Give your great children a happy, healthy life today!

WELLBEING + HAPPY = HEALTHY
Welcome to my Public Health annual report 2014-15. Last year my report focussed on the importance of good mental health and wellbeing in tackling life’s ups and downs. I made a commitment to focussing on ways to help the people in our borough to build their personal resilience. We chose the 5 Ways to Wellbeing as a solid foundation, and took part in some excellent work. A summary of this can be found on page 39. I’m pleased to say that with further funding invested as part of the Council’s 2015-16 business plan, progress will continue to be made.

For this year’s report I turn the spotlight on the health of children and young people. The conditions in which children are born, grow, live, work and age can lead to health inequalities – the unfair and avoidable differences in health status. I set out my response as the Director of Public Health to the health challenges children and young people in our borough face. This report shares my recommendations for public health action, with a call to all partners and communities to contribute. Improving the health and wellbeing of children and families requires a collaborative effort and response through our existing strong partnerships in Tameside, led by our Health and Wellbeing Board.

The traditional African proverb, “It takes a village to raise a child”, has been widely quoted when looking at the approach needed to support children into adulthood. Our ‘village’, made up of individuals, families and communities, is becoming ever more important as technology places the world at children’s fingertips 24 hours a day. Our children and young people are faced with multiple challenges and opportunities. The immediate challenge for us is how to bring our efforts and resources together to improve the outcomes that really make a difference. Most children in our borough grow up healthy and happy but for some there are challenges. Childhood poverty is a very real issue for many families in our borough – poverty damages childhoods and it damages life chances. Improving health offers economic benefit to the borough and its residents, and can help break this damaging cycle of poverty.

I’m pleased to say that recognition of the need to improve the lives of our children and young people is increasing. The call to create an upward spiral of improved health, personal development, and economic opportunity for our young people is gathering momentum, especially here, in Greater Manchester.

No report on this topic would be complete without the voice of children and young people being heard. We are committed to being active partners, to support and prepare our children and young people for the future, and that means providing opportunities for them to be involved. Look out for comments from children, parents, and professionals throughout this report. Youth Engagement and Participation activity in Tameside is also outlined.

Finally, I wish to thank Megan, aged 11, for the beautiful design of our front cover. I hope you enjoy reading my report.

Angela Hardman
Director of Public Health

Whilst the public health annual report provides an overview of some of the health data of our local population, more detailed and regularly updated information is available from the Joint Strategic Needs Assessment (JSNA). This can be found on Tameside Council website Public Health pages. I encourage everyone to take a look.
Introduction and Future Opportunities

Around 3000 babies are born in Tameside each year. Even before these children are conceived social, economic and environmental factors are at work to determine their health in adulthood.

Their mother’s experiences and lifestyle choices in pregnancy, their home environment in early years, where and how they play as children, and the relationships they build through adolescence all contribute towards their health and wellbeing as adults.

A healthy life begins with healthy parents pre-pregnancy, and good antenatal care, so mum has a healthy pregnancy and baby is born at a healthy weight. It continues with support for babies and toddlers to meet important milestones in their development; ensuring they arrive at school fit, well and ready to learn. These early building blocks lay the foundations for our children to grow physically, emotionally and mentally, opening doors to better opportunities and creating a lifestyle in which being healthy is an attainable reality.

We are committed to supporting families of children from pre-birth through to five years, when we can have the greatest impact on the future health and wellbeing of children.

Maintaining healthy development for older children and adolescents ensures that they are able to achieve their full potential through learning, education and later employment.

The period we call ‘transition’, when a child makes the move between being classed as a child to being classed as an adult, is a notoriously difficult time for young people, and indeed for professionals from different services. Varying age thresholds between services can make for a ‘bumpy ride’ for young people, who are already going through big changes. Creating a seamless transition is naturally an ambition for the future.

For vulnerable children, such as looked after children or those with additional or complex needs arising from a disability, support through this period is particularly important. Decisions made at this time may be more complicated and can include important choices around care provision, living arrangements and financial independence.

They may need help and advice to understand the full range of options available to them to ensure they have the best chance to develop well, and make healthy lifestyle choices.

The foundations for virtually every aspect of human development – physical, intellectual and emotional are laid in early childhood. What happens during these early years, starting in the womb, has lifelong effects on many aspects of health and well-being from obesity, heart disease and emotional health to educational achievement and economic status. To have an impact on health inequalities we need to address the social gradient in children’s access to positive early experiences and ensure that we give every child the best start in life.

(Fair Society, Healthy Lives the Marmot Review, 2010)
Listening to...
our children and engaging our young people

Young people in Tameside can and should be involved in the decisions that affect them. We actively invite them to shape their development by interacting with the people and opportunities made available in their environment.

What are the benefits of youth engagement?

Youth engagement is a win-win proposition.

- **Young people** benefit by gaining skills, knowledge, self-esteem, and connectedness.
- **Adults** benefit by enhancing their own competencies, learning to better understand and value youth, and increasing their commitment and energy to their organizations.
- **Organisations** benefit by improving their programmes, gaining community recognition, and attracting funders.
- **Communities** benefit by improving quality of life, coordinating youth services, and authentically embracing diversity by representing young people.

How do we listen to young children?

For younger children, a fun and visual feedback tool called ‘Tops and Pants’ is used in Children’s Centres; ‘Tops’ to feedback on things they enjoyed and ‘Pants’ if they didn’t. This is an opportunity for parents of young children to say what they and their child did or didn’t like about a session, and is posted alongside a response from the team, often with ways they intend to improve, change or tailor a session going forward. Children’s centres also facilitate parent forums to allow discussion and share ideas. A compliments/complaints box is available at each reception to encourage parents have their say.

An annual consultation also takes place with parents around their experiences. This is used by the centre to inform future delivery. Each Children’s Centre also has a Facebook page where comments/suggestions/ideas can be posted.

http://www.actforyouth.net/adolescence/

How do we listen to older children and adolescents?

From a political point of view, youth engagement is important because young people deserve the right to represent their own interests. Youth civic engagement is also critically important to prepare young people to be active citizens in a democracy.

Tameside Youth Forum is currently in transition to become Tameside Youth Council. Members are recruited from schools, colleges and youth voluntary groups, with a democratically elected member appointed to represent them.

The members of the Youth Council are involved in national ‘Youthforia’ workshops, and have the opportunity to share and debate on issues that affect them. They will also be consulted and have input in campaigns, for example ‘Make your Mark’, a campaign to encourage entrepreneurialism amongst young people.
Pledges for young people

The Executive Leader of the Council, Councillor Kieran Quinn, has made a set of 15 pledges to deliver during 2015. Several of these relate to children and young people and increasing their chances of good health, development and opportunity.

These include free swimming events for the under 16s, and a programme of family activities that were delivered during the school holidays. See opposite for just one way Public Health and Cultural Services are making the most of Tameside’s summer events.

The pledges also include bringing children and young people closer to the democratic process by creating a Youth Council, whom we can regularly engage on matters of health.

It also includes a youth jobs pledge, promising paid employment for any young person who is not employed, in education or in training. In addition to the jobs pledge, Tameside Enterprise Scheme supports small businesses to mentor young people, helping nurture opportunity and personal development.

During 2015 Public Health joined with Cultural Services and Tobacco Free Futures to promote a ‘Smoke Free Summer’.

