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Welcome

It gives me great pleasure to bring to you the Director of Public Health Annual Report 2015. The Public Health Annual Report is a statutory requirement and is a statement from the Director of Public Health on chosen aspects of the health of the population. In this year’s report we are focusing on health and wellbeing in school age children, following an extensive survey in the school age group, undertaken in 2014. This follows feedback from last year’s report, which focused on a lifestyle survey in adults; you asked why we did not do a similar exercise for children and young people. We listened, and undertook a detailed survey amongst school children. We would like to thank the schools that helped us to undertake this work. It has given us a rich source of data to add to our routine sources of information on the health of children and young people.

On another note, it is two years since Public Health came into the council, and it is time to reflect on the experience. In general, has it made a difference to the practice of Public Health in tackling the root causes of ill health? I believe it has; see section two for further details.

We have produced a supplement to this report, containing a number of summary factsheets on demography, risk factors, levels of ill health and life expectancy. This supplement provides much more detail about the general health of the population. I have summarised the key messages from the supplement in section one.

I hope you enjoy the report. If you have any reflections of your own, or ideas on how to improve future reports, please contact us on publichealth@warrington.gov.uk.

Dr Rita Robertson
Executive Summary

Overall, health is improving in Warrington, with the overarching indicator of health, life expectancy, increasing in all areas of Warrington. The prevalence of many risk factors such as smoking is also reducing. However, against this background of general improvement, there is a persistent challenge to narrow the gap between different areas of Warrington, and to narrow the gap between Warrington and national averages for several indices.

The main emphasis in the report is improving the health of school age children, based on a large scale survey in schools looking at the health related behaviour of children and young people in Warrington. The survey was undertaken in Year 6 (10/11 year olds), Year 8 (12/13 year olds) and Year 10 (14/15 year olds).

Some of the results are directly comparable to national statistics, and this demonstrates that in many areas, Warrington children have lower lifestyle risk factors than the national average, such as in smoking and overweight/obesity levels.

In other areas, such as in use of alcohol, Warrington children have similar consumption levels to the North West. In some areas, such as dietary behaviours, Warrington children have worse habits than national averages.

There are some particular areas of concern, such as: levels of physical activity do not meet the Chief Medical Officer’s guidelines, low levels of satisfaction with body image in older girls, and the evident lack of knowledge about some sexual health and substance misuse issues.

The landscape for schools is changing rapidly, and schools have much greater autonomy than in the past. New models such as Free Schools, University Technical Colleges and Studio Schools are emerging. The changing status of schools has created a challenge in terms of the level of influence a Local Authority has to support the wider determinates that contribute to positive outcomes.

Fortunately, in Warrington, there are very positive relationships with schools sustained through collaborations such as WASCL, the Warrington Association of Schools and Colleges and WAPH, the Warrington Association of Primary Heads as well as geographical clusters that bring all schools together regardless of status.

The report paints a picture of a lack of overall clarity on the health improvement offer to school aged children. We need to assure ourselves that school children are receiving a cohesive and comprehensive offer of health education and support. Our call for action is that the council, with its partners, reviews the health improvement landscape for school aged children and makes recommendations for improvement if necessary.
Section One:
The Health of Warrington

This year, we have produced a statistical supplement to the annual report which includes a range of statistics on the health of Warrington residents. The full supplement is available on http://www.warrington.gov.uk/info/200931/warrington_public_health_service/1512/about_the_public_health_service The good news is that statistics indicate that health is improving, and has been improving for some years. Life expectancy in men has increased by almost 6 years since 1991 and by 4 years in women. Death rates from all causes have fallen by 9%.

A particular achievement is that mortality from causes considered preventable has reduced by 26% since 2001-03.

The major causes of death in Warrington are cancer and cardiovascular disease (heart disease, stroke and other vascular diseases). Both indicate a steady downward trend overall, although there are fluctuations year on year - for example, cancer death rates rose slightly in 2011/13, whilst CVD deaths fell sharply in 2011/13.

There are also many improvements in the population levels of risk factors; for example, reductions in adult smoking prevalence; reduced admission rates to hospital for alcohol-related issues; and breast and cervical cancer screening rates are significantly higher than national averages.

In children and young people, numbers of babies born with a low birth weight are reducing and the rate is much lower than the national average, immunisation rates are generally excellent, levels of obesity are lower than national average, breast feeding rates, although lower than the national average, are improving, the percentage of mothers who smoke at the time of delivery is reducing and is better than the national average, teenage conceptions rates continue to fall and are lower than the national rates. Admissions for alcohol and substance misuse are falling. Smoking prevalence in teenagers has fallen and is lower than the England average.
The challenges are that within Warrington, there is a mixed picture. In general, most health statistics are worse in the more deprived areas of the town. However, it is important to note that many statistics are improving even in the deprived areas. Most importantly, the overarching measure of population health, life expectancy, is improving in all deprivation quintiles. However, improvements are not as fast as in the more affluent areas, thus maintaining the health inequality gap. In some instances, such as teenage conceptions, there has even been a slight increase in deprived areas in recent years (although caution is needed in interpretation due to small numbers).

Another challenge is that, whilst we rightly celebrate improvements, in some areas despite improvement we are still performing worse than the national average, such as in life expectancy, breast feeding and alcohol admission rates.

There are detailed plans and strategies in place to address these issues such as the Health and Wellbeing Strategy, the Council Corporate Plan, the Public Health Delivery Plan, the neighbourhood plans, the Bewsey and Dallam action plan, the Homelessness Action Plan, Tobacco Control Plan, Children and Young People’s Partnership Plan, and so on.

It is encouraging to see that the overall effect of so much of this work across the council and her partners is improving health and wellbeing, as evidenced by the data in the statistical supplement. The challenge in Warrington is to:

- Continue the overall improvement trajectories across Warrington;
- at the same time, in those areas where we lag below England, to narrow the gap between ourselves and the national average;
- and narrow the gap between different areas of Warrington.
Public Health two years on...

What difference has being in the council made?

One of the areas we have always wanted to tackle in public health is the difference in health experiences and outcomes across areas of the town and between neighbourhoods. There is a differential in life expectancy of more than ten years for males and nearly seven years for females across the socio-economic gradient; and we know that these inequalities are not unique to Warrington. We also know that root causes such as unemployment, poorer educational attainment, poor housing and so on are key factors in establishing inequalities in health. Public Health in the local authority can play a role in tackling these root causes.

Prior to moving into the council, Public Health was part of the NHS. We prided ourselves on our partnership working, and we knew that our role was broader than the NHS - that in order to really improve health and wellbeing outcomes, you need to address wider determinants of health such as jobs, education, housing, and the environment. We worked with many partners - the police, the voluntary sector, the council. How has being in the council made any difference?

Well firstly, as an organisation, the council occupies the centre of the system. The very nature of our town - its schools, its roads, its businesses, the air quality, the care of the most vulnerable, and the protection of children - are all within the remit of the council. Actually being in the council, as opposed to being an external partner, has helped Public Health take a more robust approach in improving the wider determinants of health. Here are some examples. There are many more!
Tackling health inequalities at the neighbourhood level, with the council’s neighbourhood team, has improved the reach of public health programmes into the heart of communities. Now, the Public Health improvement plan and the neighbourhood’s plans are inextricably connected and interwoven with each other, such that you would struggle to see the joins. The quantum of health improvement work at street and household level has increased enormously compared to what was in place prior to the transition.

The Joint Strategic Needs Assessment is now a way of life, the bread and butter of normal service development processes across the council. When the first Warrington Joint Strategic Needs Assessment was produced in 2008, it was a much more solitary experience, undertaken by the Public Health team in the Primary Care Trust. Public Health still leads the Joint Strategic Needs Assessment process, but being in the council means that links with commissioners and analysts in other parts of the council are much stronger than before and it is a better product as a result.

With Public Health taking on the responsibility for neighbourhoods and housing, the neighbourhoods and housing teams have really discovered each other and work closely together, particularly on homelessness issues. The neighbourhood workers are able to help residents identified by Housing Plus who need support to maintain their tenancies.

Public Health works with the Public Protection Team on tobacco and alcohol control, and even funds a post in Public Protection for the control of underage sales and illegal sales of alcohol. This has enabled a post to be saved from staff reductions and maintain vital work on alcohol harm reduction.

