Joint Strategic Needs Assessment (JSNA)

Children and Young People

GROWING UP IN TAMESIDE

2021/2022

Produced by Public Health Intelligence: Policy, Performance and Intelligence

1. Children's JSNA Summary – 2021

This summary JSNA report provides a snapshot of some of the key issues affecting children and young people in Tameside.

Identified in the below table are the main issues affecting different age group and the statistics available by age bands. Some topics will cross some or all age bands.

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More JSNAs can be found at https://www.lifeintamesideandglossop.org/document/

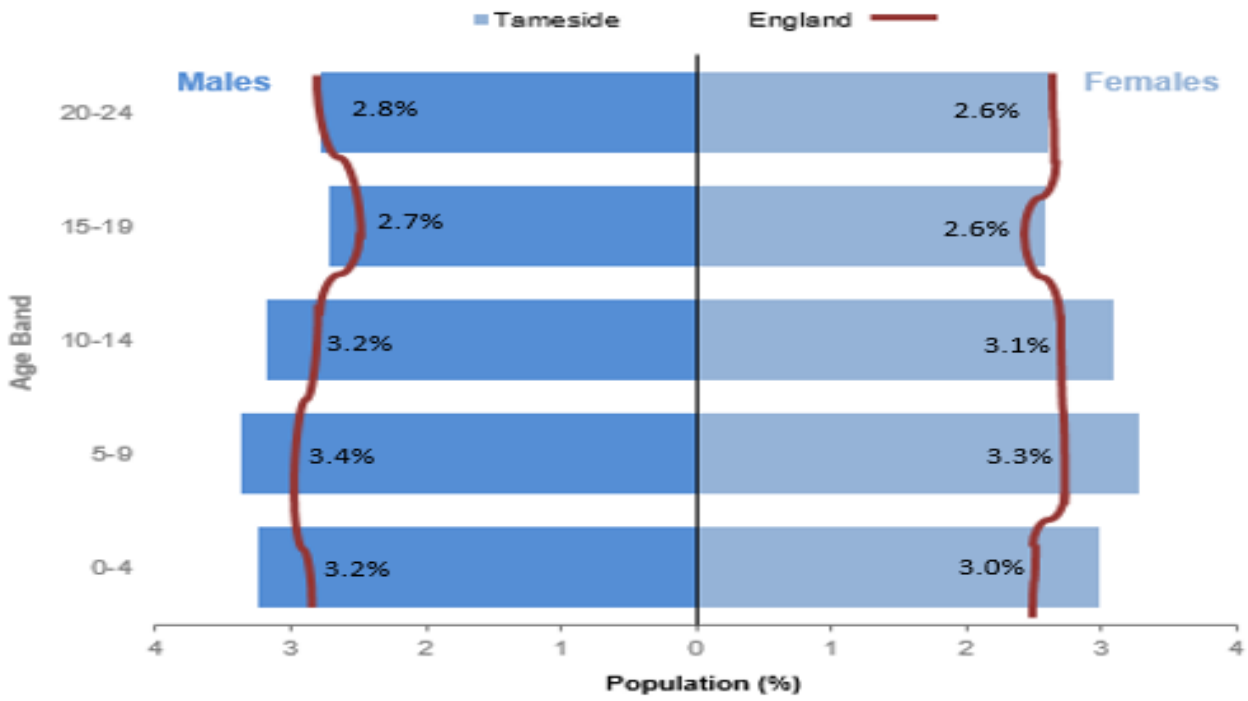
At a Glance

POPULATION	**30% of the Tameside population are aged 0-24 years. The number of children and young people living in Tameside has increased year on year for the last 10 years. The forecasted growth of our young population will need to be considered in local plans.**
POVERTY	**Deprivation has an important impact on children's lives and health. Continuing to tackle child poverty, improve educational attainment, boost jobs and the local economy will be crucial to improving the health of our children.**
BIRTH RATE	**In 2020 there were 2,475 babies born in Tameside with the boroughs birth rate being higher than the national average. The birth rate in under 18s is significantly higher than England.**
PROTECTING CHILDREN	**Tameside faces significant challenges in protecting children who experience neglect, family breakdown or crisis and has significantly higher numbers of children who are cared for than the England average.**
EDUCATION	**Children growing up in poorer families emerge from school with substantially lower levels of educational attainment. This is a major contributing factor to patterns of social mobility and poverty. We therefore need to be committed to improving the life chances of children from all income backgrounds, and increasing opportunity for the children growing up in poorer families.**
PHYSICAL HEALTH	**High rates of childhood obesity and poor oral health demonstrate the need for focused work to improve children's diet and levels of physical activity across the borough. High levels of urgent care hospital admissions for asthma should also be a focus to improve outcomes for our children and young people.**
MENTAL WELLBEING	**Tameside has high levels of deprivation, inequality and variable attainment in school. These are risk factors to the poor mental health in our children so needs a sustained focus of work.**
SEXUAL HEALTH	**Poor sexual health can lead to unintended pregnancies and sexually transmitted infections. We need to ensure our children and young people grow up with a positive attitude to their sexual health and develop healthy relationships with others.**

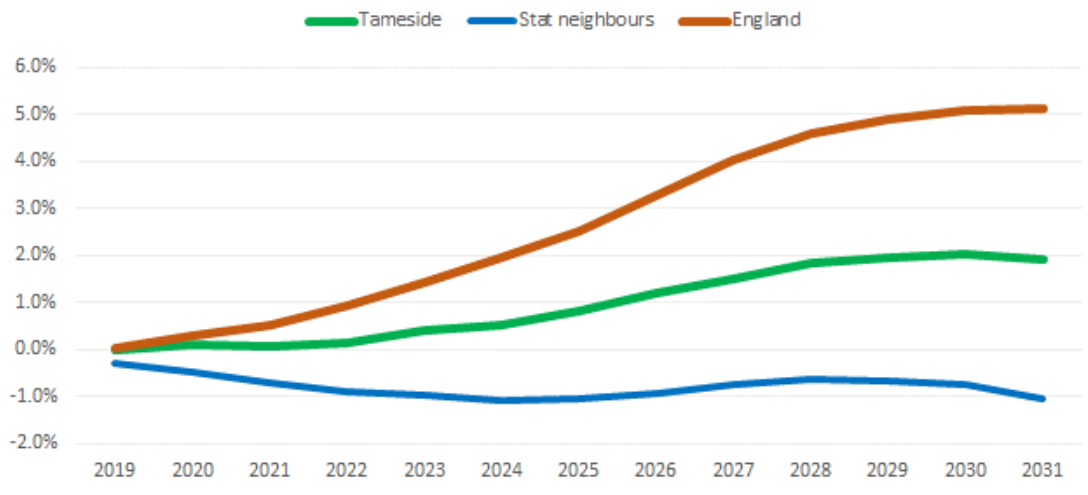
2. Tameside's 0 to 24 population: Age, gender, ethnicity, language, Special Educational Needs & Disability (SEND)

Nearly a third (67,682) of Tameside's residents are aged 0-24 years. Tameside has similar proportions of younger people as England.

Tameside (and England) population by age and gender



Since 2011 the overall population of Tameside has increased by 3%, this is lower than England, where there has been a 5% increase.

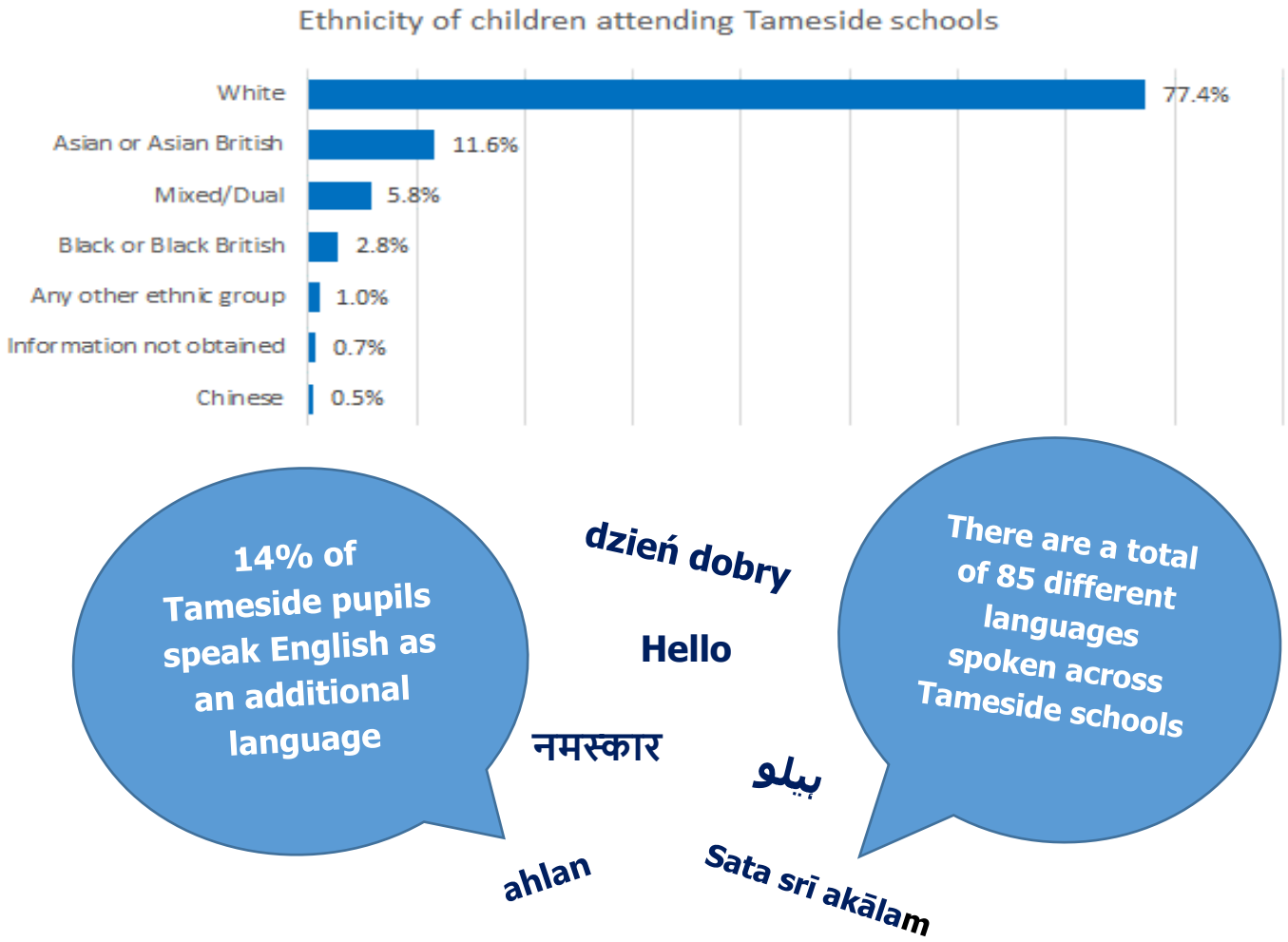


The 0-24 population in Tameside is set to rise over the next 10 years at a higher rate than our closest statistical neighbours, although lower than England.