The new initiative ran across Greater Manchester over the Summer holidays. It saw a series of family-friendly events in the area becoming smoke free to protect children by reducing their exposure to smoking. In Tameside, our Theatre in the Park programme was the first to ‘fly the smoke free flag’. This move was welcomed by the majority of respondents on a survey of park users, with 76% of people agreeing that smoking outdoors in front of children sets a bad example.
Life Stage: Pre-Conception and Pregnancy

The health and wellbeing of a mother before and during her pregnancy has a direct effect on the health of her baby. To maximise child health, we start before birth - even before conception when possible. This means Tameside is a good place to have a baby. Having an underweight baby is less common here than in the North West or England as a whole. This has improved since 2010. Baby deaths in the first month are also less common here.

It is important that women are supported to maximise their health before and during pregnancy. Women especially need to be encouraged to maintain a healthy diet and avoid smoking. The health benefits to those living in more deprived communities will particularly important.

Women living in deprived communities are most at risk of having a poor outcome of their pregnancy. Access to high quality pre-conception and pregnancy care is therefore paramount. Pregnancy is a time when women are more motivated to make healthy choices, and the majority are in contact with services. This makes for an ideal opportunity to make changes that make a difference to mother, child and family.

Tameside NHS Foundation Trust provides maternity services for the majority of our local mothers. The trust provides support for pregnant women and their families through antenatal, delivery and postnatal care. The best maternity care is delivered through high quality, family focused services with a seamless approach both locally and in the wider community.
Teenage Pregnancy

Most pregnancies are planned, but when we narrow the focus to teenagers, evidence tells us that around 75% of pregnancies are unplanned, with about half of these ending with abortion. During 2014 there were 140 births to women under the age of 20 in Tameside, with 29 of those being to women under 18 years.

Being a young parent can be challenging. Whilst young people can be good parents, research shows that having children at a young age can lead to reduced employment and education opportunities, increase the risk of living in poverty and increase the chance of poor maternal physical and mental health.

This year sees a new Family Nurse Partnership (FNP) programme for young parents starting in Tameside. The Family Nurse Partnership is a preventive programme aimed at first time mums aged 20 and under, and has the potential to transform the life chances of the most disadvantaged children and families in our communities. Specially trained Family Nurses will visit and support the whole family regularly from early pregnancy through to when the child is two, helping and enabling them to become a good parent. They help to support a healthy pregnancy, parenting and wider issues such as housing, finances, employment and training.

Tameside’s under-18s conception rate has halved over the past five years. Our strategy has been to ensure there is good provision of accessible, young people-centred contraception and sexual health services to enable increased access and use of contraception.

The continued delivery of comprehensive Sex and Relationship Education (SRE) programmes in schools will be key to ensuring our rates continue to fall.

The Youth service deliver the YOUpthink prevention programme, consisting of Family Planning Agency trained youth workers delivering sexual health awareness in all schools. They provide targeted support for vulnerable or high risk young people. There is a multi-agency training programme available for front line staff members who work with children and young people, to improve skills and grow confidence to discuss sex, relationships and sexual health with young people.

75% of teenage pregnancies are unplanned, with about half of these ending with abortion. During 2014 there were 140 births to women under the age of 20 in Tameside, with 29 of those being to women under 18 years.
Smoking in pregnancy increases the risk of sudden infant death syndrome (SIDS), also known as cot death, by four times if you have between one and nine cigarettes a day. This risk doubles if you smoke 20 cigarettes or more a day.

In Tameside, one in five women smoke through pregnancy. This is higher than the average for the North West and England. Whilst we have seen a reduction in smoking rates since 2010-11 there is much more to be done to reach the government’s target in the Tobacco Control Plan for England (2011).

This sets out a national ambition to reduce smoking as recorded at the time of delivery to 11% or less by the end of 2015. If rates continue to fall at levels seen over the last three years in Tameside, this ambition will not be achieved.

We offer a variety of non-judgemental support for women who are smokers and pregnant. The NHS Stop Smoking Service has specialist pregnancy advisors who are skilled and experienced in providing support to women at this important time. All midwives are able to refer women to this free service. Support is also available from Health Visitors, GPs and Pharmacists to help women stay smoke free after pregnancy.

Following the birth of the baby, the biggest benefit for both mother and child is to remain smoke free. However, some women who manage to give up smoking during pregnancy find this really hard.

For families who feel unable to give up smoking, we recommend that they keep children and other family members safe by adopting the ‘Take 7 Steps Out’ approach. This ensures that the home is kept free from harmful second hand smoke.

**Case Study: Rima**

Rima* lives at home with her mother Shobna*. Rima was pregnant for the first time. Shobna was also pregnant with her third child. Rima, Shobna and Shobna’s partner all smoked. After discussing the risks to both unborn children in the house, and to the children when they were born, both mums agreed to quit with help from the Midwife Led Stop Smoking Service. Shobna’s partner wasn’t ready to quit and usually smoked in the house.

Both women began nicotine replacement therapy. With support Rima managed to quit within a couple of weeks, and Shobna cut back to the occasional few. Shobna’s partner reduced the number of cigarettes smoked regularly, and began ‘Taking 7 Steps Out’, smoking outside the house. Both women remained smoke free for the duration of their pregnancies and delivered healthy babies.

*Name changed

In Tameside, one in five women smoke through pregnancy.
Vaccination Programme for pregnant women

Seasonal flu

There is good evidence that pregnant women have a higher chance of developing complications if they get flu, particularly in the later stages of pregnancy. In some cases it can even cause premature birth. Evidence has shown that the flu vaccine is safe for mother and child. It will protect the mother during pregnancy, but also passes to the unborn child. This means they are protected when they are born, and will continue to be protected for the first few months of life.

Just over half of all pregnant women in Tameside are vaccinated against flu at 54%.

The flu vaccine is made available to pregnant women free of charge; therefore it is recommended that all pregnant women take advantage of it. At the moment, just over half of all pregnant women in Tameside are vaccinated against flu.

Whooping Cough

Whooping cough in babies under a year old can result in hospitalisation, as the infection can lead to severe complications such as pneumonia, seizures, and dehydration affecting kidney function.

If coughing causes the flow of oxygen to the brain to be interrupted, brain damage can occur. Although this is rare, it is important that babies are protected against the bacteria. Evidence shows that vaccination is a safe and reliable option.

Babies cannot be immunised until they are two months old, therefore pregnant women are offered a whooping cough vaccine, ideally between 28-32 weeks, to protect their child in their first few weeks of life. The vaccine crosses the placenta and enters the unborn child’s system, protecting them from whooping cough until they are able to be vaccinated themselves.

60% of pregnant women in Greater Manchester take advantage of the whooping cough vaccination, which also includes diphtheria and tetanus.
Recommendations

- Offer high quality advice and support through pre-conception and pregnancy to ensure both physical and mental health is optimised for every mother in Tameside

- Ensure tailored support for disadvantaged groups of pregnant women, and young mums under 20 is available by delivering innovative approaches to health promotion. Support is to be built around the needs of the mother, her partner and their wider family

- Deliver and promote partnership and multi-faceted approaches supporting our young mothers to ensure the best outcomes for mother and child.
Life Stage: Early Years

Every child deserves the best possible start. This positive start is crucial for later success - not only for academic achievement but also for a happy and healthy life.

Many important milestones in a child’s development take place between ages 0 and 5. Some can be seen clearly like starting to feed themselves, taking first steps, first words, but many are made long before that in ways that are not as obvious. Reaching a developmental milestone is a product of a number of experiences. Meeting them shows us that the child is taking in language, is honing movement, and understands how to connect with the world around them at an appropriate pace. A child’s brain takes in information at an amazing rate. This is never more so than during first 1001 days of life, when billions of brain cells meet to form networks that will later become hard wired thoughts and behaviours.