A developing area is Public Health working with planners on major planning applications. This means that applications for new housing or new industry are getting a public health review to mitigate any negative impacts on the environment on health, and enhance the positives from new employment opportunities or creative use of green space. For this, Public Health works closely with environmental health colleagues and draws in expertise from Public Health England where needed. Other strategic work with planning includes considering the impact of new housing on primary care services, and the development of the supplementary planning document on hot food takeaways, which came into effect in April 2014.

Public Health works with the council Human Resources on developing health initiatives for the workforce. As a large public sector employer with a workforce of more than 6,000 people, many of whom live in Warrington, and as the lead for health and wellbeing in the town, the council can model employee health initiatives to other employers in the town. A Workplace Wellbeing Charter is being considered. Public Health contributed to a number of health and wellbeing days in the council on various sites like the New Town House and Woolston Depot. We intend for these events to run alongside the health promotion campaigns offered to residents across the town.

Public Health, through its Making Every Contact Count Health Improvement Training, has reached over 600 staff from across the whole health and social care community. This training enables practitioners to understand the actual risks to health, how to approach that difficult conversation and where to signpost the resident/patient for support to make positive changes which will improve their health.

The Wellbeing Mentor Service based in our neighbourhoods works with individuals who want to make positive lifestyle changes and need that extra bit of support to reach their goals. The Wellbeing Service has recruited and maintained a very strong volunteer base over the past few years, and over the last 11 months these volunteers have delivered 2356 hours of work in our most deprived areas. This project not only means that the volunteers understand healthy lives and live well themselves, but spread the message through their families, their friends and their networks.
In the case of young people, Public Health has funded and co-produced a Risky Behaviours Service with the Youth Service, and plans to extend Public Health funding to the work on narrowing the gap in school attainment. We also co-produce school profiles with our colleagues in Children’s Universal Services, which help to form the school improvement plans.

Public Health commissioning practice has become stronger since coming to the council. Public Health has benefited from the more rigorous approach in the council to the tendering of contracts, rather than letting contracts roll forward year on year. This has led to more rigour in setting standards and in holding providers to account. We have also benefited from extremely high quality procurement support. Several services have been successfully re-procured and this has led to improved services and financial efficiencies.

The Public Health grant has also been used to fund key initiatives, such as the project lead for the Bewsey and Dallam regeneration, the domestic abuse perpetrator programme and additional capacity in the Families and Wellbeing commissioning team for homeless services.

The profile of public health in the media is much higher than it was, due to the extremely proactive approach by the council’s Communications Team in developing media stories. The close working between Public Health and Communications is a strength that has resulted from the move to the Council.

So being in the council has helped us to work towards our goals of improving health and wellbeing. I hope that Council colleagues will feel that Public Health coming into the council has been of benefit to their own services, and that public health disciplines and its way of viewing the world is influencing the council. However, that is for others to comment on!
Public Health in Warrington Borough Council: Some Key Facts

Budget: Public Health grant £10.4M (2015/16)

Mandated services:
- steps to be taken to protect the health of the local population
- ensuring NHS commissioners receive the public health advice they need
- appropriate access to sexual health services
- the National Child Measurement Programme
- NHS Health Check assessment.

Other services funded by the grant as defined through the transfer of Public Health from the NHS include:

- obesity, physical activity, tobacco control and smoking cessation, alcohol and substance misuse services, health promotion and early detection services,
- children’s public health services aged 5-19, services to improve the wider determinants of health (e.g. advice in GP practices, Home Start, homelessness and rough sleeper services, Warrington home improvement agency, YMCA Healthy Living service), Breastfeeding support, dental health promotion, school vision screening, Health and wellbeing mentor service, Neighbourhoods Health Inequalities Team, Youth Service risky behaviours service in schools, Public Health knowledge and intelligence services, infection control services, and shared investments with local authorities in the North West for Tobacco Free Futures, Drinkwise and Food Active.

In addition to the grant, there is a wide-ranging, cross Warrington investment in improving health, either directly or indirectly, from all council departments (e.g. public protection, transport, public realm, children’s and adult services), the Clinical Commissioning Group, NHS England, Public Health England, schools and colleges, NHS trusts and the third sector - key examples being Live Wire, Social Landlords (such as Golden Gates Housing), community groups, sports coaches ... The whole of Warrington is engaged in health improvement activity, much of it unsung and often barely noticed, but taking place day in and day out. It is clear that no one agency can claim the responsibility for the successes being described in section one.

What we must do is celebrate what we have all achieved and strive to improve areas where we are still performing less well than we could.
Health and Wellbeing
Survey of Children and Young People

Our vision in Warrington is for better health and wellbeing for all, and this starts with ensuring that we give our children and young people the best start in life. To achieve this, it is vital for us to have a thorough understanding of our local young people and the factors that influence their wellbeing.

In the summer of 2014, working closely with our local schools, we undertook a large scale survey looking at the health related behaviour of children and young people in Warrington. The survey was entirely voluntary, and we were delighted that so many schools chose to participate as it has given us a really rich data set and an in-depth understanding of knowledge, behaviours and lifestyles of our young people.

The survey was undertaken in both primary and secondary schools, with questions tailored to be age-appropriate. Schools were given the option to administer the survey online or paper based. All questionnaires were returned to the School’s Health Education Unit (SHEU) which has been running large scale surveys such as this across the country since 1977.
28 out of our 68 primary schools participated, giving us data on 926 Year 6 pupils (aged 10/11 years). 10 of the 12 local secondary schools (at the time of the survey there were 12, however there are now 13 secondary schools) ran the survey and we have information for 1,251 Year 8 pupils (aged 12/13 years) and 1,302 Year 10 pupils (aged 14/15 years). Although not all schools chose to take part, given the geographical spread of the schools that did, and the large number of pupils that took part, the results obtained give us a representative picture across Warrington.

A broad range of topic areas were covered in the questionnaire and the results provide a comprehensive basis on which to further develop and refine our plans, and to effectively target services and support.

As this is the first survey of this kind that we have done, we do not have extensive trend data or many national/regional comparators. Where we are able to provide this from other sources, we have included this in bold and italic text, and cited references.

In this report, we look at the key findings from the survey. These findings will be incorporated into the Joint Strategic Needs Assessment. We will also disseminate the findings to key arenas such as the Children and Young People’s Partnership, the Warrington Safeguarding Children’s Board and the Health and Wellbeing Board. It is not possible in this report to describe all the action being taken across Warrington to address the issues identified by the survey, and pinpoint gaps; that is the role of the partnership bodies and commissioners of services that oversee children’s health and wellbeing. This report aims to paint a picture of what it is like to be a young person in Warrington, in relation to matters pertaining to health and wellbeing.

A key to ages and school years:

<table>
<thead>
<tr>
<th>Age</th>
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<td>10/11</td>
<td>Year 6</td>
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<td>12/13</td>
<td>Year 8</td>
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<td>14/15</td>
<td>Year 10</td>
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The changing relationship between Local Authorities and schools

The landscape for schools is changing rapidly, and schools have much greater autonomy than in the past. New models such as Free Schools, University Technical Colleges and Studio Schools are emerging. More schools are becoming academies with eight of the 13 secondary schools out of thirteen having Academy status in Warrington.

Within this changing environment, the role of the Local Authorities has moved from delivering school improvement to a role of facilitation and support; what this means in practice is that although there remains a statutory duty to intervene in underperforming maintained (LA schools) schools, the Local Authority neither has the resources nor authority to intervene in non-maintained schools (those with different status). The changing status of schools has created a challenge in terms of the level of influence a Local Authority has to support the wider determinants that contribute to positive outcomes.

Fortunately, in Warrington, there are very positive relationships with schools sustained through collaborations such as WASCL, the Warrington Association of Schools and Colleges and WAPH, the Warrington Association of Primary Heads as well as geographical clusters that bring all schools together regardless of status. The School Improvement and Quality Assurance Strategy reflects this changing relationship and articulates the shared vision for all schools in Warrington to work together to support positive outcomes for children and young people through collaboration. The messages emerging from the survey need to be considered within this changing context and recognise schools’ emerging roles as commissioners of services operating within a market place where services to support improved outcomes can evidence impact and value for money.

There is a moral imperative for the Local Authority to exercise its duty to champion the learner but this is increasingly challenging within an environment of changing accountability and reduced resources.
1.1  Smoking

The risks associated with smoking are well known. Whilst we are really encouraged by the drop in recent years in the number of adults who smoke, it is important to ensure that the messages around the dangers of smoking continue to reach young people.

What’s the local picture - how many young people are smoking?

