

A Mapping of Community Assets in the Tendring District



***Commissioned by the North East Essex Health and
Wellbeing Alliance***

Foreword

The North East Essex Health and Wellbeing Alliance is a collaboration of organisations dedicated to improving the health and wellbeing of our local populations in Colchester and Tendring. We are all committed to working together in a more joined up way in the best interests of the people we serve.

We formed in early 2018 with the following membership: Colchester Hospital, North East Essex CCG, ACE, GP Primary Choice, Essex Partnership University Trust, East of England Ambulance Service, Essex County Council, Colchester Borough Council, Tendring District Council, St Helena, CVS Tendring and Community 360.

We know that to achieve our goals we need to do things differently. That includes a much greater focus on prevention and reducing inequalities in our communities. To do this we need to have broad partnerships beyond the NHS and local authorities. This report, commissioned by the Alliance, is a sign of our commitment to work with our communities, recognising existing assets, and actively seeking to support community and voluntary groups upon whom so many rely for their continuing health and wellbeing.

Thank you to colleagues in CVS Tendring and Tendring District Council for coordinating this project, and to everyone who generously gave of their time to inform this powerful and important report.



Mark Jarman-Howe

Chief Executive, St Helena

Chair of the North East Essex Health and Wellbeing Alliance

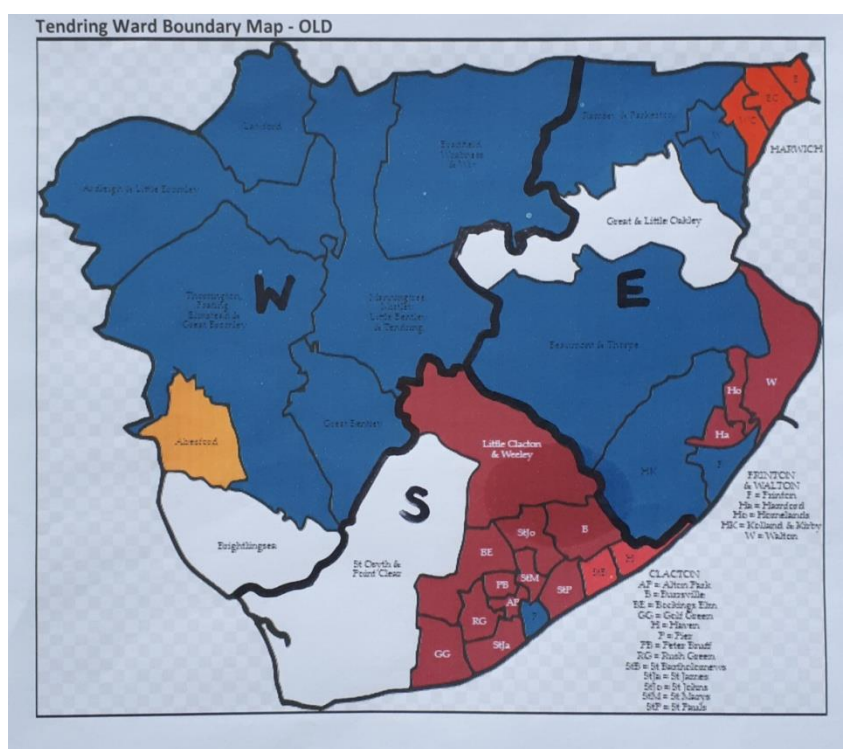
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This is a mapping of community assets in the Tendring district. It has been undertaken by Community Voluntary Services Tendring (CVST) and commissioned by the North East Essex Health and Well Being Alliance (NEEHWBA) in order to contribute to the Live Well Essex community model. This is underpinned by understanding both the 'needs' and 'assets' of the communities with the aim of identifying what is working well and what else might be enabled to strengthen community resilience and provide more holistic support to residents of all ages.

Life expectancy in Tendring is relatively low, for males and females, and infant mortality rates are high.

For the purposes of planning around existing community links and resources each area has been divided in the three geographic community areas, Tendring South, Tendring East and Tendring West, based on the old ward structure:



² Tendring District Council Website, 2019

The report was produced following analysis of available data, interviews with community and voluntary organisations, and stakeholder events in each of these three geographic areas in Tendring.

For the purposes of this exercise, community assets were defined as those which are universal to residents or visitors to Tendring (albeit that some will be age/condition specific), zero or low cost, and with clear relevance to physical and/or mental health and wellbeing in the broadest context. This includes services, clubs, support groups, etc provided by any local or national organisation. For the purposes of this report all such community assets are referred to as "services".

The mapping exercise identified the following key themes:

- Services are abundant in towns and villages, but not necessarily matching population need.
- There is a significant variation in how services are delivered in community centres and village halls. Some are very centrally controlled; others are just a series of individual bookings by private individuals and clubs.
- There is a significant variation in the type and quality of information available, and it is often difficult to find services or sufficient detail about them.
- It was widely reported that some people initially lack confidence to join activities, but once they are involved they feel benefit from them.
- Providers of the services report that the social aspect is as, if not more, important than the type of physical activity.
- Success in recruiting volunteers is variable. Some organisations report no problems, others are struggling. In many villages, volunteers managing halls or running services are getting older and it is difficult to see where the next generation will come from. Succession planning is vital and support mechanisms for volunteers need to be better established and more accessible for all.
- Transport into and around Tendring is variable - the train services are good, with main line links into Colchester and beyond from both the north and south of the peninsular, but some rural areas are poorly served by buses for more local journeys or for access to stations.
- CVST is seen as a particularly important resource to providers in South Tendring, and has growing importance in the Harwich area, since the development of the Dovercourt and Harwich Hub. It provides a valued support, information and development service to organisations and signposting for residents and organisations.

Recommendations have been drafted in a way which enables organisations to decide what they can respond to and how. They have been presented as recommendations which will, in most cases, require engagement and coordination with other partners to be able to make an impact.

1 INTRODUCTION

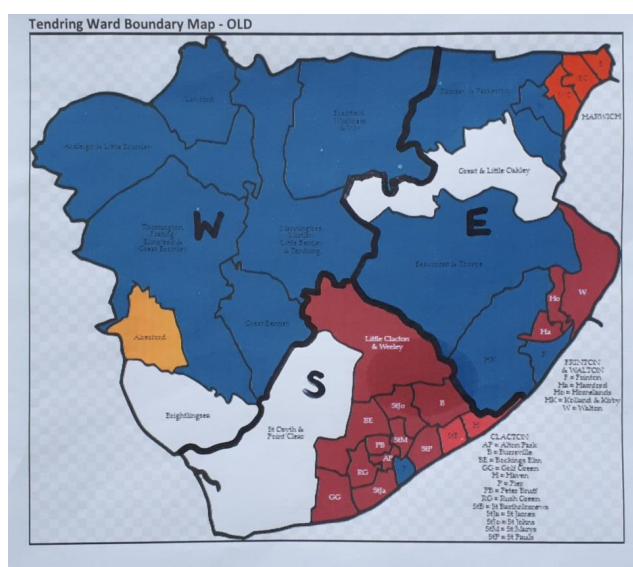
1.1 This report from Community Voluntary Services Tending (CVST) was commissioned by the NEE Health and Well Being Alliance (NEEHWB) to contribute to the creation of a Population Health System community model. This is underpinned by understanding both the 'needs' and 'assets' of the communities with the aim of identifying what is working well and what else might be enabled to strengthen community resilience.

1.2 In addition to the mapping of the more informal community assets, part of the exercise included updating information on the affiliated members of CVST and collating information on the wider sector to provide as complete a picture as possible of the non-statutory activities and services provided locally.

1.3 Tendring district is in the eastern half of the North-East Essex catchment area, with a total population of 144,705.³ It covers approximately 130 square miles. There are urban areas in Harwich & Dovercourt, Manningtree, Brightlingsea, Frinton, Clacton and Walton but it is generally characterised by small, rural villages. The road system through Tendring has the A120 (running between Harwich and Colchester) and the A133 (running from Clacton to Colchester), most roads are B roads or unclassified. Tendring is bordered by the sea (there are 37 miles of coastline), the River Stour and rural areas. It is a peninsula, to the very East of England.

1,4 Although relatively small in geography and population, Tendring has a wide variation across its communities, including pockets of high level deprivation amid relatively affluent areas and an above national and Essex average elderly population. Being bordered by the sea, the River Stour and rural areas, presents a number of challenges such as social isolation and access to transport.

1.5 To enable planning around existing community links and resources, the mapping for each area has been divided into three geographic community areas, Tendring South, Tendring East and Tendring West, based on the old ward structure, as that is how most of the prevalence data is currently available (see map below). However, the findings identify many themes common to all areas regarding the scope of current and potential services and there is very little which sets the areas apart.



³ ONS UK

1.6 This Community Asset mapping has been done across the board, and, where possible has been built around the Live Well Essex model, supporting holistic planning and delivery of services to the whole population, within the following pillars of delivery:

Start Well - giving children the best start in life

Feel Well - supporting mental wellbeing

Be Well - empowering adults to make healthy lifestyle choices

Age Well - supporting people to live safely and independently as they grow older

Stay Well - supporting adults with health and/or care concerns to access support to maintain healthy and fulfilling lives

Die Well – giving people nearing the end of life choice around their care

Where there are overarching issues (e.g. transport and advice and information), these have been identified as generic within findings and recommendations.

1.7 This report has been written with due regard to the Tendring District Council Health and Wellbeing Priorities of:

- Tackling obesity, improving diet and increasing physical activity
- Improving mental health and wellbeing
- Preventing and managing long-term conditions to enhance quality of life and reduce inequalities

1.8 It equally gives due regard to the Sustainability and Transformation Partnership/Integrated Care System Board's (STP/ICS) Higher Ambitions of:

- Mental health – zero suicides and better support for children's mental health and well-being;
- Care closer to home – reduction in the number of unplanned admissions to hospital;
- Reducing the health gap – more comparable health outcomes for those living in our most and least deprived communities;
- Improved end of life care – less people dying in hospital and more people enabled to die either at home or the place of their choice;
- Positive about obesity – fewer children and adults developing obesity and more people with obesity able to access treatment and support including bariatric surgery;
- Less loneliness – 'living alone' no longer being a factor in admission to hospital.
- Looking with partners at how becoming an integrated care system could support the above aims.

1.9 A whole system approach is being used to achieve the best outcomes, engaging health and social care assets from the statutory and voluntary sector, and harnessing community assets which contribute to the overarching ambitions. The community asset mapping exercise described in this report is to be used in this context.

2 METHODOLOGY

2.1 CVST was asked to carry out a one-off piece of work to identify community assets, identify any gaps perceived by those currently providing those services so as to build recommendations of additional community services, facilities or networks that might be developed.

2.2 For the purposes of this exercise, community assets were defined as those which are universal to residents or visitors to Tendring (albeit that some will be age/condition specific),

zero or low cost, and with clear relevance to physical and/or mental health and wellbeing in the broadest context. This includes services, clubs, support groups, healthy living schemes, etc. provided by any local or national organisation. For the purposes of this report all such community assets are usually referred to as "services".

2.3 The report was compiled by first collecting information about groups, activities and services delivered in community settings. This included village halls, places of faith and church halls, community centres, pharmacies, residential homes etc. This was done through a web search, collection of information from information points – e.g. libraries, reception areas - and follow up telephone calls and visit. There were significant challenges in pulling information together due to poor response, wrong or changed contact details. In many cases, several attempts were made to make contact. This indicates how difficult it is for local residents to access data and how rapidly the community assets landscape changes.

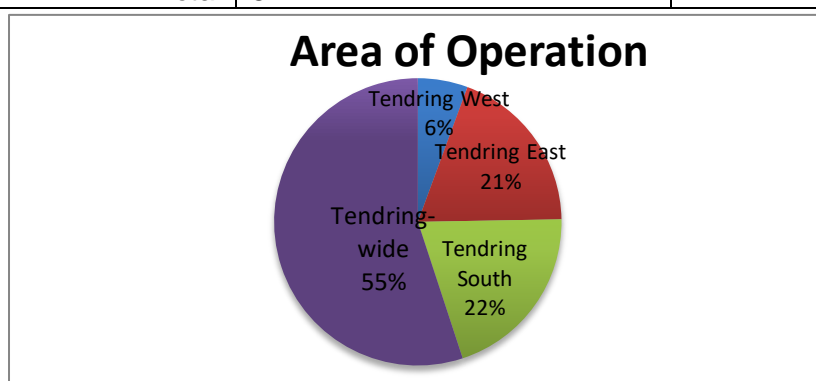
2.4 Questionnaire Analysis

2.4.1 In addition to information gathered about very locally based community services, the services provided by the affiliated members of CVST were updated to provide a complete picture of the community activities. This was done by way of a detailed questionnaire sent to all community and voluntary organisations on CVST's database.

