

# JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHILDREN AND YOUNG PEOPLE

GROWING UP IN TAMESIDE  
2021/2022



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

## 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.



## At a Glance continued

### 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.



# **The contents of the JSNA looks at the following topic areas**

- 1. The Wider Determinants to Health & Wellbeing**
- 2. Pre Birth and Early Years (0-4 years)**
- 3. Physical Health and Wellbeing (5-24 years)**
- 4. Mental Health and Wellbeing (5-24 years)**
- 5. Vulnerable Children & Young People**
- 6. The Impact of the Covid 19 pandemic on Children and young people**



# Key Challenges across the different age groups

## Maternity and the early years

- Maternal obesity
- Low birth weight
- Breast feeding
- Infant mortality

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

- Educational outcomes
- Overweight & obesity
- Hospital admissions for asthma
- Oral health

## Post School years

- Sexual and reproductive health
- Hospital admissions for deliberate and accidental injuries

## Mental Wellbeing

- High level of new referrals to mental health services
- The levels of unmet need
- Higher levels of risk factors to poor mental health

## Vulnerable Children & Young People

- Adverse Childhood Experience (ACE's)
- Cared for Children and child protection
- Outcomes for our cared for children

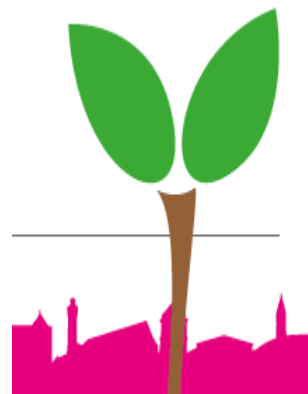


# 1. In Summary

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	<p>A&amp;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.</p> <p>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.</p>



<b>Physical health continued</b>	<p>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).</p> <p>A&amp;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&amp;E attendances relating to assault (where the patient disclosed they were assaulted).</p> <p>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.</p>
<b>Mental wellbeing</b>	<p>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</p>
<b>Vulnerable Children and Young People</b>	<p>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.</p> <p>It is estimated that 9,829 children and young people in Tameside live in households where one of the 3 'Toxic Trio' exists</p> <p>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.</p> <p>Tameside has an 18% higher number of school age children and young people with a learning difficulty.</p> <p>There are nearly 3 times as many young carers in Tameside when compared to the England average.</p>





# 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.<sup>30</sup> 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.<sup>31</sup> 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.<sup>31</sup>

## 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.

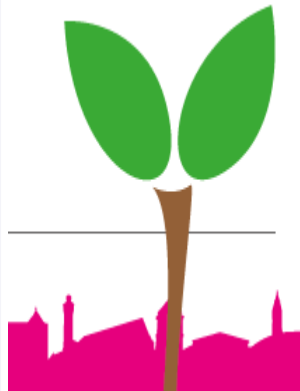
Targeting the most disadvantaged children and their families with intensive support, supplementing specific interventions with mainstream universal family support services is key in ensuring children are not more disadvantaged.

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.<sup>32</sup> 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.





# Recommendations continued

## 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.<sup>33</sup>

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.<sup>34</sup>

## 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.<sup>35</sup>

- **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.

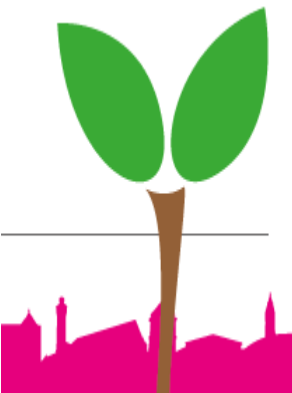
More information can be found here [No Child Left Behind](#)

## 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.<sup>36</sup>



## Next Steps

- **The findings and recommendations from this needs assessment will inform and be incorporated into the development of the 5-year Children & Young Peoples Strategic Plan for Tameside**
- **Work has taken place with groups of Tameside Children & Young People to understand what things are important to them living in Tameside (using Tameside's LISTENing co-production framework)**
- **Our ultimate ambition is to deliver outstanding outcomes for children and young people, and deliver on the things which they tell us matter the most to them**
- **We are asking for the Health & Wellbeing Board to note the progress made on the development of this plan and support the ongoing work**