We asked children and young people to tell us if they have ever smoked (even if only once or twice). As may be expected, there are big differences across ages:

- 4 in every 100 of those in Year 6;
- rising to 11 in every 100 Year 8 pupils;
- and rising further to 30 in every 100 by Year 10

Children who smoke more frequently (regular or occasional smokers):

- practically none in Year 6;
- rising to 2 in every 100 of those in Year 8;
- and rising again to 8 in every 100 of those in Year 10

In each age group, there was little difference between boys and girls.

Encouragingly, the proportion of local young people who smoke (occasionally or regularly) is lower than national averages at all ages surveyed\(^1\).

Of those young people who told us that they smoke regularly, just over half said they would like to give up.

We asked some questions about smoking at home:

- 67 of every 100 young people told us that no-one ever smokes at home
- 25 in every 100 said that smoking only happens outside or on the doorstep
- 5 in every hundred said that smoking happens only in certain rooms
- 3 in every 100 young people said that smokers can smoke anywhere in the house

We asked children in Year 6 whether they thought they would smoke when they were older:

- The overwhelming majority (93 of every 100) said that they wouldn’t; **the good news is this is higher than the national average which showed that 89 in every 100 children of the same age thought they wouldn’t smoke when they are older.**

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\(^1\) Based on SHEU databank, which contains results for all schools who have run similar surveys and asked the same questions relating to smoking
We asked a few further questions of just the older pupils (Years 8 and 10) and some of the main findings show:

We asked young people whether they have smoked recently and if so, where they get their cigarettes from\(^2\) (they could choose more than one answer):

- The most common source was friends or brothers and sisters who gave or bought them for them (45 of every 100)
- 40 in every 100 told us that they got adults outside shops to buy them
- 12 in every 100 said from a newsagent, garage or off-licence
- 1 in 10 said that parents or carers gave them to them
- None said a supermarket

We also asked about knowledge and use of electronic, or e-cigarettes\(^3\):

- Most young people had heard of e-cigarettes
- Over one-quarter of Year 8 and Year 10 told us that they had tried an e-cigarette at least once
- 3 out of every 100 young people in Year 8, and 7 in every 100 of those in Year 10 said they use an e-cigarette regularly or occasionally
- Those who told us that they use an e-cig occasionally or regularly were much more likely to also say they were current or ex-smokers, but there was also a high proportion of young people who had never smoked who told us they have tried e-cigarettes.

**A call to action**

It is of concern that so many young people are still smoking at least once. In addition, eight percent of Year 10 pupils are smoking currently, and half of these have said they would like to give up. How can we stop young people from even starting to smoke? Smoking is much more common in young people who witness smoking in their parents and families. The survey shows that the smoke free home message is having an effect, with most smoking in the home taking place outside. However, 8% of children are exposed to smoking in the home.

A high proportion of children are getting their cigarettes from adults.

E-cigarettes have come on the scene, and the survey results show that young people who are current or ex-smokers are more likely to have tried them\(^3\). However, the survey also highlights that a large proportion of young people who have never smoked are trying e-cigarettes: of those young people who told us they have never smoked a cigarette, 12 in every 100 said they had tried an e-cigarette. This is an emerging area of concern that needs to be watched closely.

We need to focus on:

- Taking steps to discourage Warrington children from trying both cigarettes and e-cigarettes
- Discouraging and enforcing action against adults who supply cigarettes to young people
- Supporting local young people who are currently smoking to stop smoking and access services to help them do this.

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\(^2\) 126 young people provided a valid answer to this question

\(^3\) Questions on e-cigs were only asked of secondary school pupils
1.2 Alcohol

Why is it an issue for children and young people to drink?

The health impact of drinking above recommended levels is well known. In addition to the health effects, there are a number of other risks associated with drinking. These include increased risk of drug taking, underage and unprotected sex, aggressive behaviour or being involved in violence, and poor educational outcomes, with an increased likelihood of school exclusion.

So what’s the local picture - how many young people are drinking?

In our recent survey we asked children and young people to tell us about their experience of alcohol.

- Across all three age groups almost 30 out of every 100 children and young people have never tried alcohol; this number decreases with age: by Year 10, 18 out of every 100 have never tried alcohol. This figure is similar to that reported by Trading Standards North West; their survey found that 18 in every 100 14-17 year olds say that they never drink.\(^4\)
- 13 of every 100 Year 10 pupils said they drink alcohol at least once per month but not weekly, and 6 out of every 100 at least once per week.

\(^4\) Young Persons Alcohol and Tobacco Survey 2013, Trading Standards North West
More boys drink at least once a week than girls, across all age groups. This is most marked amongst Year 10 pupils where 9 out of every 100 boys and 4 out of every 100 girls say that they drink alcohol at least once a week.

The survey we carried out amongst secondary school aged young people (aged 12/13 and 14/15 years) asked some more detailed questions about their alcohol use. Some of the key findings show:

- Generally, girls and boys were very similar in their answers regarding the frequency of occasions when they drink five or more alcoholic drinks.
- Overall, just over 1 in 10 Year 8 pupils and almost 4 in every 10 Year 10 pupils reported ever having drunk five or more drinks on one occasion.
- Older pupils were more likely to report that they frequently drink five or more drinks; 11 of every 100 in Year 10 said that they did so at least 1-3 times per month, this compares with almost 3 of every 100 in Year 8.

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<tr>
<td>Boys</td>
<td>Girls</td>
<td>Both</td>
</tr>
<tr>
<td>1%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>3%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>9%</td>
<td>4%</td>
<td>6%</td>
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We asked young people to tell us where they drink, and where they get their alcohol from. Of the 300 who said they drink at least once per month:

- Over half said they drank ‘at home (when parents are in)’ and over half said ‘at occasions or events with friends’. Almost half said ‘at occasions or events with family’ and a third said ‘at a friend’s house (parents out).
- 56 in every 100 said ‘my parents/carers buy/give it to me’, 41 in every 100 said ‘friends/family over 18’, and 17 in every 100 said ‘I get adults outside shops to buy it for me’.

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5 The questionnaire allowed young people to tick more than one option to indicate all places in which they drink.
A call to action

New retailers and licensed premises are continually opening and this means that the monitoring of underage sales of alcohol is an ongoing challenge.

The majority of children in Warrington report having tried alcohol at a very young age, before they have even left primary school. By Year 10, a substantial minority of young people (particularly boys) have progressed to drinking at least once a week, indicating that a pattern of frequent, regular drinking has been established.

More worryingly, around a quarter of those in Years 8 and 10 report a previous episode of binge drinking and again, for a substantial minority, binge drinking forms part of regular, frequent drinking by the time they are in Year 10. This is concerning as not only can such binge drinking lead to very immediate health consequences and place the young person in vulnerable and risky situations, but clearly, experiences of drinking at such a young age can set the tone for that young person’s future relationship with alcohol.

We need to focus on:

- The ease with which Warrington children appear to be able to obtain alcohol, with many children obtaining it via adult friends or family
- The perceived acceptability of unsafe drinking amongst not only children and young people but also the adults around them
- The need to address the risks that some young people are likely to face regarding their alcohol use
1.3 Substance Misuse

Evidence shows that certain groups of young people such as young offenders, those not in education, employment or training, those who are excluded from school, those who truant, and children in care are more at risk of misusing substances. For effective prevention, all young people need to have appropriate information, education and advice to ensure that they can make fully informed decisions. One of the key challenges over recent years has been the wealth of information that young people can access on the internet and on social media websites which often give mixed messages around the use of drugs.

The questions in the survey aimed to gain a better understanding of young people’s knowledge of drugs and their views about the safety of different substances. Questions were also asked about medicines misuse. Only secondary school pupils (aged 12/13 and 14/15) were asked questions on drugs.

So what do young people know and think about drugs?

Young people were given a list of different substances. The list included the real name of each substance and some street names.

The choice of answers was:

- I have never heard of the drug
- I have heard of it, but don’t know much about it
- I have heard of it and think it is safe if used properly
- I have heard of it and think it is always unsafe
The responses provided detailed information about young people’s knowledge of specific substances. Some of the general findings include:

- As may be expected, knowledge of different substances is greater amongst older pupils
- Girls are much more likely than boys to say they’ve never heard of a drug or that they don’t know much about it
- Boys are more likely to say they have heard of a drug, and to have an opinion on whether it is always unsafe or safe when used properly.
- The main drugs that the majority (over half) of young people told us they have heard of are cannabis, cocaine, heroin, crack and muscle-building steroids
- Of those who had heard of muscle-building steroids, the majority thought they were safe if used properly
- Across Years 8 and 10, whilst almost 40 in every 100 thought that cannabis was always unsafe, a relatively high proportion (over 25 in every 100) felt it was safe if used properly. The remainder said they didn’t know. There were differences by age, with the majority of older pupils reporting that they felt it was safe if used properly.
- 12 out of every 100 young people said they knew someone their age who misuses medicines, such as cough medicine, painkillers or laxatives that you can buy at chemists or supermarkets.