102 questionnaires were sent out and responses were received from 82, a response rate of 80%, which gives a robust sample size for data and information. Of those who responded, 70% were independent stand-alone organisations, charities and voluntary groups, 26% were branches of larger organisations, 2% church or place of faith and 2% company providing health and wellbeing services. 77% of respondents focus right across Tendring, 14% on deprived areas, 8% on named or specific areas (i.e. Weeley, Tendring, Jaywick Sands, Holland-on Sea, Harwich to Little Oakley and Brightlingsea, Alresford & Thorrington) and 1% on rural areas. 45% of respondents are registered with the Charity Commission, 27% are voluntary not-for-profit organisations, 10% are companies, 7% are social enterprises and 10% are 'other' (Parish/District Councils, Community Interest Company, NHS Foundation Trust, Not-for-profit statutory service, education sector and social/support groups). This represents a good spread of established community activity.

2.4.2 The spread of responding organisations is as follows (see map above for areas covered:-

Area covered	Number of organisations	Percentage
Tendring West	5	6%
Tendring East	17	21%
Tendring South	18	22%
Tendring-wide	49	60%
Total	82	

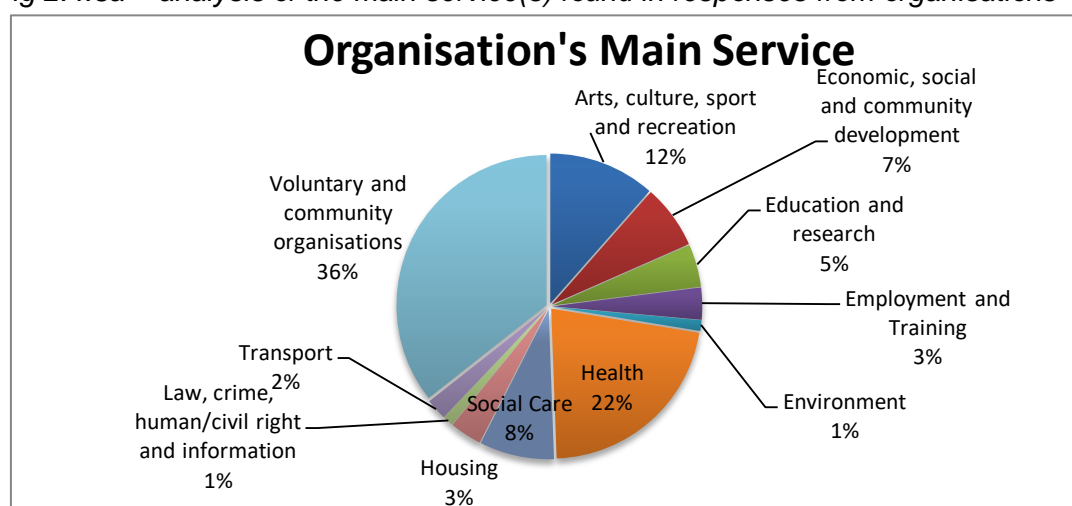


This shows the distribution of support which covers the whole of Tendring, with more localised support in the South and East, which is where there are greater levels of demand and the demographic profile indicates that there may be hidden need.

2.4.3 Responding organisations' main functions were distributed as follows:-

a) Providing advocacy, advice and information	24%
b) Providing activities for members and users	31%
c) Providing facilities (community centres, village halls, places of faith etc)	8%
d) Providing resources (finance, training, consultancy, volunteers)	7%
e) Providing representation (campaigning, lobbying, etc)	4%
f) Providing research	2%
g) Providing direct services (housing, health care, social care, etc)	23%

Fig 2.4.3a – analysis of the main service(s) found in responses from organisations



There is a widespread distribution of types of services and facilities, therefore it is important that people know what they are and where to find them. To this end, a directory of services will be an addendum to this report. The contents will be made widely available to residents, community agents, champions and facilitators, so that people can find out what is available and there will be regular updates and version control.

2.4.4 In terms of the NEEHWA Living Well categories, responding organisations were distributed as follows (note some organisations fell into more than one category):-

Category	Description	Number
Start Well	Giving children the best start in life	30
Feel Well	Supporting mental wellbeing	51
Be Well	Empowering adults to make healthy life choices	39
Age Well	Supporting people to live safely and independently as they grow older	33
Stay Well	Supporting adults with health or care concerns to access support and maintain healthy. Productive and fulfilling lives	50
Die Well	Giving people nearing the end of life choice around their care	8

2.4.5 Age groups supported by the responding organisations were spread across all ages, but the report detail highlights where there are areas of good practice and areas for development.

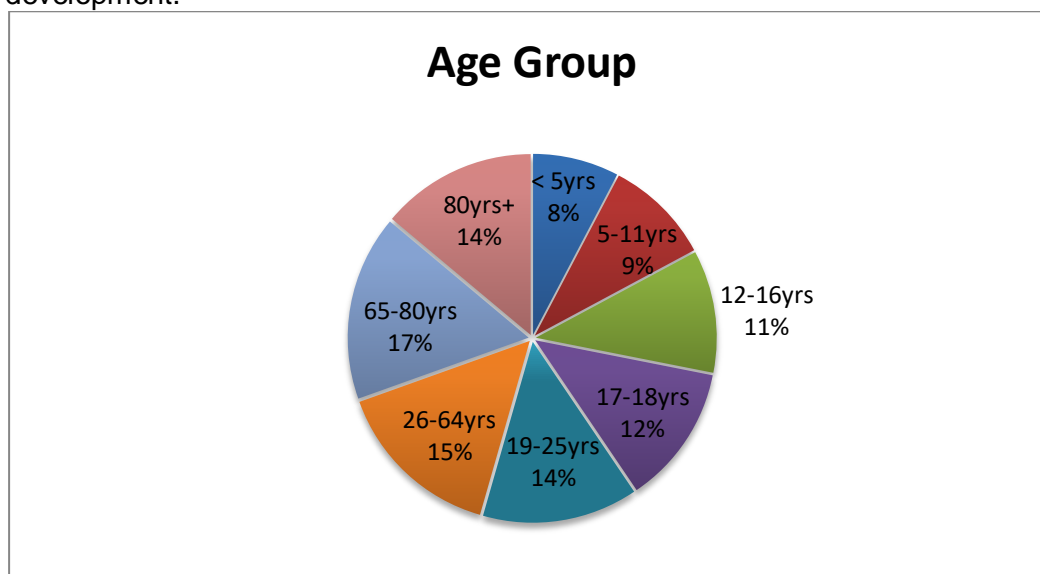


Fig 2.4.4a – analysis of the age groups targeted by organisations reported in responses

2.4.6 In order to gauge the level of voluntary activity, organisations were asked about the number of volunteers they have and the hours they give to the service. The total, over the 82 organisations which responded, is 3,143 volunteers, **with a total of 178,273 hours donated in 2018**. This highlights the strength of the voluntary sector and the availability of volunteering opportunities across a range of locations and services, supporting social inclusion and mental wellbeing.

2.5 To identify service gaps and potential for developing new services, an analysis of national and local population, health and other statutory data was undertaken.

2.6 Stakeholder focus groups were held in each of the 3 geographic areas to give a 'reality check' to information gathered and to identify where groups attending could work to help to address some of the gaps:

South Tendring, 3rd April, CVST Sam's Hall, Clacton
 East Tendring, 4th April, CVST Dovercourt & Harwich Hub
 West Tendring, 5th April, Venture Centre 2000, Lawford

Invitations to these sessions were sent to around 35 attendees based in each area, selected through a simple randomisation process from the list of CVST member organisations. In addition, a few people were invited who, during the mapping exercise and by recommendation, expressed a keenness to develop further services and/or who clearly had a good understanding of the local context and culture. Because of the random nature of the selection process representatives were not expected to bring specialist expertise or knowledge in any particular field to the sessions but rather to review initial findings and set out what they saw as pertinent local issues, challenges and known gaps. All sessions were supported by three project staff.

3 DEMOGRAPHIC PROFILE

3.1 The NEEHWA are using the Live Well Essex model to holistically plan and deliver services to the population, with the following pillars of delivery:

Start Well - giving children the best start in life

Feel Well - supporting mental wellbeing

Be Well - empowering adults to make healthy lifestyle choices

Age Well - supporting people to live safely and independently as they grow older

Stay Well - supporting adults with health and/or care concerns to access support to maintain healthy and fulfilling lives

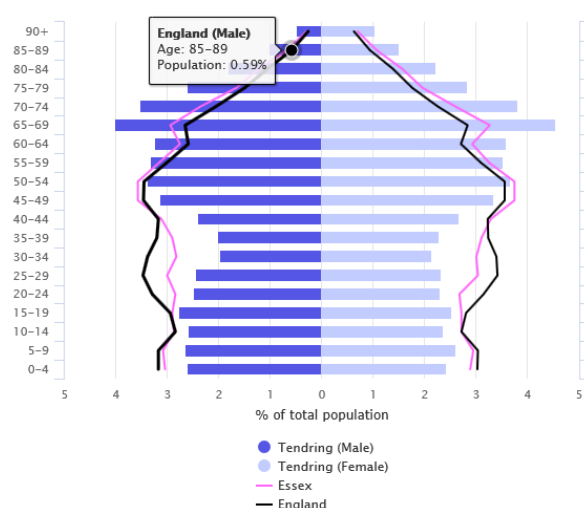
Die Well – giving people nearing the end of life choice around their care

3.2 Thriving communities can be identified as those where everyone has someone to talk to, neighbours look out for each other, people have pride and satisfaction with where they live and people feel able to influence decisions about their own lives and what happens in their area. This should be coupled with access to green, open space, feeling safe and having places and opportunities where people can get together. Engaging with the community and maximising the benefits of community enthusiasm and support are key to enabling the ambitions of the Living Well model.

3.3 The table below shows that Tendring has a relatively high population of residents over the age of 65 years, projected to increase by 17% up to 2022. This presents a challenge in the demand for health, social care and housing services as people age, the recruitment of volunteers (especially in small villages), and in the impact of caring, with the informal caring population getting older and less able to continue caring. The working age population, important for economic wellbeing, is low and is forecast to decrease slightly by 2024 from 54.7% to 51.5%.

3.4 The population of children and young people under the age of 18 is relatively low but is projected to increase significantly by 2024, with the 5-10 year age group predicted to rise

by 14.05% from 8400 to 9580 and the 11-15 age group by 15.7% from 7190 to 8320. This will put pressure on children and young people's services, especially with high numbers of children in need, children in care (though about 50% do not originate from Tendring) and children with a child protection plan in the District.⁴



3.5 Life expectancy in Tendring is relatively low, for males and females, and infant mortality rates are high. There are major health inequalities across the District, with those in Alresford living, on average, thirteen years longer than those in Pier Ward, Clacton.⁵ Younger people are shown to have a range of issues affecting their lives, the highest level of

childhood obesity in Essex, the lowest educational attainment rate in Essex and a high level of teenage pregnancy.⁶ (See Appendix 1 for further details)

⁴ A profile of people living in Tendring, Essex County Council JSNA, April 2016

⁵ Community Safety Partnership, Tendring District Strategic Assessment, 2018-19

⁶ Summary of headline health indicators from Fingertips, Public Health England 2018

3.6 There is a high rate of hospital admissions from Tendring. 2 of the 4 practices with increases of over 100 patient emergency admissions and >20% growth rate, were from Tendring practices, one from Clacton and one from Ardleigh.

3.7 The three geographic areas in Tendring are close in proximity but demonstrate significant variation in the fortunes of residents. For example, some wards in Harwich, Walton on the Naze and Jaywick Sands are ranked high in the Index of Multiple Deprivation (IMD) and have a very high relative risk of residents experiencing social isolation and loneliness⁷. In general, rural communities and villages across Tendring have strong community networks, but people can be isolated due to lack of awareness of or inaccessibility of services.