Source: ONS

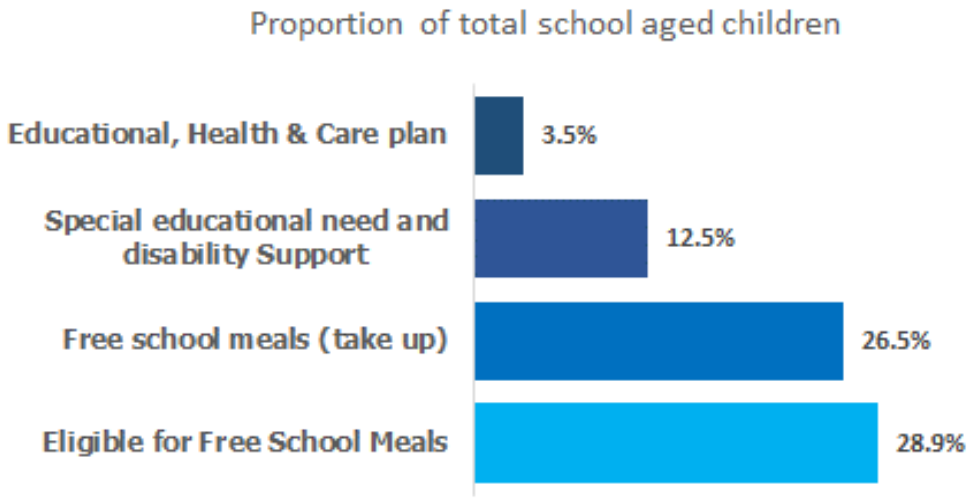
About 37,313 children attend Tameside schools, most of these are resident in the borough. The school population is diverse, many are from deprived backgrounds and some have complex special educational needs.

Ethnicity and characteristics of the school population



Top five languages spoken after English across Tameside schools are Urdu, Bangla, Polish, Punjabi and Arabic

Source: School Census 2021



3. The Wider Determinants to Health & Wellbeing

A person's physical and mental health and wellbeing are influenced throughout their life by the wider determinants of health, which are a diverse range of social, economic and environmental factors, alongside behavioural risk factors. The Marmot 10 years on review, published in 2020, raised the profile again of the wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes. Addressing the wider determinants of health has a key role to play in reducing the stark health inequalities that exist in Tameside.

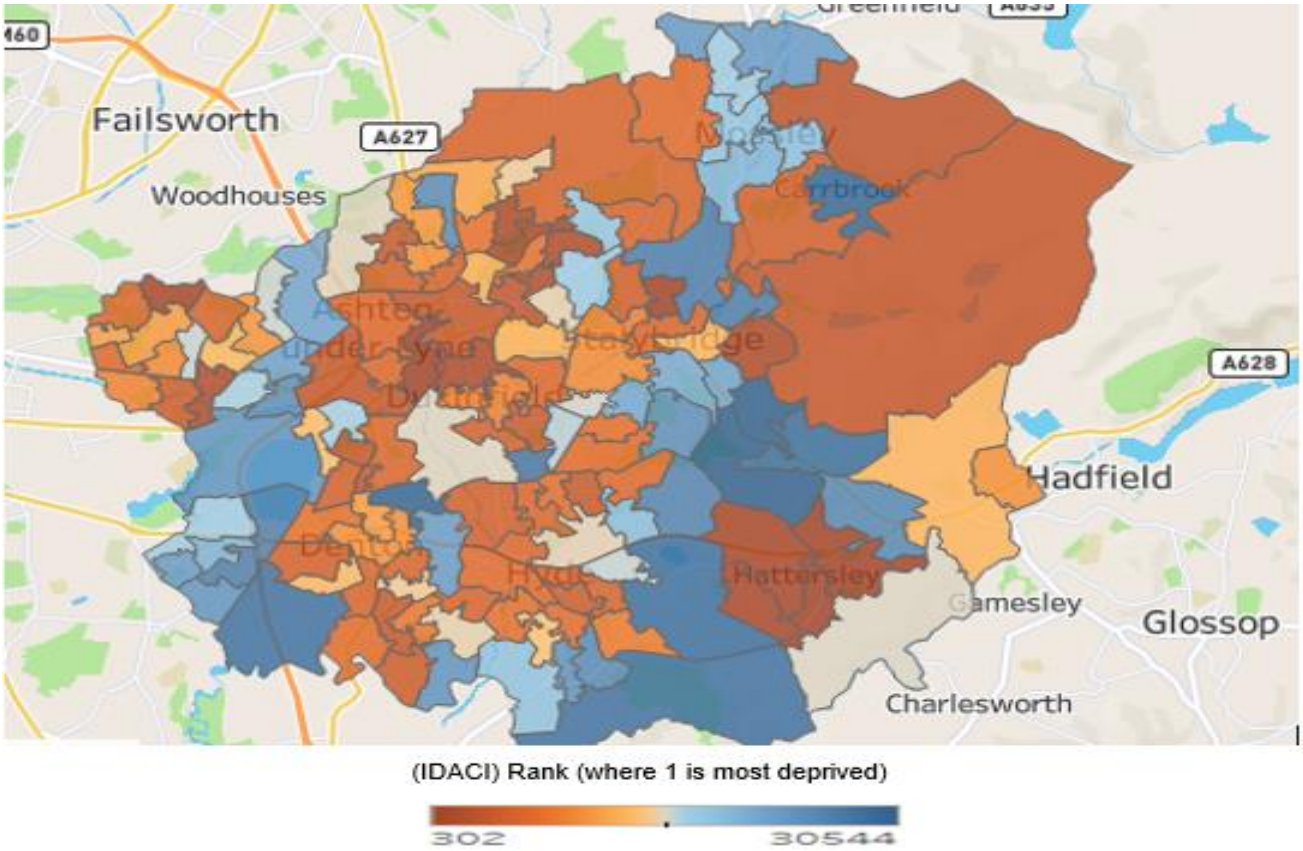
Wider Determinant Measures	Tameside	England
Child poverty after Housing Costs (2019) %	33	30
Income Deprivation affecting Children (2019) %	22	18
Children living in absolute low income families (2019/20) %	20	16
% Children eligible for free school meals (2020)	29	18
Unemployment rate (%)	4.5	5.1
Workless households (2020) %	18.0	13.0
Average earnings (per week) (2020) %	£480	£590
Homelessness - households with dependent children per 1,000 (2019/20)	14.6	14.9
Homeless young people (16-24 years) per 1,000 (2018/19)	0.57	0.52
Home Ownership (mortgage or outright) %	63.8	63.6
Crime deprivation (score) (2019)	0.35	0.01
Violence offences per 1,000 (2018/19)	39.1	28.2
Children in the youth justice system (10-17 years) per 1,000 (2019/20)	2.9	3.5
Density of fast food outlets (2019)	143.0	96.1

Significantly worse than the England average

Children and young people in Tameside experience significantly higher levels of deprivation and poverty than the rest of England. Of the fourteen wider determinants above, Tameside fares considerably worse across 50% of the key wider determinant measures.

Child poverty within Tameside

The following map illustrates income deprivation affecting children by LSOA. The dark orange areas represent those Lower Super Output Areas (LSOAs) that are most income deprived, the blue areas represent areas that are less income deprived.



The map above highlights the spread of income deprivation affecting children across the borough. It shows that a high proportion of children in Tameside are affected by income deprivation.

Income deprivation or child poverty means that many parents can't afford the basics of food, clothing and shelter. Unemployment in Tameside is low compared to the England average with a high proportion of children living in poverty having at least one employed parent. Low paid jobs and zero-hour contracts mean many working families live hand to mouth.[1]

Children and families living and growing up in poverty and low-income households experience many disadvantages. These can have negative health and social consequences during childhood and into adulthood.

Being exposed to some or all of the key factors below, as well as the accumulation of exposure over time, can adversely impact on child development and health outcomes.