This ultimately shapes who the child becomes. If their experiences at this time aren’t positive and varied, and if the connections with people around them are not warm and loving, the thought patterns and behaviours they develop may not produce a positive outcome for the child and family. For some children their development may be impaired due to disability. It is important that the services we provide understand their additional needs and support their parents in helping them reach their potential.

To have an impact on health inequalities, investment and action in early years needs to be based on real evidence, be cost effective, and proportionate to needs of that family and their circumstances. When good foundations are lacking, later interventions are considerably less effective. Evidence shows that for every £1 spent in early years, we would need to spend £7 in adolescence to achieve the same effect, so it makes financial sense to intervene before problems set in. The Marmot review (Fair Society, Healthy Lives; The Marmot Review 2010) recognised that disadvantage starts before birth and accumulates throughout life. Marmot recommends that action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage and poor outcomes be broken. This is why making a difference in the early years in Tameside is one of our highest priorities.

There are 71 nursery or pre-school group settings in Tameside, with 73% of these judged good or outstanding by Ofsted.
Case Study: Claire

Claire* came to the Children’s Centre when her son Rhys* was first born. She attended baby weigh in and would sometimes come to the baby group. Earlier this year her son was referred to a Health Visitor as he wasn’t really talking and was very shy and clingy. She advised Claire to bring Rhys to Toddler Talk.

Claire said she had reservations about coming back to the centre and wasn’t sure how Rhys would be in a group. The Early Years Worker telephoned to put her mind at ease, and she reported feeling more enthusiastic about the session.

Claire found the first week quite scary for both herself and her son. Whilst she got a lot from it she was concerned about Rhys as he didn’t leave her knee through the whole group. Despite this she came back the second week. Claire noticed a marked different in her son. He became more outgoing and playful, and took part in singing. In the following weeks he didn’t want to leave. Claire decided to try out a stay and play session, and take part in some of the holiday activities at the Children’s Centre.

https://www.youtube.com/watch?v=DZo0EFKRZ5E

*name changed

Claire*: “We have really enjoyed attending Ridge Hill Children’s Centre it is so friendly and welcoming and we love the staff.”

Over the past two years the percentage of children said to have a ‘good’ level of development has increased from 42% in 2013 to 52% in 2014 compared to the England average of 60%.

This is known as the ‘Early Years New Delivery Model’. This seeks to ensure families’ needs are identified and supported. Additional support can comprise courses in parenting, communication and language, early attachment, and physical development. Early access to this support can prevent difficulties from escalating. It acts as a gateway to more intensive or specialist support for those who need it. When we deliver these types of courses, or carry out any activity that aims to help a child catch back up to the appropriate level of development for their age, we call it an ‘intervention’. All interventions have been tried and tested and are known to work if followed properly by parents, professionals and children. This is what we mean when we talk about ‘evidence based interventions’. The model also aims to increase access to high quality day care for some children. See an example of an intervention in Claire’s case study.

The Health Visiting Service delivers the full Healthy Child Programme (HCP) to every child (0 to 5 years) and their family in Tameside. The HCP is the early intervention and prevention public health programme that lies at the heart of our universal service (services that are open to all) for children and families. At a crucial stage of life, the HCP’s universal reach provides an invaluable opportunity to identify families that are in need of additional support, and children who are at risk of poor outcomes.

The Government intends to transfer the commissioning responsibility of children’s public health services from pregnancy to age five to local authorities in October 2015. Tameside Council is working with key partners to make sure the transfer and integration of the services is safe and effective.

A national programme came into effect in September 2014 to offer eligible families a free nursery place for their 2 year old. This gives 15 hours childcare per week. The aim of this programme is to support children’s learning and development, and give parents who are economically disadvantaged access to childcare. For children with additional needs arising from a disability it is particularly important for them to have access to provision that promotes their development.
Early Attachment

Being pregnant and having a baby is a special time in a parent’s life, but it can be a hard time too. Healthy first relationships are vital for a baby’s wellbeing and development, but difficult emotions, experiences and expectations can affect how closely parents bond with their baby, especially in the early days. The quality of this ‘early attachment’ has an impact on the baby’s future. When a baby doesn’t feel securely bonded with a primary caregiver it can lead to poorer outcomes in later life.

Tameside’s Early Attachment Service provides intensive help to parents and their babies in the critical first 3 years of life, when bonding has been difficult. They help parents to build a strong relationship with their baby, so that their baby feels safe, secure and happy. They provide information for all new and expectant parents in the form of a booklet and DVD ‘Getting it Right from the Start’, available from midwives or health visitors. Support is also available through the specialists in the service, maternity, health visiting and the wider early years workforce, including trained volunteers within Homestart.

In 2015 Tameside established a ‘Babies Can’t Wait’ agreement which means that all pregnant women or those with children under the age of two years and their partners can access the adult Healthy Minds service directly following referral, avoiding any wait. This has meant it is possible for parents to receive support for their own mental health.

Parenting courses for families with children aged 0-5 are focused on relationship building between parent/carer and child. We utilise the Solihull Approach and Solihull Parenting course to meet the needs of our families. A further parenting course called Mellow Parenting is now being introduced specifically to support parents and children with a higher level of need.

Case Study: Jade

Jade* started experiencing difficulties after the birth of her second child. Her family was experiencing significant stress which came out through domestic abuse, substance misuse, mental health needs and financial difficulties. These, joined with isolation and lack of support networks began to affect the children’s development and attachment. Jade was reluctant to work with social care and support services due to her own childhood experiences, so for a short time the children were taken into care. Different organisations came together in partnership with Jade and her family to work through their issues. They made sure the children were at the centre of the picture.

A Family Intervention Worker from Jade’s local children’s centre supported the family to manage debt and access benefits. Jade was supported to allow her older child to access a free 2 year old place and speech and language therapy at a local nursery. She built good relationships with the Health Visitor and Early Attachment Specialist who supported Jade with parenting, and enabled the family to get back on track.

Both parents accepted the help and support they needed to make changes and the children were returned to the family.

They continue to make significant progress. Jade’s very proud of her children and is keen that they have a positive childhood experience. Jade no longer needs a Family Intervention Worker but often pops into the children’s centre to attend the groups where she has built confidence and made new friends.

*name changed
Breastfeeding

Breastfeeding supports babies to get the best start in life. It offers amazing opportunities for mothers to bond with their babies, which is vital for the baby’s emotional and social development. For the child, breastfeeding reduces the risk of chest and ear infections, eczema, constipation, diarrhoea and vomiting, and for the mother it reduces the chance of developing certain cancers.

A network of partners and organisations in Tameside are working hard to support new and expecting mother to initiate breastfeeding, and to keep it up for as long as possible. This also includes working with Tameside businesses to create a culture that welcomes breastfeeding.

Some examples of this work include:

- Promotion of a social marketing campaign ‘Breast Milk, it’s Amazing’. This also included a website www.amazingbreastmilk.nhs.uk and the BreastStart App, where mums and mums-to-be can gain help and advice.
- Supporting local businesses and community venues to sign up to a ‘Baby Welcome’ award scheme. This work included promoting all venues that welcome breastfeeding mothers, and advising them on how to provide a comfortable environment for them to feed their babies.
- Tameside Hospital, Community Health Visiting, Children’s Centres and Breastfeeding Community Co-ordinators successfully awarded with the UNICEF Baby Friendly stage 3 accreditation.
- Homestart offer breastfeeding support to every breastfeeding mum in Tameside through bedside support at Tameside Hospital, advice and home visits and support groups.

Mum;
“it’s what she wants to do as soon as she’s born so I didn’t want to deny her that, and I love doing it. It gives me peace of mind to know she’s benefitting from my immunities passed on through the breast milk”

A network of partners and organisations in Tameside are working hard to support new and expecting mother to initiate breastfeeding, and to keep it up for as long as possible. This also includes working with Tameside businesses to create a culture that welcomes breastfeeding.