3.7 In summary, Tendring West has the best life expectancy and the least children living in poverty. It also has higher levels of academic attainment and lower levels of unemployment. It does however, have a higher prevalence of coronary heart disease compared with the rest of Tendring. Tendring South has the most residents, the lowest level of life expectancy, the highest rate of children living in poverty and the lowest levels of academic attainment. It also has a higher level of people providing 50+ hours of unpaid care per week. Tendring East sits somewhere in the middle but does have the same level of children living in fuel poverty as Tendring South and a very slightly lower level of attainment at GSCE. This is illustrated in Appendix 2.

3.8 The above are clearly embedded complex issues that will not have a simple or quick solution but it is believed that deploying community support and resources in places where people feel welcome or already go may help ameliorate the impact of some of these issues on the communities experiencing them. Anecdotal evidence was given that people are reluctant to approach statutory services with a range of issues, especially in the early stages, and would prefer to access local community based services. This included the early stages of dementia, carer fatigue and problems with children and young people.

4 CHILDREN AND FAMILIES

4.1 Good physical and mental health positively influence children and young people's wellbeing, their educational achievements and their life chances for the future. There are approximately 26,612 children under 17 in Tendring, accounting for 18.4% of the population. This figure is projected to rise significantly to 2020. Mental and emotional wellbeing, positive learning, education and development and maintaining a healthy lifestyle are central to ensuring a strong foundation for life.

4.2 Whilst there is an abundance of groups and locations across the district where activities and services are provided, the actual range of services likely to appeal to young parents with pre-school children is relatively small with Yoga, Pilates, Parent and Toddler groups, and coffee mornings being among the most common. The high number of Parent and Toddler groups across Tendring give a platform from which to develop other services. Most have a very local flavour and are often in church halls and community halls, where people already go. There remains an issue of people with health and wellbeing needs actually being able to get to services, either due to lack of confidence, insecurity or lack of transport. Enabling access is a core issue which has become evident throughout this research.

4.3 For pre-school children and parents/carers there are forest schools which, for a relatively small fee enable children to learn to respect their environment, play outdoors in all weathers, develop practical skills, get creative and mix with their peers. These are generally

⁷ Age UK Loneliness Maps 2016 ageuk.org.uk/loneliness-maps/england-2016/

open during term time. These tend to be privately run and child led, an example is Muddy Boots in Tendring. Although relatively low cost, these are unaffordable to some families, and attendees need to have appropriate clothing to be outdoors in all weathers. If a way could be found to collect appropriate clothing and support low income families with a bursary, this could be accessible to all. Getting outdoors into woodlands and enjoying the natural surroundings makes a difference to mental health of adults and children.

4.4 EXTRA, support for families, runs a number of courses to support parents with a range of issues, including Building Confidence (9 week course) and Improving your Emotional Wellbeing (5 week course) - these are available in Jaywick, Clacton, and in a range of settings in East Tendring. EXTRA also runs a wide range of courses across Tendring to support parents with babies, very young children (2-5years), children with additional needs, with relaxation and to build resilience.

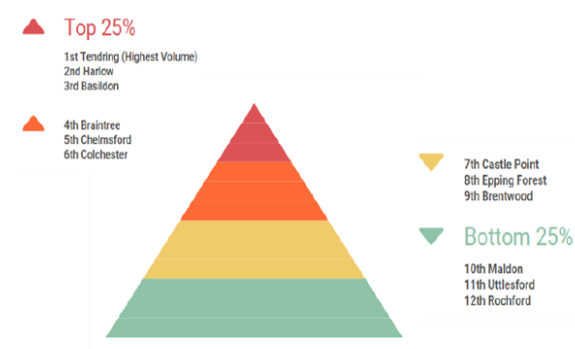
4.5 Data shows that Tendring West does not experience the same level of childhood deprivation as the rest of Tendring, measured through prevalence of low income families, educational attainment, and free school meals. There appeared to be a limited level of services in those towns and villages but there was anecdotal evidence that people, particularly at the border with Colchester (e.g. Alresford and Ardleigh) tend towards Colchester services. Tendring East has fewer challenges towards the West of the District, its main issues being in Harwich, Dovercourt and Parkeston, where there is a broader range of services on offer.

4.6 Tendring South has some of the highest prevalence (the most deprived one per cent of nearly 33,000 areas) of low income families in England are in Tendring, in Golf Green (50%), Rush Green (48.6%), Pier (42.3%) and Alton Park Tendring (36.7%).⁸

Statistics for Tendring overall are:

- 19.0% of children are in non-working households (highest number in Essex)
- 26.2% of children are in low income families (highest number in Essex)
- 8.0% of households are in fuel poverty (lower than national average which is 10.6%)
- 67.0% of children have a good level of development
- 49.0% of children have an expected level of education standard or above at Key Stage 2
- 48.7% of young people have 5 A* - C at GCSE (incl maths and English) – lowest in Essex
- 25.5 (per 1000) teenage pregnancy rate (2nd highest rate in Essex, although rates dropped by 7% between 2012 - 2015)
- 0.94% current mental health prevalence (by Clinical Commissioning Group area) – highest prevalence in Essex

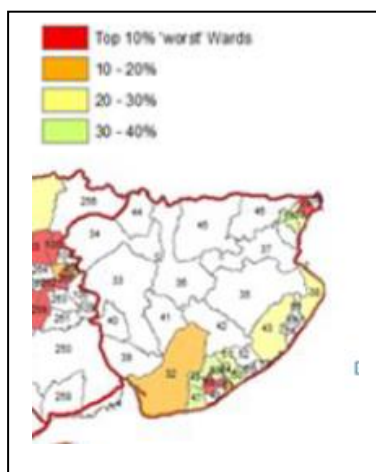
4.7 Safeguarding children of all ages



4.7.1 In 2015-16, Tendring was in the top quartile in Essex for safeguarding needs, though this varied when looking on a ward basis. Domestic abuse and mental health are most prominent factors across the wards identified in the top 10%. Support to parents and children, particularly in the identifiable safeguarding hotspots, is needed, in a non-judgemental way, to prevent safeguarding needs

⁸ Health and Wellbeing Report for Essex 2016, Board Intelligence Report, Produced by organisation Intelligence for Essex County Council, June 2016

and build a safe environment for children and young people to thrive and develop. This may be unconnected but it is worth noting that the Infant mortality rate (deaths in infants age under 1 year) is the highest in Essex, at 5.5 compared with 3.1 per 1,000 live births.



4.7.2 When broken down into wards it is clear to see where services to support safe parenting are needed. Safeguarding needs are prevalent in parts of Tendring South and East and not in evidence in Tendring West.

4.7.3 Safeguarding is an issue for everyone who comes into contact with Children and Young People. Essex Safeguarding Children's Board 2017-18⁹ identifies the following issues as priorities for the coming year which are very relevant to Tendring and local organisations should be encouraged to get involved in consultations:-

- Thematic review of teenage suicides
- Communication activities around Emotional Wellbeing and Mental Health
- Monitoring the Emotional Wellbeing and Mental Health Services
- Involvement of Young People in Child S
- exual Exploitation (CSE) campaigns
- Communication activities to raise awareness of safeguarding
- Engagement with the voluntary sector

4.8 School age children

4.8.1 There is some evidence of groups that provide low cost activities for younger people, there are specific sport clubs, Scout and Guide groups and library drop in sessions for advice. Local Sports centres in Walton, Harwich and Clacton offer a range of reasonably priced swimming and gym sessions which young people can participate in after school and during school holidays. This still excludes those who cannot afford to participate and may lead to further isolation.

4.8.2 A number of youth groups were found across the District such as 4Youth in Brightlingsea which engages with young people through music, art and social events and the Inclusion Ventures in Jaywick which runs social and sporting activities. However, a number of youth clubs have closed in recent years, some promising to re-launch but which do not appear to have done so. No information is available as to why these clubs have failed and any number of staffing or resourcing factors may be involved. In 2007 a study by the charity 4Children found that the most common reasons clubs failed were that users said that they operated at the wrong times, were difficult to access, badly publicised and under-resourced¹⁰. Clearly developing and maintaining such a service has its problems and should not be underestimated.

4.8.3 Across Tendring, primary and secondary schools provide extra-curricular activity to boost physical activity and confidence. At primary stage there are a range of activities, depending on the school, such as Art, Athletics, Basketball, Chess, Choir, Cross country, Dodgeball, Drama club, Gardening, Football coaching, Football teams (girls and boys),

⁹ Essex Children's Safeguarding Board, Annual Report, 2017-18

¹⁰ 4Children charity is no longer operational.

Netball and Ukulele. These do vary, but there is something for most children to enjoy. At secondary stage a number of schools run programmes targeted at secondary age pupils particularly on a range of subjects, but these are not generally accessible to pupils or young people from outside the school. An example of school run activity is use of 'drop down days' also known as 'off-timetable' days, which replace structured classroom lessons with activities used to strengthen students' practical application of skills and provide a deeper learning experience. Harwich & Dovercourt High School, for example, highlighted that it runs 'drop down days' covering Knife crime, Road safety, Samaritans, NELFT emotional health and wellbeing, E safety, Prison no way - understanding the law and consequences of actions, work skills, healthy eating, Teen pregnancy. These sessions are provided in partnership with DWP, NELFT, Provide, The Children's Society, HSBC, Samaritans, to name a few – thus indicating that even though they are provided within the school, they are also making best use of community assets in Tendring and across Essex.

4.8.4 While this may help young people within those schools, it may mean that there are inconsistencies across the District, depending upon the availability of staff and resources at each school and there remains a challenge for those who are not in school due to health, behaviour or home schooling. The 'Skipping School: Invisible Children' ¹¹ report by the Children's Commissioner highlighted the challenges presented by children taken out of schools, often due to bullying, school standards or lack of trust, who then are not on any school's roll and therefore under the radar in terms of their physical and emotional wellbeing.

4.8.5 Based in Harwich, Teen Talk supports young people age 11 to 25 years across the Tendring area, providing confidential support on any issue, without the need for appointments or time limits. They support young people to build their confidence and self-esteem and therefore make sure they are better placed to engage in education and training or in employment. The HIYA project is a youth forum for young people between 11 and 18 years of age and it works to tackle negative stereotypes of youths by engaging in projects, events and campaigns in the local community.

Teen Talk (Harwich) adapts to the changing needs of young people and is are currently addressing emerging mental health issues, low self-esteem, confidence and the pressures of media, which play a critical role in preventing a young person from reaching their full potential.

At its core is their confidential, one-to-one drop-in service, where Support Workers are available at a young person's immediate time of need, offering a listening ear and providing simple strategies, enabling the young person to build their resilience and overcome the difficulties they face.



Teen Talk also offers weekly group activities such as cookery workshops, wildlife activities, volunteering and community programmes. These youth led activities encourage the development of a range of skills such as communication, team building, project planning, marketing and event organisation.

Through a combination of drop-in services and complimentary group activities, Teen Talk aims to provide young people and their families with the tools and strategies they need to tackle the difficulties they face at their immediate time of need.

4.8.6 The Youth Enquiry Service (YES) works with children and young people age 11-25 years with support including addressing relationships, building self esteem, addressing self harm, suicidal thoughts and sexual health matters and report that demand outstrips supply

¹¹ Skipping School: Invisible Children, report of the Children's Commissioner, February 2019

and that there is a waiting list for counselling of between 4 to 16 weeks. YES also provides homeless prevention support for 16-19 year olds but this is not funded to cover Tendring, where risks are high.

4.8.7 Organisations supporting young people tend to work in partnership well, and their services complement each other. There is clearly a demand for more. This type of activity is always needed to ensure that young people get better life chances, informed guidance and support with the challenges which prevent them from securing employment or training and valuing themselves in order to start a career and have a stable income. Whilst risk factors for social disconnection vary through life, the impact on young people, their isolation and mental health, can be significant.

4.9 Families and Children and Young People who have Additional Needs

4.9.1 Tendring has a lot to offer parents/carers of and children with additional needs. There is always the issue of accessible transport and transport arrangements to be able to attend groups, which can act as a barrier to services.

4.9.2 In the West, Brightlingsea Saturday Club disco for people with learning disabilities (14+) runs on various Saturdays throughout the year. Mistley Kids Club offers fully inclusive after school and holiday care, and has its own SENCO to support children and young people with physical and learning disabilities and other medical conditions. It supports children aged from 4 years until 16 years or, if the child has special or additional needs, up to their 19th birthday.

4.9.3 In the East, the Ark Centre provides a range of support services including sensory facilities, pre-school play, learning and outreach home based support. Unified Rainbow Support is group supporting parents, carers and families who have children with additional needs in Harwich and Dovercourt.