Limited money for everyday resources - including good quality housing, stress of living in poverty, unhealthy lifestyles, poorer education and employment opportunities.[2]

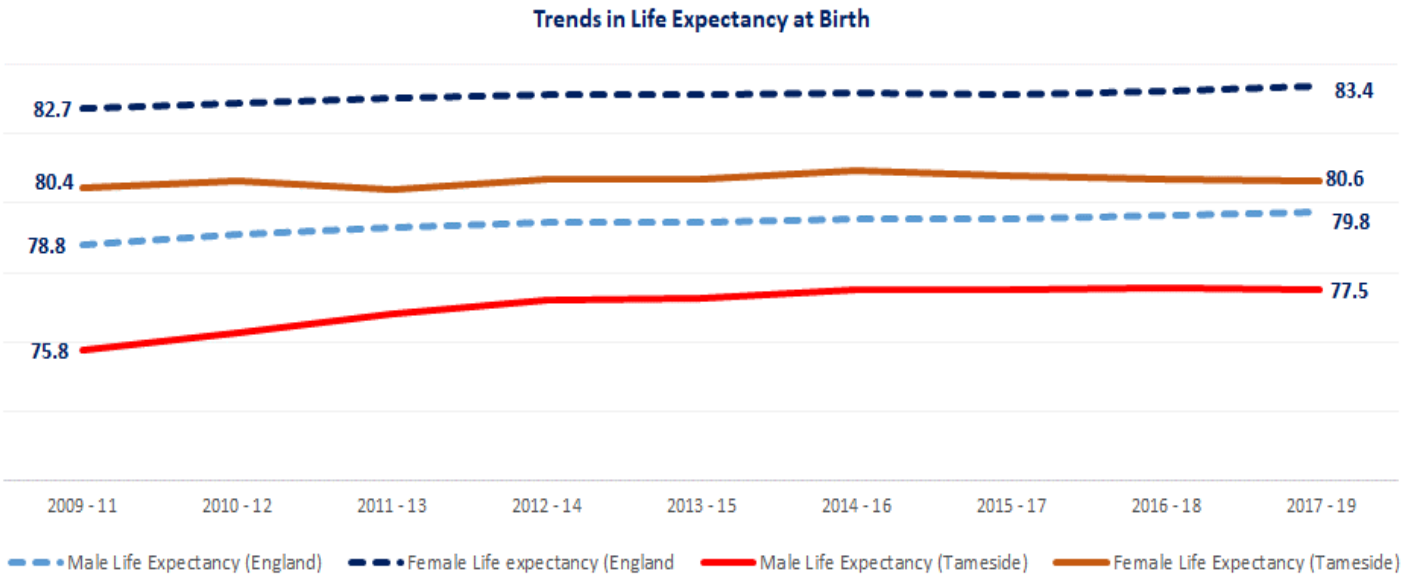
[1] https://www.childrenssociety.org.uk/what-we-do/our-work/ending-child-poverty?gclid=CjwKCAjw_L6LBhBbEiwA4c46uq3o5bFGRWy4kQtnBSzCcwGHFh5Dw3HlQJoqZIuL9v7_fOpwZuNAyBoCp5wQAvD_BwE

[2] http://www.healthscotland.scot/population-groups/children/child-poverty/child-poverty-overview/impact-of-child-poverty#:~:text=Poverty%20has%20negative%20impacts%20on,disease%20and%20mental%20health%20problems.

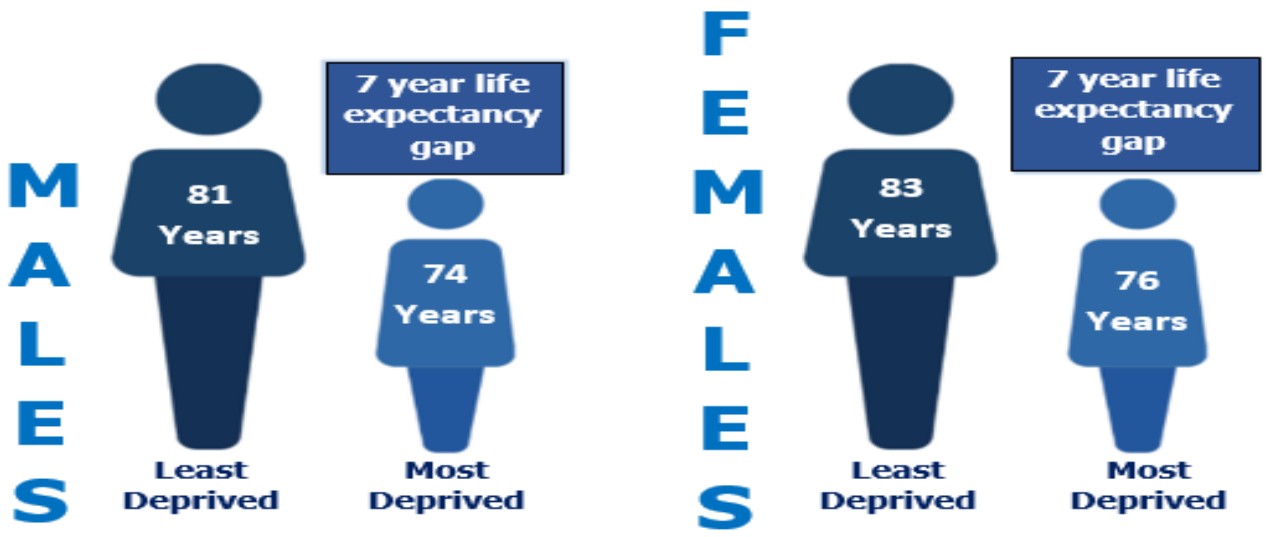
Life Expectancy and Healthy Life Expectancy at Birth

Life expectancy at birth is defined as how long, on average, a new born can expect to live, if current death rates do not change. Life expectancy at birth is one of the most frequently used health status indicators. Gains in life expectancy at birth can be attributed to a number of factors, including rising living standards, improved lifestyle and better education, as well as greater access to quality health services. Therefore life expectancy is closely related to people's socio-economic circumstances.

Life expectancy at Birth has been improving year on year for the past two decades across Tameside but in the last few years the rate of increase has started to slow.



Those born in our more deprived areas have significantly shorter life expectancies compared to those born in our least deprived areas.



Source: ONS Life expectancy data (2019)

4. Pre Birth and Early Years (0-4 years)

What happens during pregnancy and the first few years of life influences physical, cognitive and emotional development in childhood and may have an effect on health and wellbeing outcomes in later life. Ensuring that every baby gets the best start in life is important for a range of health and well-being outcomes for children and young people, the implications of which persist into adulthood.[3] Many factors contribute to achieving the best start in life. This chapter covers some of the factors which may be present during pregnancy and early infancy.

Pre birth and Early Years Measures	Tameside	England
Folic acid supplement before pregnacy (%) 2018/19	18.7	27.3
Maternal Obesity (2019/20)	26.3	21.9
Smoking at time of delivery (2020/21)	10.2	9.6
Under 18 conceptions (per 1,000) (2019)	27.9	15.7
Premature births per 1,000 (,37 weeks) 2017/19	90.7	81.2
Low birth weight of term babies (%), 2019	3.1	2.9
Babies first feed (breast milk) (%) (2019/20)	53.3	67.4
Breastfeeding prevalence at 6-8 weeks after birth (%) (2020/21)	34.9	47.6
Vaccination coverage (Dtap / IPV / Hib (2 years old) (%) (2020/21)	96.0	93.8
0-4 years A&E attendances per 1,000 (2018/19)	676.2	655.3

More information can be found here

	significantly worse than the England average
	better than the England average
	similar to the England average

[3] Public Health England (2016) Health Matters: Giving every child the best start in life.

Key Challenges for maternity and the early years

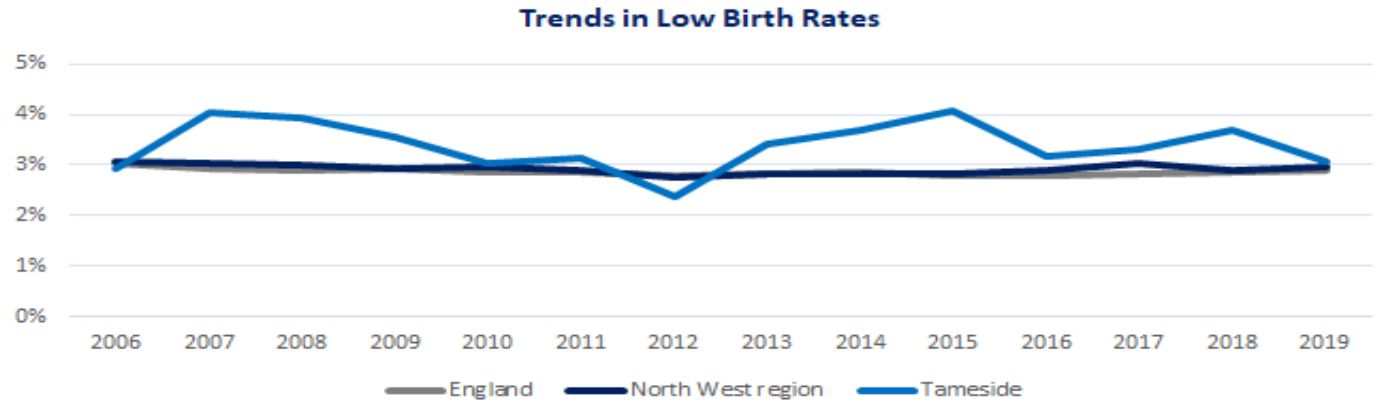
The maternal risks during pregnancy include gestational diabetes and preeclampsia. The foetus is at risk for stillbirth and congenital anomalies. Obesity in pregnancy can also affect health later in life for both mother and child.[4] Tameside has significantly worse outcomes across a number of pre-birth and early year's outcome measures. With folic acid supplementation, maternal obesity, under 18 conceptions, premature births, breast feeding and A&E attendance of particular concern.

