reduce the financial burden of poor population health on public services. Concurrently, economic stagnation must be reversed to generate wealth and ensure the UK makes the best use of all its assets (i.e., the brilliant young minds located across all our communities) to create sustainable growth that addresses existential crises such as climate change. A failure to provide holistic support for CYP across their childhood, into adulthood, will starve the UK of talented individuals within the future workforce and create further environmental pressures. The use of educational establishments as "hubs" will allow the effective provision of such holistic support. Public services are under immense pressure, with a disproportionate level of need being generated within communities experiencing severe structural disadvantage. Thus, an initial focus on our most disadvantaged areas offers a practical way to decrease pressure at pace in an achievable manner (an approach known as proportionate universalism).

3 **Adopting place-based approaches** – Geography, culture, economic activity, and other factors vary between localities, changing the way that risks manifest. New approaches to reaching, helping, and involving families must be planned and aligned to the needs of the locality and its communities. There are many cultural and environmental factors that impact how families interact with services, and these local contexts must be addressed for efficient, holistic working. Educational establishments offer a mechanism for operationalising a "place-based" approach and effectively engaging with communities, so tailored approaches can be based on insights provided by people with lived experiences.

4 **Working together effectively across our public services** – The needs of CYP and their families cannot be neatly divided into silos. We must recognise that our current organisational arrangements are not fit for purpose and find new ways of working, so that the necessary holistic solutions to complex problems can be implemented (i.e., across the "cradle to grave" life course, across all areas of need, and across all public organisations). This report highlights and recommends ways in which educational establishments should be supported as anchor institutions so that these settings can be an effective vehicle for delivering cross-Whitehall government policies.

5 **Putting education at the heart of public service delivery** – All parents need help at some point and schools and nurseries need to be at the epicentre of family-wide public service delivery. Educational establishments have a statutory responsibility to help CYP develop the skills required by society. It makes good sense for relevant support programmes initiated by the Government to be aligned with these responsibilities so that a holistic (and efficient) approach can be deployed given the evidence for the effectiveness of programmes like Sure Start (2). However, schools must not be seen as responsible for ameliorating the structural inequalities that underlie the challenges facing many communities. They also need adequate and equitable resourcing to properly support the additional responsibilities involved in new models of co-delivery.

6 **Establishing universities as the "Research and Development" departments for local public services** – Universities can bring together insights from across multiple disciplines, ensure initiatives are based on the best possible evidence, and oversee evaluation of service delivery and policy change. There is a wide scientific literature that captures international approaches to providing public services, such as healthcare, through education. Universities must support policymakers to draw on this evidence base and work with public service colleagues to prioritise future research. Additionally, appropriate cost-benefit analysis should be conducted by the academic community across services as a whole (e.g., the long-term savings for the NHS through the implementation of connected service delivery).

7 **Using and sharing information across public service providers effectively** – Data are currently collected within organisational silos, which fails to reflect the reality of how families interact with public service providers. Only by connecting our public service data (i.e., education, healthcare, social care, policing etc.), can we (i) begin to understand how services intersect and interact within families; and (ii) allow the essential information sharing that will safeguard children. By sharing data, a more holistic approach can be adopted to ensure CYP and their families are supported in the most appropriate and effective way. The use of educational establishments as hubs provides an effective means of testing such data sharing across public services.

"We need to **bridge the gap** between health and education"

– Focus group participant

The evidence

The evidence is overwhelming and unequivocal: children's services in all areas are under great pressure. UNICEF 2024 shows that the UK is currently performing poorly across most measures of childhood wellbeing compared to the other 30 wealthiest countries in the world and is falling further behind year by year (3). Children's services (health, education, policing, care, housing, and transport) are now at the frontline of the battle against growing levels of child poverty, which has been compounded by the COVID-19 pandemic and the cost-of-living crisis. If we are to help children and families overcome the challenges they face – and improve outcomes and life chances – we must make our services and support stronger and more connected.

Why must children's services better connect?

The evidence is clear: problems in the lives of CYP and their families are rarely unidimensional and require the application of more than one approach or discipline. Families facing disadvantage are more than likely to require coordinated action from multiple agencies. The widening attainment gap between children born into wealthy and poor households - and the health inequalities experienced by economically disadvantaged communities - will only be tackled through the innovative place-based collaboration of all stakeholders, acting outside silos, in partnership with their communities. We must make the most of our services, and that means making the most of educational settings within the community. Offering services within the school gates makes support more easily accessible and can go a long way to providing timely support and addressing the current unacceptable wait times.

The importance of inter-agency collaboration or multi-agency working has been established for decades and has been built into key strategies and initiatives for CYP's services. **Every Child Matters** (launched in 2003) created an integrated outcomes framework for **Sure Start Children's centres** and **Extended Schools**. More recently, **Education and Health Care plans** (2014), **Family Hubs** and the **Start for Life programme** (2023-25) aimed to provide joined up, accessible support for children and families. These policies are built on powerful rationales that recognise children and families have interlinked needs and benefit most from help that can respond to them holistically. As serious case reviews consistently emphasise, the aim must be to combine expertise from different disciplines to disentangle and respond to need so that children are protected, and tragic deaths avoided. Over the last decade, Professor Michael Marmot has published reports that powerfully demonstrate the social determinants of health, illustrating the need to view education as a powerful tool for public health (4,5). To reduce health inequalities, action is needed far beyond health services and must involve early years care, education, employment, and the sustainability of our communities.

Today's professionals are consistently doing all that they can to respond to growing need, but many are realising the limits of their responses in a system that is itself often disjointed. For example, children's hospital specialists understand the limits of their own "power" to impact child health as they see first-hand the evidence of the link between health and other domains of children's lives (such as education and housing) (6). Further examples of the interconnectedness of issues affecting children abound. For instance, dental extractions are the leading cause of hospital admissions amongst UK children aged 5-9 years, with children from deprived communities four times more likely to have teeth extracted, and therefore taken out of education for treatment (7). Other agencies step in to help, with four in five teachers providing toothpaste and brushes for children (8) but without any central connection or coordination. The evidence for the need to connect our services is overwhelming.

> "The work here [in the extended school] has had an effect on the number of reports of assaults made to the police. **We've not had an official assault reported relating to this school in the last 18 months...** The school deals with things before things get out of order"
>
> – Police officer

> "Often you would get social workers who have no idea about the type of job that we did, but as time went on... I think a lot of them really **began to understand the value of the role of the school nurse"**
>
> – School nurse

Unfortunately, however, there is little doubt that funding cuts in children's services over the last decade have made coordinated work between services more difficult. The number of qualified school nurses in schools has fallen by 33% in the last 13 years from 1,135 to 852. Similarly, the number of NHS professionals working in school nursing (including qualified school nurses and general school nursing staff) has fallen from 2,915 to 1,945. As an estimate of the scale of the cutbacks, 25,000 nurses would be needed to provide one school nurse in each secondary or primary cluster throughout the country (10).

Over the last decade, there has been an increase in the number of children requiring additional support in nearly all areas of need. Exacerbated by the impact of the COVID-19 pandemic, referrals to urgent and emergency mental health crisis care rose by 80% between April and June 2021 compared to the same period in 2019 (11). A 2022 survey found that almost every state school in England was struggling to provide proper support for children with SEND because of the lack of sufficient support staff. The long-term consequences for children of these multiple challenges in service provision are devastating, as evidence demonstrates that early unmet educational needs increase the risk of children being absent from school and ultimately becoming NEET (Not in Education, Employment or Training) (12,13).

The current crisis in assessing and supporting children with SEND has been developing over decades and is another demonstration of the crucial importance of inter-agency collaboration. In January 2021, there were 430,697 CYP with EHC plans maintained by local authorities, an increase of 40,588 (10%) from January 2020. Funding is not sufficient to match the increase in SEND demand, with many local councils drastically overspending their SEND budgets. Essential information is often not communicated effectively between services or professional groups including health services and schools. Despite the best of intentions, the current system is not working (14). The growing waiting lists associated with autism (and other neurodevelopmental conditions) leading to unmet need without support is just one example where education and health services could work together more effectively to improve outcomes for children (see our first CoTN report on autism).

A cavalry coming to the rescue with increased funding for all services is not a realistic expectation. Rather, this is a wakeup call for renewed imagination and action in collaboration across professional boundaries and public and community services. There is growing evidence that services can work together, and deliver benefits from doing so, even in the current times of stretched finances and post-pandemic stress on services. New ways of linking services are emerging that are based on the understanding that CYP's needs across different aspects of their lives and service domains are completely connected. Integrated Care Boards and Integrated Care Services have an outstanding opportunity for imaginative collaborations between health and other services. Using data more effectively

Continued...

between agencies will also assist more timely inter-agency collaboration and better services and is discussed in the final evidence section.

If sustainable improvement in children's attainment is to occur, the social disadvantage that underlies many of the problems faced by pupils needs to be addressed directly through a coordinated national strategy that addresses the root cause of issues such as school absence and exclusion (15). The impact of poverty on education is clear. The attainment gap between children from more affluent homes, compared to those from less affluent homes, starts early and continues throughout their schooling (16,17). As such, 54% of children from the wealthiest backgrounds who find themselves in the bottom 40% of school attainment at age 7-years-old have caught up by aged 11 years, whilst only 23% of the poorest fifth of children have managed to catch up (17). Whilst some policy has attempted to address this, it has largely failed, and the gap persists. By the time disadvantaged young people sit their GCSEs at age 16 years, they are, on average, 18 months behind their wealthier peers. Around 40% per cent of that gap has already emerged by the age of five years (18).

While many schools make efforts to address the impact of poverty on CYP (79% of teachers agreed that poverty is encroaching onto their teaching roles (16)), they cannot address the root causes on their own or offset the effects of the reduction in local services or support. As outlined in the previous CoTN report on poverty, we are calling, with organisations such as the Joseph Rowntree Foundation and the Child Poverty Action Group, for a national strategy to eradicate child poverty. This will need a combined strategic approach from many different sectors, led by government. Educational settings provide an outstanding organisational structure to address the multifaceted problems associated with child poverty.

Why put educational settings at the heart of connected and co-delivered services for children and families?

Schools are trusted anchor institutions accessed by most CYP and are often the first port of call when families need help. Crucially, school staff have relationships with CYP and their families. Schools can therefore be seen as an exceptional entry point to systems of support due to their consistent contact with CYP and their families. At the same time, schools have connections to organisations that can provide support. The importance of this is recognised by those working in serious violence and systems of support (19). Early intervention services can be delivered through schools or signposted from them. Other common entry points to support are the police or hospitals, but they are often accessed too late to prevent harm. Schools are also important in building positive life chances for children (20,21).

The COVID-19 pandemic provided a stark reminder of the indispensable role that schools play in ensuring the health (mental and physical), development, and social wellbeing of CYP, particularly those from disadvantaged backgrounds (22,23). The closure of schools underscored the need for concerted efforts to ensure the continuity of education and support services, especially for the most vulnerable populations (24). School closures caused concerns about the vulnerability of CYP, reducing their visibility to protective services and increasing the risk of exploitation and abuse, with a decline in referrals to social care (25,26). The closure of schools reduced access to essential services such as school nursing, specialist therapy for children with SEND, worsening sleep, and diet patterns (27), an interruption in routine vaccination coverage (22,28), and exacerbated concerns about the decline in children's speech and language skills (29). Children growing up in low-income families bore the brunt of the pandemic's adverse effects, requiring additional support upon returning to school (24). Schools serve as crucial platforms for supporting children's mental wellbeing and building resilience, particularly during challenging times (30,31). The closure of schools contributed to increased rates of mental health conditions among young people, with increased vulnerabilities observed among those from low-income families and those with SEND (32,33).

Schools widen social networks and lay the foundation for future employment by fostering essential life skills (21). Higher educational attainment is associated with improved health outcomes, including reduced mortality and lower risks of heart disease and diabetes (34). The lifelong and generational impact of education on health outcomes cannot be overstated. Better education for parents has been linked to improved health outcomes for children (35).

"You can teach children more effectively when they come into school ready and able to learn, and schools are able to do that when they **better understand home-school circumstances"**

– Teacher

"Schools can put a sort of therapist on the school grounds who anyone can go talk to... **just to have someone to listen to them"**

– Secondary school pupil

Continued...

Conversely, being out of school can increase children's risks. School exclusion often compounds vulnerabilities (e.g., poverty, deprivation, abuse, and neglect, SEND, and unmet need) and exposes CYP to crime, violence, and exploitation. It could be argued that positioning schools to enable a more seamless use of services does not work for the increasing number of CYP that are persistently absent from school. However, the link that schools have with other organisations and agencies can provide CYP with a way back to school and addressing the root causes of disengagement with schools can mitigate this concern.

Schools vary considerably in their ability to connect with other services and to offer their own extended services. Most schools now offer some kind of extended day (36) but for many this is limited to some after-school activities and a small range of additional support services for children and families. Schools were at the centre of the Extended Schools and Extended Services initiatives from 2004 onwards that offered a large range of connected services (9,37). Extended Schools funding was reduced in 2012, but pupil premium, a sum allocated to schools for each pupil eligible and registered for free school meals, has been used for some connected services and activities. The current approach, however, is piecemeal and needs to go far further in supporting educational settings so they can connect with a wide range of service providers.

The development of schools as hubs needs to operate in a landscape that is very different to a decade ago. A combination of public service cuts (such as the reduction of youth work provision from local authorities) and the academisation of many schools has resulted in the need for schools to buy in many services that were previously provided by the local authority. This includes non-statutory work from educational psychologists, school counsellors, school-based family workers and many more. The combination of challenges and opportunities has led to new approaches to service delivery but has also put pressures on school budgets and led to uneven provision between schools. The focus of Ofsted over the last decade on school examination standards (with high penalties for failure) has been a driver for many schools to focus more on attainment and less on the holistic needs of children and their families. A survey conducted in 2017 found that Ofsted did not consider health conditions or health policies during inspection in 72% of the schools surveyed (38). School budgets have fallen in real terms over the last decade, and this has been worse for those in areas serving minoritised communities (39). Concurrently, the rise in poverty has put additional stress on CYP, and staff, with schools arguing that there is only so much that they can do (16).