**Nationally, since 2003 when comparative data was first collected, drug use amongst young people has seen a big decrease from 30% to 16% who report ever using drugs in 2013.**

**A call to action**

With the increased use of the internet and the rise of social media, young people are now, more than ever before, being exposed to drug misinformation, images and advice. It is possible that the majority of young people will develop their knowledge, beliefs and perceptions online. The emergence over recent years of new psychoactive substances, which are often known as ‘legal highs’, is of particular concern.

Some young people in Warrington perceive cannabis and muscle building steroids to be safe if used properly. The easy availability of a range of drugs and paraphernalia online is integral to the perception that many illicit substances are either safe or that the risks can be minimised if ‘used properly’. There are new psychoactive substances websites where young people can order online and have products posted to their homes.

We need to focus on:

- Increasing the opportunity to discuss and learn more about a range of drugs, the effects they have and the implications of use.
- Developing a programme around ‘internet safety’ to give young people the skills to be able to recognise what information should not be taken at face value and where they can find trusted sources of information and support.

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1.4 Obesity

Nationally the proportion of children who are overweight or obese increased substantially from the mid 1990’s through to the mid 2000’s. Since then the picture has been a bit mixed.

Locally, the picture isn’t clear cut either: **overall, rates are lower than the national average**, but there is variation within Warrington and between boys and girls as well as between age-groups.

**What is obesity?**

Body Mass Index is calculated by dividing weight in kilograms by height in metres squared. Amongst adults, a person is classed as obese if their Body Mass Index is 30 or above, and overweight if it is between 25 and 30.

Amongst children, because growth spurts have such a strong impact, a method is used to define overweight and obesity using specific cut-off points. There are different cut-off points for boys and girls at different ages; these have been set based on data gathered for a large sample of children.

**Why is childhood obesity an issue?**

Overweight or obese children are likely to become overweight or obese adults. So although many of the most serious health conditions resulting from obesity may not become apparent until adulthood, overweight and obese children are storing up problems for the future.

Some obesity-related health problems can develop during childhood. Type 2 diabetes has increased in overweight children in recent years. Other health risks include early puberty, eating disorders such as anorexia and bulimia, and asthma. Children themselves are likely to view the emotional and psychological effects of being overweight as the most serious consequence. Being overweight can lead to teasing, bullying, and problems with anxiety and low self-esteem.

**Childhood obesity statistics**

Since 2005/06 the government has put in place a programme in which all children should be weighed and measured in Reception class when they start primary school (aged 4/5), and in Year 6, before children leave primary school (aged 10/11). This data is really useful to help show the scale of the problem in Warrington.
The main findings illustrate that:

- A child from a deprived area is more likely to be obese, especially in Year 6.
- **Pleasingly, overall Warrington rates for overweight and obesity are below the England average**\(^7\).

**Reception:**
- Just under 8 out of every 100 are obese
- 20 out of 100 are overweight or obese
- Rates have been steady since 2007
- Boys are more likely to be obese than girls

**Year 6**
- 16 out of 100 are obese - double the level in Reception
- 31 out of 100 are overweight or obese - about 50% more than in Reception.
- Rates have been fairly steady since 2007
- Boys are more likely to be obese than girls

Our survey gives us an insight into how children feel about their weight, and also into aspects of their lifestyle and behaviour that are likely to impact on their weight.

**Physical activity**

To stay healthy or improve health, the Chief Medical Officer’s guidelines for children and young people is to do moderate to vigorous intensity physical activity for at least 60 minutes every day. Findings from the survey show that:

- Although there was some variation between the age-groups, overall, only 5 out of every 100 children reported meeting the Chief Medical Officer’s guidelines, with a slightly higher proportion of boys reporting being active enough. **We don’t know how Warrington compares with the national average as there are no national comparators, due to the Chief Medical Officer’s guidance being relatively new.**

<table>
<thead>
<tr>
<th>Year 6</th>
<th>Year 8</th>
<th>Year 10</th>
</tr>
</thead>
<tbody>
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<td>30%</td>
</tr>
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<td>1 to 3 days</td>
<td>34%</td>
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<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>4 to 6 days</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Every day</td>
<td>3%</td>
<td>2%</td>
</tr>
</tbody>
</table>

\(^7\) National childhood measurement programme academic year 2013/14
• Older guidance didn’t specify that activity had to last for at least 60 minutes. If we use this older definition, the proportion of children and young people reporting that they are active every day rises to 20 out of 100.
• Seventy out of every 100 children and young people say they are active 3 or more days a week; this is in keeping with the national average.

Diet

Our survey asked young people to tell us about their diet; what they ate for breakfast, how much fruit and veg they eat, and how often they have takeaways, sweets, cakes and biscuits etc.

• Overall about 17 out of every 100 children reported eating 5 or more portions of fruit or vegetables the day before they completed the survey. This is lower than the national estimate of 23 out of every 100.
• The proportion of young people eating at least the recommended five portions a day decreases with age; 20 out of every 100 in Year 6, 19 out of every 100 in Year 8, and in Year 10 there was a significant drop to just 13 out of every 100.
• In each age-group, there was very little difference between girls and boys in the proportion that reported eating 5 or more portions of fruit/vegetables.
• The proportion who said they ate no fruit or vegetables the day before the survey was 9 out of every 100 in Year 6, 9 of every 100 in Year 8 and 14 of every 100 in Year 10. This is similar to national figures.
• The proportion who reported having nothing or only a drink for breakfast is 20 out of every 100, compared with 16 of every 100 nationally. This is higher than national estimates.
• Those reporting not eating breakfast increases with age, with 28 out of every 100 Year 10 pupils having nothing or only a drink. This figure is even higher amongst Year 10 girls, at 34 out of every 100.

![What did you eat or drink before lessons today? Nothing, or only a drink? (percentages were roughly evenly split between nothing, and only a drink) (Warrington CYP Survey 2014)](image_url)
• Other aspects of diet also worsen with age; the proportion reporting snacking on crisps, sweets, biscuits, chocolates, cake, fizzy drinks or energy drinks six or more times the previous day rose from 17 out of every 100 in Year 6 to 23 of every 100 in Year 10.

How do young people feel about their weight?

The survey also asked young people to tell us how they feel about their weight and whether they’d like to gain or lose weight. Local figures are fairly similar to national estimates in terms of being happy with their weight, wanting to gain weight, or lose weight. Some key local findings include:

• Across all age groups, a higher proportion of boys than girls said they were happy with their weight, and the gap widens with age.
• Amongst girls, the proportion happy with their weight drops significantly as they get older: 61 out of every 100 Year 6 girls, 42 of every 100 girls in Year 8, and only 28 of every 100 girls in Year 10 said they were happy with their weight. 68 of every 100 Year 10 girls reported that they wanted to lose weight.
• Even primary aged children reported wanting to lose weight; 36 out of every 100 girls and 25 out of every 100 boys said they would like to lose weight. Considering that estimates suggest that around 30 out of every 100 girls of this age and 33 of every 100 boys are overweight or obese, these findings appear to illustrate differing perspectives on ideal weight amongst boys and girls as young as 10.
• Boys in Year 10 stand out as the group with a significantly higher proportion wanting to gain weight (15 out of every 100).

There is no doubt that ensuring children get the right amount of physical activity, have a balanced and nutritious diet, and maintain a healthy weight will help to give them the best start in life and protect their health into adulthood.
A call to action

The problem of overweight and obesity worsens as children grow up. The fact that the proportion of children classed as obese doubles from age 4/5 to age 10/11 shows just how fast overweight children can become obese. With so many children being overweight, this can appear to be the ‘norm’ but this doesn’t alter the fact that the health of these children is at risk.

This trend is not surprising in light of the fact that most Warrington children are not doing enough physical activity and our survey points to diets and eating habits that could be improved. This trend must also contribute to the dissatisfaction that many young people report in relation to their weight but doesn’t wholly explain it. Consciousness of weight and image develop from a young age and have impact on young people growing up today. There is a need to shift images of self towards health rather than weight.