4.9.4 In the South, Colchester Gateway Club Clacton provides social clubs and activities for adults with learning disabilities. Walton Community Centre and Coppins Hall Community Centre have Special Needs Support Coffee mornings once a month, hosted by EXTRA. Shorefields School also hosts a monthly coffee morning. These give parents and carers of children with additional needs the chance to meet up and chat about common issues, with occasional speakers.

4.9.5 Across Tendring there is a range of services available. For children aged 2 upwards with speech and language problems, including stammering, and social communication, Essex Speech Therapy is an independent speech and language service which covers Tendring. Families InFocus, based in Chelmsford but outreaching across Essex, including Tendring, provides independent support to families who have children with additional needs to support parents with preparation for meetings, the one planning, statementing and appeal processes.

4.9.6 Crossroads Care runs Light Touch Respite, providing up to 4 hours per month respite to families who have a child with a disability who are NOT in receipt of a personal budget from ECC. Parents can choose how those four hours are allocated to fit their own lives. Support workers can provide personal care, specialised care and coach life skills.

4.9.7 To build confidence, trust and communication skills, Dogs for Development is a Community Interest Company which offers canine assisted therapy and sensory storytelling through individual or group therapy sessions. It supports adults and children with learning disabilities, autism, EBD and/or mental health problems.

4.9.8 'All Together' is an Active Essex campaign to promote the opportunities available for people with disabilities to participate in sport and physical activity across Essex. The Bumble Bees Inclusive Football Club in Harwich, Tendring Canoe Club in Walton and healthy 4 Life in Clacton all offer sporting opportunities.

4.9.9 Recognising that some people have needs which require specialist equipment which is not available through statutory organisations, Colchester Catalyst Charity may make a contribution to the cost incurred by individuals through their Special Individual Needs Grants. These have to be applied for individually.

4.10 NEETs (Not in Education, Employment or Training)

4.10.1 NEETs are young people, typically aged between 16 and 24 years, who are not in education, employment or training (NEET). Tendring has consistently had levels of NEETs above the national average. Being NEET presents further health and wellbeing challenges in later life, including:-

- regular bouts of unemployment post-18;
- when in employment, lower job security and lower rates of pay (under-employment);
- teenage pregnancy and earlier parenting;
- persistent youth offending, resulting in custodial sentences;
- insecure housing and homelessness;
- mental and physical health problems;
- use of illicit drugs and transition to the use of class A drugs;
- earlier death.

This is underpinned by evidence from health indicators, particularly Alcohol-specific hospital stays (under 18s) being the second highest prevalence in Essex (44.1 compared with 21.9) and under 18 conceptions being the second highest in Essex (23.5 compared with 16.7).

4.10.2 Tendring has had consistently levels of NEETS above the national average. District level variations in the percentage of 16-18 year-olds who are not in education, employment or training across Essex, demonstrate the prevalence for young people in Tendring.

District	2013	2014	DOT 13-14	2015	DOT 14-15	One year change (14-15)	Two year change (13-15)
Basildon	7.53	6.00	↓	5.89	↓	-0.11	-1.65
Braintree	5.70	4.60	↓	4.08	↓	-0.51	-1.62
Brentwood	5.33	4.40	↓	3.44	↓	-0.95	-1.89
Castle Point	5.73	4.96	↓	3.79	↓	-1.17	-1.94
Chelmsford	5.00	3.78	↓	4.16	↑	0.38	-0.84
Colchester	5.40	5.29	↓	4.72	↓	-0.57	-0.68
Epping Forest	5.57	4.14	↓	3.51	↓	-0.63	-2.06
Harlow	7.10	6.02	↓	4.81	↓	-1.21	-2.29
Maldon	6.13	4.49	↓	4.49	↓	-0.01	-1.65
Rochford	4.73	3.47	↓	3.81	↑	0.35	-0.92
Tendring	6.73	6.76	↑	6.73	↓	-0.03	0.00
Uttlesford	4.37	3.10	↓	2.82	↓	-0.28	-1.55
Essex	5.67	4.93	↓	4.55	↓	-0.38	-1.12
England	5.80	5.30	↓	4.67	↓	-0.63	-1.13

4.10.3 Signpost is an independent charitable organisation, which includes Tendring residents and helps people of all ages and from all walks of life to get back into work or to

move on. It offers free internet access, access to local newspapers, CV updates and use of phone and fax. All Teen Talk services can be accessed by young people who are NEET. They have a weekly Coffee Club of 18-25 year olds in both Harwich and Clacton. These groups provide peer support for young people to develop their confidence and aspirations and Teen talk most commonly sees young people undertaking volunteering, training, college or securing employment having participated in the groups. They also provide a youth volunteering programme to help young people develop the skills they need to progress onto volunteering, training and employment.

5 WORKING AGE ADULTS

5.1 Socio-Economic and Other Challenges

5.1.1 Tendring has some key characteristics shaping the prospects of working age residents. Employment in service industries, health and education are higher than average, with wealth generating industries being underrepresented. The total workforce as a proportion of the population is lower than average, with 57% of working age (Essex average 63%/England 65%). The workforce has a higher than average age, with 37% being over 50yrs (Essex 32%/England 29%). There is a lower than average number of people with formal qualifications at 34% (Essex 24%/England 22%). Whilst employment levels overall are in line with national averages, 41% of those jobs are part time (nationally 32%), perhaps reflecting the generally older workforce and high number of jobs in service industries. Jobs are concentrated in the towns, notably Clacton and Harwich. Growth projections to 2029 reflect a lower than average economic growth rate.¹² There are also a number of social challenges for working age adults emerging from the mapping exercise and stakeholder feedback.

5.1.2 There are pockets of affluence across the district but this does not equate to social inclusion. Evidence suggests that those experiencing social exclusion in rural areas are dispersed in areas of apparent affluence so do not attract the same level of attention as those in problem areas; transport can also be a major barrier to social inclusion.¹³ In these areas our stakeholders report low uptake from new volunteers moving into the community, many will be working outside Tendring and not tend to want to participate in community activities or volunteering. Stakeholders stress how new groups must be sustainable if they are to flourish and survive, they must be embedded into communities and not just "bolted on". Some long established social and exercise groups are in jeopardy as ageing volunteers retire and no one is coming forward to take them over.

5.1.3 The Tendring health profile shows an above average number of adults in Tendring who are overweight and inactive but notably there is no evidence of regular community services aimed at helping people improve their diet through their food preparation.

5.1.4 The health profile also demonstrates that Tendring has a high number of hospital admissions and alcohol related harm (the highest in Essex at 770 vs. 589 Essex average). There are gaps in alcohol services in a number of areas, such as Walton on the Naze which has no provision.

5.1.5 Feedback from stakeholders suggests that support for families with children can be challenging to obtain, particularly early intervention and ongoing support. There are a number of groups and activities available for families with pre-school children, but far fewer for the families of junior age groups.

¹² Regeneris Consulting: Tendring Socio-Economic Baseline 2013

¹³ Joseph Rowntree Foundation: Exclusive Countryside? Social Inclusion and regeneration in rural areas 2000

5.2 Employment

5.2.1 Transport in Tendring can be challenging, particularly for those seeking work. Rural transport can be sporadic, but even in more urban areas public transport can be costly and not operating at times to suit working hours. Feedback from organisations such as Citizens Advice suggests that this is a real barrier for people either accessing help or trying to find work. There are excellent low cost or free transport services run by the voluntary sector but these are often over-subscribed and do not have the capacity for all requests, nor would they be able to provide transport for people getting to and from work.

5.2.2 Young people in Tendring have the lowest level of educational attainment in Essex, translating into young working age adults with little in the way of promising employment prospects.

5.2.3 Many carers are of working age, but may be unable to work outside the home due to their family commitments. There are a few community groups and activities aimed specifically at carers (such as the Parkinson's carer's group in Holland on Sea and various groups for carers of children) but no evidence of any, where respite care may be offered at the same time for adult dependents who cannot be left.

5.2.4 Some Tendring residents experience long term unemployment. There are organisations such as Signpost based in Jaywick which helps people back in to the job market and they are trying to expand their operations into Harwich.

5.3 Gendered Activities

5.3.1 There are very few community activities or services aimed specifically at working age men. There are some gentlemen's friendship groups and lunch clubs that seem to cater mostly for older men, with many groups apparently running over several years with long term established membership. Organisers report that there are very few new members joining, which suggests these groups are not appealing to a new audience. For example, one men's friendship club in west Tendring apparently had around 100 active members 25-30 years ago, now with around 20; this is quite good in terms of groups attendance, but the co-ordinators are worried about the fall in numbers every year and with no new leaders stepping forward the group will eventually wither away.

5.3.2 There are a number of activities specifically for women and whilst others are open to all it is evident that groups such as "Knit and Natter", Yoga, Pilates and general fitness tend to attract mostly women. There are others that are only open to women, such as the weekly meeting of the WREG (Women's Recovery Empowerment Group) in Clacton to support survivors of abuse. There are walking groups for women, such as the WOW (Women Out Walking) in various locations where women talk a brisk morning walk together.

5.3.3 There are a few adult male activity groups in Tendring that reflect the successes that some have enjoyed elsewhere in England, such the walking football groups in West and East Tendring districts. There are a range of clubs across the district for activities such as bowls, football or model boat sailing but these mostly require a particular interest, skill or investment in equipment. There are no obvious groups or activities for the less mobile or active, or where other more generic skills might be useful, such as the national Men in Sheds project. There is a successful project operating in Maldon and partnership working may help to revitalise the Tendring project.

5.3.4 In recent years studies have found evidence that involvement in gendered interventions have a significant effect on the physical health of older men, and some evidence of a positive effect on their mental health.¹⁴ A recent study by the Samaritans

¹⁴Men in sheds: improving the health and wellbeing of older men through gender based activity interventions; NHS National Institute for Health Research 2013

found that men who are unemployed or without a life partner are more prone to experiencing midlife social disconnection and the subsequent associated health risks¹⁵.

5.3.5 An opportunity exists for promoting some of the volunteering opportunities open to men, many of which can be tailored to meet the individual's skills and fitness levels. This may include sports coaching or providing support and inspiration to younger people, with a range of activities provided through charities such as Lads Need Dads. This charity runs activity and mentoring programmes for boys aged 11-15yrs with absent fathers or limited access to a positive male role model. The courses run during the day or evening and volunteers use a range of their life skills in a range of activities including outward bound and survival training and training in motor mechanics. This type of activity benefits both the volunteers and those on the programme as there is significant evidence that there are multiple mental health benefits for those involved in altruistic activities such as volunteering.¹⁶

5.4 Adult Physical Disability and Special Needs

5.4.1 There are a number of supported living, residential and day care facilities in the district which cater for people with physical disabilities or special needs and learning difficulties. The services offered by the facilities are mainly only available to registered users or residents and their families, although some do host occasional events which are open to the general public or for people with specific disabilities.

5.4.2 There are groups offering support to people with specific conditions, including events aimed at supporting families and carers. The Parkinson Group (affiliated to the Parkinson's Society UK) meets monthly in Holland on Sea and a support group for carers meets monthly in the Kingscliffe Hotel in Holland for a sociable meal out. Cadows Day Care Centre in Clacton hosts an MS Society monthly group on the 3rd Thursday of each month for MS sufferers and their families. The Clacton and District MS Society does also host occasional events such as craft fayres across the district open to the general public, but these are mainly fund raising rather than support groups as such.

5.4.3 There are exercise groups which cater for people with disability, such as the weekly over 60yrs exercise group run at Alresford village hall which is also aimed at people who have had a stroke or other physical disabilities. There is also a sitting only exercise group fortnightly at Alresford and the weekly over 60yrs exercise group in St Osyth also caters for people with disability or limited movement. In Harwich there is the successful Bumble Bees FC inclusive football team, open to people aged 17 and over with any disability including special needs. Clacton, Walton and Dovercourt Bay leisure Centres all offer 50+ and disabled swimming sessions.

5.4.4 Acorn Village in Mistley is a community living scheme for adults with learning disabilities. It has accommodation and facilities to teach life skills, cooking facilities to support training and independent living, a creative craft centre, a sensory room and music session. The sensory room is available for hire by external individuals or groups for 50 minute unsupported sessions. Hirers are shown how to use the equipment and help is on hand with any technical problems. There may be potential to offer activities to outside groups from this establishment in the future, and to develop new services and pop-up sessions to improve the lives of adults with learning disabilities. Acorn Village hosts a coffee shop with walled garden, a charity shop, pre-loved furniture shed and creative craft centre (for all adults with learning disabilities). Regular fund raising events engage the local community.