It is within this complex picture that various agencies, including schools but also health, social care, police, and the charity sector, are finding innovative ways of connecting despite the challenges. A cost-benefit analysis found that spending on Extended Schools is likely to bring much greater savings on future adult services (40). Schools also serve as platforms for implementing health-oriented interventions and programs, addressing various health issues such as nutrition, physical activity, and mental health (41,42). This is why the next government must develop policies that better connect public services - including health and education.

A focus on health and education: Supporting children with long term conditions with and through school

The evidence is clear: one of the main ways to improve child wellbeing is by linking health and education to support CYP with long-term health conditions. There are approximately 1.7 million CYP who are currently living with a long-term health condition across the UK. Supporting CYP with health conditions in school demands a united front with respect to all conditions (43). Individually, each long-term health condition affects only a small percentage of the school population but, when added together, the result is a significant cohort of young people whose needs are not being adequately met in school (44). CYP with different long-term health conditions have more commonalities than differences in their holistic school needs and therefore, universal policies should be developed to address these common needs and benefit all young people regardless of the specific condition impacting their health (44).

"I hate being that person that complains and who was kind of using what I went through to get longer deadlines and everything, so I kind of just do the work and hand it in, but **I'd be so tired from it all."**

– Young person with cancer

"Basically, my **phone beeps whenever my blood sugars go high,** and I was trying to look, and [my teacher] said, **'No, you can't',** and I told her, like it's probably urgent, and out of nowhere she got like super angry, **she kicked me out of the class"**

– Young person with diabetes

In the UK, there is a legal duty for schools to accommodate CYP with medical conditions (45). However, the practical management of health conditions within school remains a challenge. Research into childhood epilepsy, diabetes, and asthma all showed relative deficits in educational attendance or attainment. These differences have been attributed to functional status, severity of condition, frequency of health appointments, sense of belonging in school, parent-perceived health-related quality of life, and in-class challenges of pain, memory, and concentration. Similarly, research comparing the educational outcomes of children with and without congenital anomalies found that children with a major congenital anomaly were three times more likely to not achieve the expected level at the end of Year 2. This suggests schools need to provide particular support to children with congenital conditions, but a recent study reported that 23% of parents of children with a genetic neurodevelopmental condition felt that their child's school did not provide their child with the right educational support (46). There is limited evidence that school absence is a mediating factor in the attainment of young people with long-term health conditions (47).

The feeling of connectedness and belonging that any young person feels to their school, teachers, and peers is an important factor in their wellbeing, attendance, and attainment. However, a young person's feeling of wellbeing at school is often significantly lower for students with chronic health conditions, compared to healthy peers. CYP can find it challenging to explain their conditions to peers and for peers to respond in appropriate ways to support them. In some cases, CYP can experience bullying because of their health conditions. Teachers with good understanding of the health condition (and the time to attend to the needs of CYP) are an important factor in CYP's feelings of safety and wellbeing in school.

There are many ways that schools, health and other agencies and charities can work better together for children with long-term health conditions. The Healthier Together programme provides essential information on a website that is tailored for local contexts. For example, Healthier Together West Yorkshire produces information accessible for parents/carers and professionals including schools, focusing on common medical problems including when CYP are able to return to school after an illness; how to navigate local systems to seek help (for example for common mental health problems); information on local organisations offering material support; and links up local initiatives for health (including schools). "Asthma-friendly schools" is a good example of innovative work taking place between health and education and with minimal cost in various parts of the country (48). The "Digibete app" video platform is an example of a co-produced innovation that allows sharing of educational resources to support CYP with Type 1 and 2 Diabetes in the community. It has sections for teachers from pre-school to secondary school to complement training received from the CYP's specialist clinical team. These examples show the great opportunities to better support the needs of the next generation but there is an urgent need to expand these initiatives and make these ways of working the norm.

"Then in terms of secondary... it's like **impossible to discuss with literally every single teacher how to deal with it...** it sort of turns out to me having to tell them in the situation which you know isn't obviously great because I can't exactly tell them if I'm mid-asthma attack."

– Young person with asthma

Co-producing connected services with families and the wider community

While involving CYP in decisions that affect them is now an ambition for most services, there remains a largely untapped resource of the lived experience, agency, and assets of wider community members in helping to shape connected services. CYP and their families need to be involved in shaping solutions when place-based inter-agency solutions are being developed to ensure effectiveness. Even in partnership with other services, schools cannot make the kinds of transformational changes needed without collaborating with CYP, families and other sectors of the local community.

Many children service's commissioners across the UK are making promising use of their legal responsibility for promoting awareness of the views and interests of children. Many local authorities and schools have children and youth councils - although improving diversity of participation is still an area that requires improvement and the involvement of CYP could and should be greatly expanded (49). There are now many partnerships led by schools that understand the social and economic problems faced by local people. Such partnerships focus on the nature of the problems and assume CYP and their families have an important part to play in shaping the role of the school. This approach recognises that decisions about inter-agency provisions should not be left entirely to professionals (50).

International models of community schools, community learning centres, extended-service schools and multiservice schools now consider the role of community as key when aiming to improve poor educational outcomes and life chances for CYP (51). This is important because there is evidence of a gap between what professionals think they know about the lives and needs of CYP and their families and their actual lived experience (52,53). For example, one survey found that teachers thought 98% of parents trusted them and could approach them for help if they were struggling financially - but only 42% of parents shared this view (52). Thus, an issue for school partnerships is how to involve their communities effectively. Asset based approaches are increasingly popular in a range of local authorities and children's services.

> The Children Act of 1989 requires that **children's wishes and feelings be considered when making decisions that affect them,** rather than parents having sole rights over their children. Article 12 of the Convention on the Rights of the Child (1990) has the requirement to **assure that a child capable of forming his or her own views has the right to express them freely,** given due weight in accordance with age and maturity.

"All the ideas they [the school staff] come up with they look to us for approval. They said they wanted to set up a homework club and we said yes but don't call it that as it won't get used... At first it was odd as there were lots of acronyms and we weren't sure, so we said you need to tell us what you are talking about...**so much has been done because of the issues we raised. We know our voices are being heard."**

These approaches seek to understand what assets there are in disadvantaged places, such as existing resources that might be drawn upon to help tackle problems. These approaches are positive and move away from a "deficit approach" that starts with what is going wrong ("fixing the deficits of disadvantaged neighbourhoods") and instead build on the resources or assets held within the community (53).

Many schools across the UK use community development and organising approaches to improve outcomes for their CYP. Community organising is not about mobilising or about offering a service model or a community development approach. Instead, community organising is about building the capacity for communities to develop capacity so they can make change happen. Communities forge relationships, build power and develop leaders able to act – backed up by a collective approach and training to equip local people with the skills to organise and gain the knowledge and confidence to lead change themselves. Co-creation assumes mutual respect for different knowledges and mutual involvement in the work of knowledge creation. Involvement in the Citizens UK model of community organising enables multiple potential entry points for deep engagement with various communities (54). Citizens UK and its local chapters provide CYP, parents and teachers with a powerful form of action learning in community organising.

There are outstanding examples of schools driving forward community engagement. For example, Oasis have pioneered the development of schools in community hubs – designed to build and strengthen the capacity of the community and support children and young people to succeed (see 'innovative approaches'). Other schools have partnered with Citizens UK to effectively collaborate with CYP, families and other community members. Several of the innovative approaches at the end of this report describe working in this way with Citizens UK (see, for example, Reach Foundation, West London Zone, West End Children's Community).

Why act early? Early intervention and education

The evidence is clear: investing in early support for children is not just a moral imperative but a wise economic, health, and social strategy. Intervening early can lead to a healthier, more educated, and more prosperous society. Whilst early intervention can refer both to “early years" as well as timely help at any age, we look here at the benefits of acting early in a child’s life.

The impacts, both short and long-term, of early childhood education and intervention have been well evidenced for many years. Programmes that focus on early childhood development (e.g., offers of early years education) have been found to enhance social skills, including better peer relationships, lower rates of delinquency, and improved self-regulation abilities (55). Children who receive early educational support are more likely to perform well and graduate from school and pursue higher education. This, in turn, contributes to more significant social mobility and helps reduce intergenerational cycles of poverty (56).

Additionally, early childhood interventions (such as those focused on nutrition, health care access, and early identification and treatment of mental health challenges) have been shown to improve physical and mental health outcomes. These include lower rates of obesity, reduced incidence of chronic diseases in adulthood, improved immunisation rates, and reduced incidence of substance abuse, depression, and anxiety (57,58). In addition, having a supportive and enriching environment early in life means that children are less likely to engage in criminal activity in adolescence and adulthood (59). Ultimately, policy provision in the education and early years sector will not only benefit children and their educational attainment on an individual level, but there are also wider implications for society as a whole (37).

There have been serious impacts of reduced funding for early years support. Over the past 12 years, combined spending on early intervention services, such as Sure Start children’s centres, family support services and services for young people, has fallen by 46%, while total expenditure on late interventions, like youth justice, safeguarding and child protection, and looked after children, has risen by almost half (47%). The largest rising cost of late intervention is a 63% increase in spending to cope with a 79% increase in children entering residential care as a direct result of the failure of early intervention and early help. It is estimated that there are 60,000 missed opportunities to provide early help (meaning timely help to any aged child) every year in England (60,61).

In March 2021, the Family Hubs and Start for Life programme was launched to create a network of 75 Family Hubs. The hubs are intended to improve access to a wide range of integrated support services for families with children aged 0-19 years including infant feeding, mental health support, health visits and parenting classes. Whilst positive in intention, this investment in Family Hubs constitutes only a fraction of the funding that has been cut from the successful Sure Start Children’s Centre Programme. The cutting of early years support is particularly frustrating as it makes no economic sense. Early childhood education programmes have been shown to offer a high return on investment. Early years programmes in the US have shown a positive cost-benefit return of $7 for every dollar spent, attributed to reduced costs in remedial education, healthcare, and the criminal justice system, as well as increased earnings in adulthood (62). By spending early to address developmental issues, educational deficits, and health problems, governments can reduce the need for more expensive interventions later in life and save overall on public spending (63). For example, children who do not reach a “good level of development” in statutory assessment conducted in the first year of schooling (the EYFSP), are over five times more likely to require SEND support

Continued...

two to seven years later, compared to children who do reach a “good level of development” (64) emphasising the need to act early in a child’s life.

The most successful model of early years support, to date - **Sure Start** - has experienced major cutbacks over the last decade despite clear evidence of its impact. Many Sure Start centres (almost 1500) have closed in England since 2011. Sure Start was launched in 1998 as part of the Labour government's policy to prevent social exclusion and was predominantly targeted at pre-school children and their families in disadvantaged areas. The programme aimed to ensure that the children who had been part of Sure Start programmes were ready to thrive when they got to school (physically, emotionally, socially, and mentally). In each area where there was a Sure Start project, locally based programmes were encouraged to build on what already existed to ensure a range of core services including: outreach services and home visiting; support for families and parents; good quality play, learning, and childcare, primary and community healthcare and advice about family health and child development, and support for those with SEND. By targeting resources to disadvantaged areas and families, Sure Start aimed to reduce social and economic inequalities.

There are health benefits and improved child health outcomes linked to Sure Start (e.g., reduced hospital admissions for injuries and accidents, better immunisation rates, and improved developmental outcomes) (65,66). Enhancements in maternal health have also been linked to Sure Start, as it provides support and services for mothers in antenatal care, parenting classes, and mental health.

Sure Start has economic benefits, both in terms of long-term cost savings and increased parental employment. In terms of long-term costs savings, high-quality early childhood interventions such as Sure Start can yield a return on investment of up to 13% per annum (66), primarily through increased earnings and decreased costs associated with crime and health care. Sure Start has been linked to increased parental employment rates, particularly among mothers. Mothers living in Sure Start areas were more likely to return to work after childbirth compared to those in non-Sure Start areas, contributing to higher household incomes and economic stability (67). Indeed, some of the biggest impacts are only felt in adolescence, nearly a decade after children have "aged out" of eligibility (68).

Sure Start also has social benefits, including improved community cohesion. The centres often serve as hubs for community activities and support networks. These social benefits may explain some of the effectiveness of Sure Start in raising educational attainment levels (2). Furthermore, research demonstrates Sure Start’s long-term benefits for community wellbeing as it brings diverse groups of families together and promotes social interactions (69).

Why share information for connected service delivery?

The evidence is clear: the inability of public service organisations to share information acts as a substantial barrier to planning and delivering integrated care.

Current policies are developed within political structures which consider services in isolation, both centrally (e.g., DfE, Department for Health and Social Care, Ministry of Justice, etc.) and at a local level (e.g., multiple academy trusts, hospital trusts, local authorities, and regional policing authorities). However, this structure comes with the fundamental problem that the lives of families and children do not fall neatly within these organisational silos. This underpins the call for "integrated care" systems in which organisations are better connected.

This integrated care system currently faces major barriers in the form of a lack of knowledge surrounding the interaction and intersection of these services within the lives of families and the inability of practitioners to share and integrate information across organisations. If data were shared across services, practitioners would be able to access a range of information about an individual – meaning more holistic support could be provided. For example, providing schools with access to their students' medical records would allow them to better support individuals with long-term health conditions within school. In addition, sharing data for research purposes provides new opportunities for understanding how people interact with various public services. Thousands of pounds of research funding can be saved by using administrative data which does not rely on novel "laboratory-based" studies. In turn, as these data are readily available, the scale at which such analyses can be conducted far exceeds traditional data-collection methods.

The Born in Bradford project has showcased the potential of connecting data in one of the world's largest longitudinal birth cohort studies which links data for over 30,000 individuals.