I want mums to feel confident and comfortable breastfeeding and to really enjoy it as a chance to bond with their baby”
Recommendations

- Increase the proportion of children in Tameside who are ‘school ready’ enabling parents to give them the best possible start in life using an integrated approach across our partnerships and services in the borough.

- To develop integrated, flexible services to ensure learning and childcare for all children and families, and improve family economic wellbeing.

- To promote breastfeeding and early attachment to ensure parents build a strong relationship with their baby.
Parents are undoubtedly the most important teachers a child has throughout their life. The responsibility for developing our children is not a baton that is passed from parent to teacher on starting school, but is a job for which the team grows bigger with the child. As children in Tameside enter the education system, responsibility for their healthy development expands to include teachers, school staff and health professionals. All parties contribute towards children being healthy, safe, and cared for. As children progress through school years it is important that we help parents continue to provide opportunities for their children to develop and grow in the home environment, in particular those families who live in poverty or difficult circumstances.

The vast majority of children in Tameside will enter a school setting aged 5. This gives us an opportunity to collaborate with schools to work with children directly. By supporting schools to deliver a strong health and wellbeing programme for children and young people, we can increase children’s own understanding of health, and shape better habits that lead to wiser choices as they get older. For some children with special educational needs and disability an Education, Health & Care Plan will ensure that holistic support is available to them.
Healthy Weight

The rates of childhood obesity in Tameside are in line with England averages and don’t appear to be increasing or decreasing. However, one child in ten in reception year, and one in five in year six children is obese. For these children the health risks in childhood, and likelihood of developing problems as a result in adulthood, are unacceptably high.

The diets of children are largely shaped by their family’s habits. The National Diet and Nutrition Survey (Years 1-4) found that as a whole, the population is consuming more saturated fat, sugar and salt than is recommended for good health. They take in less oily fish and fruit and veg than recommended.

There are also risks of vitamin and mineral deficiencies, especially vitamin D and iron; which are vital for a child’s developing body.

Our Children’s Nutrition Team has a key role in providing prevention and weight management services for children, young people and families in Tameside. The team offers support to improve diet, have good oral health and be physically active; all of which will promote healthy weight and improve long term health.

Courses are provided for children and families of different age groups. All of which promote a healthy lifestyle. Sessions include healthy eating, physical activity and the importance of good self-esteem. ‘Ready Steady Cook’ courses in primary schools are also held to increase children and families’ cookery confidence and nutritional knowledge, and to promote healthy choices.

The Food4Life award scheme supports and recognises schools for their whole school approach to providing a healthy food environment leading to improved nutrition for children.

The Nutrition and Oral Health awards for carers of under fives aim to ensure that childcare providers meet local and national guidelines on nutrition and oral health. A varied programme of food and nutrition training is offered to staff or volunteers working with children, young people and families; this includes accredited training, and healthy weight brief intervention and training to promote the Healthy Start Scheme.

A total of 215 staff/volunteers working with children, young people and families received food and nutrition training in 2014/15. This enabled a further 295 children to improve their knowledge and confidence to make healthier food choices, maintain a healthier weight and contributed towards avoiding health problems related with too much weight in later life.

For example

As a result of working towards improving healthy weight in pupils, Fairfield Road Primary School implemented a new snack time policy. They consulted with parents to allow only fruit or vegetables and water or milk to be brought into school for snacks. They also altered their policy on birthdays; instead of parents sending in sugary treats, a child is now allowed to wear non-uniform on their birthday as a treat.

Dad;
“I want my child to enjoy their food and be healthy”

Case Study: Miah

Eight year old Miah* attended a 10 week Jumps 7-13 course with her mum Karen*. Karen brought sugary fizzy drinks to drink whilst she was on the course with her daughter. She stopped bringing these after a few weeks and at the end of the course Karen said that it had had a significant impact on the family’s eating habits and activity levels. The sessions had also made her realise the impact of her own eating habits on her daughter’s habits.

She reported that her daughter and family were now eating fruit daily, eating smaller quantities of chocolates and sweets, had reduced portion sizes at mealtimes, and were drinking more water. They were walking regularly as a family and had started going swimming every week. Her daughter’s weight had reduced during the course and a range of healthier habits were developed.

*name changed
Oral Health

Around a third of children under the age of 5 in Tameside lose a tooth to decay. Whilst this is below the average for England for decay/cavities, there is more work to be done.

Thorough brushing of baby teeth and creating good oral hygiene habits in early childhood is very important in protecting the health of children’s teeth and gums. Baby teeth that are in a good condition when they fall out help create a healthy mouth for adult teeth to grow in.

At 6 and 12 months all Tameside children receive an oral health pack containing information on how to access NHS dental services, a baby toothbrush, a tube of family fluoride toothpaste, and a list of venues where parents and carers can purchase more affordable oral health items for all the family.

Training and resources are offered to all early years settings including pre-school, childminders, reception classes in schools and general dental practitioners by our Oral Health Team. More targeted programmes include a fluoride varnish scheme in Hyde where additional support is given to the Bangladeshi communities, where 70% of children have some decay with an average of nearly four teeth affected.

Mum;
“It’s a good idea that Children’s Centres sell affordable oral health products, I told my friends about it”
Physical Activity

Physical activity is important for children of all ages, yet less than a quarter of children in England and Tameside do enough to meet the recommended guidelines.

Fun and games provide invaluable brain and body stimulation for the developing child, fine tuning motor skills and fuelling the imagination, as well as creating opportunities to learn about sportsmanship, camaraderie and team skills with playmates. Throughout this time physical activity lays the foundations of a healthy body through exercising muscles and joints, making them stronger for life.

From birth to age 5 play and exploration are crucial in teaching a child how to interact with the people and world around them.

We wish to help families to spot the opportunities for physical activity in their wider environment and day to day life. Walking or riding a bike to school, climbing trees or making dens in our local parks, and exploring our greenspaces and local environment are all ways we intend to encourage families to move more.

Riding a bike to school

Our communities are also home to a multitude of sports clubs for children and young people, and we have good provision of recreation and sports facilities across the borough.

Parent;
“I haven’t got much time in between other things so it needs to be something cheap and easy. I don’t want them glued to the TV or a tablet.”

Young Person with Disability;
“I love coming to the club every week - I can see my friends, have time away from my Mum and Dad as well as being with others who understand me.”

Tameside Greenspaces have also worked with the Football Association to provide age specific pitches in our parks, with over 300 children playing football at King George V playing field every week during the season.

The Greenspace team also currently maintain 34 play areas in the Borough as well maintaining and parks and countryside to a high standard to give Children and Young People the chance for informal play that is so important to their development.
In 2014/15 Active Tameside, our local sports and recreation centre provider, delivered or supported swimming lessons for children in Tameside, which resulted in 70% achieving the National Curriculum standard. A further 4000 children took part in private swimming lessons. They also provided ‘Coaches in Schools’, which supported 7000 young people to get physically active every week.

Active Tameside have recently developed Active Juniors, which focuses on encouraging young people to take part in physical activity. Characters have been created for children to identify with, including Elegant Ella the gymnast, who will appeal to the 900 young people who took part in gymnastics classes this year.

There’s also Adventure Ava, who represents Active’s new climbing and high ropes centre, the first of its kind in Tameside.

The Council has been working with the School Sports Partnership to support schools to deliver a high standard of physical education and activity.

This includes extending the ‘Make a Difference’ programme (MAD). We are also in the early stages of working with partners to develop an Active4Life award for schools, encouraging them to provide the most active school environment they can.