¹⁵ Samaritans, survey 2013

¹⁶ Mental Health Foundation: Altruism and Well Being (multiple study report) 2019.

5.4.5 There are some regular social groups operating across the wider community which cater specifically for people with disability or learning difficulties, such as those at Weeley Village Hall which hosts The Lynch Mob, a weekly social club for able and disabled people over 19yrs, the weekly social club hosted by St Osyth Village Hall for able and disabled adults with tea, chatter and music, and Interact runs social events for people with learning disabilities and special needs in Kirby le Soken.

6 OLDER PEOPLE

6.1 This report is set in the context that Tendring has a higher than average number of older people, with 29% of the population being over 65yrs, significantly higher than the national average of 18%, and for this age group Tendring health data shows a relatively higher level of hip fractures and a lower diagnosis of dementia suggesting that there is a degree of unknown or unmet need (Appendix A).

6.2 Whilst there are some very lively pockets of activity some areas do not have many activities within easy reach of residents, particularly older people who may experience greater mobility challenges. For the more informally established or user led groups the greatest concentration of activities are in rural areas, often based in village, church or community halls and driven by key local enthusiasts. There are some, but far fewer, activities for older people in the larger towns. Despite this wider spread, reaching activities can be an issue for older people across the district (see section on access).

6.3 Given that information about what is available to people is inconsistent and varies hugely across the district some older people may not be aware of what is available to them. Many village halls have lots of very good activities for older people happening each week but it can be that each organiser works in isolation, details of their group can often only be obtained through the notice board in the hall or phoning the organiser individually. Not all have printed material which may be more accessible to older age people, such as advertisements in local newsletters or other information sheets circulated to homes.

6.4 There are a number of social groups, coffee mornings and lunch clubs which attract mainly older people. There are also dementia drop-ins in a number of areas such as those operated by CVST at Sam's Hall in Clacton and the Alzheimer's Society monthly Information Hubs in Dovercourt and Clacton. A new drop-in is about to start in and run by Don Thompson House in Dovercourt. These are very popular and well attended by dementia sufferers and their carers. These provide a tailored social environment, much appreciated by carers who have the opportunity to socialise with others in similar circumstances. The Alzheimer's Society Dementia Friends scheme is also quite active locally, raising general awareness and understanding of the needs of dementia sufferers. The Tendring Dementia Action Alliance consists of businesses, public and voluntary sector whose aim is to raise awareness of and to work toward becoming a dementia friendly district.

6.5 The U3A offers facilities for retired or semi-retired people to join a range of activities, many of which support physical and emotional health and wellbeing. There are many groups to join, depending on personal interests, and these provide strong social networks and meaningful activity. There are four covering Tendring – Harwich Peninsula, Tendring District (Clacton focused but with a Frinton & Walton Satellite branch), Brightlingsea and Stour Valley. Joining is straightforward and low cost and the U3A website is an excellent source of information for prospective participants.

6.6 Age Concern Colchester and North East Essex has had a lot of success in Colchester and its surrounding areas with their 'The Veranda' project, based on delivering a face-to-face befriending service, an advice service that removes the barriers to social isolation and financial stress, with a view to connecting people with their communities and

peer support. By extending its services into Tendring, Age Concern will be in a position to develop a similar operational model that works for the Tendring area and its demographic challenges. Initial developments will be a befriending service and an advice service, with more extensive services to follow.

6.7 Loneliness and Isolation

6.7.1 There is a difference between living in isolation and being lonely - one does not necessarily lead to the other, and many people living alone or apparently isolated will not consider themselves to be lonely. For this report the focus is on those people who at some stage negatively experience involuntary social isolation and/or loneliness

6.7.2 Age UK's mapping of loneliness is based on 4 key criteria which have been shown to predict around 20% of loneliness in people aged over 65yrs¹⁷:

- marital status (with widowed or divorced people more likely to report being lonely)
- self reported health status, particularly affecting mobility or sensory engagement
- age
- household size.

6.7.3 Using these factors the map shows 3 wards in Tendring in Harwich, Walton on the Naze and Jaywick Sands have a very high relative risk of residents experiencing social isolation and loneliness¹⁸. Whilst each of these areas appears to have vibrant community activities this does not seem to assuage the risk of people experiencing social isolation. This is also despite those areas having a relatively higher level of urban density and associated infrastructure and transport links than some wards further inland which show a lower risk. However, Age UK research has found that whilst some studies show that living in a rural area correlates with loneliness, a number of other studies suggest the opposite is the case and in fact report a marginal increase in areas of greater urban density¹⁹.

6.7.4 Tendring has an above average older population (in common with many coastal towns nationally) with an average of 28% of residents over 65 compared with an England average of 17%. It is estimated that the number of people over 65 years living on their own will have increased by around 17% by 2020.²⁰ Health data shows a relatively high incidence of hip fractures, and with around 3,000 residents living with dementia but with a low diagnosis rate of dementia²¹ the actual figure could be higher. When added to the potential for isolation suggests further socialising support to these communities might be beneficial.

6.7.5 There is no simple package of techniques to tackle loneliness and isolation in older people. An evidence review concludes that whilst most interventions do no harm there are no one-size-fits-all solutions and the best outcomes are achieved through an individual person centred approach²². What also emerges strongly is that befriending relationships must be meaningful; the evidence shows people withdraw further if they feel labelled or stigmatised in any way. The evidence also supports the points made by our stakeholders that technology can reinforce social isolation if relied upon as the main source of communication and multiple contact points and methods may be required.

6.7.6 The evidence review also found that social engagement had the most impact for those who were often lonely; for those who were lonely only some of the time or hardly ever

¹⁷ English Longitudinal Study of Ageing (ELSA) criteria

¹⁸ Age UK Loneliness Maps 2016 ageuk.org.uk/loneliness-maps/england-2016/

¹⁹ Age UK Loneliness Evidence Review; Davidson/Rossall; July 2015

²⁰ Essex Joint Strategic Needs Assessment 2017

²¹ Health indicators in Tendring: appendix A

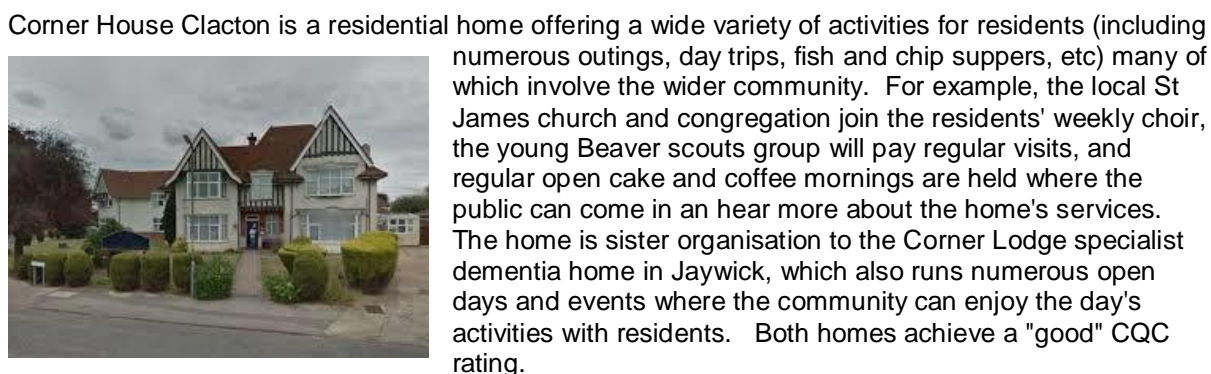
²² An Overview of Reviews: the effectiveness of interventions to address loneliness at all stages of the UK life course. Prof C Victor et al October 2018

lonely then it was welfare benefit advice which had the biggest impact. Advice in general and transport also featured as support that had an impact for older people in terms of loneliness reduction.

6.7.7 The findings in all reports do suggest that offering targeted programmes can be a useful way of giving people the confidence to try out something different by offering a safe, comfortable space. This was found to act as a springboard to get people socialising in a meaningful and natural way, with activities such as music sessions or afternoon tea allowing people to mix and chat. If befriending is on a more individual basis, such as for those with significant mobility issues or ill health, then a tailored approach is needed sensitive to the individual's preferences.

6.7.8 There are advice sessions available across the district, such as Citizens Advice Tendring which operates from Clacton with some out-reach sessions.

6.7.9 There are some (although not many) residential homes which offer activities or social events to non residents. These include open days at Corner Lodge in Jaywick and the open sessions at its sister organisation Corner House in Clacton. While talking with residential homes, it became clear that some would offer shower/bathing facilities to older people living in the community and unable to bathe themselves, as well as access to lunch or coffee in their communal areas. This may be an area for commissioners to explore in contracts with residential and nursing providers.



6.8 Living with the experience of dementia

6.8.1 According to the Alzheimer's Society, around 800,000 people in the UK have Dementia. This condition has major impacts on ability to live independently and on accessing the right type of care and support. Research²³ updated in 2015 into dementia prevalence by Parliamentary Constituency and CCG, indicates that Tendring has significant challenges with dementia, reflecting the high number of older people in its population. The Parliamentary Constituency of Clacton has 2129 people living with dementia, which ranks 11th out of the 650 constituencies in the UK, and Harwich and North East Essex constituency has 1562 people living with dementia, ranking 119th in the UK. When looking at this as a percentage of the population, Clacton has 2.43% of the population with dementia, which ranks 4th in the UK. Looking at North East Essex CCG level, there are 5669 people with dementia (ranked 23rd out of 209 CCGs), which equates to 1.63% of the population (ranked 33rd). The rate of diagnosis of dementia in Tendring is significantly lower than in Essex and England. This may be due to poor recording practice from GPs and care homes, rather than poor or no diagnosis.

²³ Alzheimer's research UK, Dementia Hotspot Maps, updated 2015

6.8.2 The biggest risk factor for dementia is age. Older people are more likely to develop the condition, but it is not an inevitable part of ageing. About two in 100 people aged 65 to 69 years have dementia, and this figure rises to 19 in 100 for those aged 85 to 89.²⁴ Activities that reduce risk and delay rate of deterioration include stopping smoking, taking more physical exercise, keeping mentally active, healthy eating and managing alcohol intake (for some specific types of dementia), so the better the access to support in these areas, the better the prospects. Social isolation and loneliness can result in mental and physical inactivity and poor eating habits, so access to social interaction is important, with one study finding that lonely people have a 64% increased chance of developing clinical dementia.²⁵

6.8.3 There are some sessions available for people with dementia within the community but provision is patchy and it's hard to find out what and when. This includes a dementia café run weekly in Clacton, a residential home in Jaywick which holds open days and plans to run dementia cognitive sessions, open to all. In Harwich, one residential home is about to start a dementia café for one day per month and in Manningtree, a Community living scheme hosts a monthly Dementia café for people living with dementia and their carers. There is very little in the way of short term respite, especially day care to allow carers a few hours to themselves; many of the daytime events for dementia require the carer to remain and supervise. There is a day centre, based with a residential home in Dovercourt, which accepts people with dementia and has additional capacity and a private day care centre in Clacton which offers respite days. Tendring Eldercare offers a range of activities for people with dementia and the transport to support access.

6.8.4 To be able to make an impact on dementia care it is vital that community and voluntary sector, primary and secondary care services work well together as a joined up system. This means GPs making a diagnosis, knowing what is available and referring people on to the support they need. EPUT provides a Memory Assessment Service and a Dementia Access Service, which cover all North East Essex, offering patient appointments and home visits as well as a helpline, group work and cognitive stimulation therapy for older people and younger adults living with dementia. In Tendring, these are based at the Landermere Centre at Clacton Hospital and the Fryatt Hospital in Harwich, as well as being available at King's Wood Centre in Colchester. For many, much more locally based community support, as outlined above, is needed to complement this.

6.8.5 In undertaking this research, some residential homes indicated that they would be willing and able to offer more support to people living in the community. Crossroads offers a sitting service to give carers a break. Support for carers makes a huge impact on their ability to maintain their caring role. Services need to be relevant and close to home or easily accessible.