Frequent engagement with the Born in Bradford families ensures routine data linkages in health, social care, and education records in an ethical manner. The success of integrating these data in the Born in Bradford longitudinal study has since led to the development of the "Connected Bradford" database (70). Connected Bradford provides a secure environment containing the linked administrative datasets for thousands of individuals across the Bradford District.

Connected Bradford allows decision-makers to understand the interactions between different public health services, allowing a genuinely integrated approach to care. Similar approaches to linking data have since been adopted by other projects across the North of England including in Leeds, Doncaster, Wakefield, and Liverpool. These initiatives allow insights to be gained at a place-based, population level.

Connected Bradford have recently secured funding from NHS England to create a "Secure Data Environment" (SDE) for Yorkshire. This new platform will harness collective learning and enable other areas in the North of England to develop similar systems. A "Connected Cities" approach could work to extend the Connected Bradford model to other cities within the UK and allow the coordination between public services to be routine, with the associated benefits. The prospect of routine coordination between public services becomes increasingly tangible when data sharing becomes the norm, promising a future where the delivery of care is truly integrated and holistic. Educational settings provide an outstanding testbed for such approaches.

What are the best models for connecting services in and around education?

Whilst radical reform is needed, Government and other agencies do not need to reinvent the wheel. Policies such as Sure Start Children's Centres, Every Child Matters, Extended Schools, Family Hubs, and international models provide principles for what works and what has been less successful.

Schools acting as inter-agency hubs have demonstrably positive impacts on CYP. Extended Schools reduced inequalities in attainment between children receiving free school meals and other pupils, and the attainment gaps between those with SEND and those without (9). This policy initiative provided funding and an enabling infrastructure for schools to provide a range of provision that could include: out of school hours activities for CYP (such as sport, music, and arts); childcare before and after school (including breakfast clubs); support for families; learning and leisure opportunities for community members; services co-located in schools (i.e., health, social care, policing, welfare rights, housing); and additional partnerships with a range of child, family, health, cultural and community organisations.

Integration and collaboration in a common outcome framework were at the heart of the Every Child Matters initiative. Extended Schools provided students with support that improved social and emotional wellbeing and, consequently, academic attainment (40). Research has highlighted the benefits of community schools (e.g., through extra-curricular activities and community-run clubs) (71). Anecdotal evidence suggests that these schools are capable, at least in some cases, of changing the trajectory taken by CYP from low attainment and anti-social behaviour to high achievement (9,40). Significant cost-benefit savings on problems in later life and demands on services have been identified from spending on Extended Schools (40).

The evidence suggests that a place-based approach to connecting services and activities in and around schools, with diverse sets of activities combining in different ways in different places (e.g., focusing on the delivery of interventions to particular groups, or on community leadership) is effective. The selection of activities should be holistic. This means they should be designed to address the complex interplay of factors that influence children's outcomes - such as socio-economic disadvantage, family support, and local community resources. Successful partnerships are instrumental in mobilising resources and sharing expertise, fostering an environment that supports the holistic development of young people. Communities can develop tailored strategies that reflect the unique needs and strengths of their populations by engaging local stakeholders and utilising assets. Other contextual factors that are important to consider include an area's history, existing facilities, an area's assets (including the strength of the local authority), the strength of existing institutional relationships, and the level of current community involvement.

It is important that initiatives are sustained over time as the impacts of multi-strand initiatives are unlikely to be realised in the short timeframes imposed by government policy and funding (which are often short-term). Over the last decade, many schools have maintained and developed their extended inter-agency and community role. These initiatives have emerged to fill the policy void left when Extended Schools were no longer encouraged though national policy. Children's Communities, originally developed by Save the Children Fund, were inspired by the Harlem Children's Zone in the USA. Although these vary, they are often collectively termed "Children's Zones" (or described as "Schools as Community Hubs"). Many schools have developed area-based inter-agency collaborations that are not linked either to Children's Zones or Children's Communities. Thus, the "new school-related designs" of the last decade are best viewed as rapidly expanding social experiments, which are influenced by their leaders' (and communities') perspectives, backgrounds, competencies and aims, together with the influences of their respective locales and unique policy contexts (51).

Children's Zones and other initiatives have highlighted the necessity of a comprehensive, coordinated approach to overcome the challenges faced by children in disadvantaged areas. Like Extended Schools, Children's Zones typically involve partnerships between local authorities, schools, health services, voluntary organisations, and other stakeholders, aiming to provide a range of services and interventions. While some initiatives have focused on specific neighbourhoods or communities, others have adopted a broader area-based approach, targeting larger geographic areas with high levels of deprivation. The DfE's Opportunity Areas (OAs) place-based programme from 2016 and 2022 supported social mobility by convening resources, using evidence-based approaches, and testing new approaches in twelve areas facing entrenched deprivation. Unfortunately, the evidence of the effectiveness of this approach has not informed ongoing policy and the great advantages of supporting the wider needs of CYP through educational settings have not been exploited. We urge the next government to heed the evidence and take advantage of the phenomenal education setting assets within the UK.

Schools can make a significant contribution to tackling vulnerability through early and sustained intervention. The implementation of an approach in and around schools should pull on the rich learning generated from several initiatives trialled in the UK over the past three decades. This work should be located within wider strategies for equality and inclusion and adopt a place-based data driven whole system approach if its full benefits are to be realised (72).

Innovative approaches to connecting services through education settings

The evidence is clear: current systems for delivering public services are fragmented and can be challenging to navigate – especially for families already experiencing disadvantage. Indeed, children growing up in poverty are much more likely to require multiple forms of support, spanning education, physical and mental health, care, and policing.

The long-term consequences of disconnected services can be seen in the poor social mobility and chronic ill health of children growing up in disadvantaged communities – and the costs to individuals, families, and health and care systems are more than the UK can afford.

This section of the report highlights leading examples of work undertaken by schools (primary, secondary, and further education) which have stepped outside their organisational boundaries to connect the wider community and specialist services.

These case studies are inspirational and demonstrate the transformational benefits that could be achieved if the next government facilitated such approaches.

1

The Reach Academy

Reach Academy Feltham, an all-through school serving CYP aged 2-18-years-old, has adopted a “cradle-to-career” school design to provide holistic support for pupils and their families. Over the last ten years in Feltham, Reach has shown that when a school truly embraces its role as a civic institution, it can strengthen its community and transform young people’s lives. The leaders at The Reach Academy know that many of their students require deeper and more wide-ranging support than a school is typically able to provide, which is why the charity, the Reach Foundation, was set up in 2018. The Reach Foundation works to ensure that all babies and CYP can enjoy lives of choice and opportunity. The core focus is allowing individuals to be safe, well-supported, healthy, achieve well academically, and enjoy strong, trusting relationships.

The Reach Foundation has spent the past ten years building strong, trusting relationships with pupils, parents, and wider community and civic actors. Thus, it is well-placed to provide services in the community that can support children and families from cradle to career. For example, the Foundation developed a model to support parents and infants up to 2-years-old, including pregnancy groups, targeted 1:1 support and peer networks; this is now integrated into the Local Authority’s Family Hub offer.

Whilst the direct delivery of support and interventions is critical, the barriers facing young people in Feltham are deep-rooted, interlinked, and require a collective response to achieve transformational systems change. This is why the Foundation established the Feltham Convening Partnership (FCP) in 2020, a collective impact initiative, to improve outcomes for babies and CYP across the community. The FCP supports local actors to coordinate resources and develop strong professional relationships between more than 114 community actors, representing 33 institutions across nine sectors. By connecting schools and Early Years providers to local universities and employers, FCP supports stakeholders across the system to work differently together and make better decisions to collectively support babies, CYP, and families. For example, a collaboration between Hawk Training Provider and local secondary schools has resulted in a tailored apprenticeship training programme for students. Organisational connections are made, irrespective of involvement with Reach Academy.

Reach became a member of Citizens UK in 2019 and was a founding strategic partner in the Hounslow Citizens alliance. Training with Citizens UK has helped the Foundation strengthen and define its institutional values and behaviours, deeply embedding principles of organising such as “people before programmes” and “don’t do for others what they can do for themselves”. It has also helped to shape the Foundation’s work with parents and young people - training more leaders to carry out listening campaigns and take action.

The Foundation’s long-term goal is to pursue system transformation and to ensure that every child growing up in Feltham will enjoy the same range of choices as peers in more affluent areas. Specifically, between now and 2030 the Foundation will continue to “scale deep” in Feltham ensuring that it will be: (i) fully integrating its perinatal approach into the local authority’s Family Hub model, so that it is available to all expectant parents; (ii) growing a high-quality workforce to support babies, children, and young people; and (iii) launching and scaling Languages for All, a new approach to language teaching that will reverse the decline in students opting for A-level languages.

The Reach Foundation is now partnering with local leaders around the country to build cradle-to-career support in their communities. It is delivering programmes to build partnerships and develop leaders, led by the Foundation’s national Growth & Impact team. In the last three years, it has built strong relationships with 40 school trusts through its leadership programmes and its Cradle-to-Career Partnership.

2

St. Edmund's Nursery School / Bradford Birth to 19

St. Edmund's Nursery School has a long tradition of supporting families' wider health and care needs. With an Ofsted rating of "Outstanding" for its early education and care, St. Edmund's is located in Girlington, Bradford, an area of high socio-economic deprivation. Open year-round to children aged from birth to five years, including those with profound additional needs, the school works in partnership with health and care services and the voluntary sector to support families so that children can make the very best start in life.

St. Edmund's firmly believes in holistic child development and knows that children thrive when teaching is good, and families are supported. As a nursery school, the needs and potential of every unique child lies at the centre of everything they do. St. Edmund's recognise that making progress is most effective when everyone is working together, confidently, and happily.

Consequently, St. Edmund's have developed a rich and varied offer for children, parents, and wider family networks. One way in which St. Edmund's is doing this is through providing a base for community midwives, providing perinatal support for new and expectant mothers. St. Edmund's provides additional support for families of children with or awaiting a diagnosis of additional physical and learning needs, by working with Bradford's Portage Team (a home-visiting educational service for pre-school children with SEND and their families).

When working within Bradford's speech and language pathway, the nursery also provides training and support for parents in developing early language skills. St. Edmund's work with Barnado's so they can offer their "Incredible Years" initiative from the school. This helps parents see the world from their child's point of view, giving them the tools they need to put in place routines and support for children, so they feel happy, safe, and secure. They provide "play and learn" sessions, offering parents the opportunity to become confident in using the "50 Things to Do Before You're Five" approach. 50 Things was designed by the school to improve health and learning outcomes and has subsequently been rolled out to 25 other areas, with a reach of 700,000 children. Via this approach, St. Edmund's offers the chance to take parents out and about with their children to improve physical health and mental wellbeing.

The nursery offers an array of health services (e.g., by developing a "reflecting together" programme for Roma families to mitigate the impact of adverse childhood experiences on young children). It also acts as a meeting base for the area's health visitors. In terms of oral health, St. Edmund's provide fluoride toothpaste and toothbrushing support for parents with Bradford District Care NHS Foundation Trust.

St. Edmund's also helps support the wider family system. For example, by working with local social housing to reach out to older people through an innovative intergenerational project. This supports early learning and later life wellbeing by taking young children to care homes and supported housing for singing together, story sharing and fun activities. Through collaboration with other organisations, the nursery school also provides a great link to support for parents and entire families, offering benefits advice and employability support, encouraging financial independence by helping parents open bank accounts, and providing a food and clothing bank for low-income families.

Coffee mornings are also held regularly, to encourage parents to come together to talk about their babies and share experiences. St. Edmund's acknowledges the importance of offering mental wellbeing support, therefore they provide community gardening and litter collection to support mental wellbeing and combat loneliness whilst making the local area a better place to live.

St. Edmund's Nursery School acts as an effective hub, collaborating with health, care, and voluntary services to provide comprehensive support for children and their families, encompassing early education, health services, parental training, community engagement, and mental wellbeing initiatives, and fostering a nurturing environment where every child can thrive.

Helping families access this offer is led by a small team of family support workers who have built up strong, respectful relationships with families over many years, often supporting several children within the same families.

> "Things have got so much worse for families recently, especially during the pandemic and the cost of living crisis, so we find **we need to support many families every week with daily living and wellbeing,** rather than just at times of crisis."
>
> – St Edmund's Lead Parental Engagement Officer

3

Old Oak Primary School and West London Zone

Old Oak Primary School strives to be embedded in the local community, so it can deliver what each child needs in the area it serves. Working closely with West London Zone and their Link Worker based within the school, Old Oak Primary have listened and developed a deep understanding of individual and collective community experiences, allowing the school to create opportunities for active community participation, organising and engagement. Old Oak Primary's partnership with West London Zone, and Citizens UK, an organisation that empowers local people and leaders to come together to drive change, has served to develop their team and allowed them to support children and families to build communities that best serve their needs.

This was particularly the case in the community around Old Oak Primary School, where the children and families were keen to have a seat at the table in decision-making. In 2021, a team of 8-10-year-olds – known as "Positive Change" – identified that their local park, Wormwood Scrubs, was not as modern as some of the other parks in the area and would benefit from a renovation. Positive Change determined they wanted an updated park, closer to school, that would encourage young people to visit, particularly during the summer.

Led by Citizens UK's training in community organising, Positive Change first sought the views of their peers - gathering feedback on potential improvements from over 100 staff and young people across the school community. Based on this feedback, Positive Change constructed their demands in a letter to their local councillors. They made the case for a new zipline, trampette and water fountain and invited the councillors to a meeting to discuss their proposals. The meeting was attended by 20 young people from Old Oak together, with 20 parents and allies. Positive Change provided an impactful presentation and led discussion. The councillors agreed with the recommendations and the funding for a new zipline and trampette was awarded, with funding from HS2 and Wormwood Scrubs Charitable Trust. The Old Oak Primary School community experienced an improved sense of agency following their success. Positive Change serves as a powerful example of how children can be empowered to take charge and have a voice – acting as agents of change and learning through this process.

