

THE HEALTH  
*of Children*




AND YOUNG PEOPLE

*Director of Public Health's*

Annual Report 2014



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## Director of Public Health Introduction

This is my first annual report following the successful transfer of Public Health responsibilities from the NHS to Buckinghamshire County Council.

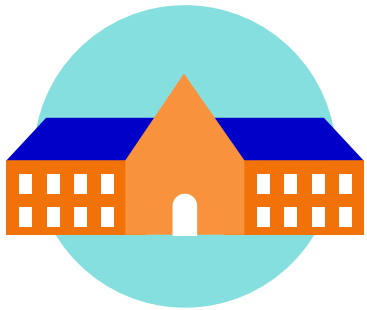
The first 20 years of life is a time of rapid development and shapes a person for the rest of their life. If we get it right during this period we can have a profound positive impact on the health and wellbeing of young people now, but also on their future prospects, their health and happiness as adults and the social and economic prosperity of Buckinghamshire – hence the focus of this report.

We wanted to understand young people's views about their health and what they thought would help protect or improve it so we worked with two Buckinghamshire schools to select topics of interest and relevance to their pupils. This report combines young people's ideas for helping them stay healthy, local data and national and international evidence of what works to make recommendations to help keep our children and young people as happy and healthy as they can be and achieve their full potential.

I would like to thank the students and staff of Chiltern Hills Academy and Little Spring Primary School who helped us to develop this report for some lively classroom discussions, some fabulous posters and campaign ideas to help promote health among their peers. I would also like to thank the six Buckinghamshire schools who are participating in our work on social norms – the early results of which are also highlighted throughout the report.

This report is for the wide range of people and organisations who care about children and young people in Buckinghamshire and helping them achieve their full potential. I hope it will be of interest to a wide audience including parents, schools, local authorities, health services, colleges and local businesses and hopefully to young people themselves as we all need to work together to give everyone in Buckinghamshire the best start in life.

# A collaborative approach to developing the Director of Public Health Annual Report

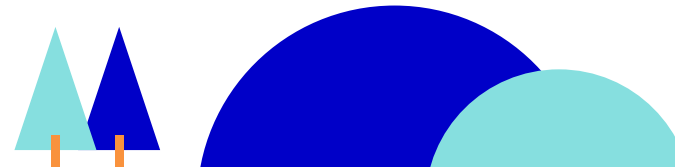


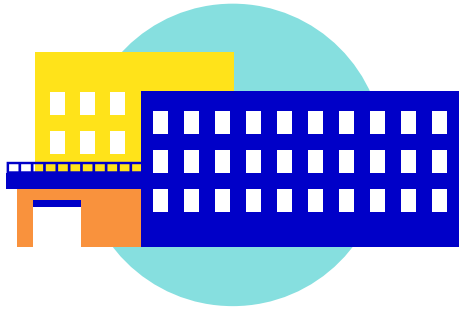
## WORK WITH LITTLE SPRING PRIMARY

Public Health organised for pupils to attend a healthy eating workshop delivered by a dietician, and a physical activity session based on cheerleading as a fun and inclusive activity. Based on what they had learned from these sessions, the pupils then created posters and poems to communicate what they felt the key health messages were. We also interviewed pupils about what they believe influences their health (see page 11).



Making exercise fun with a group cheerleading session.





## WORK WITH CHILTERN HILLS ACADEMY

The Public Health team with support from relevant partner agencies, delivered Personal, Social, Health and Economic Education (PSHE) lessons on healthy eating, smoking, emotional wellbeing, sexual health and alcohol to year 10 students.

Students were then invited to share their thoughts and ideas in relation to these health areas. These views can be found in the Classroom Sessions pages throughout this report. Staff from Chiltern Hills Academy then continued to work with students in Personal, Social, Health and Economic Education (PSHE) lessons to enable the students to develop their own health campaigns.

Students then faced their peers to determine the two best campaigns from each class. The winning nine groups 'pitched' their ideas to a professional judging panel with representatives from Public Health, Raw Design and Pinewood Studios.

The three winning pitches were an innovative smoking campaign called 'Cut it out', a thought-provoking film to challenge mental health stigma and discrimination, and a sexual health app to raise awareness and understanding of sexual health issues.



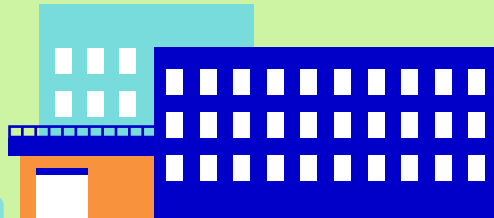
The Chiltern Hills Academy Health Campaign Competition

This report combines the views and ideas of young people in Buckinghamshire with what the local and national evidence tells us about some of the key health issues and what works to address them. The health areas focused on in this report were determined by the schools that helped to shape it, as being relevant issues that are faced by young people today.

# A COLLABORATION WITH YOUNG PEOPLE



PH TEAM



SECONDARY SCHOOL

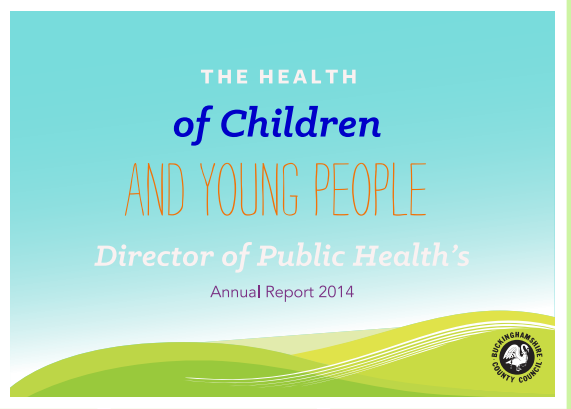


PRIMARY SCHOOL

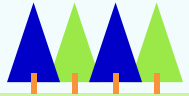
SOCIAL NORMS SURVEY



NATIONAL EVIDENCE



NEW INITIATIVES LED BY YOUNG PEOPLE



**WHAT**

*Influences*

**THE HEALTH OF**

YOUNG PEOPLE?