Living Streets currently work with 51 Primary Schools and 8 Secondary Schools encouraging children to walk more. They have given out over 10,330 badges in Tameside as part of the Walk Once a Week scheme.

CASE STUDY:
Programme participant

I have been doing this programme called Make a Difference. We do different activities like basketball, hockey and going to the gym. It has made me feel really positive about myself. Not only that, I have lost 25lbs in about 10 weeks of MAD.

Family Health Mentor;
“I want families to recognise the benefits of their children being a healthy weight and to feel confident in providing a balanced diet and active lifestyle”

Sports Coach in Schools;
“I want families to enjoy fun active stuff together, and for kids to grow up with physical activity being something that is a normal part of everyday life”
Emotional Health and Wellbeing

Nearly 10% of children aged 5-16 in this country have a clinically diagnosable mental health condition, but it’s estimated that just one in four children and young people with mental health problems receive any support or treatment.

As a result, mental health difficulties such as anxiety, low mood, depression, severe behavioural problems, and eating disorders can stop some young people achieving what they want in life or making a full contribution to society.

This means in an average class of 30 school children, three will suffer from a diagnosable mental health disorder, with the most common being severe behavioural problems, anxiety, depression and hyperkinetic disorders (disorders that are characterised by problems with lack of attention, excessive energy or impulsive behaviour). There is also emerging evidence of a rising need in certain groups, for example the rate of young women with emotional problems is increasing, as is the number of young people presenting with self-harm.

Young Minds mental health and wellbeing awareness Project:

Tameside, Oldham and Glossop Mind (TOG Mind) has developed and implemented an early intervention programme with schools and young people including:

- **Assemblies and workshops at Tameside Secondary Schools** - Schools are offered a week of assemblies covering all pupils and 2 student drop-in sessions or targeted workshops (depending on the needs of the school).

- **Follow on and development work requested by existing schools** - TOG Mind has received requests from schools in the first stage of the programme to follow up with the new intake of year 7s and provide additional sessions.

- **Development of a primary school model in conjunction with local schools** - There is a need for emotional resilience and wellbeing sessions for primary children, in particular year 6 during the transition period to secondary school. TOG Mind is consulting with local primary schools to develop material that could be rolled out during the summer and autumn terms of 2015 (secondary school transition period)

An example of local work:

**Teens and Toddlers**

This programme sees young people paired with a toddler in a nursery or primary school setting, whom they mentor and act as a positive role model. This experience is supported by young people working towards an Entry Level 3 in Personal and Social Education.

Teens and Toddlers works with young people aged 13-16 who are in need of extra support to help them:

- Raise their aspirations
- Develop healthy relationships
- Improve their emotional health and well being
- Realise their potential

*name changed

**Case Study: Natasha, Teens and Toddlers Programme**

Natasha* was placed into care following a family breakdown, but her younger siblings had stayed in the family home. She was given a place on the Teens and Toddlers project where she started to build a meaningful relationship with her own toddler and other children who wanted her attention. She enjoyed the nursery time, reporting to one of the Teens and Toddlers staff that she missed her little brother but playing with her toddler made her feel closer to him.

Natasha had a difficult time with her peers, and had been bullied, but she was able to use classroom time to share how she felt with the group which increased their respect for her. Natasha’s class and folder work were of a very high standard. She understood the material we were teaching and said how much she enjoyed the nursery time and learning how babies and toddlers developed emotionally and psychologically.

During the programme Natasha decided she wanted to work with toddlers, and was supported to explore available courses to qualify to become a childcare worker. This helped her understand the level of commitment required, which gave her a real focus.

Her individual learning plan showed attention to detail, and a progressive route within a clear time frame. This supported Natasha to focus on her goal.

Natasha took her GCSE’s in May 2014. She secured 5 good grades and enrolled on a college course to become a nursery assistant/teacher. The positive connection she had received during her time on the project enabled her to embark upon a meaningful career helping young children.

*name changed
Recommendations

- Deliver a variety of approaches to make health choices around diet, oral health and physical activity fun and sustainable through our healthy weight strategy.

- To ensure the smooth transition of children from early years into primary school providing a health and wellbeing offer, including emotional wellbeing throughout these vital school years.
Life Stage: School Years/Adolescence

Secondary school is a hugely important period in a young person’s life. There are biological, cognitive and emotional changes, but for many the change to secondary school marks social upheaval too. It can be a stressful time for young people, who may look for ways to cope or fit in with peers that could negatively impact their health. Children learn most from friends and families, and the habits these people have will influence their behaviour.

Young people at this stage are prone to risk taking and experimentation with things like tobacco and alcohol as they learn to manage changing levels of responsibility and freedom.

Young people aged 10-19 years are assumed to be low users of health services. This can sometimes make young people almost invisible in a health service that focuses on the very young, middle aged and the old. As adolescence is a key period of rapid and extensive physiological and biological growth, second only to early childhood, there needs to be a greater focus on supporting this age group in Tameside.

Children with additional needs arising from their disability can find accessing social opportunities away from their families difficult at this time, for example such as meeting friends outside of school.

It is also a challenging time for parents who are anxious about the growing independence of their child. Many voluntary groups provide vital support to both young people and their parents at this time.
Sexual Health Promotion

Young people today are having sex at an earlier age than previous generations (average age is now 16).

Chlamydia is one of the most common sexually transmitted infections in the UK. It is symptomless; so many people carry it without knowing. This means it can spread undetected, and is especially common amongst younger people. Those under 25 are the most at risk of contracting chlamydia through unprotected sex.

Left untreated, in both women and men Chlamydia can reduce fertility. It can also increase the risk of ectopic pregnancy in women, so screening is needed to identify and treat the infection. A third of all young people aged 15-24 in Tameside come forward for Chlamydia screening each year. Of the 9,860 who requested a test in 2014, over 8% were found to have the infection.

Our aim is to increase the number of sexually active young people who request a test. In addition to facilitating testing and treatment, we also wish to support sex education and services that appeal to young people through appropriate media.

Young people told us they want rapid access to confidential, open access sexual and reproductive health services in a range of settings, accessible at convenient times. The local sexual health service in Tameside offers a ‘no appointment necessary’ drop in. Young people can also access a Chlamydia test on request via their GP, by post from:

www.ruclear.co.uk

or from the Orange Rooms sexual health service.

www.theorangerooms.co.uk

The sexual health service has recently been working through the Young People’s Quality kite mark ‘You’re Welcome’, and has developed a smart phone friendly website as a result:

www.theorangerooms.co.uk

Tameside sexual health is working with partners across Greater Manchester to ensure future services meet the needs of our younger residents.

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According to the below select committee report, PSHE requires improvement in 40% of schools. The situation appears to have worsened over time, with young people consistently reporting that the sex and relationships education (SRE) they receive is inadequate. This situation would not be tolerated in other subjects, and yet the Government’s strategy for improving PSHE is weak. There is a mismatch between the priority that the Government claims it gives to PSHE, and the steps it has taken to improve the quality of teaching in the subject.  


Tameside Council is helping support better sex and relationship education via outreach from the You Think team [www.tgsafe.co.uk](http://www.tgsafe.co.uk)

This website is for any young person who is having, or planning to have sex. It offers advice on contraception, sexually transmitted infections and avoiding unwanted pregnancy.

The page also offers a directory of local pharmacies that offer emergency contraception, and the locations of sexual health clinics across Tameside.

In addition it has a series of short educational films made with young people for young people dealing with the consequences of having unprotected sex.