4

Arbourthorne Community Primary School

"I'm a firm believer that our job as a community school is to **create the best conditions for children to grow academically and socially** through a 'co-parenting' partnership between home, school and community."

– Headteacher, Arbourthorne Community Primary School

Arbourthorne Community Primary School is in the City of Sheffield. Children have significant challenges to learning – the school's pupils have three times the Sheffield average of speech, language, and communication needs and 41% of children are on the SEND register – over twice the national average. The environment in which they are born can be challenging, with the ward often ranked amongst the poorest in the city.

Yet, despite these challenges, Arbourthorne Community Primary School has been rated consistently Good in Ofsted inspections. The school attributes this success to its "lived and laminated" values and culture of the school as a "family school".

An Even Better Arbourthorne

In 2019, the school developed a partnership with the Centre for Innovation in Voluntary Action (CIVA) and bid for funding from the National Lottery Reaching Communities Fund. Funding was secured for an initial three years, for an initiative called "An Even Better Arbourthorne" (AEBA). AEBA aimed to address the root causes of hardship by bringing new ideas and solutions into the community. The approach of AEBA has been to support community capacity-building and poverty reduction, through school-based engagement with family and community organisations. Central to the work has been encouragement of active citizenship and entrepreneurship by enabling volunteering at the school, with the goal of making Arbourthorne even better while celebrating what already exists.

The first phase of AEBA was delivered between 2019-22, through a partnership between CIVA, the school, and a creative organisation called Growtheatre. A wide range of activities were developed under four strands – Food and Nutrition, Environment and Growing, Skills for the Future, and Catalyst Projects. The AEBA work builds on the skills and talents of local people and helps develop their leadership and social entrepreneurship skills. AEBA also develops community assets, such as a volunteer-run on-site Community Fridge, which distributes donated supermarket food otherwise destined for landfill, along with fresh produce grown at the school.

Making a Difference

Academics at the University of Sheffield were employed by CIVA to deliver a learning and evaluation programme. Their independent analysis documented the tangible difference AEBA made to the lives of families and children, particularly in terms of addressing basic needs during the pandemic. Beyond providing emergency provision, AEBA has already had a positive impact in two main ways. First, the culture of the school and the volunteering programme have raised adults' confidence, skills and self-belief. Groups have also begun to apply for funds themselves and articulate what they want for themselves and their community. Second, innovative partnerships (including the university) and funding approaches have enabled the school to be mobilised as community infrastructure; for example, through transforming the external space of the school to include a polytunnel, sensory garden, willow art and outdoor classroom. Importantly, children benefited - they could access more nutritional foods, learn new skills, become eco-champions, saw parents as community role-models, and developed a sense of civic responsibility. In 2022, Ofsted graded the school as "Outstanding" for its Personal Development of children.

The Arbourthorne Approach

Delivering above and beyond a traditional school improvement agenda has required innovative school leadership and volunteer commitment. The Sheffield evaluation determined the most effective activities were those that combined community relevance with a high potential for building community infrastructure. Community development skills were critical to support the work, particularly the volunteer programme, and to enable longer-term sustainability.

The evaluation identified three lessons regarding the potential of schools as community hubs: schools can (i) serve as an extension of home, (ii) be sites for individual development, and (iii) foster and sustain community infrastructure.

Much is done at Arbourthorne despite, not because of, policy, governance and funding systems – removal of structural barriers has supported more creative and grounded work to make children's and families' lives easier. Schools such as Arbourthorne can build community capacity, networks of support and cultures of high expectation for children.

"Arbourthorne Community Primary is a place of joy, inclusivity and learning. Everyone is valued here. Pupils and staff are proud to be part of the 'family'. The work that leaders do to prepare pupils for life beyond Arbourthorne is exemplary."

– Ofsted, 2022

5

Manchester Communication Academy

Manchester Communication Academy leads the North Manchester Family Zone, a collaboration of 17 local secondary and primary schools who have all identified housing as one of the major issues impacting upon the welfare of their families. All the schools in the North Manchester Family Zone had significant numbers of families who were homeless or at risk of becoming homeless, in temporary accommodation, or in a poor standard of rented accommodation.

Issues of sub-standard or insecure housing across the Family Zone schools were negatively impacting children's mental and physical wellbeing as well as their ability to attend school and participate in school life. Families were approaching schools for support to address concerns around housing and homelessness. The @HOME project formed as a response to the collective need to address the issue of homelessness for families across North Manchester. The Family Zone tackles the issue by providing ameliorative support while at the same time affecting long term change.

To date, the North Manchester Family Zone has established the @HOME working group, with representation from local authority housing teams, including temporary accommodation, private rent, and compliance and enforcement, along with organisations such as Shelter, Citizen's Advice Bureau, Greater Manchester Tenants Union, Mustard Tree and Shared Health. Shelter delivered training to school staff in 2022 to increase understanding of the systems and processes in place, enabling schools to effectively triage the issues that families are facing and advise on the appropriate course of action. Through @HOME, the Family Zone has developed direct referral routes into all the agencies collaborating on housing and homelessness.

Manchester City Council have cited the @HOME project as a good example of cross agency working and recognise this collaborative approach as having a significant impact. Manchester City Council's Director of Housing has suggested that the @HOME project has been a contributing factor to the city's drop in number of families placed in hotel accommodation. Through the @HOME project, the Family Zone has been able to evidence that, with appropriate resourcing, school staff can use their positive relationships with families to identify issues much earlier and help prevent homelessness occurring.

As Manchester City Council prepared its Homeless Prevention Strategy for 2024-27, the Family Zone was invited to present their approach at a City Council meeting. This led to greater emphasis being placed upon children and families in the Prevention Strategy, alongside strategies of prevention and collaborative working. This engagement with local policy making is a step towards impacting long term strategic change for families, part of North Manchester Family Zone's shared vision.

North Manchester Family Zone welcomes the fact that schools are increasingly recognised as having a role to play in tackling homelessness. The Family Zone will continue to put children and their families at the centre of decision making around housing and other issues, and to advocate for inclusive policymaking, for the co-delivery of children's and family services.

6

Fair fares: Community organising around mental health, anti-racism and youth transport costs

The "Fair Fares" campaign, led by Tyne & Wear Citizens and students at St. Thomas More Catholic High School & Sixth Form, aimed to address the issue of high bus fares for 16-19-year-olds, particularly on Arriva buses. The initiative began in 2019 when a group of Year 12 students identified the disparity between the minimum wage for young workers and the adult bus fares they were required to pay. The campaign gained momentum as students shared their stories and realised the widespread impact of the issue. They discovered that while other bus companies charged a flat fare of £1 for 16-19-year-olds, Arriva continued to charge adult fares. Through community organising with Tyne & Wear Citizens, the students engaged in various actions to advocate for fairer fares.

Initially, they struggled to get a response from Arriva but received support from allies within the Green, Fair, Healthy action team and the Mayor's office. Despite setbacks and challenges, including the transient nature of student involvement, the campaign persisted. Students engaged in dialogue with Arriva, emphasising the financial burden placed on young people and their families.

In 2023, Arriva announced their participation in the "Get Round for a Pound" scheme, along with other Transport North East companies, offering £1 single fares for all 16-21-year-olds across the region. The announcement marked a significant victory for the campaign, demonstrating the power of youth activism and community organising.

The campaign's success taught valuable lessons about the importance of building power, amplifying personal stories, crafting clear asks, and empowering young people to enact change. A celebration event in July 2023 brought together key stakeholders to reflect on the journey and commit to ongoing efforts to improve public transportation in the North East.

The students' perseverance and dedication, and the resulting changes, demonstrated the potential of student-led grassroots activism to effect meaningful change. The campaign's legacy extends beyond reduced bus fares, inspiring future generations to advocate for social justice and equitable policies.

"This is a really unique aspect to schools' organising. Campaigns can span generations, and the work you do may only just plant the seeds for a change that might not even affect you in the end at all. Our students were working on the premise that they were going to change things for students who came after them."

"Having less to worry about, especially things as significant as travel and money, made exams just that bit **less scary and more manageable."**

7

Surrey Square Primary School: A hub of local services for families

Surrey Square Primary School, located in the heart of a complex area of South London, has worked for many years to meet the broader range of needs of their pupils and the wider community it serves. Surrey Square Primary School serves a diverse and socioeconomically disadvantaged population. Many families in the area are dealing with poverty, unemployment, housing instability, immigration challenges and mental health issues. recognising that these challenges can significantly impact children's ability to learn and thrive in school, the leadership team at Surrey Square embarked on a mission to create a supportive environment that addresses the holistic needs of its students and their families.

An expansive and holistic curriculum model

The school has designed its curriculum and practices based on an expansive vision of its role in the community. Its approaches have been designed around the needs of the community, rather than an expectation that the community fit into its model. The model includes specialist curriculum offers around wellbeing, core values and active citizenship. The school has developed impactful and bespoke approaches, such as the use of journaling to support positive mental health.

One significant example of change-making within Surrey Square was related to citizenship fees. Payment of citizenship fees was pushing some of the school's families into poverty. The school contributed to a campaign against the Home Office, resulting in a fee waiver for those unable to afford the fees, and several pupils then being able to access citizenship.

Surrey Square was one of the very first Place2Be schools. Place2Be provides access to mental health support and training. The Place2Be model is very important as it helps remove barriers to accessing services. The school has built on this relationship, to better understand what else the community needs and to find ways to meet those needs. By fostering open communication, trust, and collaboration between students, families, teachers, and support staff, Surrey Square has created a supportive and inclusive environment where everyone feels valued and respected.

A core part of that work is the role of the "family and community coordinator", who is employed by the school three days a week. A longstanding part of the school community (and previously employed through the home/school support programme), this member of staff is important as someone focused entirely on building relationships with parents and community members, as well as having specialist skills and connections to offer appropriate support. This includes signposting to other support agencies and direct support for a wide range of issues.

Increased family needs during the COVID-19 pandemic led to the development of the Old Kent Road Family Zone. By starting with really understanding the issues, and taking an 'asset based' mindset, leaders have supported a co-production model with community members, designing and creating activities together.

One key activity is the monthly marketplace, when the school is open on a Saturday morning, with free access to a wide range of services and activities, including sports coaching for children, a food bank, and more. Some NHS services are provided on site, and the hope is to expand the offer to include dental and eye examinations. Several hundred people attend each month and community members are now employed to run and support the work, along with numerous volunteers.

These examples of practice are important because they have been designed with and for the community - based on what is actually needed and wanted.

By recognising that education is about more than just academic success, and prioritising the wellbeing of its students, Surrey Square Primary School has become a model for how schools can serve their communities in a holistic way - living their mantra to be "more than a school".

Surrey Square is part of Big Education Trust, which is focused on "rethinking school", based on the view that education needs to be holistic and multifaceted. The trust runs schools in London and other projects and programmes, supporting schools to work in these more expansive ways.

8

Doors Open – Community Organising in Coleg Gwent, Wales

Coleg Gwent, a Further Education College in Southeast Wales, through a strategic partnership with Citizens Cymru Wales, has focused on community organising strategies as a way of empowering its students to drive positive changes. The partnership work began with a focus on increasing voter registration among 16–18-year-olds, a campaign that proved highly successful, with Coleg Gwent registering nearly 2400 new voters, aged 16-18 years. Students gained valuable leadership experiences and opportunities for engagement with political processes through activities surrounding the voter registration work, including participation in super-delegations ahead of the Senedd elections and highlighting to policy makers their hopes for Wales' CYP.

Following the success of voter registration, Coleg Gwent shifted its focus to advocating for the implementation of a Living Wage. First year Public Services students from Blaenau Gwent Learning Zone led these efforts, participating in Citizens Living Wage action in central Cardiff, visiting the Senedd, and building accountable public relationships with Councillors, who committed to accredit as living wage employers – to ensure that their staff earn a living wage.

Students wanted to continue building their community leadership skills and so focused on changing one issue: addressing the proposed closure of a vital lift on campus. The proposed closure of the lift sparked outrage among students, who felt disenfranchised by the lack of consultation on the matter. This galvanised them to act, utilising the five steps to social change: organise, listen, plan, act, and negotiate. The students, engaged in a series of activities aimed at raising awareness, gathering support, and influencing decision-makers. Through their advocacy efforts, which included meetings with local authorities and negotiation sessions, the students successfully prevented the closure of the lift. Their actions also resulted in commitments from local authorities to improve consultation processes involving young people and to consider their perspectives on issues affecting the community.

Beyond achieving tangible outcomes, the program provided students with invaluable learning experiences. They developed essential skills in teamwork, communication, civic engagement, and problem-solving. Moreover, they gained a deeper understanding of the importance of active citizenship and the potential for grassroots initiatives to effect meaningful change.

The Coleg Gwent work exemplifies the transformative power of community organising, in empowering individuals to become proactive agents of change in their communities. The programme not only addressed pressing issues but also nurtured a sense of civic responsibility and leadership among participants by harnessing the collective efforts of students and fostering collaboration with stakeholders.

"It developed us. It took a lot of us out of our comfort zone because it made us feel we were part of something on a good issue... **It showed us how to make a movement.** We played a new role at the action as stewards."

"It has given us a really big opportunity to not just talk about issues in a classroom but to get out and be there and see how everything works, from seeing the political side, to being able to have a friendly political debate. It has shown us that we can help. It has improved a lot of skills in us, in communication, and to be proud."

9

The Oasis Academy

The Oasis Academy Hadley in Enfield has spent many years building relationships and trust with the local community, so that there is a close bond between the school, with its bustling reception area open to parents to come in and chat or ask for advice, and the wider local community. Hadley's youth centre, with its incredible after-school facilities including sport, music, and discussion groups, sits geographically and emotionally connected to the school. Across the road is the Oasis family/community support centre, which provides help and advice to local families, including food, help with paying bills, advice and support with services, and community activities from early years onwards. This joined up, integrated offer to children and local families is a model for others to follow.