6.8.6 The vision of the Essex Dementia Strategy 2017-2021²⁶ is *"The future is one in which: People living with dementia are recognised as unique individuals who are actively shaping their lives and their care whilst being able to remain as physically and emotionally healthy for as long as possible."* To achieve this, organisations need to pull together and empower people with dementia with complete, accurate and understandable information and guidance. The priorities particularly relevant to the community should be prevention (maintaining healthy lifestyles, exercising body and brain and identifying when people are at higher risk); access to good information and advice (including identifying when assessment should be sought), living well with dementia in the community (making communities, services and places dementia friendly) supporting carers (and ensuring that they can live a life as well as caring, and feel positively supported in this) and ensuring that people living with dementia can live well in long-term care. This includes support for people to plan for their end of life,

²⁴ Reducing the risk, Alzheimer's research UK, July 2017

²⁵ Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL) *Journal of Neurology, Neurosurgery and Psychiatry* T J Holwerda et al. 2012

²⁶

while they still have the capacity to do so. This takes pressure off them and their family and carers. The Alzheimer's Society works with the Dementia Action Alliance to deliver these priorities. This needs to be done in a structured, systematic way, which includes all the key stakeholders. Our society has moved on a lot, but there is still a long way to go.

6.9 Stroke

6.9.1 While stroke can happen at any age, it is more prevalent in older people. The cause of stroke can be prevented or reduced by making lifestyle changes. While the risk factors of age, family history, ethnicity and previous medical history cannot be changed, there are risk factors which can, with changes in lifestyle or by taking the right medication. These risks include: high blood pressure - the major, treatable risk factor (the estimated prevalence of high blood pressure in Tendring is 27%, compared with an England average of 21%), smoking, high blood cholesterol (controllable by diet and medication), atrial fibrillation (controllable by medication), low levels of physical exercise (30% of adults in Tendring do not walk at least once a week, compared with 21% Essex average), diabetes, being overweight or obese (child and adult obesity rates are comparatively high) and drinking more than the recommended amounts of alcohol (alcohol-related hospital stays are the highest in Essex). The services and activities outlined in this report can do much to address these risks.

6.9.2 Many local pharmacies across the District will provide weight management support, blood pressure checks, smoking cessation advice and cholesterol checks, which can help to reduce stroke risk.

6.9.3 However, strokes do happen, and life after stroke is often a huge challenge for the person affected and their families and carers. Tendring Specialist Stroke Service (TSSS) is based in Holland-on-Sea, with services in Harwich too, focusing on the survivor and the carers, helping them to re-build their lives. There is also a Tendring Stroke Club which meets in the Park Pavilion in Dovercourt. Stroke survivors have the opportunity to meet other stroke survivors and carers can meet other carers, providing mutual support and sharing knowledge and experiences. TSSS provides therapeutic activities for stroke survivors; their aim is to:

- Reinforce daily living skills
- Develop effective communication skills
- Promote self-confidence and initiative
- Increase independence and encourage social integration
- Develop strategies to manage psychosocial difficulties

6.9.4 Tendring is lucky to have such a strong support service but attendees are challenged by transport difficulties. Some are able to use Dial-a-Ride services but some are in inaccessible parts of the District and are not always able to get to support.

6.10 Older People - Physical Well Being

6.10.1 There are a number of physical activity classes aimed mainly at the elderly, including some all sitting sessions, such as an exercise group in Alresford which provides sitting only sessions for able and disabled older people. There are groups aimed at the over 60s (albeit that many of these are for women only, such as the Keep Fit in St Osyth).

6.10.2 The local authority swimming pools offer over sessions for people over 50yrs and exercise and lifestyle courses for over 50yrs in the adjoining gym facilities. These are very popular, and concession rates are low for those in receipt of the state pension (£3 for pay per use). In addition there are gentle walking clubs, weight management, walking football and numerous non-age specific exercise classes to suit all abilities.

St Osyth enjoys some lively local groups, including a keep fit class for mature ladies run by the users themselves. Officially the club is for the over 60s but most members are now mostly aged over 70yrs. They have been meeting weekly for many years, and are on their feet for an hour a week exercising to their own selection of 1960s music on a CD player. The small cost of a £2pa membership fee pays for the rental of the hall, and new members join all the time to keep the regular numbers attending at about 20 women. Another local weekly club, again run by a keen amateur, is aimed at providing a friendly social session for able and disabled adults. There is no fixed attendance fee, everyone is simply asked to make whatever contribution they can, with around 30 regular attendees. The leads of both these groups speak enthusiastically about the people who come to their sessions, clearly each giving years of service to their community over many years.



6.11 End of life

6.11.1 It is recognised that End of Life care is not only an issue for older people but can affect anyone at any age. The recent report 'Investing in quality: The contribution of large charities to shaping future health and care' looks at collaboration and impact of health, social care, community health and community and voluntary sector working together on delivery of health and care. In the section regarding End of Life care it states *"Around one in four deaths are thought to be unexpected; the rest could potentially benefit from proactive care at the end-of-life (Association for Palliative Medicine of Great Britain and Ireland et al 2012). However, there are longstanding challenges in meeting this need effectively. People with life limiting conditions other than cancer (e.g. circulatory disease and cognitive problems like dementia) are less likely to access care even when they would benefit (Dixon et al 2015). People from lower socio-economic groups (Buck et al 2018) and vulnerable groups such as people who are homeless (Hudson et al 2016) are similarly less likely to access palliative care. Geographical variation remains an issue, as does co-ordination of the numerous professionals involved in supporting patients and their families near death."*²⁷ This is certainly relevant for and a challenge to providers of end of life care in Tendring, with relatively high numbers of older people in the population. The number people dying in hospital, rather than at home or in hospice care is high compared with Colchester. Families and carers need to be made aware of what to expect and how to cope with it to be able to manage at home. Preparation for end of life is very important, to give peace of mind to the individual and their family/loved ones. This means early identification of the need for end of life care, having open discussion about wills, lasting power of attorney, advance statements of wishes and Do Not Resuscitate (DNR) forms before they are needed to facilitate planning, end of life planning and coordination of care to deliver on expressed wishes. Many organisations do some of the awareness raising through relevant speakers but this could be more widespread. There is a role for organisations like Age Concern, Tendring Stroke Services, PPGs, as well as the Hospice and MacMillan Nursing, to develop information to support awareness raising.

6.11.2 For people with a terminal diagnosis, there is good support from MacMillan Nursing and St Helena Hospice. MacMillan Nursing provides support to people living with or caring for someone with cancer and equips them with the information to help them cope. They offer

²⁷ Investing in quality: The contribution of large charities to shaping future health and care, The Kings Fund, Helen Gilburt and Leo Ewbank, 2019

a range of services including information and advice, support groups, benefits advice but these are largely based in Colchester but there is also access to an online community. Services being based in Colchester pose the problem of transport, particularly from more rural villages where the Hospital hoppers and regular bus services do not go.

6.11.3 There has been a lot of coverage about the closure of the Jackson Road Centre in Clacton. St Helena Hospice state that regardless of the future of the Tendring Centre, the Hospice will continue to offer the same range and volume of day therapies and other outpatient and bereavement support that it does now from sites in the Tendring area. In addition to the growing Hospice in the Home service, which covers all of Tendring, they have a 24/7 SinglePoint coordination centre and help line available to local residents and a Virtual Ward service which helps people get home from or stay out of hospital. As well as access to beds at The Hospice, there are 5 end of life care beds on St Osyth's Priory Ward at Clacton Community Hospital and 3 end of life care beds at The Fryatt Community Hospital in Harwich. When the CCG completes the reconfiguration of the community hospital sites next year then the total number of end of life care beds in Tendring will increase to 16.

6.12 Bereavement

6.12.1 It is acknowledged that bereavement can occur at any age in life and that it can impact considerably on physical and mental health, levels of loneliness and motivation. There are some dedicated bereavement groups across the district, and friendship or social clubs (including organisations like the U3A) can sometimes provide a similar support network.

6.12.2 Some services and groups are provided through community centres, such as in Jaywick Community Resource Centre, and there is a gardening club specifically for bereaved people. A number of churches run bereavement groups, such as those at St John the Baptist and United Reform Churches in Clacton. The Coastal Community Centre runs support groups for coping with bereavement and building personal coping strategies and resilience (for all ages). CVST has instigated Bereavement and Friendship cafes in Clacton, Walton, Jaywick and Harwich, many of which are now run by volunteers and sustainable for the future and attendees have now developed friendship groups and meet outside the cafes for coffee, theatre trips etc.

7 MENTAL AND EMOTIONAL WELLBEING

Mental ill-health and suicide have a high prevalence in Tendring. Awareness of one's own and others' mental wellbeing is central to supporting people in lifestyles, services and activities which make a positive difference. Courses such as Mental Health First Aid, provided by CVST, help to raise awareness and give people the confidence to interact and support someone who is in distress or experiencing mental ill-health. Volunteering is a very positive way for people recovering from mental ill health, or who feel isolated and lonely, to make a positive contribution and build self confidence and self esteem.

7.1 Children and Young People

7.1.1 Tendring children experience a high rate of mental health problems. A study of Essex data showed that 9 Tendring wards featured in the 20 across Essex for children receiving tier 2 and tier 3 mental health interventions. The top 3 were all Tendring wards - Golf Green, Rush Green and Homelands all have a rate per population of between 161 and 179.1 referrals per 1,000 population, more than double the Essex average of 64.8 per 1,000 across the rest of the top 20²⁸.

²⁸ Essex CC Research and Analysis Unit: Essex Needs Assessment for Schools, Children and Families 2013

7.1.2 Child and adolescent mental health and wellbeing are both hugely affected by environmental factors. It is important that they are able to build mental resilience in their early years of life and into adulthood. About 5% of primary and 9% of secondary pupils in Essex (about 16,000 people) have poor emotional wellbeing, likely affecting their emotional development and educational attainment. Children and young people report that their safety, especially from bullying, is their biggest concern. Being a carer can also adversely affect the wellbeing of both children and adults.²⁹

7.1.3 Stakeholders report that capacity appears to be an issue for charitable and statutory mental services aimed at children across the district. This was expressed as a particular concern when linked to a capacity gap in the provision of social support to children and availability of low cost activities in some areas.

7.1.4 Across Tendring there are many organised and supervised activities for young people, such as football and sports clubs, leisure centre sessions and longer term ventures such as the activity programmes provided by organisations like Lads Need Dads. The Only Cowards Carry charity runs a number of awareness sessions for young people, primarily aimed at reducing knife crime but also covering bullying and drugs and alcohol. Teen Talk has weekly drop in and coffee morning sessions in Harwich and Clacton where young people can meet, chat and seek confidential advice. Teen Talk also offers training for young volunteers, opening up a wider range of opportunities. Futures In Mind runs pop in sessions and coffee mornings for young people to socialise and seek support, including for those with drug or alcohol problems.

7.1.5 The Tendring Youth Network offers support and advice and provides a single source of information online for what is available to young people across the spectrum of issues affecting them, such as housing, money management, pregnancy, etc. A consultation carried out at the time of Essex data collection found that young people and parents wanted to raise awareness of what is available. Parents particularly wanted easy access to services through schools, GPs or direct access although this was of less concern to young people. Both groups felt that having trust in the service and feeling in a safe and comfortable environment is of great importance³⁰.

7.1.6 Many community providers are of the view that from a community and developmental perspective it is the children and young people who are not involved in organised activities who are most in need of support. Whilst it is unsurprising that the range of activities available to all age groups are concentrated in towns and areas of greatest known need there still appear to be gaps in accessibility for some people - this could be for any number of reasons including awareness, proximity or cost.

7.1.7 Stakeholders report that a few years ago it was children aged 12yrs and over where this gap was most noticeable, with a dwindling number of more informal youth clubs and indoor activities. However, community leads in some areas say that the need is now for those aged 8yrs and upwards, with many children wandering through towns in groups unable to find anywhere to go. This social drift means they become vulnerable to social disconnection and the resulting longer term impacts, such as poor employment prospects or being recruited into crime.³¹

²⁹ Essex Joint Strategic Needs Assessment 2017

³⁰ Essex CC Research and Analysis Unit: Essex Needs Assessment for Schools, Children and Families 2013

³¹ Arts and Humanities Research Council; Youth and Community: Connections and Disconnections R Cavalcanti et al; 2015



FC Clacton

FC Clacton is a community football Club, based in Rush Green Road, Clacton run on a strictly not for profit basis to provide football and social opportunities to players, their families and supporters. They are proud to be an FA Charter Standard Community Club – the highest accolade The FA can award to non-league Clubs to recognise excellence in coaching and long term player development. They engage with all age groups and next season they expect to have around 500 players representing the club each week, with around 75 volunteers working behind the scenes. This will be in 33 teams, ranging from under 7s to Veterans, plus an under 6s development squad and a weekly FA Wildcats girls only training session. Of the 33 teams, 29 are youth teams (including 5 girls only teams) and the remaining 4 senior teams includes our Ladies squad.