Smoking during pregnancy is associated with the foetus growing at a slower rate in the womb and can result in babies being small for gestational age and having a low birth weight at term. Smoking during pregnancy is also associated with higher rates of stillbirth and infant mortality[5]

Early parenthood carries a number of risks for both mother and child. The baby is more likely to have a low birth weight at term and has a higher risk of infant mortality. Due to parenting responsibilities, young mothers are less likely to complete education and may be further economically disadvantaged by a failure to enter employment.[6]

Evidence shows breastfeeding provides the best possible nutritional start in life for a baby, protecting the baby from infection and offering important health benefits for the mother. The government's advice is that infants should be exclusively breastfed, receiving only breastmilk for the first 6 months of life.[7]

Low Birth weight (trends)



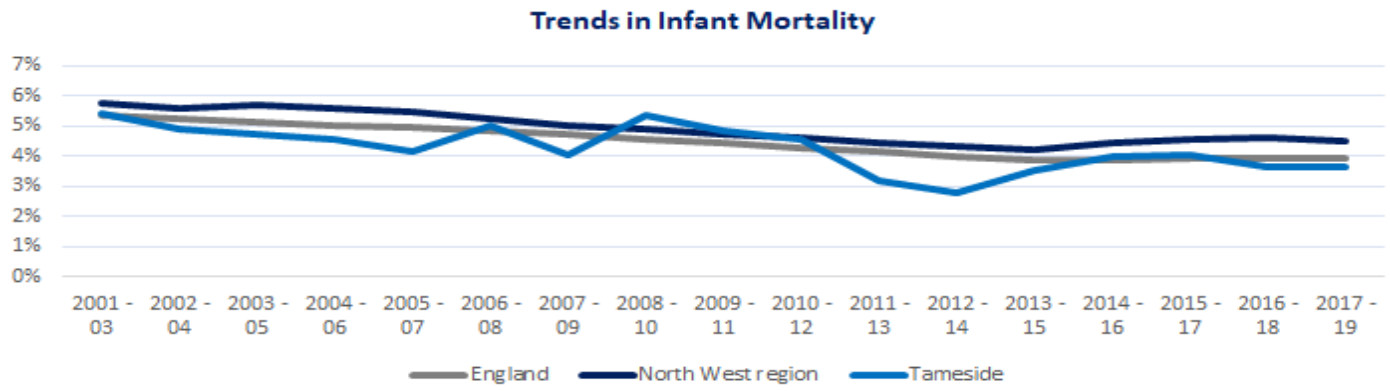
Source: PHE Fingertips

Low birth rate trends in Tameside have fluctuated over the last decade or so and are now similar to the England and North West averages. Low birthweight at full term of pregnancy is an important public health measure as it indicates whether the baby was able to grow as expected while in the womb. Low birthweight can be associated with the ethnicity of mothers, smoking during pregnancy, younger maternal age and some medical complications such as maternal diabetes or hypertension.[8]

[4] Department of Health (2013) Annual Report of the Chief Medical Officer 2012: Our children deserve better: prevention pays
[5] Royal College of Physicians (2010) Passive smoking and children. Chapter 3: Effects of maternal active and passive smoking on fetal and reproductive health.
[6] Hadley A, Ingham R, Chandra-Mouli V (2016) Implementing the United Kingdom's 10-year teenage pregnancy strategy for England (1999-2010): How was this done and what did it achieve? Reproductive Health 13:139.
[7] https://www.thelancet.com/series/breastfeeding
[8] Department of Health (2013) Annual Report of the Chief Medical Officer 2012: Our children deserve better: prevention pays.

Being born at low birthweight is an important marker along the trajectory of early child development, indicating an increased risk of poor health outcomes from birth onwards.[8]

Infant Mortality (trends)



Source: PHE Fingertips

Infant mortality has fluctuated somewhat over the last decade or so and is currently lower than both the North West and England averages, but it has been considerably lower in the recent past. Increases in infant mortality started to occur from 2014 and although currently stable it is important to monitor. Infant mortality covers all deaths within the first year of life. The majority of these are neonatal deaths which occur during the first month and the main cause is related to prematurity and preterm birth, followed closely by congenital abnormalities.

More information can be found at the following links:

Mortality profile

Early Years profile

5. Physical Health and Wellbeing (5-24 years)

The physical health of children and young people can be directly or indirectly effected by the wider determinants and their early years (pre-birth/infancy). Positive experiences early in life are closely associated with a range of beneficial long-term outcomes, including better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy.[9] Children living in poverty in particular are more likely to experience a wide range of health problems, including poor nutrition and chronic disease, which they will be at higher risk of taking into their adult lives.

Primary school years

Primary school Years	Tameside	England
Vaccination coverage age 5 (% MMR 2 doses) 2019/20	86.8	86.8
Dental caries (% 5 year olds with experience of visually obvious dental decay) 2019	33.1	23.4
Overweight/obesity at reception (%) 2019/20	27.1	23
Overweight/obesity at year 6 (%)	36.2	35.2
School Readiness (2019) (%)	66.9	71.8
School Readiness: Children with free school meal status achieving a good level of development at the end of Reception (2019) (%)	54.4	56.5
School readiness: Children achieving the expected level in the phonics screening check in Year 1 (2019) (%)	78.3	81.8
Special Educational Needs & Disability with a Eduactional Health Care plan 2021(%)	1.9	2.1
Special Educational Needs & Disability without a Educational Health Care plan 2021 (%)	12.9	12.6

	significantly worse than the England average
	better than the England average
	similar to the England average

78% of reception aged children reach the expected level of communication skills

68% of reception children reach the expected level of language and literacy skills

[9] file:///C:/Users/Jacqui.dorman/Downloads/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report%20(1).pdf

Secondary school years

Secondary school Years	Tameside	England
Physical activity levels (5-16 years) Active 60+ minutes per day (%) 2018/19	44.3	43.3
Physical activity levels (5-16 years) Less Active <30 minutes per day (%) 2018/19	33.3	32.9
Children with one or more decayed, missing or filled teeth 2018	34.1	23.3
Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old) (Female) (%) 2019/20	95.9	59.2
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) (rate/10,000) 2019/20	116.9	91.2
Hospital admissions for asthma per 100k (<19 years) 2019/20	405.2	160.7
Special Educational Needs & Disability with a Eduactional Health Care plan 2021(%)	1.5	2.0
Special Educational Needs & Disability without a Educational Health Care plan 2021 (%)	11.8	11.5
Average Attainment 8 score (2019/20)	48.4	50.7
Average Attainment 8 score for pupils eligible for free school meals (2019/20)	38.0	38.6
Average Attainment 8 score for pupils from ethnic backgrounds (2019/20)	50.6	55.5
Child Mortality rate (per 100,000) 2017/19	12.4	10.8

Source: PHE child and maternal health profiles

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Key Challenges for our school aged children and young people

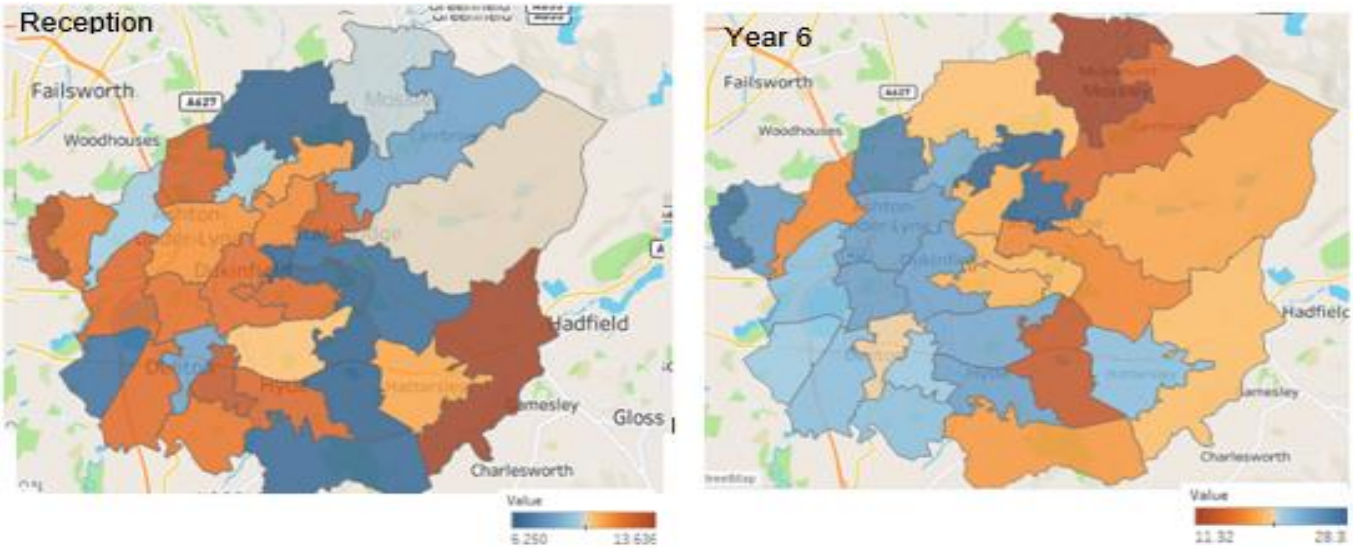
Educational Outcomes

Levels of educational attainment from school readiness through to GCSE results are lower in Tameside compared to the England averages. A good level of education gives young people the opportunity to earn more and be in more fulfilling careers/jobs. Ensuring children and young people are literate and numerate will also enable them to navigate their way through adulthood better, In the competitive job market, academic and vocational qualifications are increasingly important. Those without qualifications are at higher risk of unemployment and low incomes.

Reducing the gap between all student attainment and those children that are disadvantaged is important to improving overall standards and reducing inequalities. Understanding the barriers to learning of disadvantaged children and their educational attainment is important while ensuring disadvantaged children have stable schooling. Improved access to high quality early years provision for disadvantaged children is essential in ensuring these children in particular start their formal education on a level platform with their peers. Ensuring children are ready for school at age 5 will ensure no children are disadvantages or left behind and ensuring all children with special educational needs receive the support needed to enable them to learn will also impact on overall educational outcomes for children.

Prevalence of Obesity

The maps below show the distribution in rates of obesity across Middle Super Output Areas (MSOAs) in Tameside. Obesity in children is the measurement of the height and weight of children, which gives the body mass index (BMI). This is completed in Reception class (aged 4 to 5) and year 6 (aged 10 to 11), to assess overweight and obesity levels in children within primary schools. The maps below illustrate obesity and severe obesity only.