We need to focus on:

- The clear tendency of children in Warrington to gain excess weight through primary school
- The almost universal challenge of increasing the amount of exercise that children and young people take, not just in terms of increasing time spent doing structured physical activity but also leading less sedentary lives (e.g. by reducing time spent watching television and encouraging walking for some journeys).
- The worsening diets of young people in Warrington as they get older (e.g. not eating enough fruit and vegetables, skipping breakfast, consuming unhealthy snacks)
- The need to promote positive and healthy body image amongst young people in Warrington.
1.5 Sexual Health and Contraception

Why is it important?

Age-appropriate sex and relationships education can help to promote good sexual health by empowering young people to make informed and responsible choices.

Sexually transmitted infections can lead to symptoms or can often go unnoticed, leading to long-term problems (e.g. difficulty becoming pregnant later in life) and a higher chance that the infection will be passed on to future sexual partners. Some infections can’t be cured at all. Protecting yourself and getting treatment for infections quickly means that these risks are reduced.

Using contraception properly means that young people will be far less likely to have an unplanned pregnancy, and with some forms of contraception, will be far less likely to get sexually transmitted infections.

Protecting Against Sexual Exploitation

The way young people form and navigate relationships has changed dramatically over recent years with the inexorable rise of the internet and social media. The continual viewing of largely unregulated content determines the way young people perceive the world, themselves, gender roles and sexuality. Although this subject was not covered in the recent children and young people lifestyle survey, there has been local work over the last 18 months to start to tackle this issue.

Research conducted by the NSPCC Child Line in 2015 has concluded that a tenth of 12 to 13-year-olds regularly view pornography, with some even categorising themselves as ‘addicted’. The research, which involved surveying nearly 700 young people, also found that one in five said they had seen pornographic images that had shocked or upset them. The report also found that 12% of those surveyed said they had taken part in, or had made, a sexually explicit video.

What’s the local picture - what do young people know?

Knowledge of sexually transmitted infections:

Our local survey asked a number of questions aimed at gaining an understanding of levels of knowledge of sexually transmitted infections amongst local young people. Only secondary school pupils (aged 12/13 and 14/15) were asked these questions. Findings show:

- There was very little difference between boys and girls in relation to knowledge about treatable or curable sexually transmitted infections.
- **Warrington results are broadly in keeping with national findings on the proportion of young people who answered correctly about which sexually transmitted infections can be cured**.
- As may be expected, awareness of sexually transmitted infections increased with age. Over half of Year 8 pupils hadn’t heard of most of the infections we asked about. This dropped substantially by Year 10, where the majority of pupils had heard of all conditions.
• There were some misconceptions about which infections can be cured. Amongst Year 10 pupils, who were more likely to say they had heard of the conditions, almost 3 out of every 10 incorrectly thought that genital herpes can be cured, and one-fifth mistakenly believed that chlamydia is incurable.
• The majority of Year 10 pupils who told us they knew something about HIV/AIDS were also aware that it is incurable.

Knowledge of contraception methods and sexual health services and support:

Birth control:

• As may be expected, knowledge and awareness of different contraceptive methods increased amongst older pupils.
• Knowledge of condoms was high; only 2 in every 100 Year 10 pupils told us they had never heard of them.
• Boys were much more likely than girls to consider condoms as a reliable method to prevent pregnancy; 91 of every 100 Year 10 boys compared with 77 in every 100 Year 10 girls.
• Girls were much more likely than boys to have heard of long acting hormonal contraceptive methods such as the implant and injection, and were much more likely to consider them effective methods of birth control.
• Substantially more boys than girls told us that they consider early withdrawal to be an effective method of contraception.

Protection:

• Most (84 out of every 100) Year 10 pupils correctly identified that condoms offer protection against sexually transmitted infections.

• There were some misconceptions about the use of the pill and hormonal methods of contraception to protect against infections, with 1 in 10 thinking that these methods offered protection.
Knowledge of services:

- Knowledge was greater amongst older pupils.
- 65 out of every 100 pupils in Year 10 know where to go to get free condoms. There was very little difference in responses between boys and girls.
- Amongst Year 10 pupils, almost 6 out of every 10 told us that there is nowhere locally that they can go to for sexual health advice and support.

Preferred sources of information:

- Overall, the people from whom secondary aged pupils would prefer to get information about sex and relationships were parents. There were some differences between age groups and between boys and girls:
  - Amongst Year 8 pupils, the most preferred source was parents (38 in every 100), closely followed by school lessons (34 in every 100).
  - Amongst Year 10 girls, the preferred source was siblings or close relations (excluding parents), or friends and peers (33 in every 100), followed by parents (24 in every 100) and school lessons (23 in every 100).
  - Preference amongst Year 10 boys was fairly evenly spread between school lessons (29 in every 100), parents (28 in every 100) and siblings/close relations (excluding parents) and friends or peers (24 in every 100).
- In terms of lessons in school, 83 in every 100 pupils felt that school lessons on sex were useful. There was very little difference between girls and boys.

A call to action

While nearly two-thirds of those aged 14/15 knew where to get free condoms, they did not know where to get advice and support locally about sexual health.

Understanding amongst local young people about contraception and methods to prevent sexually transmitted infections is mixed. Whilst methods to prevent infections can also prevent unwanted pregnancy, some contraception methods do not protect against infections. When a young person is at risk of a sexually transmitted infection, it makes no difference to transmission whether the disease is curable or for life.

Given that overall, the people from whom young people would prefer to get information about sex and relationships were parents, means that parents are important partners in promoting good sexual health amongst young people. We need to focus on:

- Improving young people’s knowledge about:
  - sexually transmitted infections and how to prevent them
  - different methods of contraception available and their relative success at preventing unplanned pregnancies and protecting against sexually transmitted infections
  - how and where to access local sexual health advice and support as well as free contraception
- Ensuring that parents of young people are well informed about sex, relationships, preventing infections and unplanned pregnancy and local sexual health services.
1.6 Feeling and Being Safe

Our survey asked young people to tell us how safe they feel, both in school and outside after dark. We also asked about internet safety and issues around bullying.

So what is the local picture?

Feeling safe

- The good news is that overall, 82 out of every 100 young people said they feel safe at school
- There was very little difference between boys and girls and a slight decrease amongst older pupils
- The vast majority (90 out of every 100) told us that they feel safe going out in the area where they live during the day
- This dropped considerably after dark, with only half of all pupils saying that they feel safe. A much lower proportion of girls than boys said they felt safe going out after dark.

Bullying

We asked children and young people to tell us about their experience of bullying.

- Overall, 6 out of every 100 children and young people said that they often feel afraid of going to school because of bullying. This is in-keeping with the average across all other schools nationally that have taken part in a similar survey.
- Girls are more likely than boys to say that they feel afraid of going to school because of bullying. Local figures are higher than the national average, especially amongst secondary school girls, with 35 in every 100, compared with 25 in every 100 nationally, saying that they feel afraid of going to school because of bullying at least sometimes.

8 This question was only asked on the secondary school survey
• Being teased or called nasty names was the most commonly reported issue; 14 of every 100 young people said it happened often or every day, and half said it had happened at some point in the last month.

• Overall, just over one-quarter of all children and young people said that they had been physically bullied (pushed/hit for no reason) in the last month; 5 in every 100 said often or every day. Across all age groups, a much higher proportion of boys than girls said they had been pushed/hit for no reason in the last month, with one-third of boys in Year 6 and Year 8 reporting that this had happened in the last month.

• Of those who said they had experienced any form of bullying, a much higher proportion of boys said they told no-one, and a much higher proportion of girls said they told their parents or carer or a friend. For both boys and for girls, the proportion who told no-one increased substantially with age.

### Internet Safety

• Over three-quarters of pupils in Year 6 and Year 8 said they have lessons in school that help them stay safe online. This figure dropped amongst older pupils.

• The majority of children and young people told us that they use the internet when their parents/carers aren’t in the room; 83 in every 100 Year 6 pupils, rising to 93 out of every 100 in Year 10.

• There was very little difference between boys and girls. However at all ages girls were more likely than boys to say that their parents had rules about what sites they could access online, especially amongst Year 6 pupils.

• 28 in every 100 children and young people had seen something online that had made them scared, angry or upset. The figure was higher amongst older pupils and older girls in particular.