They are one of the largest football Clubs in Essex and one of the largest sports Clubs in Tendring. New coaches usually take on a team at u6s and ideally stay with them right through to u18s, moving up each year with the same team and building lasting trust and a close bond with their players and families that will often last long into adulthood. They encourage coaches to continue their professional development and over half have gone on to do the FA Level 2 or beyond. Some finding employment with these coaching qualifications and experience, and some setting up their own businesses to provide coaching in schools, holidays etc. Players also get involved with more than just playing. At 14 players can complete the Junior Football Leader course to assist with coaching. 4 of the Ladies team are undertaking their FA Level 1 to coach girls at the FA Wildcats sessions. At 14 plus players can take the FA basic referee course and several who have done so now referee the younger ages.

7.2 Adults

7.2.1 There are some challenging issues in Tendring with regard to mental wellbeing for all age groups. Tendring has the highest level of hospital stays for self-harm in Essex (notably very high at 289 vs. 157 Essex average) and the highest suicide level in Essex (again high at 16 vs. 9.6 England – in fact, it is the 5th highest rate in England) - see Appendix A. Stakeholders report that there appears to be limited access to community based counselling for all age groups.

7.2.2 Many providers of the social activities are convinced of the mental health benefits that structured social activities can bring to all age groups, particularly in helping motivate and inspire people who may otherwise become socially isolated. Evidence suggests that social disconnection and loneliness in adults affects the physical health of those affected to the same degree as smoking 15 cigarettes a day, an increased risk of cardiovascular disease, high blood pressure and overall increased mortality of up to 26%. Mental health is also affected with an increased risk of depression and dementia in later life.³²

7.2.3 Recognising the need to improve people's lives by helping them restore their self-belief, self-reliance, self-need and self-worth, SUMMIT (Tendring Mental Health Support), based in Clacton, provides a range of service to restore and maintain people's mental and emotional wellbeing. Their client-centred work includes mindfulness and meditation, relaxation, art therapies, mutual support groups and advocacy. They maintain their independence, ensuring there is no conflict of interest, and treat their clients with honesty, dignity and respect. This enables people with mental health problems and learning disability to be supported in a culture of enablement, not dependency developing the skills and confidence and take back control over their lives.

³² Campaign to End Loneliness; Holt-Lustead 2015; Valtorta et al 2016; et al



One of SUMMIT's successful projects, funded by the Big Lottery, has enabled the introduction of a new and innovative service for people in the Tendring area. The successful lottery bid enabled SUMMIT to deliver a wide range of structured sessions, aimed at improving the quality of life for people with mental illness and learning disabilities. Summit also provides duty advocacy, which assists clients with a wide range of issues. The Reaching Out service is very popular and ensures that the most isolated receive a service from SUMMIT, so they also can begin to take those small steps towards inclusion.

The WRAP Project (Wellness, Recovery Action Participation), enabling people to access their GP, groups and counselling, was initially a pilot funded from IBCF grant. Due to its success and proven impact, further funding has been secured to develop this innovative project.

Staff and volunteers are patient and skilful listeners and will help to get an individual's voice heard. Their approach is empowering, never limiting

anyone's ambition.

7.2.4 There is a wide variety of activities and support sessions available across Tendring, unsurprisingly, most are located in towns or areas of known deprivation. For example, the Clacton Coastal Academy/ Community Centre hosts a diverse range and groups such as the STAR group offering support and developing coping strategies following loss alongside other bereavement and support groups. There are groups in support of young families, foster carers and social clubs offering low cost breakfast and games tournaments. There is also a weekly meeting of the WREG (Women's Recovery Empowerment Group) to support survivors of abuse. Not far away in Jaywick Sands the Community Resource Centre also runs a wide variety of support and social groups for adults, young people and families. Older people enjoy weekly activities such as the lunch clubs and Knit and Natter sessions. There is very little mental health support available in the Harwich area where, anecdotally, there are considerable challenges. The Salvation Army offers support and advice but there is little structured, community-based support available to enable people to feel included in local life and to build their self-worth and motivation. Home Start Harwich offers support to parents to strengthen their emotional wellbeing.

Citizens Advice Tendring (CAT) have set up a charity shop which acts as a hub to the main advice centre for people who may be suffering from anxiety or other mental health problem. Instead of



queuing at the main office drop in centre for advice they can book an appointment at the hub and be seen without waiting in a quieter more relaxed environment. People recovering from mental health are also encouraged to work in the shop as a volunteer, supported by trained staff to help them back into a working routine ahead of them taking their next step back into employment or other roles they may previously have found very stressful. The service is well regarded and supported by the Essex Public Health Team and the Clinical Commissioning Group.

7.2.5 Whilst Tendring does enjoy many varied activities for adults, these again tend to be clustered in pockets. Stakeholders feel that activities are not necessarily accessible or affordable to all the vulnerable groups or those who might wish to use them due to the usual variety of factors such as proximity, cost or awareness.

7.2.6 There is scope for organisation's supporting and empowering people with mental health problems to work more closely together to provide a more holistic approach avoid people having to repeat their story and helping people to move on when they are ready.

7.3 Volunteering

7.3.1 The organisations and activities reflected in this report and the accompanying directory indicate the huge impact that volunteering has on the wellbeing of individuals and communities. There is evidence that helping others is good for mental health and wellbeing, reduces stress, encourages self-worth and can improve both physical and emotional fitness. For many people with mental health challenges, volunteering can be a step back into training and employment, building confidence while supporting others.³³ It gives a sense of belonging and reduces isolation.

7.3.2 By raising awareness of mental health and understanding mental health first aid, more organisations may be encouraged to recruit and support people as part of their recovery journey. Many organisations do this already but there is a role for coordinating organisations, such as CVST, to continue to promote this and support community and voluntary groups. Young people should be encouraged to volunteer as well, Teen talk, Harwich has a range of volunteering opportunities for young people and young adults which can help to build sense of purpose, self worth and inclusion, while challenging some of the stereotypes of youth.

8 NUTRITION AND HEALTHY LIVING

8.1 Physical Activities

8.1.1 Adults of all ages in Tendring spend less time undertaking physical activities than others in Essex or England as a whole, with a Tendring indicator of the number of physically active adults at 62.6 against an Essex and England average of 66. As explored above, there are many exercise and fitness groups operating in Tendring, including low cost gym and swimming facilities in TDC operated leisure centres across the district. Many village halls and community centres run Yoga and Pilates, keep fit and a variety of sports activities and clubs. There are a number of regular walking groups, many of which use the coastal paths and seafront to maximise use of Tendring's natural assets. The groups and activities appear well used but clearly there are many people who do not access them regularly.

8.1.2 This is accompanied by high numbers of adults carrying excess weight (67.5 in Tendring vs. 61.3 England average) and a higher than average smoking prevalence (16.7 vs. 14.9) which builds a picture of worrying health risks across the adult population.

8.1.3 Essex won a bid with Sport England to be one of twelve national pilot sites to look at innovative ways of reducing inactivity. Active Essex's winning bid in Tendring is looking at whole system change to increase activity, with a particular focus on individuals with poor mental health, older people and families with young children within areas of high deprivation. Active Essex recognises that previous attempts to increase activity have focused on exercise referral schemes, reduced prices at the gym, swimming vouchers etc, but this has met with limited success as within Tendring we have the highest prevalence of physical inactivity within Essex (33%) and significantly poorer health outcomes. A key aim of this pilot will be to co-produce hyper-local solutions for sustainably, increasing activity within our communities. Active Essex have carried out research with the University of Essex to understand local barriers to activity and are now moving into the consultation phase where they will be engaging with both local organisations and the target communities. Identifying

³³ Doing good does you good: a pocket guide to helping others, Mental Health Foundation

members of the community or 'sticky people' who are reducing inactivity hyper-locally, self-motivated and unaffiliated to any groups or associations.

8.1.4 There are at least 7 walking football groups in Tendring, enabling those who are less physically active but have a passion for football to continue to enjoy the game, at a different pace and with some rule differences, improving fitness at the same time. These groups are primarily people age over 50 years.

8.2 Food and Diet

8.2.1 There is a challenge in tackling poor dietary choices, particularly in coastal towns that have large numbers of cheap fast food shops catering for visitors and locals which make healthier choices harder to make for many people. Some children will grow up in a family environment where home food preparation is not the norm so they too will find it easier to resort to the low cost unhealthier options that they are used to.

8.2.2 Despite this there is little evidence of regular or widely available community services aimed at encouraging healthy eating or improving diet or improved home food preparation. There are some occasional local sessions, for example Colchester First Site is running food support training at Harwich Arts and Heritage Centre and a few groups in schools specifically for families with pre-school children or young people (below). There are commercially run weight loss groups such as Slimming World and Weight Watchers operating at a number of venues but these provide very specific weight loss programmes, only accepting individual adult members above a minimum BMI or weight loss requirement and paying a weekly fee.

8.3 Children and Young People

8.3.1 Tendring also has the highest level of year 6 childhood obesity in Essex. There are some sessions which might help parents encourage healthier eating for toddlers and children but these are not widely available in all areas. However, there is an opportunity to access the multitude of mother and toddler groups which are in place and use these to encourage healthy eating. For example, this might include holding fun events such as indoor picnics to give parents and toddler an opportunity to try out healthier options or encouraging children to plant and grow simple salads or vegetables which they can tend and eat.

8.3.2 Schools are already equipped with kitchens and may be able to host courses or events during school holidays which families can attend. There are examples of these already successfully in place with a model that might be replicated across the district, such as St James' Children's Centre Clacton offers a weekly, 6 week Confident Cooking course for families with 2-5 year old children where families can learn new healthy recipe ideas and make simple snacks on Friday mornings. Teen Talk runs a 6 week cookery course for young people ages 12-25 in Harwich. The course is split into 2 age groups, 12-16 and 17-25 and runs weekly for one and a half hours on a Tuesday evening, a time when people can get to it. Home Start Colchester, Clacton and Jaywick also provides advice and support in healthy eating and includes this as part of its workshops for children between 5 and 11 years of age.

8.3.3 There are a number of sole traders across the District providing dance classes, fitness, arts and outdoor activities for children, young people and adults. Sometimes this is unaffordable for parents and carers, so the opportunity is perhaps lost to those who need it most. One sole trader (Diddi Dance) reduced the price of dance sessions from £5 to £2 and found that the take up increased significantly, but this is not a sustainable model. There may be scope for innovation to facilitate inclusion.

Didi Dance School has been operating across the district since 2015. The dance leader strongly believes that toddlers should be encouraged to get active and socialise so that their confidence increases and they have a great start in life. She has aspirations to open further classes and is hopeful to attract children with additional needs. One barrier to attending classes has been lack of money as many parents can't afford it. She offered a bursary and was overwhelmed with many more children wanting to join. Sadly the bursary offer had to be withdrawn as it wasn't viable. *"I understand how difficult it is to join clubs and activities in the community and how often we cannot as needs are such that it is hard to participate, but I would really encourage any parents and carers who have a child under five with special needs to come along to one of the classes during the day. It will change lives. I understand what it's like"* The dance leader is the parent of a child with additional needs. If funding support could be secured for this, many more children with different abilities and different backgrounds would have greater access to dancing.

8.4 Older People

8.4.1 The lunch clubs across the district do provide nutritious low cost lunches (free in Walton on the Naze) and are very popular among older people. There are weekly lunch clubs in many locations, such as Brightlingsea, Harwich, Alresford, Jaywick Sands, Clacton and Walton on the Naze. A given number of people can attend each sitting, although providers report that some attendees attend sessions in different locations on a weekly basis, so it is difficult to calculate how many individuals benefit from attending.

8.4.2 There are many websites offering advice on a healthy eating and nutrition for older people. For example, Waitrose supermarket has developed recipes and food advice for people over 70yrs advising on a good diet as we age and The Royal Voluntary Service website contains a lot of information about diet and exercise for older people. However, whilst this may be of interest and value, there is no evidence that printed versions are available for people without Internet access, which our stakeholders repeatedly say is an issue for older people.