Source: NCMP PHE fingertips

The maps above illustrate that the distribution of obesity in reception children ranges from 6% to 13.6% and 11% to 28% at year 6. Rates of obesity more than double between reception and year 6. The MSOAs with the highest levels of obesity are Ashton Waterloo, Droylsden West, Denton East and Stalybridge North (reception) and Droylsden West, Hurst Cross, Stalybridge North and Ashton Waterloo (year 6).

Childhood obesity, and excess weight, are significant health issues for individual children, their families and population health. It can have serious implications for the physical and mental health of children, which can then follow on into adulthood. The numbers of children, who continue to have an unhealthy, and potentially dangerous weight, is a national and local public health concern.

Hospital admissions

A&E attendances and emergency hospital admissions are a major issue for children and young people in Tameside, where significantly higher attendance and admission rates compared to the England averages exist. **Tameside has the highest emergency hospital admission rate for asthma in England in 2019/20 for under 19s**. Rates are high across different causes and age bands. Poverty and disadvantage are key factors in unintentional child injury and avoidable ill health (illness that can be mainly avoided through effective public health and primary prevention interventions), disability and death in deprived communities.[10] Emergency admissions related to asthma and other chronic conditions are largely preventable with improved management and early intervention. Reducing avoidable emergency admissions improves the quality of life for people with

[10] https://www.bristol.ac.uk/poverty/downloads/keyofficialdocuments/Field%20Review%20poverty-report.pdf

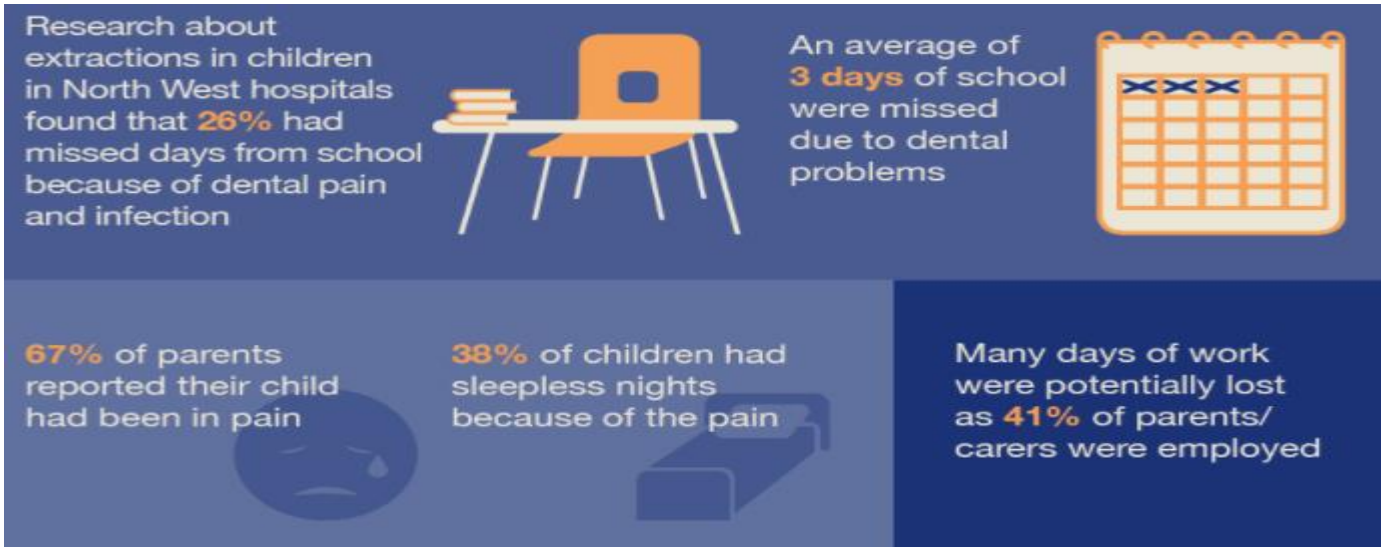
long term and acute conditions and their families, as well as reducing pressures upon the resources of local hospitals.[11]

There are numerous reasons why children and young people, their families and carers may seek emergency care in a hospital. In many situations, it is the right place to go, or it could be the only option. However, apart from the inevitable human cost, such as stress and worry, separation from parents/child, time off school or work; there is also the significant financial cost for the Tameside health care economy. High levels of urgent care admissions are strongly correlated to deprivation with these inequalities impacting worse in areas with higher deprivation levels. A large proportion of these urgent care admissions were avoidable and therefore there is huge potential to improve quality of care and experience for children and their parents/carers outside of the acute health care sector.

Oral Health

Oral health in children and young people is worse than the England and North West averages, with many children having visually obvious tooth decay as well as missing and filled teeth. Trends in poor oral health for Tameside children and young people has remained stubbornly high with very little change or improvement over the last decade.

Almost 9 out of 10 hospital tooth extractions among children aged 0 to 5 years are due to preventable tooth decay and tooth extraction is still the most common hospital procedure in 6 to 10 year olds.[12] Tooth decay can cause problems with eating, sleeping, communication and socialising, and results in at least 60,000 days being missed from school in England during the year for hospital extractions alone.



Improving the oral health of children is a Public Health England (PHE) priority (from 2021 now known as UK Health Security Agency and Office for Health Improvement and Disparities). - PHE has an ambition that every child will grow up free of tooth decay, to help give them the best start in life.[13] Oral health is part of general health and wellbeing, and contributes to the development of a healthy child as well as school readiness.

[11] https://www.england.nhs.uk/wp-content/uploads/2014/03/red-acsc-em-admissions.pdf
[12] Child oral health: applying All Our Health - GOV.UK (www.gov.uk)
[13] https://www.gov.uk/government/news/launch-of-the-childrens-oral-health-improvement-programme-board

Post school years

Post school Years	Tameside	England
Chlamydia screening (% aged 15 to 24 screened) 2020	10.9	14.3
Chlamydia detection rate 15-24 years (per 100k) 2020	868	1408
Under 25s choosing Long Term Reversible Contraceptive (LARC) (%) 2020	25.5	28.8
New STI diagnoses (exc chlamydia aged <25) / 100,000	422	619
Teenage Conceptions per 1,000 births (2019) (<18 years)	27.9	15.7
Teenage mothers (%) 2019/20	0.8	0.7
Under 25 repeat abortions (%) 2020	30.1	29.2
Hospital admissions due to substance misuse (15-24 years) (rate/100k) 2018/20	95.3	84.7
Emergency admissions by children and young people for road accidents involving pedestrians per 100k (0 to 24 years) 2019/20	20.8	13.4
First time entrants to the youth justice system (rate/100k) 2020	99.0	169.2
16-17 year olds not in education, employment or training (NEET) or whose activity is not known (%) 2019	3.8	5.5

Source: PHE child and maternal health profiles and PHE fingertips

	significantly worse than the England average
	better than the England average
	similar to the England average

Key Challenges for our Young People

Sexual and Reproductive Health

In Tameside challenges exist around young people's sexual and reproductive health, with levels of sexual transmitted diseases (STIs), teenage conceptions and repeat termination of pregnancies being higher than the England averages. Poor sexual and reproductive health and ongoing transmission rates of STI's have major impacts on population mortality, morbidity and wider wellbeing, and result in significant costs for health service and local authority budgets.[14] There is a strong association between poor sexual and reproductive health and other risk behaviours, and by seeking to improve sexual and reproductive health these other determinants of health such as developing positive relationships, smoking, and substance misuse may also be identified and addressed. Sexual and reproductive ill health tends to be concentrated in many vulnerable communities, and improving sexual and reproductive health outcomes will address these major health inequalities.[12]

Hospital admissions for deliberate and accidental injuries

A&E attendances and emergency hospital admissions for accidents and deliberate injuries are a particular issue for young people in Tameside. Rates of young people killed or seriously injured in road traffic collisions have fallen, but Tameside still have significantly higher rates than the England average. Other areas of concern are hospital attendances relating to deliberate injuries. In 2020 there were **154** A&E attendances relating to assault (where the patient disclosed they were assaulted).

14 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/488090/SRHandHIVStrategicPlan_211215.pdf

6. Mental Health and Wellbeing (5-24 years)

Mental health problems affect around one in six children. They include depression, anxiety and conduct disorder (a type of behavioural problem), and are often a direct response to what is happening in their lives.[15] Children's emotional wellbeing is just as important as their physical health. Good mental health helps them develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

Mental Health and Wellbeing Measures	Tameside	England
Hospital Admissions mental health conditions per 100k (<18 years) 2019/20	59.2	89.5
Hospital Admissions for self-harm per 100k (10-24 years) 2019/20	371.3	439.3
School aged pupils with emotional or mental health needs (%) 2020	2.8	2.7
Estimated number of children with mental disorder 5-16 years (%) 2018	11.8	12.0
Estimated number children with emotional disorders (%) 2018	3.8	3.6
New referrals to mental health services <18 years per 100k 2018/19	6524	5994
Attended contacts with community and outpatient mental health services, per 100,000 (<18 yrs) 2018/19	27,213	23,989
School age pupils with a learning disability (%) 2018/19	5.6	5.6
% of primary school suspension from school 2019/20	1.1	1.0
% of secondary school suspensions from school 2019/20	10.2	7.4

	significantly worse than the England average
	better than the England average
	similar to the England average

Source: PHE Fingertips and mental health profiles

Around half of all lifetime mental health problems start by the mid-teens, and three-quarters by the mid-20s, although treatment typically does not start until a number of years later.[16] Inequality underlies many risk factors for mental health problems in children and young people, and needs to be addressed through the wider determinants of health which are outlined in the 'Mental health: environmental factors' and 'Mental health: population factors' chapters of the knowledge guide.