## BEFORE THEY ARE BORN

The influences on a child's health start before they are born. The health and health behaviours of the mother will influence the baby's development before birth and whether they will have good health, not only in early childhood, but throughout their adult life.

## AFTER THEY ARE BORN

After they are born, the conditions in which children live, grow, learn and play have a profound effect on physical and mental wellbeing. The early pre-school years are a crucial time of rapid development. The family environment including parenting behaviour and parental mental wellbeing at this age will affect healthy brain development of the child, as well as social, emotional and thinking abilities. Habits that will protect children's health like healthy eating and being physically active can become established at this time.

## AS PRIMARY SCHOOL AGED CHILDREN

As children enter school, the school environment and peers become an increasingly important influence. Schools can have a significant positive effect on young people's health. As highlighted throughout the report, whole school approaches can foster physical health and emotional wellbeing. There are benefits to the school too as these approaches support better educational attainment and behaviour. Good educational attainment brings better health and employment prospects throughout life.

## ADOLESCENCE

Adolescence (between 10—19 years) is another very important time of profound development, second only to early childhood in the rate and breadth of developmental change. The brain develops rapidly during early adolescence particularly those areas that deal with social relationships, taking risks and controlling feelings and emotions. At this time adolescents are susceptible to peer influence and risk taking. Some of these behaviours may have immediate and harmful consequences.

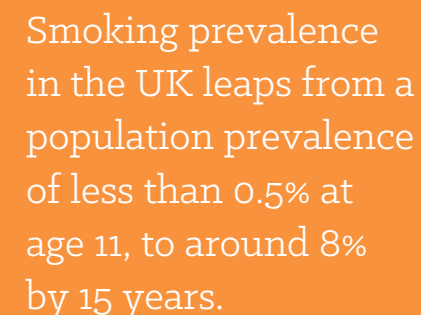
Research shows that teenage choices around risky behaviours such as smoking, drinking or having underage sex are significantly influenced by the perception of how many of their friends and peers participate in such activities.

Young people tend to overestimate how much their peers are engaging in risky behaviours. The social norms project 'RUDifferent' was commissioned to raise awareness and in turn reduce the pressure young people feel to get involved in risky behaviours. The results from the survey that underpinned this work are detailed throughout the report.

Five of the 10 key risk factors for adult disease burden (tobacco, physical activity, overweight, unsafe sex and alcohol use) are either started or heavily influenced in adolescence.



**NEARLY 90% OF  
LIFETIME SMOKING IS  
INITIATED BETWEEN THE  
AGES OF 10 AND 20  
YEARS IN THE UK.**

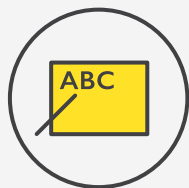


Smoking prevalence in the UK leaps from a population prevalence of less than 0.5% at age 11, to around 8% by 15 years.

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Approximately 80% of lifetime alcohol or cannabis use is initiated under 20 years. Physical activity rates also fall at this time, particularly for girls. The good news is that potentially harmful behaviours such as smoking and alcohol use among young people have fallen. Unfortunately health promoting behaviours such as participation in physical activity or eating sufficient fruit and vegetables have also fallen.

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## So what do young people in Buckinghamshire think influences their health?

Some of the key themes that secondary school pupils identified as influencing health behaviours were:



Primary school pupils also shared their thoughts with us on what they believe influences health.



**OVERVIEW OF**

*Health*

OF CHILDREN &

**YOUNG PEOPLE**

*in Buckinghamshire*

## National data suggest that the health of young people in Buckinghamshire is generally better than the England average reflecting the lower levels of deprivation and generally better living conditions among Buckinghamshire families.

However, this is not a cause for complacency as the Chief Medical Officer for England has highlighted that when compared with the health of children in other European countries *“children and young people in England are not doing as well as they could”*.

The proportion of children under 16 living in poverty in Buckinghamshire was 11% in 2011, approximately half the national average. However the proportion of babies born with low birth weight and dying in the first year of life is similar to the national average.

At the end of the first year of primary school 55% of children show a good level of development compared to the national average of 52% (2012-13).

A higher proportion of Buckinghamshire young people achieve good GCSE results and a lower proportion are not in education, employment or training at age 16-18 years.

Buckinghamshire children and young people also have lower admission rates to hospital for injuries, asthma, alcohol specific conditions, substance misuse, self-harm and mental health conditions than nationally.

Some children in Buckinghamshire experience poorer health than others. Children living in the most deprived areas of Buckinghamshire (on the index of multiple deprivation) are more likely to be underweight at birth and die in the first year of life than those living in the least disadvantaged areas.

At the end of the first year at primary school only 41% have a good level of overall development compared to 69% of children from the least disadvantaged areas.

Children and young people from the more disadvantaged areas also have higher levels of overweight and obesity, higher admission rates to hospital for a range of conditions including chest infections and asthma, injuries, self-harm and substance misuse. They are also more likely to be taken into the care of the local authority. Other young people experiencing poorer health include those with caring responsibilities, disabilities, or children in care.

[For more information, graphs and data click here for the DPHAR data supplement on our webpage.](#)

*Emotional*

WELLBEING

Emotional wellbeing is about feeling good about yourself and your life, or “A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment”.

Emotional wellbeing is important in its own right but also supports children and young people to reach their full potential. Positive emotional wellbeing helps young people achieve well at school, supports the adoption of healthy behaviours such as regular physical activity and reduces the likelihood of engaging in more risky health behaviours like smoking.

The foundations of emotional wellbeing are laid in the early years from birth through to adolescence so this is a crucial time to act as the impact will be felt for the rest of their lives. As well as promoting emotional wellbeing, it is also important to support those who experience mental illness. One in ten young people have a diagnosed mental disorder such as conduct disorders, anxiety or depression, but early help can improve outcomes.