Oasis Academy Hadley is providing a good education to children, not only through high academic and vocational ambitions and standards in the classroom, but by extending outwards beyond the classroom to become a key link between local partners, groups and services. We believe that all schools should have this outward-looking focus, with a long-term vision, not just for academic achievement, but also for the inclusive role the school can play in its local area. This means building relationships and trust over a long period of time, looking ahead a decade or more to where the school will sit in its community, how it will provide learning and support from the early years onwards, and how it can bring together different agencies and expertise to meet the needs of every child from birth to 18.

Innovative approaches to connecting stakeholders

Evidence illustrated previously in this report shows that educational settings provide a superb opportunity to create anchor institutions in localities throughout the UK.

But the point of "whole system" approaches is – by definition – that the whole system should be working together in the best interests of CYP. Moreover, the principles laid out within this report (with supporting evidence) make it clear that local context needs to be considered when providing public services (i.e., the offer needs to be tailored to place).

One issue with the use of educational settings (at least in the short term) is that they will be less impactful for those children who do not attend school. The long-term ambition must be for schools and nurseries to be seen as welcoming places for marginalised families of children not attending school. This will be greatly helped by reimagining educational settings as the place where holistic support is provided. This would then provide encouragement for nursery and school uptake and attendance with all the associated benefits. Nevertheless, we are currently dealing with rising numbers of children home-educated, not attending formal educational settings - both those with strong parental educational support, and vulnerable families who have fallen into home-education because of family trauma, refugee and asylum status, off-rolled students, or school places allocated unreasonably far from a child's home.

The following case studies show how community-based initiatives can play a leading role in connecting support and services for children and their family – and play a critical role in bridging these endeavours with educational settings. These approaches powerfully demonstrate what can be achieved when communities, including CYP, lead developments. They show the great work that is happening across many local authority areas within the UK. These efforts are at risk, however, without support from central Government.

1

The Valley Project

"I want my children to be happy, I want my children to do well at school, I want my children to get a good job but I'm scared for them."

– Parent attending Family Session

The Valley Project was established in 2018 by two former social workers from Bradford, with the aim of creating a safe, inclusive space for local CYP. Situated on the Holme Wood estate, the project serves one of the largest social housing estates in Europe. This estate has been described as "an urban black hole", including a mix of outdated, overcrowded, low income, social housing and high-rise flats with few amenities and prevalent fly tipping. Anti-social behaviour is a prevalent issue and there are regular incidents of violent crime on the estate. As a result, many residents are reluctant to leave the house, or let their children leave the house, leading to increased isolation and anxiety as well as decreased social competence and aspirations.

The Valley Project's mission is to tackle inequalities, social isolation and negative perceptions faced by CYP and their families growing up in Holme Wood. This ethos helps the Valley Project attract young people who would not usually engage with formal services and provides an outlet for their desire for action and adventure within a prosocial environment. The project has several aims, including the delivery of open access play sessions, promoting the integration of groups through activities (including mixing with children from other schools), improving social and emotional wellbeing, encouraging good nutrition, and reducing food insecurity, increasing access to support from external services, and providing support groups for parents and carers. The Valley Project is a holistic organisation where support is provided across every area of need (mental, emotional, physical, financial, etc.).

As a user-led organisation, central to its success is the belief that CYP and their families should have the freedom to shape and co-produce their space, taking ownership with minimal intervention from staff. Staff offer a non-judgemental, supportive, inclusive atmosphere and work to advocate for CYP and their families to have their voices heard. They also aim to upskill the community and the Valley Project employs three local members of staff from the area. Two of these staff were classed as NEET before joining.

"Because I really like it and it's a place I can get away from my brothers and I have all my friends here... I've been coming here since it started and it's practically where I grew up."

– Young person

Situated at the heart of the estate, the Valley Project comprises a secure two-acre traditional adventure playground site which includes large wooden self-built structures, hills, woodland, firepit area, grassed pitch, and edible forest. Sessions are free and run four times a week. Children are encouraged to use hand tools to build large structures, play sports, get messy, enjoy arts and crafts, and socialise. The children also prepare and cook a healthy meal for all in the outdoor kitchen every session, using vegetables they have grown in the dedicated allotment area.

The wider Holme Wood community is truly invested in The Valley Project as a vital resource, with over 500 children getting involved every year. The trust gained by the staff has led to the project becoming much more than an adventure playground, and "The Valley" now delivers a whole family approach, supporting the entire family unit through a wide range of services. For example, food is cooked daily, food parcels and clothing are provided to struggling families, and emotional and practical support is offered to the whole family. The Valley Project provides an excellent example of an initiative that works with the local community to support those who are in greatest need.

"Your work looks fantastic and just the kind of examples we are looking for... some real, positive bespoke intervention work done with a young person who, without which, would have ended up further into criminality."

– Serious and Organised Crime Community Coordinator

2

MumSpace North Shields, Tyne and Wear

Parent Action is a community-led social support project set up by Citizens UK, currently funded by Public Health North Tyneside. As part of Parent Action, MumSpace is offered in two community-based locations - St. Lukes Church in Wallsend and St. Cuthberts Church in North Shields. MumSpace, a largely volunteer-run initiative, helps combat social isolation, support physical and mental health and wellbeing, and signposts mothers to the relevant health and social services they need. It serves as a safe place for mothers to speak openly about their worries without feeling judged, and also provides a high-quality play environment for their children to play in during meeting times.

MumSpace serves as a platform for information-sharing with mothers, and for advocacy and community engagement. Outside organisations attend groups to offer advice. Participating mothers also take part in important research projects through which they can have their voices heard. Through Tyne and Wear Citizens, mothers have also had the opportunity to voice concerns about their communities. Their collective action has led to successful projects being completed, such as park revitalization efforts.

Many individual mothers have benefited from MumSpace, as demonstrated by two participants: One mother experienced a traumatic birth, coupled with the stress of the national COVID-19 lockdown. She was able to rely on MumSpace as her source of support and solidarity, even when the MumsSpace meetings went online during lockdown. From navigating mental health challenges to seeking advice on infant feeding, MumSpace provided a lifeline for her. Her child also benefited from the group, from the socialization opportunities with other children her age, the quality play space offered, and the take-home activities that were provided during lockdown. Another mother found support and social connections through the group, but also opportunities for personal and professional growth. Her participation included a book share course, which led her to take on a position as a play worker for a voluntary organisation. It also led her to becoming more involved with Citizens UK, and ultimately to getting more paid roles.

As these cases demonstrate, MumSpace serves as much more than just a support group. It offers an opportunity for information-sharing, personal development, and has many benefits for both mothers and their children.

"I'd never had issues with my mental health but the birth and lockdown did leave me emotional. I just made sure I talked with friends and **MumSpace really helped because I could have a good chat, a good rant, whatever I needed."**

"There's this feeling, as a new mum, that you've got to be perfect and so much mum guilt. I'd got all these things I wanted to do with her and lockdown meant I couldn't. **MumSpace was brilliant, we were all in the same boat and I could talk. They're such a supportive group."**

3

Birmingham Schools - when family support meets community organising

In Birmingham, schools collaborated with Citizens UK to address the needs and challenges faced by families and communities. Recognizing the pivotal role of schools as community hubs, Citizens UK worked hand in hand with school staff to strengthen their relationship with families, primarily by implementing a parental engagement strategy, to advocate for systemic change.

Together, Citizens UK: Birmingham and schools worked to empower parents to address the challenges impacting their families and communities. This strategy involved building the leadership of parents within schools and local communities, enabling them to take proactive action on issues affecting their families' wellbeing. Specifically, they focused on the topic of housing advocacy.

School staff took part in training workshops organised by Citizens UK's Housing Action Team, covering housing rights and navigating Birmingham's housing-related systems. Schools hosted open briefings for parents, providing them with information and dispelling myths about housing rights. Furthermore, schools facilitated advice surgeries, where parents could receive direct support from Citizens UK and address their family's housing-related challenges. Following the success of this work, Birmingham City Council published a Customer Services Charter on how people seeking help can expect to be treated by Council and committed £676k of funding for community advice surgeries.

Throughout the Birmingham work, schools played a crucial role in engaging parents and mobilizing community support. They served as platforms for disseminating information, hosting events, and providing direct assistance to families in need. Through partnership with Citizens UK, schools demonstrated a commitment to not only academic success but also the holistic wellbeing of their students and their families. By leveraging the resources and expertise of both organisations, this partnership empowered parents, strengthened community ties, and advocated for positive change at both the local and systemic levels.

"As a result of policies of austerity, the impact of the pandemic and current cost of living crisis, **schools are now the interface between public services and families in need."**

4

St Helen's Catholic Primary School with CORAM and London Citizens

The Schools Immigration Action Project, a collaboration between London Citizens/Citizens UK and the Migrant Children's Project at CORAM Children's Legal Centre, was established to support primary schools within London, including St Helen's Catholic Primary School in Canning Town, to delve into the effects of immigration on school families and help them with navigating immigration challenges.

At St Helen's, the partnership worked with over 40 families. With a focus on creating a safe environment for families to share their experiences and concerns, the project provided access to free legal advice and support through CORAM Legal Services. Led by the Home School Liaison Teacher, the project fostered trust and understanding among parents, enabling open discussions and the identification of barriers faced by immigrant families.

The project gradually gained momentum as parents felt empowered to share their stories. Workshops and parent immigration surgeries facilitated bonding among families, providing emotional support, legal guidance, and opportunities for community building. Through these engagements, parents gained knowledge about their rights and became more politically engaged, participating in elections, and advocating for legal reforms.

The project's impact extended beyond parents, positively influencing CYP's wellbeing and cultural integration. Improved communication within families, cultural alignment, and access to essential services contributed to a more stable and secure environment for children. Additionally, the project addressed additional issues, such as housing, by facilitating dialogue between parents and local authorities, resulting in meaningful changes and improved relationships between residents and the council.

The success of the project is evident in its expansion to other schools in Newham and the invitation of parents to council events to share their experiences. The journey of these families over the past two years serves as a testament to the power of community organising in addressing complex social issues and fostering positive change within communities. Through continuous listening and advocacy, the project has empowered families to navigate immigration challenges and build stronger, more resilient communities.

"The positive outcomes of immigration surgeries for parents have had a ripple effect on their children. Now that parents are better equipped to navigate the immigration process, their **children are more likely to experience stability and a sense of security. This can lead to improved mental health, educational attainment, and overall well-being for the younger generation."**

"Parents who attended these surgeries have gained access to a range of services beyond legal assistance. Community organisations often partner with healthcare providers, educational institutions, and social services to offer a holistic support system. Parents can now **feel confident in receiving information about healthcare options, educational resources for their children, and programs that address their basic needs."**

5

Education Alliance for Life Chances

In Bradford, the Education Alliance for Life Chances (EALC - pronounced “elk”) was formed as a legacy recommendation from Bradford’s Opportunity Area (OA), to sustain progress on social mobility. Twelve OAs aimed to level up opportunity across the country so that all CYP get every chance to go as far as their talents and ambition will take them, regardless of where they live. Each area worked in partnership with local nurseries, schools, colleges, businesses, and charities to overcome the barriers that hold CYP back.

EALC is led by the leaders of multi-academy trusts, local authority, health trusts, policing, universities, and faith groups. To be effective, EALC-type partnerships require the right mix of resources, permissions, and authority to drive and oversee change. This will vary according to the priorities being addressed but is always essential.

In Bradford, EALC has partnered with the Centre for Applied Education Research (CAER) to bring research to schools and early years settings, effectively placing it as the district’s Research and Development department. This includes connecting children’s data and enabling information sharing to:

- Improve safeguarding and efficiencies.
- Demonstrate trends (e.g., eating disorders affecting secondary school students) and tackle poor school attendance.
- Identify children at an increased likelihood of autism through the Early Years Foundation Stage Profile.

EALC is a promising partnership model and Bradford has worked hard to secure these arrangements following the end of the OA programme. Similarly, EALC-style arrangements require both effective leadership and a discretionary budget to drive the change on the scale that is needed. Locally, resources are tight, and while Bradford could expect partners to be open to suggestions to match fund investment, it needs a longer-term solution that enables the partnership model to drive change at both a local authority area level and implement place-level delivery, e.g., “Act Locally”. Wherever they are established, EALC-type partnerships are well placed to drive action on challenges requiring bold, innovative collaboration.

In summary, the delivery of coordinated services requires the creation of formal partnerships at local authority area level. These partnerships can then enable services such as schools, health services, local authorities, voluntary services, faith leaders, and businesses to propel data-driven, “whole system” approaches to improving outcomes for our most disadvantaged CYP and their families, through schools and nurseries. There is a role for central and local government to mandate and oversee such pragmatic approaches, and a need for government to provide support of these approaches. We now need political leadership to drive coordinated public service delivery at a local level.

6

West London Zone

West London Zone started in 2015, co-designed with local stakeholders on the White City Estate in North Hammersmith, to proactively find CYP people most in need of support and join up the fragmented support systems around them (working with and between schools, early help/social care, and the voluntary sector). This work was all guided by principles of person-centred, holistic support planning and a long-term trusted "Link Worker" relationship. Today, West London Zone works with over 1,700 CYP and their families, across over 50 school communities in four West London Local Authorities, joining with programme alumni and community-based groups.

The starting point for their place-based approach is to convene local stakeholders to understand the landscape, community assets and the needs of young people in their communities. This dictates the design of their tailored schools-based "Impact Programme", and the clusters of primary and secondary schools in specific communities that can most benefit. There are three key aspects to this:

- Using a unique data-driven methodology to proactively identify CYP people at the tipping point of need.
- "Link Workers" - a team of trusted adults based in school, who work directly with the children, their families, and their teachers to co-design and facilitate a two-year personalised programme.
- Working across the local authority, voluntary and community services and schools, to connect and amplify the right services at the right time around each child and family, in order to develop strengths and support needs.