What is needed:

- A statuary requirement for, and higher quality of PSHE and SRE in schools
- More clarity on the status of the subject
- PSHE Education being Statutory and Ofsted must clarify how schools provision of SRE relates to its safeguarding judgements and pupils spiritual, moral social and cultural development
- Regular parent, family and carer involvement
- Participation of young people in design and plan of SRE and PSHE Services
- Good teacher training and staff development in PSHE/SRE

We understand that young people have different experiences of learning about sexual health and contraception:

Young Person;
“They do not teach us about sexual health only about puberty and contraception in Year Seven.”

Young Person;
“I really wanted to learn about it and I always ask teachers if we can but we never do, although I would really like a lesson about it.”
Tobacco

Whilst the proportion of young people using tobacco in Tameside is thankfully in decline. Evidence shows that the younger an individual starts to smoke, the more likely they are to be an adult smoker, the heavier they are likely to smoke during adulthood, and the more likely they are to fall ill and die as a result of smoking. Whilst the proportion of young people using tobacco in Tameside is thankfully in decline, for those who do take up the habit, half will lose their lives to smoking related disease.

As nicotine is a highly addictive substance it is much better to support young people to choose to stay smoke free rather than help them give up when they are adults. Because of this, we are working to ‘Make Smoking History for Children’ in Tameside. This is how;

- We offer a stop smoking service that provides free, non-judgmental support to adults and teenagers to become smoke free
- Children are less likely to smoke if they don’t see adults around them smoking. All Council owned parks playgrounds in Tameside operate a voluntary ban on smoking, with 34 sites across the borough displaying smoke free playground signage
- Some of Tameside’s young people took part in Greater Manchester project ‘Smoke and Mirrors’. Understanding more about the industry to empower them to make more informed decisions about where they spend their money.

The use of e-cigs by young people in Tameside is an emerging trend. Whilst there is no guarantee of safety, there is a body of opinion that e-cigarettes are significantly less harmful than tobacco. Despite this, we still wish to protect children and young people from any form of addiction. Since e-cigs include nicotine, we see this as a public health concern.

The Council’s Trading Standards team plays an integral role in protecting children from tobacco. In 2014/15 33 test purchases were made for underage tobacco sales, with only one resulting in a child successfully purchasing tobacco. This was swiftly dealt with. They also tackle the suppliers of illicit and illegal tobacco. They remain particularly vigilant of businesses targeting young people, and are currently seeking to prosecute an ice cream van, which parked outside a school selling illegal tobacco products to children.

Supporting adults who want to quit, promoting smoke free homes, and encouraging young people to choose to remain smoke free all contribute to making smoking history for children.

70% of smokers start under the age of 18.

Around 6% of 14-17 years olds are still smoking. Girls smoke more than boys.

“Professional”; “I want to see a Tameside where young people feel being smoke free is the norm, and who see smoking as uncool”

“Parent; “I don’t want to see my child get ill from smoking”
Alcohol and Drugs

Alcohol affects children directly and indirectly through their parent’s use. In a survey people were asked whether they knew of a child who had been neglected or not well looked after because of someone else’s drinking. 8% of people said yes. That equates to around 728 children in Tameside each year.

19% of people who access alcohol treatment have dependent children, and for 17% of children on a child protection plan, parental alcohol misuse was a contributing factor.

The number of children aged 14-17 binge drinking in Tameside is showing a downward trend, dropping 13% between 2011 and 2013. Alcohol related hospital admissions in the under 18s has been steadily falling since 2006 dropping from 190 to just 81 admissions in 2014/15. Whilst this is a vast improvement, there is clearly further room to move alcohol use to less damaging levels.

There has been an overall decline of drug use by children in the last decade. Cannabis is the most widely used. There has, however, been an increase in the use of legal highs, which are increasingly being revealed to cause immediate and long term harm.

Although the decrease in cannabis use is positive, there are still too many children using the drug in Tameside. As with smoking we need to prevent young people from starting to use the drug in the first place, and offer support to those already using the drug to quit.

It is estimated that 0.4% of 9-17 year olds will seek help for drugs and alcohol issues. In Tameside, this accounts for around 97 children and young people. For those who do, Lifeline is our local provider of drug and alcohol support. Lifeline work with individuals, families and communities both to prevent and reduce harm, to promote recovery, and to challenge the inequalities linked to alcohol and drug misuse. Lifeline currently provides a diverse range of services including recovery and peer mentoring, harm minimization, day programmes, prescribing and shared care, community detoxification services, criminal justice and prison initiatives, family work and services for young people. See more at:

www.lifeline.org.uk/about/#sthash.JahPkIz9.dpuf

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Case Study: Sam

Sam has learning difficulties and had a history of exclusions, poor attendance and threatening behaviour towards peers and teachers, he was also NEET. Following an incident of domestic violence aimed at his mother he was put on to a referral order with Tameside Youth Offending Team.

Sam worked with his Career Adviser and was assessed for educational needs. It was agreed that he would benefit from accessing a local Study Programme. With support he chose local provider Rathbone. He was still prone to displaying behavioural difficulties and had some attendance issues, but his Careers Advisor maintained contact with him throughout and worked closely with the staff there to ensure he received intensive 1 to 1 support. She also facilitated a referral to the Young People’s Mental Health Service to effectively manage his anger.

Support for those who are NEET is managed locally in Tameside by Positive Steps. Positive Steps provide a range of targeted and integrated services for young people designed to get them on the right track and fulfil their potential. In addition they also work in several of Tameside’s schools providing careers advice to pupils.

His educational attainment improved markedly. From Pre-Entry Level 1 he has now attained Entry Level 3 for his literacy and numeracy. Rathbone staff feel confident that achieving a Level 1 qualification and starting a full time college course by September 2016 is achievable.

Young People Not in Education, Employment or Training (NEETS)

There are fewer young people who are NEET in Tameside than the England average. At just 3.3% of the young population compared to 4.8% nationally, the steps both we and our young people are taking to further skills and increase employability are evident.

Evidence shows that being out of work can be detrimental to health, with immediate consequences including increased risk of depression and suicide. Being unemployed for extended periods whilst young can have an impact on long term employment chances. Those who are out of work for six months or more become less likely to develop a good career. If the situation remains unchanged to the age of 21, it can result in a lack of training, a criminal record, and poor physical health.

The reasons for ill health linked to unemployment relate to a number of causes, including reductions in income, increased social exclusion, isolation and a lack of social support. There is also potential for increases in unhealthy behaviours such as drinking and smoking.

Positive participation and youth unemployment are high on the national agenda and a local priority in Tameside where there are a number of support programmes available.

Talent Match is a mentoring scheme to help young people overcome barriers to employment. The purpose of the Youth Contract programme for 16 and 17 year-olds is to engage young people who are hardest to reach and support them into education, training or a job with training. Other local Tameside initiatives include grants for employers taking on new apprentices and grants for young people entering a career in hands on trades such as plumbing, joinery and roofing to name but a few.

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Recommendations

• Develop and implement our public health strategies and interventions for young people which have a balanced focus on early childhood, school years and adolescence, with particular focus on improving sexual health, reducing substance misuse and improving emotional health and wellbeing

• To work in partnership with parents/carers and outside agencies towards an embedded PSHE/SRE curriculum that builds upon previous knowledge, and takes into account what children and young people know and want to know

• To drive the PHSE/SRE Agenda forward across the borough through the Tameside CYP Health and Wellbeing Partnership Forum and SRE special interest group

• Implement a strategic focus on locally based activities and programmes to improve employment prospects and opportunities for youth education and employment

• Work with partners to ensure poor health is not a barrier to employment for young people. We will offer practical support for young people to be healthy, so they can achieve and access opportunities.
Life Stage: Vulnerable Children

The period between leaving school and becoming an adult is a critical time for young people. On leaving the structure and formality of school life through which they have been channelled for many years, the majority will find the choices before them exciting and liberating.