## Bucks Social Norms Survey

A survey of 13-14 year olds in six Buckinghamshire schools



said they never felt anxious or depressed



Felt anxious or depressed once a year or less

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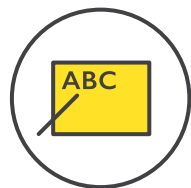
12% said they felt anxious or depressed most days, and a further 13% felt this way about once a month.

.....

When asked who they would talk to if they felt anxious or depressed, 39% said that they would talk to parents. 29% said they would talk to friends. 3% said they would go to the in-school counsellor and 1% said they would see an out of school counsellor. 18% said they would not talk to anyone. On this basis online support is now offered locally with the aim of engaging those who are not yet comfortable to talk to someone in person [www.timetotalkbucks.org.uk](http://www.timetotalkbucks.org.uk)

.....

Visit [www.RUDifferent.co.uk](http://www.RUDifferent.co.uk) for more details on the project.



## CLASSROOM SESSIONS

14-15 year old pupils were asked to share their views on emotional wellbeing. Their thoughts and ideas are summarised below.

What is emotional wellbeing?

Being emotionally stable, being happy.

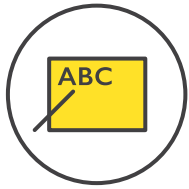
What can you do to improve your emotional wellbeing?

Being active / Eating healthily / Having fun / Hobbies / Thinking about others / Volunteering Listening to music / Making others happy / Sleep / Take advice / Speak to others who are going through the same thing / Keep off social websites which negatively affect you.

What would help raise the profile of emotional wellbeing?

Opportunities to talk in a class / group setting about the issues / Challenge judgments and increase understanding / Real life stories and stories from celebrities we look up to / Popular magazines and TV shows (features and adverts, real life stories) — shocking and scary stories to make people take notice.





## CLASSROOM SESSIONS

What issues might prevent a person from seeking support?

Judgmental people and fear of being judged / Family and friends may have different views on mental health / Lack of trust / Low self-esteem, social anxiety and awkwardness / Fear of information getting back to parents.

What would encourage a person to seek support?

Teachers / School / Adverts / Understanding counselling and what it involves / Concerned family and friends / A friend you can relate to / Reaching crisis point / Doing it for loved ones.

## FOLLOW UP WORK

Following the initial session, a group of students from Chiltern Hills Academy have been working on the development of a short film to raise awareness of how other people's reactions to mental illness can impact on a person.

They have also helped to design an infographic to complement their film (see page 18).

# START THE CONVERSATION. END THE SILENCE.

## NEGATIVE INFLUENCES ON EMOTIONAL WELLBEING

ATTENTION SEEKER!

WEIRDO

Pull Yourself Together.

Judgemental, name-calling

Ignoring people who need a friend

Bullying or negative comments made on social media



Someone with a listening ear

Social media can help you to reach out and talk to someone

Friends with hugs & cups of tea

## POSITIVE INFLUENCES ON EMOTIONAL WELLBEING

I'M ALWAYS HERE FOR YOU.

IS THERE ANYTHING I CAN DO?

Would you like a hug?

**1 IN 10** young people have a mental illness

Around 50% of lifetime mental illness starts by **14 YEARS**

Who would young people speak to if they felt anxious or depressed?

**18% NOBODY**  
**29% FRIENDS**  
**39% PARENTS**  
**14% OTHER**

**9 IN 10** YOUNG PEOPLE DIAGNOSED WITH A MENTAL ILLNESS HAVE EXPERIENCED STIGMA, PARTICULARLY FROM FRIENDS AND TEACHERS

## What Works? — The Evidence

Parenting behaviour has a profound effect on a child's emotional wellbeing, and evidence based parenting programmes have been shown to promote wellbeing.

School based programmes including peer education approaches, building resilience, and whole school approaches which foster an ethos that promotes the emotional wellbeing of staff and students.

A universal approach to promoting emotional wellbeing such as working with a whole year group can help to avoid stigmatisation which our Buckinghamshire young people and national research have highlighted as a barrier to people seeking help at the right time.

The Five Ways to Wellbeing are five key things that people can do in order to improve their wellbeing. They are simple things that individuals can do in their everyday lives.



**CONNECT** with the people around you.



**BE ACTIVE** doing anything such as walking, dancing, or sport, boosts mood



**TAKE NOTICE**, be curious, be aware of the world around you



**KEEP LEARNING**, try something new. Set a challenge you will enjoy achieving.



**GIVE**. Do something nice for someone. Smile. Volunteer your time.

The five ways link very closely with the activities identified by young people in Bucks as promoting wellbeing.



## 2013/14 ACHIEVEMENTS

- Continued the Penn Resilience Programme in schools for 12-13 year olds.
- Social norms pilot project initiated in schools to reduce peer pressure to get involved in exploratory/risky health behaviours.
- 'Emotional Wellbeing and Mental Health of Children and Young People Group' formed to promote the emotional wellbeing of school aged young people, and support those experiencing mental illness.
- Emotional Wellbeing in Schools conference established.

## Recommendations

- Build support for development of emotional wellbeing at all stages by continuing to commission evidence based parenting support, healthy child programme, family nurse partnerships and emotional resilience training in schools.
- Promote the five ways to wellbeing to young people, and identify young champions for peer support.
- Ensure services are available to support parental mental wellbeing.
- Take a multi-agency approach to challenging misperceptions and stigma related to mental illness.
- Raise awareness of local support agencies amongst professionals, parents, and young people and ensure timely, appropriate, high quality services are available for all young people.

***Alcohol***

Approximately 80% of lifetime alcohol use is initiated before 20 years of age. Alcohol consumption can be linked to a range of problems in young people including sleep disturbance, mental health problems and weight gain.

Alcohol tends to impair judgement and result in more risk taking behaviour and potentially putting young people in situations where they are vulnerable to a range of harms including accidents and injury, unsafe sex, becoming involved in violence either as a victim or perpetrator. It is also linked to truancy, antisocial behaviour and crime.