Key Mental Health Challenges for our children and young people

Tameside had higher than average new referrals to mental health services in 2018/19 compared to the England average and this is an increasing trend. However less children and young people were admitted to hospital in 2019/20 because of a mental health condition or self-harm. This could

[15] https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people

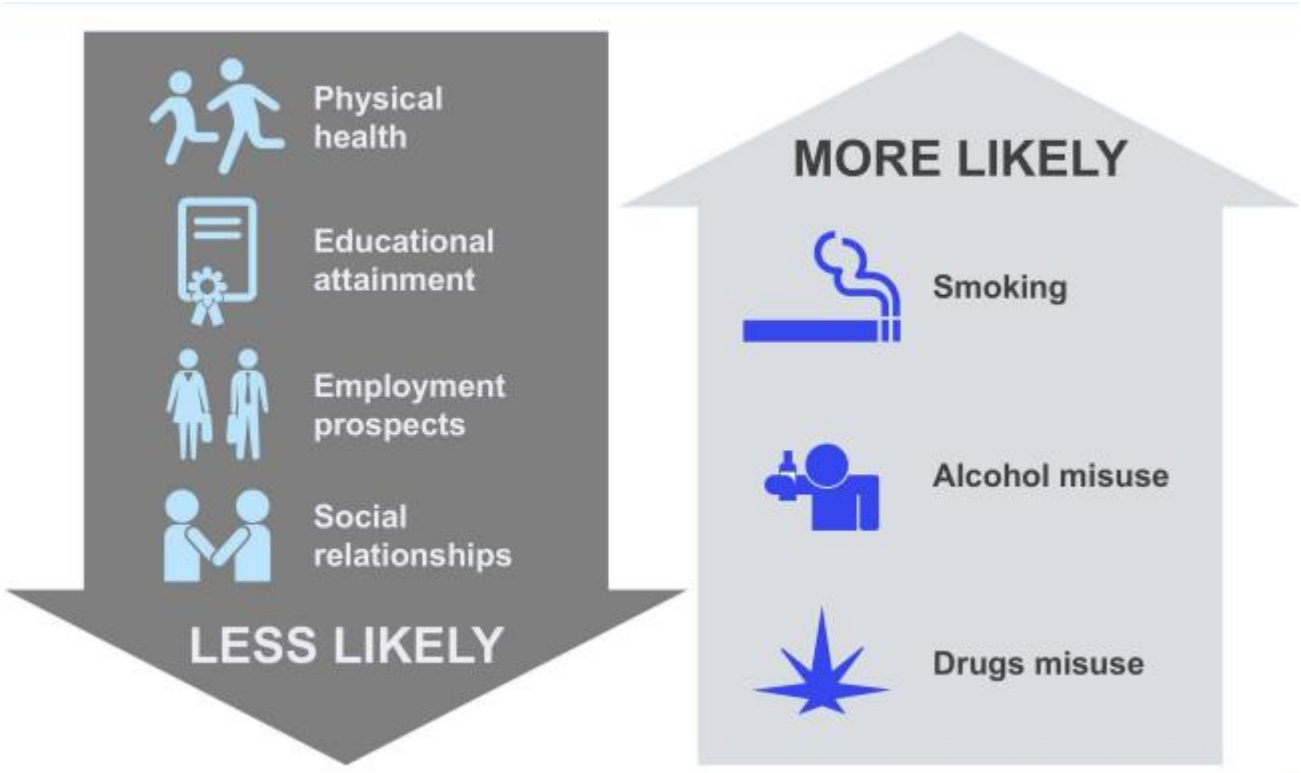
[16] Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustün TB. 'Age of onset of mental disorders: a review of recent literature' Current Opinion Psychiatry (2007) 20 (4): 359-64

be related to the increase in children and young people accessing community and outpatient mental health services, which has increased by 32% compared to the previous year. There has been an increase in call outs to the North West ambulance service (NWAS) for children and young people aged 10-24 years for self-harm and attempted suicide. Many of these calls are dealt with at the scene, with direct referral to mental health services being made on attendance. Therefore the reduction in hospital admissions for self-harm will show a reduction as less children and young people are being transferred to hospital.

It is estimated that around 4,229 children and young people aged 5-17 years have a mental health condition in Tameside.[17] However, only 1,034 school aged children and young people are known to have an emotional or mental health need, this suggests that many children and young people in Tameside have an unmet need.

The protective factors to good mental health in children and young people, such as income, housing, school readiness and educational attainment etc. are all indicators to the risk of mental health problems in the population. Tameside children and young people fair significantly worse across a lot of these areas so we would expect to see higher levels of emotional and mental health conditions, yet across many of the mental health and wellbeing measures, Tameside measures similarly to the rest of England.

Mental health illnesses are a leading cause of health-related disabilities in CYP and can have adverse and long-lasting effects.



Source: The mental health of children

[17] https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/1/gid/1938133090/pat/126/par/E47000001/ati/102/are/E08000008/iid/93587/age/221/sex/4/cat/-1/ctp/-1/cid/4/tbm/1

7. Vulnerable Children & Young People

Vulnerabilities are a diverse range of social, economic and environmental factors which influence people's life chances and outcomes. Vulnerability is made up of the characteristics of a person or group and their situation that influence their capacity to anticipate, to cope with, resist and recover from the impact of a crisis or adverse event. Poverty, occupation, ethnicity, exclusion, marginalisation, inequities and social isolation can enhance social vulnerability.

Children and young people across Tameside who might need extra help are those with a learning disability or mental health conditions; young carers, cared for children or care leavers, asylum seekers and refugees, those who experience domestic abuse, children and young people going through adverse experiences, those who live with parents who have substance misuse issues and those who have or live with someone with a long term health condition.

Vulnerabilities	Tameside	England
Number of children with child protection plans per 10,000 (2020)	81.8	55.2
Rate of cared for children	139	67
Proportion of school pupils with SEN (2021)	12.5	12.2
% of SEN with a SEN /EHCP or statement (2020)	26.6	27.7
Children with learning difficulties known to schools per 1,000 (2020)	41.8	34.4
Children living in households where there is domestic abuse (2019/20)	68	66
Domestic abuse identified as a factor in Child in Need assessment (2019/20)	22.9	14.6
Children living in households where a parent has a alcohol or drug problem (2019/20)	40	40
Children living in households where a parent has a severe mental health problem (2019/20)	152	135
Children in households where there are substance misuse, domestic abuse and severe mental health problems (all 3) (2019/20)	11	9
Children in households with any of the 3 issues (substance misuse, mental health, domestic abuse) (2019/20)	196	182
Proportion of adults in alcohol or drug treatment who live with children (2019/20)	29	24
Proportion of new presentations to alcohol or drug treatment who live with children (2019/20)	23	21
Young carers rate per 1,000 (5-17 years) 2019/20	11.1	4.0
Homeless young people per 1,000 (2018/19)	0.57	0.52

	significantly worse than the England average
	better than the England average
	similar to the England average

Source: NTDMS, PHE Fingertips & Children commissioner

More information on vulnerabilities can be found here

Local vulnerability profiles | Children's Commissioner for England (childrenscommissioner.gov.uk)

NDTMS - National Drug Treatment Monitoring System

Child and Maternal Health - Data - PHE

Overview-case-reviews-7-minute-briefing-2017-2020.pdf (tamesidesafeguardingchildren.org.uk)

Key Vulnerability Challenges for our children and young people

Adverse Childhood Experience (ACE's)

Children and young people in Tameside experience adverse childhood experiences far more than the England average. In particular children living in households where a parent has a severe mental health problem, where domestic abuse exists and where a parent as a substance misuse problem. (Also known as the Toxic Trio)

During 2019/20 2,610 children and young people were referred to children social care services because of domestic abuse. Between 2018 and 2020, 193 children and young people attended A&E because of an assault that occurred at home.

It is estimated that 9,829 children and young people in Tameside live in households where one of the 3 'Toxic Trio' exists[18]

Children who are routinely exposed to situations such as domestic violence, mental ill health, alcohol and other substance misuse problems in their homes experience a negative impact which can last well into adulthood. These chronic stress situations are called Adverse Childhood Experiences (ACEs) and are often associated with poorer outcomes for children in educational attainment, employment, involvement in crime, family breakdown, and a range of health and wellbeing measures.

Cared for Children and child protection

The rate of children who have a child protection plan in place or are cared for by the local authority is significantly higher than the England average. Children in care are some of the most vulnerable members of society. They have often suffered traumatic events which have led to them being placed in care and lack the family support networks that others might take for granted.

Children in care and those leaving care face a variety of lower outcomes compared to their peers. These outcomes follow children to adult life as well; almost 25% of the adult prison population has previously been in care, and children who have been in care reoffend at roughly twice the rate of children who have never been looked after.[19] It is estimated that nearly half of all children in care had a diagnosable mental health issue and the proportion of NEET care leavers between the ages of 19 and 21 is significantly higher than non-cared for peers. Clearly, children in care are more likely to experience a subsequent lifetime of disadvantage. With the number of children being looked after and with child protection plans in place, this means that a lot of children and young people in Tameside will be disadvantaged.

[18] https://www.childrenscommissioner.gov.uk/chldrn/

[19] Outcomes for children looked after, 2017; Bazalgette.L et. Al, 2015

The table below highlights a number of outcomes for cared for children.

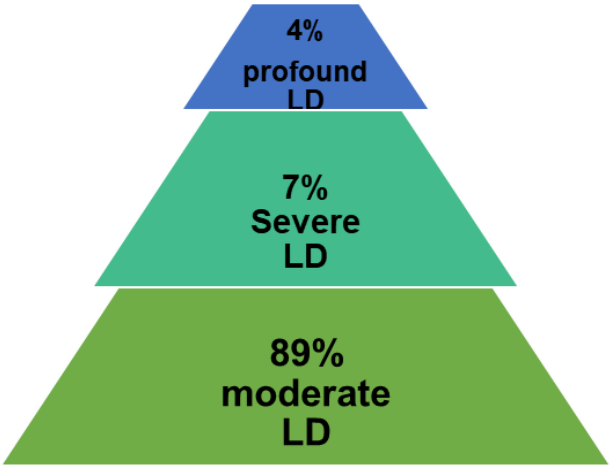
Outcomes for Cared for children	Tameside	England
Immunisations of cared for children (%)	96	88
Attainment score children in care	17.0	19.2
% cared for children (CfC) whose emotional wellbeing is a concern	35.0	37.4
% of Cared for Children (CfC) with SEN	24.7	28.1
% of SEN with a SEN /EHCP or statement	26.6	27.7
% of CfCwho had a health check	90	90
% of CfC who had a dental check	79	86
Care leavers in suitable accommodation (%)	85	85
Care leavers NEET (%)	49	39

Source: LAIT

Although many of the outcomes for cared for children in Tameside are similar to the England average. Measures compared to their peers vary but are generally worse.