• When children had experienced something upsetting or frightening online, our survey results show that younger children were more likely to tell their parents, or inform a teacher or other responsible adult. Older pupils were more likely to show their friends, and across all ages, boys were more likely to not tell anyone.
A call to action

Some children fear going to school because of bullying. Being teased, called nasty names and being pushed or hit for no reason is a frequent or daily occurrence for some children. Boys in particular tend to keep it to themselves.

Children are aware of issues regarding ‘stranger danger’ and internet safety. A high proportion experience something upsetting or frightening online; when they do, they tend to inform an adult or if they are older, their friends/peers.

We need to focus on:

- Creating an environment where children and young people feel able to share their worries about bullying and internet safety.
- Empowering young people to raise a concern when worried about a friend. This may be particularly useful for young people who are more likely to confide in a peer.
- Encouraging boys, in particular, to be able to share their fears with people they trust.
1.7 Emotional Wellbeing

What is emotional wellbeing?

Emotional wellbeing is about how an individual is feeling, how happy they are, their level of satisfaction with their life, their sense of self-worth and how they cope with problems. Emotional wellbeing amongst children and young people is known to impact on friendships, school attainment and physical health, and is one of the most important factors in predicting whether an individual will be socially mobile and experience good mental health in later life.

So what’s the local picture?

In our survey we asked a range of questions to find out what issues or problems young people may have, what they might worry about, how happy they are with different aspects of their lives, and questions on specific issues such as bullying and teasing.

**Happiness:** Children and young people were asked to rate how happy they are with aspects of their lives such as health, appearance, relationships, school, their use of time, their home and their future. Some of the main findings show that:

- Overall 79 in every 100 children and young people told us that they feel quite or very happy with their life as a whole (although only 64 out of 100 girls in Year 10 felt this way).
• In general, boys were more likely than girls to say that they are happy with various aspects of their lives.
• This difference in responses between boys and girls widened with age for most aspects of life that we asked about.
• The biggest difference in self-reported happiness between boys and girls was in relation to appearance, and this difference increased substantially amongst older pupils:
  - 75 out of every 100 boys in Year 6 said they were happy with their appearance, compared to 64 of every 100 girls.
  - By Year 10, there had been a small drop amongst boys to 71 in every 100, but amongst girls only 29 of every 100 said they were happy with their appearance.

Worries: We asked children and young people whether they worry about various issues, including schoolwork, exams, health, careers and the future, problems with family, problems with friends, money, appearance and being bullied. Secondary school pupils were also asked about any worries about sexuality.

• Overall, two-thirds of children and young people said they worried about at least one of the issues listed.
• In general girls worry more, and worries increase with age, with 86 out of every 100 Year 10 girls saying that they worry a lot about at least one of the issues.
• Exams and tests were the main source of worry for all children and young people. This increased amongst older pupils, with over half of Year 10 pupils saying that they worried a lot or quite a lot about exams. The difference between girls and boys was most extreme amongst older pupils; 66 in every 100 girls and 43 in every 100 boys.

<table>
<thead>
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<th>Year</th>
<th>Boys</th>
<th>Girls</th>
<th>Both</th>
<th>All</th>
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<tbody>
<tr>
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<td>32%</td>
<td>43%</td>
<td>37%</td>
<td>37%</td>
</tr>
<tr>
<td>Y8</td>
<td>27%</td>
<td>43%</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>Y10</td>
<td>43%</td>
<td>66%</td>
<td>54%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Worrying: Percentage who worry a lot/quite a lot about exams/tests/SATS (Warrington CYP Survey 2014)
• Also high on the list of reasons, particularly for girls, was worries about appearance and problems with friends and family
• When faced with a worry, overall almost one third of children and young people said they would often talk to an adult in their family. This decreased with age, and talking to a friend or brother/sister increased.

A call to action

While most young people in Warrington reported that they were at least quite happy, many young people (especially girls) are not happy with the way they look and this seems to worsen as they get older. In addition, taking exams is a part of life but this is a clear source of worry for young people in Warrington.

In coping with worries or problems, younger children are more likely to talk to an adult whereas older children tend to talk to a friend or sibling. This draws attention to peers as key influencers of young people’s emotional wellbeing and may also explain some of the concern with their own appearance.

We need to focus on:

• Ensuring that our services are able to improve young people’s resilience and coping strategies.
• Adequately supporting young people taking exams and ensuring they have tools to enable them to cope.
• Promoting positive body image and self-esteem amongst young people in Warrington with a particular emphasis on girls.
1.8 Some of the action being taken

In this section, we aim to give a flavour of some of the action in place to help children adopt a healthier lifestyle, feel safe and improve wellbeing. Please be aware that this is not a comprehensive review of all services in Warrington.

Lobbying for national change

Children are growing up in an environment that promotes poor dietary behaviours, encourages a sedentary lifestyle, promotes alcohol use, and sexualises children at an early age. Some of the ways to address this is through lobbying for national changes in legislation. The Public Health team in Warrington joins with other Local Authority teams in the North West to lobby for such changes in legislation.

Recent successes have led to changes in legislation that are making tobacco products less attractive to young people. There is a ban on advertising at point of sale (which means that even very small shops are no longer able to display tobacco packaging) and on flavoured or ‘low tar’ tobacco claims. Children are better protected from second-hand smoke with a ban on smoking in private cars carrying children. The introduction of plain packaging has just been agreed by Parliament. Locally we support these initiatives through a range of staff trained to work with families and give these messages and offer support. We also raise awareness with timely press and social media releases to keep people up-to-date.

We continue to ask for the issue of cheap alcohol to be addressed, and also for action on sugar-enhanced drinks. A minimum unit price for alcohol remains a public health goal. With our colleagues across the North West and our partners in Drinkwise, we continue to lobby for change. In the case of obesity, Warrington supports Food Active, an initiative developed by the Local Authorities in Cheshire and Merseyside. Food Active has developed the GULP (Give Up Loving Pop) marketing campaign with young people. The campaign has received national and international attention. Food Active undertakes promotional activity but also, crucially, facilitates the Local Authorities to have a collective voice in lobbying for legislative changes, such as a tax on sugary beverages.

Developing an intelligence-led approach in schools

Each secondary school has its own school health profile. Currently this health profile highlights health inequalities and five health indicators at ward level (including Year 6 data from the National Child Measurement Programme). Warrington primary schools have a generic health profile and a summary sheet for East, South, West and Central primary school clusters which details child excess weight data from the National Child Measurement Programme for Reception and Year 6 children.

The aim is to help each school recognise the health needs of its pupils and develop school health plans that are specific to their needs. For example, school nursing healthy lifestyles targeted delivery will be based on this school health need.
Public Protection

Illicit tobacco and alcohol makes a potentially much more toxic product readily available to young people due to a comparatively cheap price; unscrupulous retailers will also ignore other regulatory measures such as the ban of sale to under 18 year olds. The local Trading Standards team continually carries out visits to local retailers using test purchasing to successfully uncover underage sales, the sale of single cigarettes and illicit tobacco/alcohol.

There is also a local policy that means young people who are caught trying to use fake ID cards in the night-time economy receive a ‘Restorative Justice’ session. This sees the police partner with health and Public Protection professionals to help young people understand the short and long-term risks and consequences of both alcohol and crime.

We need to ensure that we can respond quickly and effectively to changing drug taking behaviours. The Council’s Public Protection Team have been working closely with local police to monitor local businesses who have been selling new psychoactive substances, to ensure that the products are not being sold to young people under the age of 18 and that the products are not displayed at the counter.

Risky Behaviours Programme

The Council’s Youth Service currently delivers a ‘Risky Behaviours Programme’ across the town’s high schools. The service aims to help prevent a range of risky behaviours, such as smoking, alcohol consumption, substance misuse and unsafe sexual behaviours. The risky behaviours programme has been designed to take a more holistic approach with young people by addressing a range of issues and giving them the skills they need to be able to make informed decisions, weigh up risks and have the confidence to make healthy choices.

This programme is two-fold; firstly it delivers a range of sessions in the classroom environment, giving factual advice signposting to local services and encouraging discussion; secondly the Youth Service is then available on an outreach basis outside of the school environment should young people want to discuss any issues further in a more confidential environment.

Schools can also request Year 7 and Year 10 sessions to be delivered around self-esteem.

The Youth Service also has strong links with Tobacco Free Future’s package of initiatives that raise awareness among people of the subtle tactics used by tobacco manufacturers to attract new smokers and continue the misconception that smoking is glamorous.

There is some delivery in secondary schools around body image and self-esteem.