Over a longer period drinking alcohol above safe limits results in a wide range of chronic diseases in adulthood. It is also strongly associated with domestic violence. The Chief Medical Officer for England recommends an alcohol free childhood up to and including the age of 14. If children do drink alcohol between the ages of 15-17 years, it should be infrequently and in a supervised environment and never exceed recommended adult limits. Fortunately the number of young people drinking regularly has fallen dramatically. In 2002, national data showed that 52% of 15-year-old boys and 48% of 15-year-old girls reported drinking weekly; by 2010 this was down to 32% of boys and 23% of girls.

## Bucks Social Norms Survey

A survey of 13-14 year olds in six Buckinghamshire schools

93% of students drink once a month or less.  
62% say they never drink alcohol.  
31% say they only drink once a month

Students believed that 16% of boys and 15% of girls had been drunk in the past week. The reality was just 3% — significantly less.

Students thought that 1 in 3 of their year group were drinking once a week or more — actually it was less than 1 in 10.

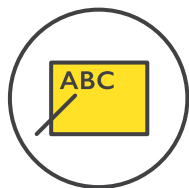
22%

felt that drinking was never a good thing to do.

39%

thought it was ok occasionally.

Visit [www.RUDifferent.co.uk](http://www.RUDifferent.co.uk) for more details on the project



## CLASSROOM SESSIONS

14-15 year old pupils were asked to share their views on alcohol. Their thoughts and ideas are summarised below.

**What are the main risks of drinking too much alcohol?**

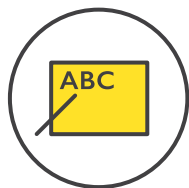
Cancer / Becoming violent / Personality changes / Effect on your liver, kidneys and brain / Having your stomach pumped / alcohol poisoning / Depression and anxiety / Sleep problems / Links to Sexually transmitted Diseases / Accidents.

**What influences young people's behaviours/views on alcohol?**

Parents / Taste of alcohol / Friends and peer pressure / Media, advertising / Special occasions / Awareness of health and social risks/ Social background.

**Where would young people go to find out more/get support about alcohol?**

Way In (Counselling and information service based in Chesham) / People you trust / Teacher / Childline / Addiction / You Tube / Internet / Parents / GPs / Counsellors.



## CLASSROOM SESSIONS

What issues might prevent a person from seeking support?

Embarrassment.  
Fear of being judged.  
Don't want family to find out.  
Worried about being seen visiting clinic.

What would encourage young people to drink less?

Inform young people more about how emotional wellbeing is linked to behaviours around alcohol.  
Utilise the shock factor.

### What works? — The Evidence

- Enhancing family bonds and relationships
- Reduce peer pressure by challenging social norms i.e. raise awareness about actual drinking behaviours as young people tend to overestimate the extent to which their peers drink.



## 2013/14 ACHIEVEMENTS

- 100+ people who work with young people received training on helping young people avoid risky drinking including health visitors, school nurses, social workers and youth services.
- Alcohol and drug misuse services have been re-commissioned to include education work in schools through online learning and school visits.
- A successful Buckinghamshire wide campaign was run as part of alcohol awareness week in 2013 to encourage adult residents to consider whether they were inadvertently harming their health. The nationally recognised campaign, involving partners and 26 coffee shops led to a three fold increase in people seeking information from the Buckinghamshire County Council Alcohol Webpages.

## Recommendations

- Work with young people to develop appropriate communication messages around alcohol.
- Work with Alcohol Concern to ensure young people in Buckinghamshire are included in local campaign work and are able to contribute to national policy discussions at the Alcohol Concern national youth summit.

For more information please see

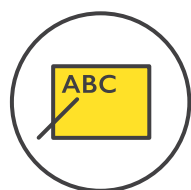
[www.bucksc.gov.uk/healthy-living/alcohol](http://www.bucksc.gov.uk/healthy-living/alcohol)

**HEALTHY**

EATING

A healthy diet is vital at all ages but particularly while young people are growing and developing. Childhood and adolescence are important times for establishing healthy eating patterns. A healthy diet ensures

good mental and physical development, helps improve concentration, learning and behaviour and helps maintain a healthy weight. A healthy diet also reduces the risk of many adult diseases.

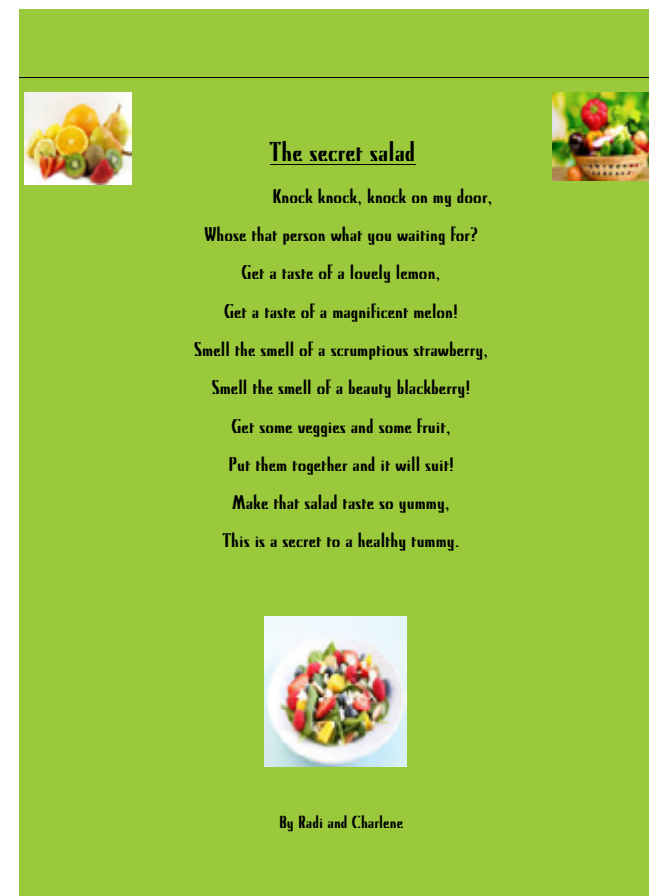


## CLASSROOM SESSIONS

Little Spring Primary School pupils shared their creative ideas and thoughts with us on how to promote healthy eating. Pupils created poems and posters, the winner and runner up are shown here:



Healthy heroes poster (winner)



The Secret Salad (runner up)

# HEALTHY EATING: THE FACTS



ONLY ABOUT A QUARTER OF CHILDREN EAT THE RECOMMENDED FIVE PORTIONS OF FRUIT AND VEGETABLES PER DAY.