- The average attainment score for non-cared for children is 48.4, which is 65% higher than the average score for cared for children.
- The proportion of NEET in non-cared for young people is 3.8%, which is 13 times lower than cared for young people.
- School pupils with emotional and mental health needs is 13 times higher in children who are cared for compared to their peers.
- Children and young people who are cared for who have a special educational need is 45% higher than non-cared for children and young people.

Learning Disabilities

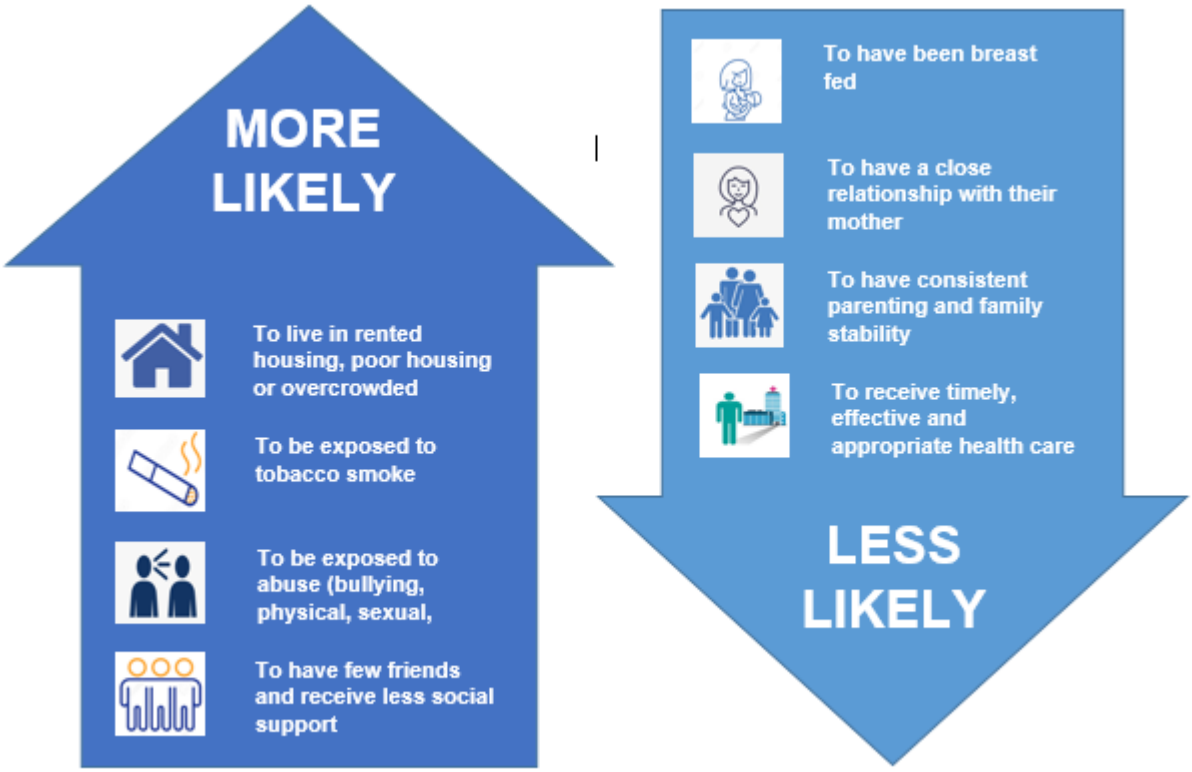


A child with a learning disability/difficulty finds it more difficult to learn, understand and do things compared to other children of the same age. When a child is younger than school age, these difficulties are likely to be called a Global Developmental Delay.[20] Tameside has an 18% higher number of school age children and young people with a learning difficulty. There are around 1,500 children and young people known to

[20] Children and young people with learning disabilities | Great Ormond Street Hospital (gosh.nhs.uk)

schools with a learning disability or difficulty with varying degrees of severity and impact.

Compared to their non-learning disabled peers, children and young people with a learning disability are



Source: Learning disabilities: applying All Our Health

Young Carers

A young carer is someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled, has a mental health condition or misuses drugs or alcohol. There are nearly 3 times as many young carers in Tameside when compared to the England average.

Being a young carer can have a big impact on outcomes for children and young people.

- Caring can have a dramatic detrimental effect on the education and aspirations of young and young adult carers.[21] Young carers are likely to have significantly lower educational attainment at GCSE level than their peers.[22]
- Being a young carer also impacts on mental health. Anxiety is a particular problem among young carers – they can become isolated and fear being different. They also worry about their cared-for family member(s) when they're away from home.[23]
- Young carers are no more likely to be in contact with social services than their peers[24]
- Many young carers remain hidden and do not disclose they are a carer[23]

[21] https://carers.org/about-caring/about-young-carers
[22] The children's Society
[23] https://www.barnardos.org.uk/blog/young-carers-hidden-kids
[24] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/498115/DFE-RR499_The_lives_of_young_carers_in_England.pdf

8. The Impact of the Covid 19 pandemic on Children and young people

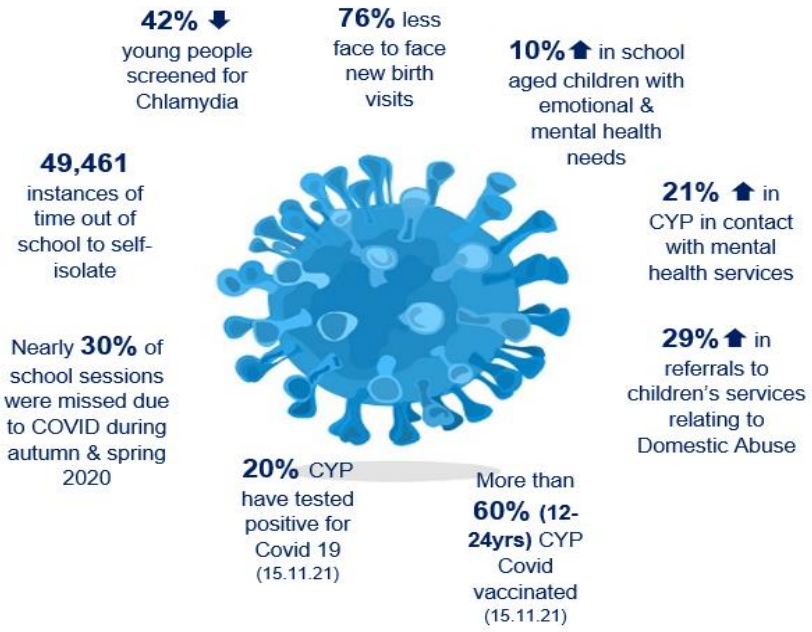
The coronavirus pandemic and restrictions have had a severe impact on children and young people. Emerging evidence on the economic and social impact of the coronavirus (COVID-19) pandemic shows that young people aged 12–24 years are one of the worst-affected groups, particularly in terms of the labour market and mental health outcomes.[25] Children and young people in Tameside have in particular been disproportionately affected by the pandemic.

Children are not the face of this pandemic. But they risk being among its biggest victims. (United Nations)

Moreover, the harmful effects of this pandemic have not been distributed equally. They are expected to be most damaging for children in the poorest neighbourhoods, and for those in already disadvantaged or vulnerable situations.

Face-to-face child services – schooling, nutrition programmes, maternal and new-born care, immunisation services, sexual and reproductive health services, alternative care facilities, community-based child protection programmes, and case management for children requiring supplementary personalised care, including those living with disabilities, and abuse victims – have often been partially or completely suspended.

The diagram below demonstrates how the coronavirus pandemic has affected our children and young people. Data here is compared to pre-pandemic figures.



For information, Manchester City council released a report on Covid in schools [COVID-19 report.pdf (manchester.gov.uk)]

The direct impact of COVID-19 infection on children has, to date, been far milder than for other age groups. Preliminary data from observed cases in China and the US suggest that hospitalisation rates

[25] https://www.health.org.uk/publications/long-reads/generation-covid-19

for symptomatic children are between 10 and 20 times lower than for the middle aged, and 25 and 100 times lower than for the elderly.[26] Therefore the overwhelming evidence shows that the risk to children and young people from SAR -CoV-2 (the coronavirus that causes COVID-19) is low, but the risks to children and young people of being out of school and college are high and increase the longer restrictions on education are in force. However, up to one in seven children and young people who had COVID-19, developed long Covid and had symptoms linked to the virus 15 weeks later.[27] These symptoms of ill health, including unusual tiredness and headaches.
In contrast to the direct impact of COVID-19, the broader effects of the pandemic on child health and wellbeing are significant. For example reduced household income has forced poor families to cut back on essential health and food expenditures.[28] Less face to face contact with health and care professionals, lower coverage of vaccination and screening programmes.

COVID-19 as had a negative impact on young children's development and well-being, with the largest impact likely to fall on children from the poorest families or those with vulnerabilities and particular needs, including those with Special Educational Needs or Disability (SEND).[29] Attending an early years setting is highly valuable for all children, leading to positive social and emotional, language, and physical development. The lack of access to provision during lockdown meant a further widening of the attainment gap possibly occurring and children's development being significantly compromised.[30]

Data shows that young people's mental health has worsened substantially during the pandemic. The Opinions and Lifestyle Survey (OPN) that has been monitoring the social impact of COVID-19 and has found that young people are more likely than other age groups to report that lockdown has made their mental health worse.