West London Zone's work has benefits at the individual child and family level, and wider benefits in terms of improved connection between schools, parents, voluntary sector organisations, and local authority early help services. The work has increased levels of trust in school communities between parents and services, leading to new community organising projects being facilitated that drive a broader social impact.

There are now plans for the launch of a new partnership model of support in Wigan, Greater Manchester, delivering a locally tailored translation of their two-year programme, co-designed by Wigan Council, Greater Manchester Integrated Care Partnership, local community organisations, and local schools.

Rayanah's Story

Rayanah was identified in Year 4 as having poor attendance, emotional wellbeing, and struggles in maths and English. A programme of support was designed to help improve her academic attainment, build her confidence and encourage her emotional resilience. Throughout the programme Rayanah participated in a number of delivery-partner run activities, including Kite Studios and Tutors Green. One-to-one time with her Link Worker, Robyn, was crucial in helping her develop a positive sense of self and gave her a space to talk about her feelings and emotions. Robyn also worked closely with Rayanah's mother and linked the family to a local organisation that provides families with grants toward education, childcare costs and household goods. Rayanah made exceptional progress on the West London Zone programme, reaching age-related expectations in both reading and maths and was no longer at risk of poor emotional wellbeing.

Having schools as anchor institutions is a key design principle for West London Zone. They are universally accessed, often in the heart of local communities, the majority of CYP and their families can be found there, and they serve as an effective place from which to build trust.

7

Nottingham City Council: Are you listening?

The Young People's Manifesto, led by Nottingham Citizens, largely in partnership with schools, aimed to give young people in Nottingham a voice in local politics. The project began with a vision to engage young people in shaping policies that directly affect them, ultimately leading to a public forum where young people presented their concerns and aspirations to local political leaders.

The initiative began with a small group of leaders, including students, school governors, mental health advocates, and community organisers, brainstorming ways to empower young people in local politics. Schools, colleges, and youth groups across the city were invited to participate in the Young People's Manifesto.

The Manifesto approach focused on organising, listening, planning, negotiating, and acting. Young people were encouraged to engage in conversations with peers, both individually and in group settings, to identify key issues affecting them. These conversations formed the basis of the Young People's Manifesto, highlighting three main areas of concern: mental health, cost of living, and safety.

A democratic process determined the focus of the campaign, with young leaders from participating schools leading the discussion. This led to the development of specific asks directed at political leaders, which were presented and negotiated in face-to-face meetings with members of the local council.

The culmination of the initiative was the Young People's Accountability Assembly, where young people shared their stories, presented their asks, and held political leaders accountable. The event, attended by representatives from various organisations and parents, demonstrated the commitment of young people to effect change in their community.

"I knew that as children will inevitably inherit the outcomes of today's political decisions, **it was important that they have a stake in shaping policies that address issues like climate change, poverty, and social justice."**

Following the assembly, young people continued to follow up on their asks, ensuring that progress was made on the identified issues. They had secured positive responses to their asks around the specific issues of mental health, cost of living, and safety, and ongoing meetings meant that they have built a relationship with the Council and that the Council has been held accountable for making changes. The impact of the Young People's Manifesto extends beyond the specific issues addressed. Young people gained a greater understanding of civic engagement, developed leadership skills, and felt empowered to advocate for change. The initiative also strengthened relationships between schools, community organisations, and political leaders, fostering a culture of active citizenship and collaboration.

Ultimately, the Young People's Manifesto exemplifies the power of youth voice and collective action in shaping local policies and promoting social justice. Through ongoing engagement and advocacy, CYP are driving positive change and building a more inclusive and equitable community for all.

"Children are the future leaders and decision-makers of society, and it was amazing to see how excited the kids where to be involved in the campaign... **I believe the Young People's Manifesto sent the kids an important message: that their opinions matter, and that they have the ability to effect change."**

8

Newcastle West End Children's Community

The West End Children's Community (WECC) is a place-based community initiative, that has been developed by a partnership of local organisations, aimed at generational change in the face of persistent and rising poverty. WECC wants CYP and families living in poverty in the West of Newcastle to thrive and succeed. The anchor institutions at the centre of this initiative are eight primary schools from the West End Schools Trust and Newcastle University.

A shared vision, the geographical area that the children's community would cover, and a possible governance structure was developed by over 70 local organisations and professionals alongside residents and children. This shared vision continues to be:

1. **A stronger community,** working together and building a cohesive, supportive environment.
2. **Reducing inequality.** Challenging poverty to ensure everyone can achieve, be healthy, and accepted for who they are.
3. **Starting early and supporting transitions** from before birth, ensuring healthy child development and supporting children through key transitions in their lives.
4. **Realising aspirations.** Aiming high for young people and providing opportunities for success.

The WECC prioritises inclusion and empowerment of their community, knowing local people possess knowledge, strengths, and skills as yet under-utilised. WECC is creating a new model of how local organisations can contribute to the wellbeing of the areas and populations they serve. The agency of the community is prioritised, and communities are listened to in diverse ways.

The WECC has four key principles. Firstly, it understands that disadvantage is an ecological issue, meaning single issue responses are unlikely to elicit as much success as organisations working together holistically. Secondly, it is a place-based initiative aimed at generational change, working with the whole community rather than targeting individuals. Thirdly, it aims to identify and enhance existing assets in the local area, rather than concentrate solely on community deficits. Finally, the WECC is committed to prioritising the agency of the community and aims to listen to communities in diverse ways.

The organisation works in partnership to provide responses to poverty from "cradle to career" for children, by bringing together sectors that may not usually collaborate, such as education, health services, the local authority, culture, and voluntary services. They provide networking opportunities, information sharing, and takes purposeful, evidence-based collaborative action to stimulate change.

Discussions led partners to decide that the first issue to prioritise was transitions for children and young people. For schools, this centred around the change from primary to secondary education. For partners, this was conceptualised as a wider move by children to growing independence. Children and families revealed specific concerns about transition. Subsequently, a programme called "Moving On" was developed, and a "health and wellbeing day" was organized for every Year 6 child attending each of the schools involved in the WECC. Children participated in workshops and presentations on topics such as using public transport, healthy eating, and internet safety. Numerous organisations were involved in the event, including Local Authority services, local businesses, health workers, and schools. The day was well received by children and their teachers and has been repeated and extended every year since.

Other key activities have included an annual STEM event for local primary school children, a family mental health program (STEPS), planning of out-of-school activities and a pre-reading program delivered in partnership with Seven Stories (a National Centre for Children's Books). Alongside these initiatives, WECC has successfully bid for many small grants for resources and educational experiences that are shared amongst local schools. Several projects have happened due to links forged in the steering group, such as providing free tickets for families to access local cultural venues, activities, and skills training. Whilst WECC does not deliver services itself, it aims to be the catalyst to attract additional initiatives into the area. The involvement in WECC of a public health partner has resulted in the provision of link workers offering targeted support for families and children.

Innovative approaches to connecting health and education

The evidence is clear: the divide between health and education service delivery means that health information is not communicated to schools or nurseries. Therefore, many children experience health barriers to education that could and should be supported, but whose needs are not being met due to siloed working.

The long-term consequences are devastating, with evidence showing that early unmet educational needs increase the risk of children being absent from school and ultimately becoming NEET. Moreover, the evidence shows that improving the educational attainment of CYP decreases the risk of long-term physical and mental health problems.

There is accumulating evidence that health and education can work together effectively to ensure that children's health needs are met in a timely fashion. The SEND crisis is just one example of the need for health to work in partnership with educational settings to effectively tackle problems that affect both services. Integrated care boards provide an outstanding opportunity for such integration. Evidence shows the potential to better support children's health needs within education settings, with the following case studies illustrating successful approaches to connecting health and education to improve outcomes for CYP.

Sure Start centres showed the power of connecting public services but health service involvement was primarily notable through its absence. We need to build on the evidence for the effectiveness of Sure Start centres but imagine the immense potential for starting to connect health and education throughout a child's developmental trajectory.

1

Zone West Newcastle

"Working with Zone West has **completely changed his behaviour."**

– Parent

Zone West is a Link Worker-led Social Prescribing Programme for CYP aged 7-11-years-old, operating in the West End of Newcastle. Zone West schools and GPs refer CYP from deprived communities who have social-emotional mental health (SEMH) difficulties, and/or poorly managed health, and/or are failing to thrive in education. CYP referred from schools enter the Zone West Warrior Programme, and those referred from GPs enter the Zone West Seeker Programme. In both programmes, Link Workers: (i) facilitate a holistic approach to health and wellbeing, (ii) identify developmental need through a long-term commitment to building a relationship with each individual CYP, (iii) connect them to appropriate community groups and statutory services for practical and emotional support, and (iv) provide therapeutic support in schools, GP practices and the local community. Link Workers work with CYP long-term until their needs are met, or they transition into secondary school (where they will continue to be supported for the first half-term).

The Impact

Zone West has been shown to positively impact CYP's SEMH, specifically improving emotional, conduct and hyperactivity difficulties. Inclusion in the programme also had a significant impact on CYP's language articulation, pragmatic language and vocabulary skills, as well as their physical, emotional, and social quality of life. CYP who have attended Zone West also have shown a rise in attendance rates (compared to matched controls).

"Zone West has been working with my son through his first year of high school after really struggling with transition. [LW] has been a big part of his journey and has really helped him... **his confidence has grown, and he feels comfortable chatting about his feelings.** Not only has this helped my son but it's helped us knowing that he has someone in school that he can comfortably chat to when he needs that extra support..."

– Parent

"I enjoy the 1-1 sessions we really talk about individual problems and develop strategies."

– Young person

"The Zone West sessions have had an incredible, positive impact on [name]. He is now more willing to share how he is feeling and share problems..."

– Teacher

2

The INSCHOOL project

The INSCHOOL project is a unique in-depth qualitative study which looks to investigate and document the secondary school lives of CYP with long term physical health conditions. The primary objective of the INSCHOOL project is to co-produce interventions and evidence-based recommendations, thereby addressing gaps in the current provision and support for CYP. The project focuses on CYP with chronic physical health conditions who often have unmet educational, social, and medical needs in school, but can go under the radar in the midst of the acute challenges faced in schools.
The qualitative stage of the INSCHOOL project aimed to determine what secondary school pupils say about the impact of their health condition on their school lives as well as the common needs of young people across clinical groups. This stage of the project included in-depth interviews with young people enrolled in a mainstream secondary school who had been diagnosed with a condition within the following eleven health categories: oncology, cystic fibrosis, diabetes, asthma, rheumatology, haematology, neuromuscular, colorectal surgery, chronic pain, allergies, dermatology.

The interviews from the INSCHOOL project resulted in six key needs identified by young people with long-term physical health conditions, which were found to be largely unmet within educational settings:

- need to safely manage my health at school
- need for a flexible education pathway
- need to be acknowledged and listened to in the right way
- need to be included in and supported by the school community
- need to build towards my future
- need to develop attitudes and approaches to help me cope in school

The INSCHOOL project shows that young people with long-term physical health conditions have unmet health, academic, psychological and social needs in school. Using these findings as a starting point, the development of a new school needs assessment in the next part of the project will allow schools and clinical services to screen for young people with unmet needs and provide future research with a tool appropriate for gathering holistic school experience data and for evaluating school-based interventions.

The INSCHOOL project has shown that young people with long-term physical health conditions continue to have important and significant unmet needs at school beyond attendance and attainment due to their health condition. Individually each health condition is only a small percentage of the secondary school population, however when combined they represent a large cohort of young people with potentially unmet and overlooked needs. It is therefore important to recognise the needs of young people with long-term physical health conditions at an early stage and to involve them in deciding on appropriate adjustments which will help them to thrive within educational settings.

> “They like forget about you because you just started talking and then you left and then you come back, so you **don't really want to disturb their new friendship,** so you just kind of leave them alone... **it's still like a hi and bye situation”**
>
> – Young person with sickle-cell anaemia

3

Glasses in Classes

The evidence is clear: the number of children with reading difficulties is over-represented in the North of England. The natural response to a high number of children with reading difficulties within a school or academy trust is to improve school leadership around reading or to provide pedagogical approaches such as phonics programmes. However, data suggest that a fundamental health problem might, in part, explain the poor reading skills shown by many children, especially within disadvantaged areas. Early analyses using connected data showed that over 2,500 children in Bradford identified with an ophthalmic deficit were not taken to the hospital eye service or the local optometrist despite a letter informing the relevant carer that there was a problem with the child's eyesight, thus being left with uncorrected vision. Moreover, the evidence shows that children with uncorrected eyesight are at increased risk of delayed reading skills. This shows the power of ensuring there are "glasses in classes" for those who need them. These insights were possible because the ophthalmic status of the children could be obtained from health records, while their reading abilities were available through the connected education data. This simple example demonstrates the power of connected datasets in flagging important intersections between education and health, and showing where we need to address health barriers that impact on education.

The data insights led to practical action through the Glasses in Classes programme of research which shared information across health and education and made certain that every child who needed glasses received two pairs (one for home and one for the classroom). This scheme has since been trialled in several areas in the North of England and beyond, including Derby, Doncaster, Durham, and the North Yorkshire coast. The trialled scheme has clearly shown vision screening to be beneficial on children's learning when compared to schools in areas with no vision screening with children in Glasses in Classes schools performing better in literacy, but not maths. The Glasses in Classes scheme empowers schools with the information needed to ensure they can support children to receive the eyeglasses they need to see clearly, and thereby learn effectively. The schools are then able to work with the families to make certain the child is seen by the appropriate health professionals. This programme has shown the great benefits that are gained when information is shared across health and education and shows the potential of using schools as hubs for health service delivery in disadvantaged areas.