THE MOST  
IMPORTANT  
MEAL OF  
THE DAY

## BREAKFAST

- ✓ IMPROVING CONCENTRATION
- ✓ IMPROVING LEARNING AT SCHOOL
- ✓ HELPING TO REDUCE OBESITY
- ✓ REDUCES SNACKING

62%

ACCORDING TO THE SOCIAL NORMS DATA 62% OF BUCKS PUPILS EAT BREAKFAST EVERY DAY.

NATIONAL DATA SHOWS THAT OVER THE LAST DECADE, THE PROPORTION OF CHILDREN EATING FRUIT DAILY AND EATING BREAKFAST HAS FALLEN.



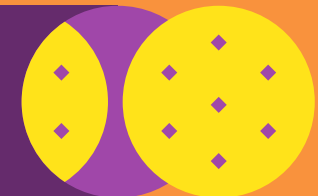
CHILDREN'S DIETS TEND TO CONTAIN HIGH LEVELS OF ENERGY DENSE FOODS AND SUGAR. ENGLAND NOW HAS THE HIGHEST RATE OF SUGARY DRINK CONSUMPTION IN EUROPE.

A GROWING PROPORTION OF CHILDREN AND YOUNG PEOPLE ARE OVERWEIGHT AND OBESE.

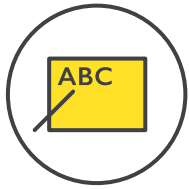
CHILDHOOD OBESITY IS ASSOCIATED WITH A WIDE RANGE OF PROBLEMS INCLUDING PSYCHOLOGICAL PROBLEMS AND REDUCED SCHOOL PERFORMANCE AND SOCIAL FUNCTIONING.

## SNACKS

MORE THAN  
**1 IN 4** ARE OVERWEIGHT OR OBESE BY THE TIME THEY LEAVE PRIMARY SCHOOL.



UP TO 75% OF THOSE WHO ARE OBESE AS CHILDREN OR ADOLESCENTS ARE LIKELY TO GROW INTO OBESE ADULTS WITH LONG TERM CONSEQUENCES FOR THEIR HEALTH.



## CLASSROOM SESSIONS

14-15 year old pupils were asked to share their views on healthy eating. Their thoughts and ideas are summarised here.

What is healthy eating?

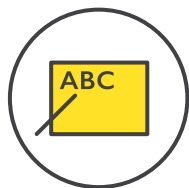
Good nutrition is eating healthy food e.g. fruit and veg, rice/pasta.  
It is having a balanced diet.

What can you do to eat more healthily and encourage those around you to eat more healthily?

Have a team/all in it together approach /  
Increase willpower and self-discipline /  
Look at images of long-term health problems from unhealthy eating.

What would influence young people's behaviours and views in relation to healthy eating?

Being body conscious or into sport /  
Whether food tastes nice / Friends and family /  
Advertising e.g. fast food restaurants /  
TV programmes – e.g. dieting and extreme eating programmes.



# CLASSROOM SESSIONS

Where would young people go to find out more information about healthy eating?

Online e.g. NHS websites /  
Ask personal trainer at the gym /  
Nutritionist/Dietician

What might prevent a person from seeking support?

Denial of problem.

What would encourage a person to seek support?

Family / Bad health /  
To control weight.

What would help people to realise how important healthy eating is?

Inform people of its importance but sensitively (especially weight) / Make it fun e.g. involve people and be interactive / Increase understanding of how healthy eating can help improve sporting performance / Demonstrations using real food / Improve the taste of healthy food / Cover the subject as part of other subjects e.g. science and media.

## What Works? - The Evidence

- Developing a healthy food environment in early years and schools
- Whole school approaches to healthy eating
- Promoting self-esteem and a positive body image
- Addressing lifestyle within the family and social settings
- Supporting the provision and promotion of health eating choices in communities.

## 2013/14 ACHIEVEMENTS

- Continued to commission MEND (Mind, Exercise, Nutrition, Do it!) programme. Fun family based active education programme designed for overweight children and a parent or carer.
- Drop in sessions run at selected children's centres to answer parents questions about healthy eating for under 5's.
- Completed the annual National Child Measurement programme (NCMP), which measures whether children are a healthy weight and advises parents/guardians of support available.
- Funded Chefs clubs at 18 schools teaching cookery skills to parents and pupils.

## Recommendations

- Continue to develop a multi-agency healthy eating strategy for Buckinghamshire that reflects the needs of different age groups.
- Improve access to informal and low cost/free cooking skills lessons for families or children.

For more information see:

[buckscc.gov.uk/healthy-living/healthy-eating-healthy-weight](http://buckscc.gov.uk/healthy-living/healthy-eating-healthy-weight)