The Children's Society has published a report of findings from its annual UK household survey of over 2,000 parents and their children aged 10 to 17 carried out between 28 April and 8 June, 2020 and a further consultation with 150 children and young people between 21 April and 19 June 2020 on how they felt about lockdown. Key findings were:

- Children and young people report considerably lower levels of life satisfaction during lockdown compared to previous years - 18% of children and young people were dissatisfied with their lives overall, an increase from 10% to 13% over the last five years.

- Overall, 9 in 10 of all children (89%) said they were worried to some extent about coronavirus.

- Children in poverty were more worried during lockdown. A higher proportion of young people in poverty stated they were 'very worried' about Coronavirus than those not in poverty (23% compared to 15%).
- Half of parents (50%) anticipate that coronavirus will harm their children's happiness over the coming year.

[26] https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm
[27] Long covid: One in seven children may still have symptoms 15 weeks after infection, data show | The BMJ
[28] https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf
[29] Education Policy Institute (EPI) (2020) Preventing the Disadvantage Gap From Increasing During and After the COVID-19 Pandemic:
[30] https://www.suttontrust.com/wp-content/uploads/2020/06/Early-Years-Impact-Brief.pdf

9. In Summary

POPULATION	Nearly a third (67,682) of Tameside's residents are aged 0-24 years. About 37,313 children attend Tameside schools, most of these are resident in the borough. The school population is diverse, many are from deprived backgrounds and some have complex special educational needs.
Wider Determinants	Children and young people in Tameside experience significantly higher levels of deprivation and poverty when compared to the England averages. They fare much worse across a number of measures that represent the wider determinants to health and wellbeing. Low income and high crime deprivation in particular are issues that most affect our children and young people.
Life Expectancy	Life expectancy at Birth has been improving year on year for the past two decades across Tameside but is still significantly lower than the England average and in the last few years the rate of increase has started to slow.
Maternity and Early years	Tameside has significantly worse outcomes across a number of pre-birth and early year's outcome measures. With rates of folic acid supplementation, maternal obesity, under 18 conceptions, premature births, breast feeding and A&E attendance of particular concern.
EDUCATION	Levels of educational attainment from school readiness through to GCSE results are lower in Tameside compared to the England averages.
PHYSICAL HEALTH	A&E attendances and emergency hospital admissions are a major issue for children and young people in Tameside, where significantly higher attendance and admission rates compared to the England averages exist. Rates are high across different causes and age bands but admissions for asthma are a particular challenge in Tameside. Oral health in children and young people is worse than the England and North West averages, with many children having visually obvious tooth decay as well as missing and filled teeth. Trends in poor oral health for Tameside children and young people has remained stubbornly high with very little change or improvement over the last decade. Overweight and obesity are significant health issues for individual children, their families and population health. Rates of obesity more than double between reception and year 6. The MSOAs with the highest levels of obesity are Ashton Waterloo, Droylsden West, Denton East and Stalybridge North (reception) and Droylsden West, Hurst Cross, Stalybridge North and Ashton Waterloo (year 6).

	A&E attendances and emergency hospital admissions for accidents and deliberate injuries are a particular issue for young people in Tameside. Rates of young people killed or seriously injured in road traffic collisions have fallen, but Tameside still has significantly higher rates than the England average. Other areas of concern are hospital attendances relating to deliberate injuries. In 2020 there were 154 A&E attendances relating to assault (where the patient disclosed they were assaulted). In Tameside challenges exist around young people's sexual and reproductive health, with levels of sexual transmitted diseases (STIs), teenage conceptions and repeat termination of pregnancies being higher than the England averages.
MENTAL WELLBEING	Tameside had higher than average new referrals to mental health services in 2018/19 compared to the England average and this is an increasing trend. However less children and young people were admitted to hospital in 2019/20 because of a mental health condition or self-harm. This could be related to the increase in children and young people accessing community and outpatient mental health services, which has increased by 32% compared to the previous year. There has been an increase in call outs to the North West ambulance service (NWAS) for children and young people aged 10-24 years for self-harm and attempted suicide. It is estimated that around 4,229 children and young people aged 5-17 years have a mental health condition in Tameside. However, only 1,034 school aged children and young people are known
Vulnerable Children and Young People	Children and young people in Tameside experience adverse childhood experiences far more than the England average. In particular children living in households where a parent has a severe mental health problem, where domestic abuse exists and where a parent as a substance misuse problem. It is estimated that 9,829 children and young people in Tameside live in households where one of the 3 'Toxic Trio' exists[31] The rate of children who have a child protection plan in place or are cared for by the local authority is significantly higher than the England average. Tameside has an 18% higher number of school age children and young people with a learning difficulty. There are nearly 3 times as many young carers in Tameside when compared to the England average.

[31] https://www.childrenscommissioner.gov.uk/chldrn/

10. Recommendations

The Wider Determinants of health and wellbeing

Ensuring families have enough money to live on is critical to improving children's life chances. Children born in poverty have lower birthweights and higher infant mortality, and are more likely to experience a wide range of physical and mental health and behavioural problems. When incomes rise, these problems are reduced.[30] This requires system change and improvements in opportunities and access to good quality employment for parents.

Tackling the levels of disadvantage in Tameside requires intensive, targeted and challenging interventions at a point in people's lives when they are open to change.[31] Early intervention is cost effective and it saves lives. It releases social capital. Above all, it gives families who have lived in entrenched deprivation, sometimes across generations, the opportunity to make the most of their lives. It's not easy, it requires a lot of determination, but it works. [31]

Improving Maternity and Early Years outcomes

There are currently a number of national initiatives in place that can help local authorities' better tailor their early years support to the needs of the most disadvantaged children and their families. These include the Early Intervention Grant, Start for life scheme and the expansion of the troubled families programme.

Support parents from more deprived backgrounds at the pre-birth stage more. Reduce smoking in pregnancy, increase pre-birth health visiting visits to parents to be, from the most deprived backgrounds to ensure they are fully prepared for birth.

Targeting the most disadvantaged children and their families with intensive support, supplementing specific interventions with mainstream universal family support services is key in ensuring children are not more disadvantaged.

The Family Nurse Partnership – a voluntary home visiting programme for vulnerable mothers from early in pregnancy until their child is 2 – for example, has generated savings of more than five times the programme costs.[32] This approach could be broadened and embedded in universal services to support more young parents.

Improving Physical Health

Attempts to change individual behaviours, such as unhealthy eating, drinking alcohol, smoking and lack of exercise, have met with important but limited success. For example, increased awareness of links between childhood obesity and ill health – and the importance of exercise and healthy diet – will only have limited success if we don't tackle broader issues.

These broader issues might include the many fast food outlets that children may walk past, the lack of access to high quality play and recreational facilities, streets that are not safe for children to walk or cycle to school, poor quality school food, insufficient income to buy healthy food and inadequate access to primary and community health and care services. Therefore the prevention of physical and mental ill-health will come from the cumulative effect of multiple, system-wide interventions.

[32] https://cpag.org.uk/sites/default/files/cpag_book_summary.pdf
[33] https://rebuildingshatteredlives.org/wp-content/uploads/2013/01/deprivation_and_risk_the_case_for_early_intervention1.pdf
[34] (HM Government 2011b).

Improving mental wellbeing

Because the majority of mental health problems begin during childhood and adolescence, prevention targeted at young people can bring about greater personal, social and economic benefits than intervention at any other time during the life course.[33]

Under the Long Term Plan, the NHS is making a new commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. Locally we need to ensure local mental health services for children are following this plan.

Disadvantaged and vulnerable children and young people are at greater risk of exposure to adverse childhood experiences. Addressing inequalities in mental health requires a universal proportionate response, balancing improved access to support for all with an additional focus on those most vulnerable to poor mental health.[34]

Vulnerabilities

The approach to reducing the number of children who are more vulnerable to poorer outcomes described below, proposes that these 3 domains are used as a basis for structuring coordinated local action.[35]

- **primary prevention** – interventions to address the root causes of vulnerability, tackling health inequalities and the wider determinants of health
- **early intervention** – interventions to support children and their families
- **mitigation** – ensuring services help to reduce the negative impact of circumstances and experiences and build resilience (tertiary prevention)

Local government has a crucial role in addressing the social determinants of health such as housing, income, community resilience, jobs, education and wider built and environmental conditions. Local government is also best placed to influence adoption of a locally-led, shared vision across organisational boundaries such as voluntary sector services, early help services and the Troubled Families programme, which prioritise and address the underlying causes, as well as the outcomes, of vulnerability.

More information can be found here No Child Left Behind

Covid 19 Recovery

We don't yet know the full impact of the pandemic on children, young people and their families.

Future pressure may come from referrals that would normally have been made when children were being seen regularly by professionals, but who disappeared from view for months; from increased need for family, child and adolescent support, including as a result of domestic abuse and isolation through lockdown; and from the strain on families as they try to cope with mental health challenges, job losses, substance misuse problems, bereavements and more as a result of the pandemic.

We will need to work swiftly to deal with the long term challenges to children, young people and their families if we are to avoid long-term damage to their prospects. We need to make sure mental health support is available, for both children and adults that local safety nets are properly resourced and well organised to avoid families falling into crisis, and that actions are put in place to avoid the disadvantage gap widening any further.[36]

[35] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf
[36] https://www.kingsfund.org.uk/blog/2018/03/transforming-children-young-people-mental-health-provision?gclid=Cj0KCQiAsqOMBhDFARIsAFBTN3f9o9iJfaZEhFix7XQqI1ZBleqLppoZj3TyIShqDbuWv51okuC-J7UaAqCDEALw_wcB
[37] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/913764/Public_health_approach_to_vulnerability_in_childhood.pdf
[38] https://www.local.gov.uk/publications/child-centred-recovery