Some children are more vulnerable than others, meaning they are exposed to greater risks, or are at a disadvantage in comparison to other children their age. We have a responsibility to ensure they are kept safe, above all else, but also to give them an equal chance of becoming happy, healthy and independent adults. For those whose childhood experiences have been difficult, this can be a daunting time. With the right support where it is needed, we can help them set off on a path that leads to good health in later life.

For some of our children, in the absence of consistent parenting, and with different expectations of family life, situations and relationships may develop that bring risks. For others, like young carers, their choices may feel restricted as they look for ways to develop themselves whilst juggling their caring commitments. For children with additional needs arising from a disability their choices will be far more complex, and they may need additional support to make sure they fully understand what their options are. The challenge is to strike a balance between guiding young people in the right direction, nurturing independence, and respecting personal choice.
Transition to Adulthood

The transition from adolescence to adulthood is an important time for families of children with additional needs. During this period services are split between those aimed at children and young people, and those aimed at adults. Oversight is needed in order that they experience a seamless journey from one set of services to another. This is now assisted by a Transition Social Worker (TSW), who liaises with different organisations, the young person, and their family, to ensure their aspirations can be planned for and supported.

Around 30 young people aged 15-18 in Tameside work with a TSW. TSWs work with young people with complex needs that mean reaching their potential may require additional help. TSWs work alongside families to identify the young person’s aspirations, and assist them in planning how they may work towards them. This role was introduced in 2014 and has, to date, been an invaluable resource for young people, families and professionals.

Young Carers Project;
“We want to support these children so they can still enjoy a childhood. It’s important they don’t miss out on opportunities to build their own future.”

Parents;
“We want our child to gain independence but letting go makes us anxious. We need to feel he’s still supported when he moves into the adult world”

Child;
“I know I need some help to do it, but I want to be able to work and have a flat, go out with friends and do the things other people my age do”

Case Study: Jane

Jane is now 18 and living independently but with tailored support. She was a looked after child and has autism. Her formal “transition” started at age 16. Her Social Worker, placement, school and the Transition Social Worker all worked together with her to identify her aspirations. She was able to identify what she was good at and what she needed help with. This formulated her person centred plan. An early referral to adult services was made to make sure that new services would have an understanding of her needs. By knowing where she wanted to be services were put in place to help her achieve her goals. This meant that she was working to independence at her own pace with the security of support to help her manage new situations. She was able to make a positive move towards independence.

Around 30 young people aged 15-18 in Tameside work with a Transition Social Worker (TSW).
A Young Carer is a child or young adult with a responsibility for looking after the needs of someone close to them. Children in these circumstances may need support to balance school and home life, and to access opportunities to enjoy childhood as much as their peers.

There are believed to be around 600 children under the age of 15 caring for someone else in Tameside, and a further 1,500 aged 15-24. We wish to ensure all young carers are supported with their responsibilities, but are also given the opportunity to meet others in a similar situation, to make friends, get advice, and to ensure that their own aspirations don’t fall by the wayside.

Tameside Young Carers Project has 419 children aged 8-18 on its register. The project supports young carers with regular after school clubs for different age groups. These help to develop their social skills and friendships, and provide arts, crafts and sports activities, as well as practical sessions such as first aid. The groups are accessed by 150 children and young people in a year. At present, the project runs one weekly group for over 13’s, and four fortnightly groups for Primary, years 7/8, years 9/10/11, as well as a separate girls’ group. Older young carers are offered a ‘Time for me’ course to help look at their confidence and planning for the future.

The Young Carers Manager and support staff provide one to one work on different issues identified in assessments for young carers. This includes anger management, talking about their feelings, and open discussion about the illness in their families.

The Young Carers Manager also supports a network of named staff in schools, and works with schools to support young carers with issues such as bullying.

Grants are also available for breaks and holidays as well as support with costs of school trips college courses, and attending national Citizenship Scheme or work placements.

Parent;
“I want my child to have friends and time to play. I don’t want them to be too tired for school or fall behind or miss out on things just because they are helping me”

Child;
“I don’t want to feel guilty about leaving my mum on her own. If I know someone else is there to help I can go out and just be myself for a little while”
Looked After Children

The number of Looked After Children in Tameside is in line with the average for the North West at 417. Looked After Children have the same health needs as their peers, but the extent of these needs is often greater because of their past experience.

Looked After Children tend to be more vulnerable to emotional and mental health issues which may have longer term implications. For some children who experience multiple placements, the presence of emotional upset and the absence of a single guardian with whom to form a steady attachment can mean the usual boundaries required by a young person are not consistently reinforced. This can lead to increased risk taking and experimentation when compared to children who live with parents. This can go on to become lifestyle choices that lead to ill health.

We must ensure children growing up in care have equitable access to health and life chances as their peers. It is important that all agencies and services fulfil their corporate parenting responsibilities.

As a local authority we have a statutory responsibility to ensure all Looked After Children have a ‘Review Health Assessment’ in place. This assessment takes place to ensure no health conditions are overlooked, and enables an effective plan of action to be put in place to address identified health needs. The resulting health plans are quality assured.

A specialist ‘Named Nurse’ is designated for Looked After Children. This person is responsible for developing appropriate care for Looked After Children in conjunction with multi-disciplinary teams. The Named Nurse delivers a training programme to all health staff, which examines the health inequalities Looked After Children may face whilst in their care, and beyond into adulthood. A specialist qualified nurse also works with Children’s Homes around protecting children who are at risk of child sexual exploitation.

Children Living with Domestic Abuse

Around one child in 20 in Tameside is thought to be living in a situation with domestic abuse. The impact of this on a child’s life and their consequent development into adulthood is significant. It is important, where a child experiences abuse, that the appropriate safeguarding protocol is followed. There are additional ways in which we can support families at risk of becoming violent or abusive by addressing some of the underlying factors that lead to it.

Poverty and deprivation, mental health issues, and drug and alcohol abuse are all factors that are linked to domestic abuse. Supporting families to tackle these underlying problems, assisting them to build personal resilience, and finding appropriate outlets for frustration are ways we can see domestic abuse reduce over time.

Case Study: Off the Record

Jane was an 18 year old victim of domestic violence who sought help. She received counselling to support her whilst going through the court system in relation to the domestic abuse. She had a significant substance misuse problem and as a result of the abuse, she had become very isolated and suffered from agoraphobia. With the help of Branching Out, who work with children and young people who misuse substances, Jane was able to stabilise her substance misuse habit.

Jane started a new relationship and subsequently became pregnant. However, her new partner then became verbally abusive and controlling, and Jane became fearful of physical violence. With support, Jane was able to recognise the cycle of abuse starting again and knew that she had options. She was able to rebuild links with her immediate family and stopped her substance misuse. Her unborn baby gave her a new focus and she began looking after herself more. She has now started working again, and has recently completed a college course in Child Care and Education.
Children with Additional Needs arising from a Disability

Some children have complex health needs which can be related to a physical or mental disability, or a terminal or life limiting illness.

Extra support is available to achieve positive outcomes for children living in such circumstances. It is important that all services are inclusive and don’t deny access to children with additional needs. For children who may require more formal arrangements, it is important that our Local Offer and Short Break Statements reflect the services and support available. These published details state what support is available locally, and the short breaks are available to children with additional needs. This can be seen on the Tameside Council website. This enables families understand and access provision that supports improved outcomes for their child.

http://www.tameside.gov.uk/disabilities/children/shortbreaks

There are currently around 65 members of staff within the Integrated Service for Children with Additional Needs (ISCAN). The service comprises therapists, nurses, dieticians, a behaviour team, social workers and portage workers who all work with children identified with additional needs from 0-19 years.