# PHYSICAL ACTIVITY

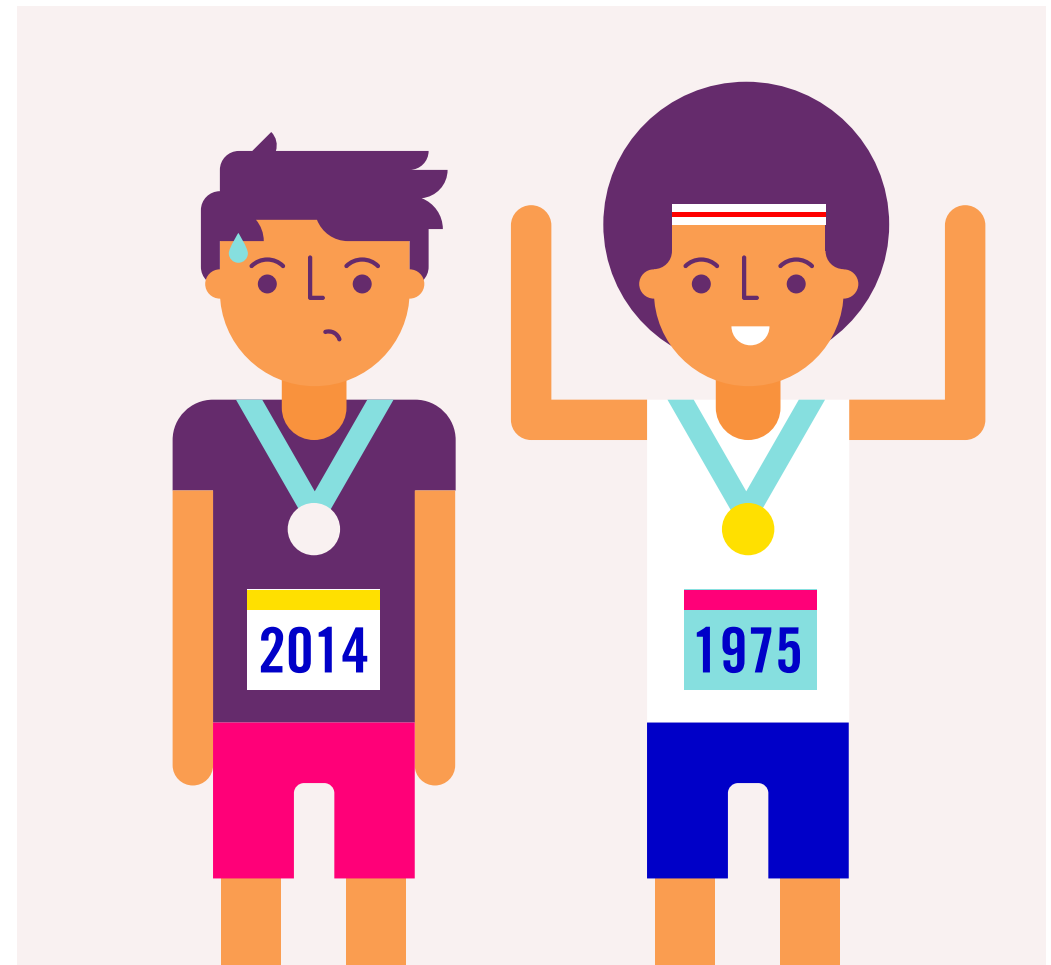


Regular physical activity is vital for healthy growth and development and reduces the risk of developing many serious illnesses. It is also associated with better educational attainment.

The UK's Chief Medical Officer recommends that children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes every day and minimise the amount of time spent sitting.

There is a crucial window of opportunity between 4 and 7 years when children need to pick up the skills necessary to develop their physical abilities to their full potential. Teaching physical literacy can lead to sustained participation in sport and activity in life – but also helps a child develop their motor co-ordination and cognitive development. This is explained well in the following you tube clip: [Start Young](#)

We know today's children are the least active in history. They are 20% less active than in 1961 and data from 2010 shows that only 28% of boys and 15% of girls aged 11-15 years were meeting the Chief Medical Officers guidelines on activity. This has consequences for fitness – an important indicator of future health.



Today's children are about 15% less fit than their parents were. In a race over 1 mile, on average a child from 1975 would beat a child from today by 90 seconds!

## What works? – The Evidence

- A multi-faceted approach ensuring access to safe places to play, green spaces and environments that support active travel.
- Teaching physical literacy between the age of 4-7 years.
- Physical activity programmes in schools.

Being physically active isn't just about sport and competitive games. It is important to ensure that children and young people try lots of different things so that they can find something that suits them and they enjoy. At Little Spring Primary School, children were invited to participate in a cheerleading session.

## 2013/14 ACHIEVEMENTS

- Working with partners, developed a physical activity strategy and action plan for people of all ages in Buckinghamshire, to encourage more people to be more active more of the time!
- Commissioned a new approach to help teachers teach physical literacy in primary schools.

## Recommendations

- Roll out the physical literacy model of 'train and mentor' to 25 schools and evaluate outcomes
- Explore the use of technology in encouraging young people to be more physically active
- Continue to promote school active travel plans
- Work with communities to promote physical activity.

For more information see:

[buckscc.gov.uk/healthy-living/physical-activity](http://buckscc.gov.uk/healthy-living/physical-activity)

SMOKING

Nearly 90% of lifetime smoking is started between the ages of 10-20 years and about 40% before the age of 16. The earlier someone starts smoking the greater the likelihood that they will smoke more heavily in adult life, have higher levels of dependence and also be less likely to quit.

Smokers who start at a younger age are also more likely to develop illnesses such as lung cancer and heart disease. The decision to start smoking is most heavily influenced by parental smoking. Children who grow up in a household where one parent smokes are 70% more likely to start smoking than those who grow up in a smoke-free household.

According to national data, approximately 4% of children between the ages of 11 and 15 years are regular smokers. National data suggests that the proportion of young people who smoke has fallen for both girls and boys.

It is worth noting that Shisha smoking - also called hookah, narghile, waterpipe or hubble bubble smoking, can be just as harmful as cigarette smoking, and is becoming increasingly popular among young people and adults across the UK. It is a way of smoking tobacco, sometimes mixed with molasses sugar or fruit, through a bowl and tube.

## Bucks Social Norms Survey

A survey of 13-14 year olds in six Buckinghamshire schools

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Students believe that only half of the students in their year never smoke. In fact the vast majority (93%) of the students questioned in the anonymous survey say they never smoke. This is better than the national average (86%).

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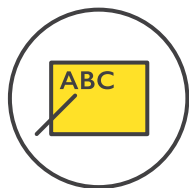
The average number of days in a month respondents said they smoked cigarettes and shisha was 2 and 4 respectively.