4

Oral health on the curriculum

The promotion of good oral health is included in the statutory framework for early years settings and the statutory guidance for primary and secondary schools. The inclusion of oral health in education curricula recognises the importance of preventing dental diseases via educational settings because of the high prevalence, severity and impact of dental diseases on CYP's lives. Tooth decay is one of the most prevalent diseases in CYP and is the most common reason why children are admitted to hospital. Nearly a quarter (24%) of five-year-old children have tooth decay with each having an average of 3-4 teeth affected. This figure rises to over two in every five children in parts of the North of England. National data show one in six (16%) children have tooth decay affecting their adult teeth at Year six (children aged 10-11 years old). This figure rises to 23% for children in Yorkshire and Humber. The BRIGHT study - which examined 4,625 children in Years 7 and 8 (average age 12.7 years old) in schools across Yorkshire, Wales, and Scotland – reported that over one in three children (35%) had tooth decay affecting their adult teeth (73). Powerfully illustrating the interactions between health and education, a government report in 2019 estimated that dental extractions in hospital alone accounted for 60,000 school days lost (74). The cost to the NHS of the dental extractions carried out in hospitals alone was over £50 million in 2021-22. Not only does tooth decay cause CYP pain and difficulties with eating and sleeping, it also has an impact on school readiness and attendance. Two NIHR-funded research projects are aiming to reduce tooth decay in children via co-designed interventions delivered in educational settings focused on toothbrushing with fluoride toothpaste – BRUSH and BRIGHT.

BRUSH

The BRUSH project has developed a free online toolkit (www.supervisedtoothbrushing.com) to support the implementation of supervised toothbrushing programmes in nurseries and schools. Toothbrushing at school and nursery with a fluoride toothpaste is one way to tackle tooth decay in early year settings, particularly in areas of deprivation where there is a higher prevalence of tooth decay and the impact is greater on children's lives. Supervised toothbrushing involves children brushing their own teeth as a group overseen by staff. This activity supplements toothbrushing undertaken by parents at home. While research has found this approach to be effective, the uptake of toothbrushing programmes in England is currently fragmented. The BRUSH toolkit aims to address the barriers to implementation to ensure the benefits of supervised toothbrushing are realised for more children across the country. The toolkit has been launched with the support of national and local government departments covering health and education, integrated care boards and early years teams. In the first two months, the website has received over 5,000 unique visitors.

BRIGHT

The BRIGHT trial was conducted in secondary schools to establish the clinical and cost-effectiveness of an intervention (which included a lesson about dental health with text messages) to improve the frequency of twice-daily toothbrushing with fluoride toothpaste in children attending schools in deprived areas. The lesson was developed based on behaviour change theory and to be delivered within the 'Relationships, Sex and Health Education' component of the curriculum. The intervention was delivered to nearly 2000 children in 42 secondary schools across England, Scotland and Wales with a positive improvement in toothbrushing, particularly for children who were eligible for free school meals. The BRIGHT resources, which are freely available for teachers to download to share with Key Stage 3 students have already been downloaded more than 900 times, have been awarded a Quality Mark from the PSHE Association and are now hosted on the Welsh Government Hwb. These projects have developed the evidence-base for promoting toothbrushing in children via educational settings to help effectively tackle tooth decay and its consequences.

5

Autism assessments in schools

The SUCCESS (Supporting Understanding of Children's Communication, Emotional and Social Skills) project was trialled in 10 Bradford primary schools through the Department for Education's Opportunity Area programme.

SUCCESS involved the deployment of multi-disciplinary teams within the school gates to conduct autism assessments for children identified as being at risk of undiagnosed autism (and other neurodevelopmental disorders). The evidence showed that clinicians were able to combine their clinical observations with those of teachers, who observe the child working, learning, and playing in a familiar environment every day.

Many of the additional barriers that families often face, such as hesitancy about mental health services due to cultural beliefs, were overcome due to the trust families placed in the school. The SUCCESS approach allowed more children to access autism services and thereby reduce the likelihood of missed appointments and the resultant costs. The evidence from the SUCCESS trial suggests this approach could provide major long-term savings and reduce waiting times for autism assessment and support.

"Unless [you've] got a physical diagnosis, schools won't support, which I completely disagree with, because if you're on the waiting list or **you're trying to get that diagnosis, you're going years without support.**"

– Autistic young person

6

Hospital at Home

Paediatric healthcare systems in the UK are grappling with a myriad of challenges, including rising demand for acute and elective care, heightened complexity of cases, and constraints such as finite bed capacity and in many places, declining paediatric nursing and medical staff numbers. In response to these and other escalating challenges, there is a need for innovative care approaches that lessen the burden on the system.

Children's Hospital at Home (H@H) is a transformative intervention that is gaining traction across the NHS. The Ambulatory Care Experience (ACE) service based in Bradford, is redefining the delivery of acute care, allowing for moderately unwell children to be treated in the community rather than hospital setting. This case study highlights H@H as an initiative that not only addresses acute care needs but can also engage effectively with the wider determinants of health and help bridge some of the gap between health and education settings.

The issue

Most acutely unwell children who present to hospitals are discharged after being seen or after a short admission for observation and monitoring, with only about 10% of children being admitted to a hospital bed. Over the last decade, there has been an increase in the number of children coming to A&E, where care costs are up to 10x more than community-based services. A lack of paediatric experience in primary care has played a role in increasing referral rates; also, many CYP are living in disadvantaged communities with limited primary care access, which puts more of a burden on hospitals to meet their care needs. There has therefore been increasing interest in alternative care models for children, to improve care and lessen the demand on hospitals.

Hospital at Home

H@H provides an alternative for moderately unwell children in Bradford, allowing for acute care to take place in the familiar environment of communities and homes. A shift to this model not only ensures effective management of acute conditions but also mitigates families' financial and emotional burdens associated with hospital admissions. This is often most keenly felt in families where children also have complex needs.

To be sustainable, the design of H@H has needed to be patient centred and co-produced with affected families and CYP, based on system-wide working, and driven by research, evidence, and knowledge.

The implementation of H@H has yielded many benefits - healthcare providers have not only improved the quality of care for children but also realigned their focus towards preventive measures, through the consistent use of care bundles. These bundles make sure that every child has a holistic care package that includes, for example, measures to reduce exposure to environmental triggers that can cause disease or exacerbate illness, and advice on how to manage future periods of illness with help on how to appropriately navigate the system. H@H also allows practitioners to address broader determinants of health, such as poor housing, poverty, and safeguarding concerns in the home setting.

H@H has been a springboard for interprofessional training and skills development, providing new career opportunities for the workforce. It has led to transformation of services and the spread of quality care within and across systems. This has led to improved resource utilisation within the NHS, improved multi-disciplinary communication and relationships, and successful integrated team working across traditional organisational barriers. Additionally, H@H has facilitated the development of collaborative partnerships with primary care providers. It has also been successful in building relationships with educational institutions for example through promoting the implementation of "Asthma Friendly Schools" and the use of the Healthier Together West Yorkshire website with pupils, families, and staff, bridging the gap between health and education settings.

End word

Amelia

Angela

Amelia

As a young person living with a chronic health condition, my experience in education has been incredibly challenging.

I live with chronic pain, that can often be debilitating. I have struggled with school attendance, and in transitions, especially going from primary to high school, due to missing out on school days – sometimes for appointments and sometimes because I am in agony and cannot go to school. At times, when taking medication for my condition, I feel like I must choose between how much pain I want to be in versus how much clarity I want. Low energy levels, the inability to concentrate, and brain fog, from my condition and medication, often leave me very tired and unable to engage with schoolwork and have severely affected my exam performance. Even catching up on work outside of school can be quite difficult because my medication makes me tired. As someone who really wants to excel academically, this has been incredibly stressful for me, and the stress worsens my condition. I also feel isolated due to peers' treatment of me and have struggled to socialise and build meaningful and lasting friendships, due to feeling different and the pain I am experiencing.

I really have felt supported by my team of health care providers, including an occupational therapist who recommended ways I could lessen my pain and that school could accommodate my condition. Having chronic pain leaves you with many mental health struggles, but a psychologist has helped me to gain independence, confidence, and socialise again. Working with the hospital team to manage and adjust my medication has been essential. My primary doctor, who manages my condition, has written letters to my school outlining my condition and recommending which adjustments be made to support me, although sometimes there were limitations on what adjustments were actually made.

In school I had a good network of teachers who would support me and help manage my medical condition, but there was only so much they could do. Sometimes I felt like a burden due to the extra support I needed, and also like my condition was less "valid" than others, and that the school lacked awareness of how important it was for me to receive support.

In order to level the playing field and make sure that all young people can do well in school, schools need to work together with health providers and other services to accommodate young people living with health conditions, and there need to be adjustments and support for people like myself, so we all have an equal chance to succeed.

Angela (Amelia's mother)

As Amelia's mother, I firmly believe that schools should not only be equipped to address the needs of students dealing with chronic health conditions but should also be adequately supported in co-delivering a range of essential support services for children.

However, it's not just about equipping and supporting schools. The development of support and services must be a collaborative effort, involving those with lived experience - including parents and CYP, who are most familiar with the unique challenges of living with a chronic health condition.

One of the primary challenges for CYP living with these health conditions is the lack of education and awareness among teachers and school staff about them. It's crucial for educators to understand the nature of them and their impact on a child's daily life, to effectively support students.

Amelia often felt isolated upon her return to school, after prolonged absences due to illness. There was stigma associated with this sort of absenteeism, which was outside of her control. When in school, she needed extra time for exams and the ability to take breaks when needed. The COVID-19 pandemic highlighted for her the benefits of alternative, remote learning platforms, as she often struggles with a lack of flexibility during the school day and in catching up on missed work after being absent.

Amelia felt excluded and uncomfortable about not being able to participate in certain school activities (e.g., not being able to participate in PE lessons following an illness-related injury). Furthermore, there was a lack of communication between the school and health providers involved in her care, so schools lacked guidance on her condition and how they could best support her.

There are a number of steps schools could take to support children living with chronic health conditions – providing more flexibility during the school day, creating tailored support plans for students, offering remote learning opportunities, facilitating better communication between the school, parent(s), and health providers – just to name a few. But with schools already over-stretched, we need to ensure that they are provided with the tools and knowledge from those with lived experience and other service providers, to take these additional steps.

Schools play a vital role in supporting students' health needs, but they require comprehensive support and resources to fulfil this responsibility effectively. By investing in education settings and working more collaboratively across services, we can create an inclusive and supportive environment where every child can thrive, regardless of their health status.

References and author list

Infographic references

Action for Children. Early help is a critical public service. https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/policy-reports/early-help-is-a-critical-public-service/. 2022.

Action for Children. Children's services funding and spending 2017/18. https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/policy-reports/childrens-services-funding-and-spending-201718/. 2019.

Carneiro P, Cattan S, Ridpath N. The short- and medium-term impacts of Sure Start on educational outcomes. Institute for Fiscal Studies. 2024

Chakelian A. Replacing lost Sure Start centres is a tacit admission of austerity's failure. The New Statesman. https://www.newstatesman.com/thestaggers/2023/02/replacing-lost-sure-start-centres-is-a-tacit-admission-of-austeritys-failure. 2023.

Child Poverty Action Group. 'There is only so much we can do' - School staff in England. https://cpag.org.uk/news/there-only-so-much-we-can-do-school-staff-england. 2023.

The Children's Commissioner's Office. Children's Commissioner's Proposals to Support Disadvantaged Children. https://assets.childrenscommissioner.gov.uk/wpuploads/2021/09/Family-Hubs-policy-paper.pdf. 2021.

Department for Education. Opportunity Areas Insight Guide: Health and Education. https://assets.publishing.service.gov.uk/media/613f1c068fa8f503c320a086/OA_insight_guide_-_Health_and_education.pdf. 2021.

Department for Education. List of family hub sites. https://www.gov.uk/government/publications/list-of-family-hub-sites/list-of-family-hub-sites. 2024.

Department for Education. Family hubs transformation fund: successful local authorities. https://www.gov.uk/government/publications/family-hubs-transformation-fund-successful-local-authorities. 2023.

Department for Education. Funding for Sure Start Children's Centres. https://www.gov.uk/government/publications/funding-for-sure-start-childrens-centres. 2013.

Drayton E, Farquharson C, Ogden K, Sibieta L, Tahir I, & Waltmann B. Schools serving disadvantaged children have faced the biggest funding cuts. Institute for Fiscal Studies. https://ifs.org.uk/news/schools-serving-disadvantaged-children-have-faced-biggest-funding-cuts. 2023.

Hall R. Calls for 11,000 more school nurses in UK as children's needs grow. The Guardian. https://www.theguardian.com/education/2023/may/02/calls-for-11000-more-school-nurses-in-uk-as-childrens-needs-grow?CMP=share_btn_tw. 2023.

Local Government Association. Early Education and Childcare: Changes and Challenges for the Future. https://www.local.gov.uk/publications/early-education-and-childcare-changes-and-challenges-future. 2023.

Marshman Z, Fairhurst C, El Yousfi S, Whiteside K, Ainsworth H, Chestnutt IG, Day PF, Dey D, Hewitt C, Hicks K, Pavitt S, Robertson M, Robinson-Smith L, Sykes D, Torgerson D, Turner E, Innes N. The oral health of secondary school pupils: baseline data from the Brushing Reminder 4 Good oral Health (BRIGHT) trial. British Dental Journal. 2023.

Public Health England. Hospital tooth extractions of 0 to 19 year olds: Episodes of children being admitted to hospital for tooth extractions from 2016 to 2020. https://www.gov.uk/government/publications/hospital-tooth-extractions-of-0-to-19-year-olds. 2021.

References

1. Black M, Barnes A, Baxter S, Beynon C, Clowes M, Dallat M, et al. Learning across the UK: a review of public health systems and policy approaches to early child development since political devolution. J Public Health (Bangkok). 2020 May 26;42(2):224–38.

2. Carneiro P, Cattan S, Ridpath N. The short- and medium-term impacts of Sure Start on educational outcomes. 2024 Apr.

3. Sabatello M, Janvier A, Verhagen E, Morrison W, Lantos J. Pediatric participation in medical decision making: Optimized or personalized? The American Journal of Bioethics. 2018;18(3):1–3.