The service works on joint initiatives with the school nursing service - see the following section on school nursing.
Child Sexual Exploitation

The Risky Behaviours programme aims to guide and empower young people to be able to identify and form ‘healthy relationships’ and develop safe and respectful physical relationships.

The sessions that are delivered by the youth service across schools in Warrington provide the opportunity for young people to discuss relationship issues in a different way, and to openly talk about what they think is important and normal. It is only when young people can talk openly in this way that attitudes and opinions be challenged and another perspective offered. The sessions also cover the issues of body image and self-esteem, using online celebrity culture.

The Risky Behaviours programme works in parallel with the Missing Children, Sexual Exploitation & Trafficked Children Operational Group (MCSETO) who work to help protect and support young people who are or who have been victims.

The school nursing service

Within the contract for the school nursing specification, there is a requirement for proactive follow-up of families with very overweight children identified through the National Child Measurement Programme in Reception year (aged 4/5) and Year 6 (aged 10/11). The aim is to increase parents’ understanding of child weight status and provide appropriate support.

School Nurses have been trained in the Making Every Contact Count level 2 Training - Raising the Issue of Obesity Module, to ensure that they are confident to raise the issue of weight, provide brief support and refer into appropriate services. School nurses can provide healthy lifestyles advice on a one to one basis or for identified groups.

All secondary schools have a dedicated School Nurse who delivers a weekly health and wellbeing drop-in session. The School Nurses are trained to give guidance, advice and emotional support to young people about a range of emotional health and wellbeing, self-esteem, relationship and sexual health issues. The school nursing offer includes sexual health education for Year 9 and Year 10 pupils. Schools can also agree to school nurses offering condoms to those who are already sexually active and, if appropriate, chlamydia testing and pregnancy testing. A review of the young people’s presenting issues at the school drop-in sessions identified emotional health and wellbeing as the highest need.

There is a new brief therapy programme for young people with low level social and emotional health needs. A small number of Warrington School Nurses and Youth Workers have been trained by staff from the Child Adolescent Mental Health Service team to deliver sessions to young people. These therapeutic sessions provide extra support for young people who do not meet the criteria for the intensive support delivered by Tier 3 Child Adolescent Mental Health Service, or for whom
this service is not appropriate. Supervision for school nurses is also provided from Tier 2 Child Adolescent Mental Health Services on a regular basis. There will be an initial evaluation report in 2015 to assess the impact of this programme of support over a number of sessions, to see whether it has improved young people’s resilience and coping strategies.

Another new development provided by the Warrington School Nursing Service is the Youth Offending Pilot. All young people from Warrington entering the Youth Offending Team on a statutory order will be offered a health screen, which includes emotional health and wellbeing, from a school nurse or a Children in Care worker (if they are looked after). The school nurse will identify any health needs, and support the young person or signpost into other services if required.

The Tier 2 Child Adolescent Mental Health Service team will be supporting training and packages of support for young people around anxiety and exam pressures. School nurses and youth workers will then deliver targeted sessions for young people in schools; alternatively, young people could access support from the school nurse at the weekly health and wellbeing drop-in service.

**Whole school approaches**

Primary schools are encouraged to become a ‘Smokefree School’. This award can be a whole-school project that ensures that smoking is completely banned on site, that the Smokefree Homes campaign is promoted, and that pupils receive an awareness session about the harms of smoking. Teaching staff and other support roles can receive training from the local stop smoking service to be able to give brief information advice sessions to families who would like to become Smokefree.

Secondary schools are also encouraged to achieve the ‘Smokefree Schools Award’ which has the addition of a clear and explicit policy of support offered to students who smoke, and the consequences for those who smoke on site. Teaching staff are also offered stop smoking brief information advice training, and are encouraged to set up drop-in sessions for pupils who would like to quit. So far, 11 high schools have received the training and four of these currently offer regular drop-ins. The school nursing service also offers a regular drop-in at schools, and smoking advice and support is provided to students in a more confidential setting.

In addition, all local schools have the option of joining the ‘Alcohol and Drug Aware Policy’ scheme that offers a standardised response to all alcohol and drug incidents across the town. This policy aims to give a fair balance of discipline and support to young people and their families.

Schools will be supported to update their school’s whole school food policy in the summer term 2015, ensuring curriculum delivery and school practice provides and encourages healthy eating and drinking.

A directory of mental health services has been developed for schools and will be included on the Warrington website ‘Happy? Ok? Sad?’
Physical activity

There is an Active Warrington strategy supported by the Active Warrington Partnership that works alongside the Healthy Weight strategy to develop and support increased opportunities for children and young people to engage in sport and physical activity both in school and the community.

For example, in 2012/13 year this partnership engaged 883 children and young people in after-school activities and supported the delivery of cycle training to 1,950 pupils.

An example of the after-school activities available are Change4Life after-school clubs. Change4Life is the national social marketing campaign to promote healthy weight, and aims to prevent people from becoming overweight by encouraging them to eat well, move more and live longer. These after-school clubs are designed to increase physical activity levels in less active children in primary and secondary schools by:

• Using multi-sport themes (primary) or alternative school sports (secondary)
• Using the inspiration of the Olympic and Paralympic Games
• Responding to what children want
• Establishing a habit of regular participation
• Developing a real sense of belonging
• Changing behaviours relating to key health outcomes (including healthy eating, physical activity and emotional health)

Ambitions for the coming year are to expand upon the Change4Life work in schools and other child and youth settings, and to develop better links between Early Years settings, schools, sports clubs and activity providers.

Healthy Weight targeted pilot

A Healthy lifestyles (weight management) primary schools programme has been delivered to children in Years 5 and 6 (9 to 11 year olds) over a 6-week period within the school day, as part of the timetable at two targeted primary schools. It is delivered alongside teachers and support staff in the school environment and the programme established links with the National Curriculum and Change4Life.
The Youth Advice Shop

Warrington also has a well-established young person’s sexual health service called the Youth Advice Shop. This service is situated in the town centre in a discreet location, with accessible opening times (six days a week with evening and weekends available). The Youth Advice Shop also offers outreach sessions in Youth Service bases across the town, at Priestley College and at Birchwood School. The Youth Advice Shop is part of the town’s main sexual health service and the sessions are staffed by both sexual health nurses and specially trained youth workers. The Youth Advice Shop offers confidential advice, guidance and treatment and will see individuals and couples up to the age of 19 years. Services offered include relationship advice, contraception advice including fitting, full sexually transmitted infections screening and testing, pregnancy testing and advice.

Bullying and safety

‘Behaviour and safety’ is one of only four areas of focus within school Ofsted inspections. 80% of Warrington schools inspected in the last 12 months received a ‘good’ rating for behaviour and safety, reflecting that safety in schools is high on the agenda.

All Warrington schools buy in the services of the Education Safeguarding Team from the council through a service level agreement (SLA). As part of the SLA they receive support and guidance on policies to keep children safe including anti bullying, e-safety and child sexual exploitation. The Education Safeguarding Team also provides a dedicated support hotline for schools. Support for individual cases of bullying, or signposting for class and whole school intervention, can be facilitated by the team. Over the last 12 months the Education Safeguarding Team has investigated a number of Ofsted complaints in relation to bullying. The team have undertaken robust investigations with schools and provided comprehensive reports to schools and governing bodies to support school improvement in the support available to pupils who experience bullying. Support in relation to anti-bullying policies and the recording of bullying incidents has also been provided in these circumstances.

Head Teachers are represented on the Warrington Children’s Safeguarding Board with a clear expectation that they will disseminate information and advice, including training opportunities, to all schools.

There is a requirement that racial incidents are reported to the Local Authority and the Warrington hate crime partnership is championing some good practice. Most recently we had the ‘wise up’ awards where many Warrington schools achieved awards for good practice in anti-bullying.

Public Health, with colleagues, will support schools to ensure that children can learn in a safe environment free from prejudice by raising awareness of the Anti-Bullying Alliance national Anti-Bullying Week. This is a week where children and young people, schools, parents and carers come together with one aim: to stop bullying for all. Anti-Bullying Week 2015 will be from the 16th - 20th November.

A Behaviour and Welfare Network has recently been established for school staff. This will cover a range of issues around safety, child sexual exploitation and safeguarding.
Action through the generic children and young people’s workforce

Within Warrington Council’s Youth Service division, all qualified youth workers now have the ability to deliver drug and alcohol interventions with young people. There are now 3 levels of offer for young people within the new structure - low level information and advice, targeted work and specialist substance misuse support. The Youth Service has also been actively involved in developing a new referral pathway for young people who attend A&E with an alcohol or substance misuse presentation. Whilst this process is still in its early days, it should help to reduce A&E attendances by young people and ensure that continuity of care is in place post-discharge.