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$\frac{3}{4}$

Three quarters of students felt that smoking was never a good thing to do, whilst one quarter thought it was ok occasionally.

Visit [www.RUDifferent.co.uk](http://www.RUDifferent.co.uk) for more details on the project



## CLASSROOM SESSIONS

14-15 year old pupils were asked to share their views on smoking. Their thoughts and ideas are summarised below.

### What do students know about smoking?

Young people correctly identified that smoking caused lung cancer, heart disease and oral cancer. Students did not identify the other health risks. The students were all instantly able to identify shisha and were well aware of this form of tobacco use. Young people felt that not smoking was 'common sense'

What would help people to realise how important smoking prevention/cessation is?

More frightening imagery of the harm caused

### What would encourage a person to seek support?

Those who smoked were happy to talk about how they had tried to give up but did not identify any recognised form of support e.g. local stop smoking service or nicotine replacement therapy / Students knew and were enthusiastic about the CutFilms project (where students make short films to persuade their peers not to smoke).

## What works? — The Evidence

- Reducing the uptake of smoking is best achieved by influencing the adult world in which young people grow up so that young people do not see smoking as the norm
- Mass media interventions which use a range of methods to communicate key messages
- Point of sale interventions to deter illegal/underage tobacco sales.

## 2013/14 ACHIEVEMENTS

- Commissioned a Cut Films youth prevention project for a third year, which resulted in 52 short films being made by local young people on the harm caused by tobacco. A total of 46 participative workshops were held involving 537 young people as part of this project.
- A Smokefree Family Life project has been delivered across schools in Buckinghamshire that encourages young people not to start smoking and to support family members who smoke to quit.
- Enhanced our smoking cessation support in pregnancy to help mothers quit smoking during pregnancy and after the baby is born.
- A pilot smokefree parks project is being rolled out across five parks in Aylesbury in partnership with Aylesbury Vale District Council and incorporates a voluntary ban on smoking in play parks.
- Buckinghamshire County Council and all District Councils have signed up to the Local Government Declaration on Tobacco Control with support from both local CCGS. Buckinghamshire is the first county in the country to achieve sign up by all local authority organisations to this Local Government Association led commitment to tackle tobacco use.

### Cut Films Links



[Bucks Judges' Choice Winner](#)

[Maddies Choice \(Chalfont's Community College\)](#)

[Bucks Public Choice Winner](#)

[Every Puff Kills You \(Holmer Green School\)](#)

[Shortlisted: Aylesbury Youth Action – Ditch Smoking](#)

## Recommendations

- Ensure youth prevention projects such as Cut Films and Smokefree Family Life continue to be commissioned as part of a broader tobacco control programme in Bucks. All youth prevention projects should include shisha use as well as cigarette smoking.
- Continue to support smokers to quit through a free smoking cessation service in order to reduce the number of children exposed to second-hand smoke and smoking imagery/role models.

*Smoke free park*



SEXUAL

***Health***

According to the World Health Organisation sexual health requires a positive and respectful approach to sexuality and sexual relationships, so that people can have safe sexual experiences, free of coercion, discrimination and violence.

The teenage years are particularly important for sexual health as this is when many young people start to explore their sexuality with the average age of first intercourse being 16 years (amongst people aged 16 to 24 at interview). Overall, the rate of all sexually transmitted infections in Buckinghamshire is 30% lower than the national average.

England has the highest teenage conception rate in Western Europe. Available evidence shows that teenage pregnancy adversely affects the mother's health and the children born to teenage mothers are more likely to experience a range of poorer outcomes later in life.

In Buckinghamshire, teenage pregnancy rates have been consistently low compared with most other areas in England. The teenage conception rate in Buckinghamshire is lower than the England average. Under 18 conception rates fell by 30% in 2012 and Buckinghamshire has the 8th lowest under 18 conception rate nationally. It is also important that we protect our children from sexual exploitation, as this is a major child protection issue across the UK.

## Bucks Social Norms Survey

A survey of 13-14 year olds in six Buckinghamshire schools

**8% reported that they have had sex.**

.....  
**67%** of the year 9 pupils surveyed did not know where their nearest sexual health clinic was.  
 .....

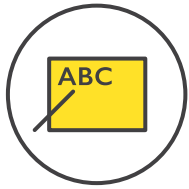
The perception is that 12% of boys and 11% of girls had sex whilst under the influence of alcohol; the actual reported figure in this survey was just 2%

**32%** thought that parents and carers should be the main source of information on sex and relationships closely followed by nurses/health professionals (**30%**).

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Visit [www.RUDifferent.co.uk](http://www.RUDifferent.co.uk) for more details on the project





## CLASSROOM SESSIONS

14-15 year old pupils were asked to share their views on sexual health. Their thoughts and ideas are summarised below.

What is sexual health?

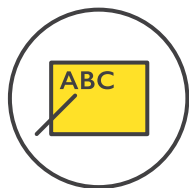
Sexually transmitted infections / sexual health check- ups / pregnancy / contraception (such as condoms, pills, the implant, injections and coils) / abortion.

What influences young people's behaviours and views on sexual health?

Media – negatively through pressure to conform, positively through condom adverts in magazines for example / Alcohol – may affect decision making / Friends – positive and negative influence / Access to porn / Education – positive influence particularly in relation to the sex and relationship sessions delivered by school nurses in schools.

What can young people do to keep themselves safe?

Use protection (e.g. condoms) / Make sure that young people are well informed and have all the information they need / Ensure that young people get to know their partners first and feel comfortable with them before having a sexual relationship.



## CLASSROOM SESSIONS

Where would young people go to find out more information/get support about sexual health?

Sexual health clinic  
Doctors  
NHS Direct  
Bucks Sexual health website  
Pharmacies (for contraception)  
Parents.

What might encourage a person to seek support?

Parents / Friends / Television /  
The Internet / Magazines.

What might prevent  
a person from  
seeking support?