Whilst some children will not be known to Social Care, particularly the under 5’s, they will receive a range of services from health staff. Health staff members work closely with Social Care and Education to provide a holistic approach to the children’s needs.

A member of the team also acts as Lead Professional, a designated single point of contact for the family. They help to co-ordinate services for families, which includes a number of parent support groups.

Case Study: Anna

Anna is 8 years old and lives with her mother in Tameside. Anna has Cerebral Palsy and needs lots of exercise to keep her supple and mobile. Anna and her mother receive support through the direct payments scheme, to access social and leisure activities and support in the home.

They employ a personal assistant through direct payments, who helped Anna to access swimming lessons and sessions at her local pool.

At her review Anna and her mother said that they would like more opportunities to access sporting and craft activities. Active Tameside and “Our Kids Eyes (OKE)” have worked together to ensure that Anna was able to access swimming.

Since working with “OKE”, Anna and her mother no longer need a personal assistant. They attend a range of play sessions with other families, and are able to access many more mainstream opportunities.
Recommendations

- Work together to help Young Carers to care for their loved one, to help them build a support network, to connect with friends who understand their lives, and to reach their full potential.

- Work with social care to provide additional help for vulnerable children to enjoy good mental health and self-esteem, and to build resilience and confidence to say no to risky behaviours.

- Promote the integration of services to improve the young person’s journey from childhood to adult.
Mental health has been standing in the shadow of physical health for too long. Last year we aimed to bring it into the daylight by taking part in a range of programmes to build the emotional health and wellbeing of our residents. We chose the 5 ways to wellbeing (5WTWB) as a strong yet simple starting point; Connect, Be Active, Take Notice, Keep Learning and Give.

So what did we do?

- We invited a number of community groups to come forward for grant funding. With the help of Community and Voluntary Action Tameside (CVAT) we awarded 12 community grants to groups who could best deliver 5WTWB. These ranged from groups for new mums, to adults recovering from substance misuse, to a girls’ football team.

- We supported ‘Time to Talk’ day on 5th February 2015, encouraging people to break their own silence on mental health, and chip away at the stigma. We partnered local mental health charity Tameside, Oldham and Glossop Mind to create a double page spread for the local press. This included contributions from the Chief Executive of the Council, and of TOG Mind, as well as our Executive Member for Health and Neighbourhoods, and myself.

http://www.time-to-change.org.uk/

- We continue to partner Tameside, Oldham and Glossop Mind which provides a number of interventions to improve mental health on our behalf. They have also been developing a network of community partners to build community resilience, and have developed a Mental First Aid model to take back into the community. So far 128 people have been trained and 92 have become community partners. They will provide emotional support and signpost to services to help with emotional and mental health problems when needed.

- We’ve refreshed our approach for positive mental health amongst children and young people. This includes workshops provided by Tameside, Oldham and Glossop Mind and Off the Record counselling services.

- We have supported interventions that reduce loneliness by connecting people, particularly older people for whom chronic loneliness can affect their health. Our ‘Spread the Warmth Tea Party’ on National Older People’s Day in October 2014 kick started the programme with more than 100 older people in attendance. The then Mayor and Mayoress also joined as special guests.

‘we said, we did’ 2015
• We now support New Charter, a local social landlord, to provide transport that enables older people to be involved in activities that have been developed to reduce loneliness.

• We also supported the development of a bereavement service at Willow Wood Hospice.

• We delved deeper by asking our local Citizen’s Panel about their mental wellbeing. Some of the initial results show us that women in Tameside have a higher wellbeing score than men, and it’s the over 60s who scored highest compared to younger age groups. These results gave us some insight into further work that can be done.

• We provided mindfulness sessions for people working in local businesses through our workplace health improvement programme. Mindfulness is something that is gaining momentum as a technique to alleviate stress and anxiety.

• Keep your eye out for the ‘Linking Tameside with the World’ project at Portland Basin delivered by Tameside Council’s Culture Team. It has the ‘5 Ways to Wellbeing’ at the heart of its work, and encourages different generations to connect.

• New cycling and walking guides have been produced with interesting facts and points of interest about the local area. This will enable Portland Basin to become a hub of activity helping people to connect with others, take notice, and learn more about their local area.

• We supported the emotional health of babies, children, and their parents and families through our early attachment and parenting programmes. This enables parents to build strong bonds with their children which helps strengthen their child’s emotional development and wellbeing.

As you can see we have taken steps in raising the profile of mental health, and building resilience with a wide variety of people in Tameside, but this is just a start of the journey. The destination is a place where mental health and physical health stand side by side in equal importance.

At the start of this report, I mentioned that further public health grant funding has been invested as part of the Council’s 2015-16 business plan. With this, the commitment and enthusiasm of local communities and professionals, and the courage of individuals to keep sharing their own experiences day by day, we will continue to make good progress.

‘we said, we did’ 2015
**Summary:**
Recommendations and Priorities for Action

### A LIFE COURSE APPROACH

| **Pre-conception and Pregnancy** | Offer high quality advice and support through pre-conception and pregnancy to ensure both physical and mental health is optimised for every mother in Tameside.  
Ensure tailored support for disadvantaged groups of pregnant women, and young mums under 20 is available by delivering innovative approached to health promotion. Support is to be built around the needs of the mother, her partner and their wider family.  
Deliver and promote partnership and multi-faceted approaches supporting our young mothers to ensure the best outcomes for mother and child. |
| **Early Years** | Increase the proportion of children in Tameside who are ‘school ready’ enabling parents to give them the best possible start in life using an integrated approach across our partnerships and services in the borough.  
To develop integrated, flexible services to ensure learning and childcare for all children and families, and improve family economic wellbeing.  
To promote breastfeeding and early attachment to ensure parents build a strong relationship with their baby. |
| **School Years** | Deliver a variety of approaches to make health choices around diet, oral health and physical activity fun and sustainable through our healthy weight strategy.  
To ensure the smooth transition of children from early years into primary school providing a health and wellbeing offer, including emotional wellbeing throughout these vital school years. |
<table>
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<tr>
<th>Adolescence</th>
<th>Develop and implement our public health strategies and interventions for young people which have a balanced focus on early childhood, school years and adolescence, with particular focus on improving sexual health, reducing substance misuse and improving emotional health and wellbeing.</th>
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<td>To work in partnership with parents/carers and outside agencies towards an embedded PSHE/SRE curriculum that builds upon previous knowledge, and takes into account what children and young people know and want to know.</td>
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<td>To drive the PHSE/SRE Agenda forward across the Borough through the Tameside CYP Health and Wellbeing Partnership Forum and SRE special interest group.</td>
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<td>Implement a strategic focus on locally based activities and programmes to improve employment prospects and opportunities for youth education and employment.</td>
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<td>Work with partners to ensure poor health is not a barrier to employment for young people. We will offer practical support for young people to be healthy, so they can achieve and access opportunities.</td>
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<td>Vulnerable Children</td>
<td>Work together to help Young Carers to care for their loved one, to help them build a support network, to connect with friends who understand their lives, and to reach their full potential.</td>
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I would like to thank all those who have contributed contents to this report.

I am always happy to receive feedback. Should you wish to discuss the contents of this report please email me at publichealth.enquiries@tameside.gov.uk

Special thanks to the children of year 6, The Heys Primary School, for taking part in a competition to design the front cover of this report.

Winning design created by Megan Louise Walker, Aged 11.