All children and young people’s settings are encouraged to sign up as a local Change 4 Life (C4L) supporter and actively promote it in their settings. This is the national social marketing campaign to promote healthy weight, and aims to prevent people from becoming overweight by encouraging them to eat well, move more and live longer.

Public Health is developing Change 4 Life workshop sessions to enable and equip the children’s workforce to deliver campaign messages and healthy eating information within their setting. Additional training programmes will be available to enable community workers to deliver a short, community based ‘cook and eat’ programme to families.

Public Health is delivering a sex and relationship education policy and programme workshop for secondary school staff. The main focus is to provide guidance for staff to update their school’s sex and relationship education policy. There is also the opportunity for schools to share best practice in relation to sex and relationship education curriculum delivery. Schools will also be updated on local sexual health support services to ensure that staff have the knowledge to signpost pupils if required.

A partnership ‘Promoting Positive Mental Health in Young People’ Conference took place in November 2014 for teachers and young people in secondary schools and colleges. We are hoping to work with these young people to become emotional health champions for their school.

Services bought in by schools

Schools can buy health education from a range of providers. Services can be bought from WBC as part of ‘My Schools Services’ offer, which includes the family outreach team and safeguarding. In addition, Livewire pay to put their PE & school sport offer in there for schools to buy in.

The Public Health delivery plan gives details of the Public Health commissioned services for primary schools; this includes oral health promotion, Vision Screening and School Nursing and for secondary schools Risky Behaviours and School Nursing. At the secondary school planning meetings we focus on their school community health needs and target service delivery and this is agreed in the delivery plan. If the Public Health commissioned services can’t deliver against these health needs we would signpost to services.
1.10 Experiences of young people using local services

18 year old young man, part of the Risky Behaviours Programme and further young people’s support

- The young man has reflected on his time in the group and said that coming to the group has given him purpose and helped develop his skills.
- He also reports feeling more like an adult since he has been referred to Brighter Futures (the young people’s volunteering and mentoring scheme).

11 year old young person, using Child and Adolescent Mental Health Services and School Health

- The young person states that she is feeling a lot more positive in herself. She was anxious, but is aware that she has continuing school support and that there are further avenues of support should she require them.
- The young person reports improved self-confidence and that one to one support has helped her significantly to address presenting issues.

16 year old young person, using the Youth Service and the young person’s substance misuse service

- He felt more in control and more empowered by the techniques he had learnt via one to one support.
- His relationships improved at home as a result of the reduction in his substance use.
- He recognised that his attitude towards problem solving had changed and he had increased confidence, so he could deal with future problems in a healthier way and without resorting to substance use and self-harm.
- He feels less anxious and more positive about the future.

16 year old young person, part of the Risky Behaviours Programme and receiving further Young People’s support

The young person feels that her involvement with the Youth Service has:

- Helped her to realise the risky situations she was putting herself in on a Friday and Saturday night.
- Helped her feel happier with her current living situation but hopes continued work will help her deal with her worries about the future and any potential relapses.
- Helped her settle in at college and have a happier outlook and has helped her access additional services in college.
- She also states that the Youth Service is the only Service she feels has done anything to help her.
1.11 Key Messages

These are some overarching messages from this survey.

The good news is that Warrington’s children overall have lower lifestyle risks than national averages for many risk factors - for example, in obesity and smoking levels. We should celebrate such successes, which are testament to the resourcefulness and energy of our young people and their families.

The survey results also make it clear that a “one size fits all” approach to improving health and wellbeing would not be appropriate. The survey adds and confirms our existing understanding of the variations amongst this population of young people, particularly with regard to the following factors.

Age

The survey demonstrates that over their time at primary school, children become more overweight and obese. Through high school, they gradually develop riskier behaviours, and their source of advice and support shifts from their teachers and parents to their peers, older children and social media/internet. Through the findings of the survey, we need to explore whether in our work with children, we identify key stages where these shifts occur and target approaches at these critical change points in a child’s life.

Gender

The differences in lifestyle and general wellbeing between girls and boys become more marked as children get older. Boys take more risks with alcohol and drugs; they are slightly more likely to be obese; they are more likely to experience physical violence and to keep their worries to themselves. Girls have greater concerns about body image, are more likely to skip breakfast, and worry much more than boys. Older boys are beginning to exhibit body image issues, evidenced by the number that want to gain weight; this is something that must be watched closely in case it escalates into more severe issues.

In general, boys are more likely to be happy than girls.

We need to explore whether our approaches to children take into account these gender differences, and if necessary, improve our approaches.

Knowledge

In some areas, particularly substance misuse and sexual health, some children did not have sufficient knowledge; for example, mistakenly thinking that oral contraceptives can protect against sexually transmitted diseases. We need to improve the education level of children on such issues, as ignorance can lead to lasting impacts on their lives.
Influences
Older children are more influenced and more likely to seek advice from their peers. We should explore whether we have in place strong peer support mechanisms, where children could be trained and supported to help each other through some of these issues.

The challenge:
We should map the existing provision for health improvement and support for school age children; explore whether we are effectively tailoring our approaches; and ensure that there is in place a cohesive and comprehensive offer for these children and young people.

Such an offer should be age and gender sensitive. It should recognise the wide ranging influences of peers and social media. It should also address the following key issues:

Smoking
- Discouraging Warrington children from trying both cigarettes and e-cigarettes
- Discouraging and enforcing action against adults who supply cigarettes to young people
- Supporting local young people who are currently smoking to stop smoking and access services to help them do this.

Alcohol
- Tackling the ease with which Warrington children appear to be able to obtain alcohol
- Reducing the perceived acceptability of unsafe drinking amongst not only children and young people but also the adults around them
- Reducing the risks that some young people are likely to face regarding their alcohol use

Substance misuse
- Increasing the opportunity to discuss and learn more about a range of drugs, the effects they have and the implications of use.
- Ensuring there is a programme around ‘internet safety’ to give young people the skills to be able to recognise what information should not be taken at face value and where they can find trusted sources of information and support.

Obesity
- Reducing the clear tendency of children in Warrington to gain excess weight through primary school
- Increasing the amount of exercise that children and young people take, not just in terms of increasing time spent doing structured physical activity but also leading less sedentary lives (e.g. by reducing time spent watching television and increasing walking for some journeys).
- Taking steps to tackle the worsening diets of young people in Warrington as they get older (e.g. not eating enough fruit and vegetables, skipping breakfast, consuming unhealthy snacks)
- Promoting positive, healthy body images amongst young people in Warrington
Sexual health

- Improving young people’s knowledge about:
  - sexually transmitted infections and how to prevent them
  - different methods of contraception available and their relative success at preventing unplanned pregnancies and protecting against sexually transmitted infections
  - how and where to access local sexual health advice and support as well as free contraception
- Ensuring that parents of young people are well informed about sex, relationships, preventing infections and unplanned pregnancy and local sexual health services.

Feeling safe

- Creating an environment where children and young people feel able to share their worries about bullying and internet safety.
- Empowering young people to raise a concern when worried about a friend as young people are more likely to confide in a peer.
- Helping boys to be able to share their fears with people they trust.

Emotional health and well being

- Needing to ensure that our services are able to improve young people’s resilience and coping strategies.
- Ensuring that young people taking exams are adequately supported and have tools to enable them to cope.
- Promoting positive body image and self-esteem amongst young people in Warrington with a particular emphasis on girls.
The information we gathered from the Children and Young People survey has given us plenty of food for thought, and we will continue to use it to help inform and shape the services we put in place to improve health and wellbeing.

As illuminating as the survey results have been, this information provides just one part of the picture. There is a range of other data that we use to help ensure that the decisions we and our partners make are based on meaningful intelligence and good evidence.

Whilst this year’s Public Health Annual Report has looked in depth at children and young people, there is obviously a wealth of information available on the health and wellbeing of the whole population, particularly the Joint Strategic Needs Assessment, which provides a comprehensive overview of the health and wellbeing of people in Warrington. This intelligence is used to develop priorities for Warrington as a whole through the Health and Wellbeing Strategy which is currently being refreshed.

For further information on any of the other information documents mentioned contact the Public Health Knowledge and Intelligence Team on 01925 443060.