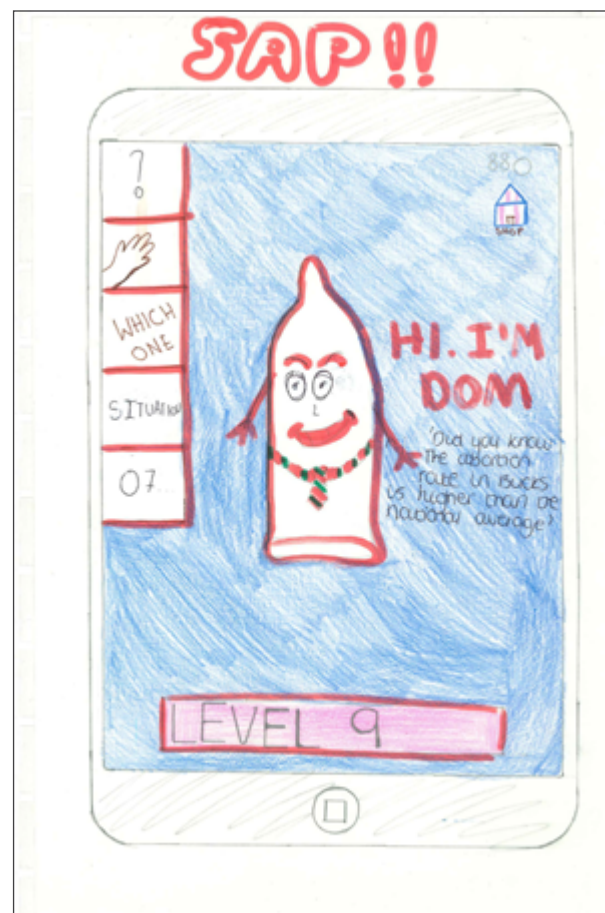
Embarrassment can get in the  
way of seeking support.

How can we encourage people to  
look after their sexual health?

Give young people information so  
that they can make informed decisions.  
The Internet may be the best place to  
access such information.

## What works? — The Evidence

- Accurate, high-quality and timely information that helps people to make informed decisions about relationships, sex and sexual health
- Preventative interventions that build personal resilience and self-esteem and promote healthy choices;
- Easy and rapid access to confidential, high quality sexual health services.



An initial sketch for “Dom the Condom”, a central character for an educational Sexual Health App designed by students at Chiltern Hills Academy. This app is now in the process of being worked up by a design company with the aim of engaging young people in important sexual health messages through fun online games and quizzes.

## 2013/14 ACHIEVEMENTS

- Pilot project offering one to one support for young people at risk of poor sexual health which is already showing positive results.
- Basic and specialist sexual health training offered to a wide range of professionals including school staff, children's home staff and youth offending service staff.
- Work tackling child sexual exploitation has included a theatre in education production in secondary schools, Spotting the Signs training for sexual health staff and review of safeguarding policies.
- The Bucks Sexual Health website has been further developed and a magazine-style Facebook quiz launched to engage young people whilst delivering key sexual health messages (see links 1 & 2 below).
- Continued to implement and improve the Chlamydia screening programme, C-card programme (offering free condoms to under 25s), Emergency Hormonal Contraception in pharmacies (free to under 19s) and specialist young people's sexual health clinics.
- A project providing young people the opportunity to prioritise what they wanted and needed from sexual health services in Bucks based on the principles of the board game monopoly (see link 3 below).

1. For more info: [www.sexualhealthbucks.nhs.uk/](http://www.sexualhealthbucks.nhs.uk/)

2. Pulling play list: [pullingplaylist.com](http://pullingplaylist.com)

3. Young People of Bucks: [www.youtube.com/watch?v=qiPfyltRpKU&feature=youtu.be://](http://www.youtube.com/watch?v=qiPfyltRpKU&feature=youtu.be://)

## Recommendations

- Develop sex and relationship education resources for young people's settings as part of a wider Personal Social Health and Economic (PSHE) education programme, including information about consent and healthy relationships
- Work with young people to increase awareness of how to find local sexual health information and services and continue to promote the Bucks Sexual Health website (see link 1 below) and to explore the use of social media to communicate with young people.
- Roll out specialist training to professionals, especially those working with vulnerable young people (with an initial focus on professionals working with young people with learning difficulties and/or disabilities) to enable them to work effectively with young people around relationships and sexual health.
- Work with pupils at Chiltern Hills Academy to develop their sexual health app, the Sex App.

# Summary and Overarching Recommendations

This report demonstrates that the health and wellbeing of children and young people in Buckinghamshire is generally better than the national average. However it is equally clear that more needs to be done in Buckinghamshire to ensure that every child has the best possible start in life and achieves their full potential.

The wide range of influences on young people's health highlights the need to work with young people and their families, schools, communities, the NHS and local government to ensure the best outcomes for young people.

Each chapter in the report makes specific recommendations related to that topic. Taking into account the health profile, the evidence and these specific recommendations I have highlighted some overarching recommendations for all partners in Buckinghamshire who have an influence on the health and wellbeing of young people.

Buckinghamshire health profiles:

<http://www.buckscc.gov.uk/public-health>

1. Partners should continue to work together to ensure that more women are in good physical and mental health during and after pregnancy.
2. Continue to invest in evidence based interventions in the early years that support families and support children to develop well and reach their full potential.
3. Continue to invest in evidence based interventions that promote emotional wellbeing and resilience in children and young people. This is vital as it supports them to achieve what they want from life and cope with adversity. It reduces the adoption of health damaging behaviours and supports the adoption of health promoting behaviours.
4. Continue to use the views, ideas and enthusiasm of young people to shape strategies and projects to improve their health and wellbeing and the services they receive.
5. Increase young people's awareness of the services and support available to them and use their advice to inform how best to communicate this information.
6. All partners should work closely together to improve outcomes and services for children and young people at risk of poorer health and wellbeing such as young carers, looked after children, those living in more disadvantaged areas and those with chronic illness or disability.
7. Ensure the health promoting potential of schools is as fully realised as possible.
8. Improve the data and information available on the health of mothers, babies, children and young people to guide our strategies and monitor progress.

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