4. Marmot M, Allen J, Goldblatt P, Boyce T, McNeish T, Grady M, et al. Fair society, healthy lives (The Marmot Review). 2010.

5. Marmot M. Health equity in England: the Marmot review 10 years on. BMJ. 2020; 693.

6. Fine-Goulden MR. Power and powerlessness in a pandemic. Pediatr Res. 2022;91(4):1004–5.

7. Broomhead T, Rodd HD, Baker SR. National patterns in paediatric hospital admissions for dental extractions in England. Community Dent Oral Epidemiol. 2021;49:322–9.

8. BDA, BeautyBanks. Cost of living crisis leaves children's oral health on the line. https://www.bda.org/news-and-opinion/news/cost-of-living-crisis-leaves-childrens-oral-health-on-the-line/. 2023.

9. Cummings C, Dyson A, Muijs D, Pappa I, Pearson D, Raffo C, et al. Evaluation of the Full Service Extended Schools Initiative: Final report. 2007.

10. Bekaert S, Sammut D, Appleton J V, Taylor J, Harrold T, Cook G. Learning from school nursing practices and new ways of working during the COVID-19 pandemic: A qualitative study. British Journal of Child Health. 2023;4(2):71–7.

11. Royal College of Psychiatrists. Record number of children and young people referred to mental health services as pandemic takes its toll. 2021.

12. Siraj I, Hollingworth K, Taggart B, Sammons P, Melhuish E, Sylva K. Report on students who are not in education, employment or training (NEET) [Internet]. 2014 [cited 2024 Apr 15]. Available from: https://www.ucl.ac.uk/ioe/sites/ioe/files/16-Report-students-NEET-RR.pdf

13. Spencer AM. School attendance patterns, unmet educational needs, and truancy. Remedial and Special Education. 2009;30(5):309–19.

14. Fazackerley A. Schools crisis in England as special needs staff quit 'in droves' over pay. https://www.theguardian.com/education/2022/dec/17/schools-crisis-in-england-as-special-needs-staff-quit-in-droves-over-pay. 2022.

15. Centre for Social Justice. Suspending reality part 2: exclusion rates and inclusive practice in multi-academy trusts. [Internet]. 2024 [cited 2024 Apr 15]. Available from: https://www.centreforsocialjustice.org.uk/wp-content/uploads/2024/01/CSJ-Suspending_Reality_Part_2.pdf

16. Child Poverty Action Group. 'There is only so much we can do' - school staff in England. https://cpag.org.uk/news/there-only-so-much-we-can-do-school-staff-england. 2023.

17. Goodman A, Gregg P. Poorer children's educational attainment: How important are attitudes and behaviour? 2010.

18. Local Government Association. Early education and childcare: Changes and challenges for the future. 2023.

19. Tindle A, Kearney I, Cerbantes D, Henley M, Bayley A. Serious violence foundational system mapping. 2023.

20. Feinstein L, Sabates R, Anderson TM, Sorhaindo A, Hammond C. What are the effects of education on health in measuring the effects of education on health and civic engagement: Proceedings of the Copenhagen symposium. 2006.

21. The Health Foundation. How do our education and skills influence our health? 2018.

22. Viner R, Russell S, Saulle R, Croker H, Stansfield C, Packer J, et al. School closures during social lockdown and mental health, health behaviors, and well-being among children and adolescents during the first COVID-19 wave. JAMA Pediatr. 2022;176(4):400.

23. Public Health England. What works in schools and colleges to increase physical activity. 2020.

24. Moss G, Bradbury A, Harmey S, Mansfield R, Candy B, France R, et al. Mitigating impacts of the COVID-19 pandemic on primary and lower secondary children during school closures: A rapid evidence review. 2021.

25. National Society for the Protection of Children. Social isolation and the risk of child abuse during and after the coronavirus pandemic. 2020.

26. Department for Education. Vulnerable children and young people survey, April 2021. Vulnerable children and young people survey: summary of returns waves 1 to 22. 2021.

27. Delve Initiative. Balancing the risks of pupils returning to schools. 2020.

28. Care Quality Commission, OFSTED. COVID-19 series: briefing on special educational needs and disabilities provision. 2020.

29. Coe R, Weidmann B, Coleman R, Kay J. Impact of school closures on the attainment gap : rapid evidence assessment. 2020.

30. Department for Education. Mental health and behaviour in schools. 2018.

31. Public Health England, Institute of Health Equity. Building children and young people's resilience in schools. 2014.

32. Shum A, Waite P, Patalay P, Creswell C. Report 04: Changes in children and young people's emotional and behavioural difficulties through lockdown. 2020.

33. Department for Education, SPI-B. The benefits of remaining in education: evidence and considerations. 2020.

34. Cutler DM, Lleras-Muney A. Education and health: evaluating theories and evidence. 2006.

35. Nakamura R. Intergenerational effect of schooling and childhood overweight. 2012.

36. Diss O, Jarvie M. Unfinished business. Where next for extended schools? 2016.

37. Casto H, McGrath B, Sipple JW, Todd L. "Community Aware" education policy: Enhancing individual and community vitality. 2015.

38. Health Conditions in Schools Alliance. Health Conditions in Schools Alliance. [Internet]. [cited 2024 Apr 17]. Available from: http://www.medicalconditionsatschool.org.uk/

39. Drayton E, Farquharson C, Ogden K, Sibieta L, Tahir I, Waltmann B. Schools serving disadvantaged children have faced the biggest funding cuts. 2023 Dec.

40. Cummings C, Dyson A, Todd L. Beyond the School Gates: can full service and extended schools overcome disadvantage? 2011.

41. Public Health England. Best start in life and beyond – improving public health outcomes for children, young people and families. Guide 1: background information on commissioning and service model. 2021.

42. Clarke A, Sorgenfrei M, Mulcahy J, Davie P, Friedrich C, McBride T. Adolescent mental health: A systematic review on the effectiveness of school-based interventions. 2021.

43. All Party Parliamentary Group for Diabetes. Safety and inclusion of children with medical conditions in school. 2018.

44. Spencer BKC, Hugh- Jones S, Cottrell D, Pini S. The INSCHOOL project: Young people with long- term physical health conditions: An in- depth qualitative study of their needs at school. J Adolesc. 2024;96(2):337–49.

45. Department of Education. Supporting pupils at school with medical conditions. 2015 Dec.

46. O'Donovan L. School experiences of children with rare genetic conditions associated with high risk for neurodevelopmental difficulties. 2023.

47. Jay MA, Sanders-Ellis D, Blackburn R, Deighton J, Gilbert R. Umbrella systematic review finds limited evidence that school absence explains the association between chronic health conditions and lower academic attainment. Front Public Health. 2023 Jun 9;11.

48. West Yorkshire Health and Care Partnership. West Yorkshire asthma friendly schools [Internet]. [cited 2024 Apr 9]. Available from: https://www.wypartnership.co.uk/our-priorities/children-young-people-and-families/asthma-friendly-schools

49. Riddell S. Autonomy, Rights and Children with Special Educational Needs. 2020. 133–159.

50. Cummings C, Todd L, Dyson A. Towards Extended Schools? How education and other professionals understand community- oriented schooling. Child Soc. 2007;21(3):189–200.

51. Lawson H, Van Veen D. Developing community schools, community learning centers, extended-service schools and multi-service schools: International exemplars for practice, policy and research. 2015.

52. Child Poverty Action Group. Extended Schools Provision. Briefing on how extended schools provision can help to tackle child poverty. 2021.

53. Forbes C, Kerr K. Endogenous assets-mapping: a new approach to conceptualizing assets in order to understand young people's capabilities and how these relate to their desired educational outcomes in disadvantaged neighbourhoods. Cambridge Journal of Education. 2023;53(1):117–33.

54. Wills J. The geography of community and political organisation in London today. Polit Geogr. 2012;31(2):114–26.

55. Barnett WS. Long-term effects of early childhood programs on cognitive and school outcomes. Future Child. 1995;5(3).

56. Duncan GJ, Magnuson K. Child development and social policy. 2004.

57. National Scientific Council on the Developing Child. The foundations of lifelong health are built in early childhood. 2010.

58. Shonkoff JP, Phillips D. From Neurons to Neighborhoods. National Academies Press; 2000.

59. Reynolds AJ, Temple JA, Robertson DL, Mann EA. Long-term effects of an early childhood intervention on educational achievement and juvenile arrest. JAMA. 2001;285(18):2339.

60. Action for Children. Children's services funding and spending 2017/18. 2019.

61. Action for Children. Early help is the best option for children and families. We need to protect it. https://www.actionforchildren.org.uk/blog/early-help-is-the-best-option-for-children-and-families-we-need-to-protect-it/. 2022.

62. Heckman JJ. The economics of investing in early childhood education. 2006.

63. Karoly LA, Kilburn MR, Jill S. Early childhood interventions: Proven results, future promise. 2005.

64. Pettinger KJ, Kelly B, Sheldon TA, Mon-Williams M, Wright J, Hill LJB. Starting school: educational development as a function of age of entry and prematurity. Arch Dis Child. 2020;105:160–5.

65. Melhuish E, Belsky J, Leyland AH, Barnes J. Sure Start and its impact on child development. British Medical Journey. 2008;336:1476–8.

66. Heckman JJ, Moon SH, Pinto R, Savelyev P, Yavitz A. The rate of return to the High/Scope Perry Preschool Program. Public Econ. 2010;1(94):114–28.

67. Stewart K. The impact of Sure Start local programmes on childcare and maternal employment. Labour Econ. 2015;36:108–20.

68. Cattan S, Conti G, Farquharson C, Ginja R, Pecher M. The health impacts of Sure Start. 2021.

69. Barnes J. Outcomes of Sure Start II: The national evaluation of Sure Start. 2006.

70. Sohal K, Mason D, Birkinshaw J, West J, McEachan RRC, Elshehaly M, et al. Connected Bradford: a whole system data linkage accelerator. Wellcome Open Res. 2022;7:26.

71. Kerr K, Dyson A. Networked social enterprises: A new model of community schooling for disadvantaged neighborhoods facing challenging times. 2016.

72. Edwards ADP, Downes P. Alliances for inclusion: Cross-sector policy synergies and inter-professional collaboration in and around schools, an independent report authored for the European Commission. 2013.

73. Marshman Z, Fairhurst C, El Yousfi S, Whiteside K, Ainsworth H, Chestnutt IG, et al. The oral health of secondary school pupils: baseline data from the Brushing Reminder 4 Good oral Health (BRIGHT) trial. Br Dent J. 2023 Dec.

74. Public Health England. Hospital tooth extractions of 0 to 19 year olds: Episodes of children being admitted to hospital for tooth extractions from 2016 to 2020. [Internet]. 2019 [cited 2024 Apr 15]. Available from: https://www.gov.uk/government/publications/hospital-tooth-extractions-of-0-to-19-year-olds

Author list

Executive report editors:

Mathew Mathai	Bradford Teaching Hospitals NHS Foundation Trust
Simon Pini	University of Leeds
Liz Todd	Newcastle University

Series editors:

Mark Mon-Williams	University of Leeds; Born in Bradford's Centre for Applied Education Research
Megan Wood	University of Leeds

Core writing team:

Maria Raisa Jessica Aquino	Newcastle University
Sue Burchill	University of Leeds
Cat Davies	University of Leeds
Peter Day	University of Leeds
Eric Fletcher	Newcastle University; YMCA Northumberland
Kara Gray-Burrows	University of Leeds
Sean Harris	Tees Valley Education Trust
Beng Huat	Durham University
Ioanna Katzourou	Cardiff University
Kirstin Kerr	University of Manchester
Karen Laing	Newcastle University; West End Children's Community
Reuben Larbi	Lancaster University
Dafni Lima	Durham University
Zoe Marshman	University of Sheffield
Ruth McGovern	Newcastle University
Luke Munford	University of Manchester
Uta Papen	Lancaster University
Xiaofei Qi	Durham University
Deborah Ralls	Newcastle University
Amelia Simpson	Lancaster University
Roger Smith	Durham University
Sarah Spencer	University of Sheffield
Mohaddeseh Ziyachi	Durham University

Contributing experts:

Laura Bowen	The Valley Project
Christian Bunting	St. Edmund's Nursery School; Bradford Birth to 19
Sebastien Chapleau	Citizens UK
Jenna Charlton	Zone West
Claire Crow	Zone West
Adam England	Coleg Gwent
Jess Hay	West London Zone
Victoria Hirst	Reach Foundation
David Key	Coleg Gwent
Vicky Leigh	Manchester Communication Academy
Mei Lim	Reach Foundation
Kathryn Loftus	Education Alliance for Life Chances
Wendy McConnell	Wendy McConnell - MumsSpace
Steve McHugh	The Valley Project
Louisa Mitchell	West London Zone
Beth Perry	University of Sheffield; Arbourthorne Community Primary School
Joe Prendiville	West London Zone
Wenna Price	University of Manchester; Manchester Communication Academy
Liz Robinson	Big Education; Surrey Square schools
John Rowlands	Manchester Communication Academy
Keegan Rowlands	Coleg Gwent
Saidul Haque Saeed	Citizens UK
Micheal Thompson	St Thomas More Catholic High School
Richard Weaver	Citizens UK
Juraj Tancos	St. Edmund's Nursery School

Core editorial team:

Lydia Gunning	Born in Bradford's Centre for Applied Education Research
Nat Merrick	Born in Bradford's Centre for Applied Education Research
Jennifer Shaw	Born in Bradford's Centre for Applied Education Research
Evie Shore	Born in Bradford's Centre for Applied Education Research
Megan Roker	Born in Bradford's Centre for Applied Education Research
Mallory Morehead	Born in Bradford's Centre for Applied Education Research
Chris Brown	Born in Bradford's Centre for Applied Education Research

Scan here to access other reports in the series!

Child of the North

N8 RESEARCH PARTNERSHIP

HEALTH EQUITY NORTH

CENTRE FOR YOUNG LIVES