8.4.3 In addition some people experiencing family breakdown or bereavement can lose a partner or family member who took care of food preparation and they lose this practical support. A gentle intervention to build confidence could help to prevent someone from eating unhealthily or becoming malnourished.

8.5 Food Banks

8.5.1 The food banks across the district usually offer 3-4 day packages of food for families but observations suggest that some donations can be high in fat or sugar laden items and require little preparation. Anecdotal evidence from some of the food bank staff suggests that this is the type of food in demand and that attempts to introduce different (healthier) styles of food is not welcomed by most recipients and attempts to do so would result in wastage. Their supplies are largely dependent upon the type of food donated, which mostly has to be non perishable, although local supermarkets do donate fresh food that has passed its use by date but is still in good condition.

8.5.2 This mapping exercise did not encompass a comprehensive review of food bank activities, but this would appear to be an area for further exploration to see where healthier eating habits might be encouraged through the food banks to help people prepare healthier meals. For example, Walton on the Naze food bank trialled a scheme whereby a recipe card was prepared showing how simple ingredients from the pack could easily be used to prepare nutritious meals. Samples of the meals were prepared so people could see the likely results. The scheme didn't progress due to volunteer capacity but could be replicated

with some dedicated support, with food banks perhaps sharing resources in devising the meals. The ingredients could be gathered through the targeted donations and a recipe card prepared with simple instructions to be handed out with the food. Local supermarkets might be persuaded to work with the scheme by being encouraged to add prominence to those ingredients suggesting them as the preferred choice for donations to the food bank, and organisations such as Adult Community Learning have already suggested that they would go out to teach food preparation skills

8.6 Food Preparation and Cooking

8.6.1 With many community centres and schools across the district having commercial standard kitchens, these could be used to deliver practical support to everyone in the community through sociable cooking groups. These could be run for short burst simple courses, preparing the sort of food that the people attending like to eat (such as 'Learn how to cook 5 basic meals in 5 weeks').

8.6.2 Food preparation sessions such as this in schools could be targeted at young families and the cooking groups could also be inter-generational. Stakeholder feedback suggests that enabling older children to bring younger siblings may enable this to happen as a free after school activity as often teenagers are the main carer of younger family members whilst parents are at work. Older people with cooking and food preparation skills could be encouraged to act as mentors and instructors, whilst the bereaved might come along for practical advice, with the added benefit of participating in a social event.

9 INFORMATION AND ADVICE

9.1 In addition to the actual mapping of services, the exercise itself proved useful as it provided a clearer understanding of how communities might find out about the activities and services available to them locally. Some websites are easy to find, up to date and provide very detailed information on what is available and how people might access it, any cost and who it is aimed at. However, information about the majority of services is fairly fragmented and the following issues prevail:

9.2 In many locations there is not a single organising body and providers rent space on an ad hoc basis, designing, publicising and delivering their own service or activity or allowing external organisations or individuals to hire space and advertise with the rest of the centre's activity. Usually in these circumstances a phone number or email address for the organiser is provided with varying information about what the activity might be, occasionally giving additional information about cost and/or who the activity it is aimed at. Experience has shown that whilst many organisers are helpful, quick to respond and very knowledgeable about their local facilities but not all can be reached and some fail to respond. This might dissuade some users from pursuing things further.

9.3 Services are often not publicised in a way that easily reaches potential new users. Publicity can be limited to a poster pinned up outside the building where the activity takes place so new users who do not already visit the location would not see it. In some circumstances the information is inside the building on a notice board, making it impossible to access from outside. Some activities are advertised in local free magazines, but not comprehensively or regularly. The information might then not be fulsome enough to attract or encourage someone new.

9.4 Where websites exist they are not always found through searching by location or service, users would often need to specify the name of the building or location or even the provider of the activity, rather than being able to browse a range of local options and choose from available opportunities.

Brightlingsea Community Centre has an excellent website which is easy to navigate and sets out details of all the activities and sessions through the week. It only takes a few clicks to find the information needed, which is welcome given that local Broadband can be variable. There are also posters of events locally, as well as entries in the free press for special events. The centre provides a wide range of activities for all age groups and tastes, acting as a lively hub for the town.



9.5 Some service providers and localities use Facebook pages to advertise their activities and services, answer questions and make recommendations. Facebook pages have also been used to set up very local walking groups, club activities, events etc. However, this does exclude anyone who does not use Facebook. Stakeholders repeatedly told us that whilst many older people embrace new technology this is by no means universal and is no substitute for face to face interaction, especially for people who may have become isolated and detached from community activities.

9.6 The quality of information across the District is very variable, from scrappy sign in the door of a village hall, to a detailed handbook for local residents giving all information necessary to participate fully in that community. Setting standards for public information which are adopted by community and voluntary groups, along with guidance on how to attain them, could be very helpful.

9.7 Community Agents are a successful model for providing local information about services in specific localities. However, the web-based information is very patchy and 1:1 contact is needed to explore what is available. Local groups find them useful in providing advice about services and activities.

9.8 We found some good practice examples which may serve to provide a basis for a focus group on community information standards.

The **Great Bentley Good Neighbours** committee of volunteers works throughout the year to produce an Annual Booklet detailing all relevant local services, with contact details for residents. The team ensures that:

- each road in the parish has a specified road steward responsible for properties in that road to assist residents should they require any help.
- each resident in their road receives an Annual Booklet.
- arrangements can be made with volunteer drivers to take Great Bentley residents to the Doctors, Hospitals or relevant clinics; even collecting shopping in an emergency and more.
- there is local support and liaison with Neighbourhood Watch.



There are medical aids which can be provided quickly – wheelchairs, crutches, walking sticks, Zimmer frames, commodes and much more.

A Pets to Vets service is included and the booklet has a list of all organisations in the village that residents might like to join, as well as contact numbers for organisations outside the village, including local council, health and amenities numbers.

9.9 Websites do not always show detailed information such as cost or joining details and some are out of date and/or difficult to navigate. Often there is no venue address, it seems to be assumed that the reader will have local knowledge and know where the building is. Telephone numbers and email details are sometimes out of date or no longer available.

9.10 Most services provided in community settings can be considered universal in so much as there are no restrictions on who can attend, unless they are externally run, formal groups which require membership, but this is not always clear to potential new users. Costs are rarely set out.

9.11 Stakeholders shared an interest in having known, easily identifiable information points, located where people go as a matter of routine, staffed by volunteers who are trained on what is available within that specific area and elsewhere in the district. When not staffed, it could hold a range of literature, so that people can pick them up and follow up where interested. It could also provide information of how to find a 'buddy' if self confidence in approaching services is low or the enquirer is new to the area.

9.12 Social prescribing

9.12.1 Social prescribing is about aligning the services that are available to a person in different sectors and identifying the need for new services.³⁴ The aims of social prescribing are:

- To link people to sources of opportunities and support in their community
- To enable people and health and social care and voluntary sector providers to collaborate to find the right social prescription
- To decrease prescribing medication and follow-up consultations
- To empower people and encourage a sense of purpose

9.12.1 CVS Tendring has been enabling and supporting people to help them reach their potential for many years, mainly via their Community Information Centre in Rosemary Road Clacton and more recently at the Dovercourt and Harwich Hub. In addition, through funding support from North East Essex Clinical Commissioning Group (NEECCG), a CVST Community Development Officer has been successfully engaging with patients in 9 surgeries based in Clacton on Sea and at Caradoc surgery in Frinton on Sea and as a result, a huge difference has been made on many patients lives. The aim of Managing My Health is to gently engage with patients and surgery staff and connect people with the many opportunities, activities and help available.

9.12.3 In April 2019, a new joint collaboration between ECC, NEECCG, Provide, RCCE Community Agents and CVS Tendring began, with the aim of rolling out Social Prescribing to the wider community and to provide wellbeing support for non-medical matters such as; loneliness, anxiety, mental health issues, unemployment, housing, long term health conditions and debt. The service connects patients, residents and service providers with appropriate support and guidance help them make positive changes to their personal health and wellbeing; identify and link them into appropriate support in the community; assist them in developing personal goals focused on what matters. Outcomes for individuals include:

- Healthy living and wellbeing
- Taking up volunteering
- Lifestyle advice and weight management

³⁴ *Making Sense of Social Prescribing, University of Westminster, 2017*

- Reducing isolation and loneliness
- Supporting independent living
- Mobility and home adaptations
- Help with looking after someone/carers
- Getting out and about / joining community activities
- Increasing levels of physical activity
- Increased financial capability (access to benefits)

10 ACCESSIBILITY

10.1 Getting people involved

10.1.1 Access to services goes well beyond physical access. Quality of information, communication, welcome, time to get there, waiting lists, having to make phone contact, lack of access to the internet and knowing what to expect can all either help or act as barriers to participation. So, even in areas where there are abundant services, for many people, actually getting there and through the door is a major challenge.

10.1.2 Access can also be hindered for older people for other reasons, such as lack of confidence or information as to what is available. Even where people live close to services and might be within easy walking distance, access for older people can be made more difficult by other issues such as a lack of footpaths for either walking or using a mobility device, busy roads with no crossings or poor lighting. Even where facilities are good, a lack of confidence on slippery paths or on darker days might also prevent someone from wishing to leave home during winter months. A possible solution might be a buddy system, whereby other club members could escort people to and from activities.

10.1.3 The Community Agents role could be further developed. In stakeholder focus groups there was a lot of discussion about the potential value that could be added by providing a 'buddy' service. This would comprise well-trained volunteers who would get to know people in their own homes, or at a mutually agreed place, and explain what services are available and accompany people to them and help them settle in. The buddy would move away once confidence is built and the person is engaged with what (s)he wants to do.

10.1.4 A welcome is so important for new participants in any community activity. An example was given of a bereaved woman who decided to go to a yoga class to get out of the house, meet new people and relax. On arrival, she was 'told off' as she did not have a mat and then, when she found herself a space to do yoga in, was told that she was in someone (a regular attendee) else's place. She did not return.

10.1.5 NICE Clinical guidance 136 looks at improving the experience of care for people using NHS Mental health services. Part of these guidelines covers access to services and states that "in some services poor communication skills, information provision and staff attitudes can have a negative influence on the experience at first point of contact and impair the extent and degree of engagement with services and treatment." This is equally true for those using community and voluntary services.³⁵

10.1.6 Service providers report that encouraging new members and volunteers can sometimes be the greater challenge, but this varies from service to service - some report a

35 Service User Experience in Adult Mental Health: Improving the Experience of Care for People Using Adult NHS Mental Health Services, NICE Clinical Guidelines, No. 136, National Collaborating Centre for Mental Health (UK), Leicester (UK): [British Psychological Society](#); 2012.

good flow of new volunteers, others are worried that it is increasingly hard to find anyone. Likewise some groups struggle to recruit new participants, others are full and turning new members away. For example Headway, the charity supporting people with acquired brain injury, cannot secure enough places on social events to meet demand - a particularly popular bowling event has a 6 month waiting list for new users.

10.1.7 To recruit new participants, some providers report that taster sessions for new groups can be very effective but that they need time to work, a single session is often not enough. The HILL project in Harwich offered 10 free swimming sessions as an opportunity for physical exercise and to meet new people. During this time relationships were built and participants recognised the value from regular exercise. The group chose to continue, paying the small charge at the swimming pool, and it continues to run on that basis. Taster sessions are held at TDC owned leisure facilities (as below) but some of the smaller charities or small groups would need some financial support for this to be viable for them. Tendring has many swimming pools, including those run by the local authority with attached leisure facilities and private pools (including those in holiday parks, some of which already offer low cost use to local residents). Although these facilities tend to be close to the coast, so not necessarily within easy reach of all residents, they do provide good physical assets that might be used for a variety of activities. Taster sessions are already offered for some new groups at Clacton Leisure Centre, such as the new walking netball group, and it may be possible to use this model to expand upon men's activities.

10.1.8 Local champions and buddies (to support attendance at new activities) help to get new services in place. National charities, such as those running Men in Sheds, could be brought in to support new targeted local developments or local champions could be identified to build local ideas. Areas where there are currently fewer activities for particular groups could be targeted, with the emphasis on sociable activities known to help improve health or mental well being for those participating.



Weeley Residents Association is a good example of how a small group of residents galvanised their community and created a lively and engaging group working together for common benefit. The Association was started from an original group of 8 keen residents and now boasts 432 members. The group thrives on connecting people, assets and groups through word of mouth, and building trust and relationships. Recognising that future success is all about sustainability, they routinely pull in new volunteers through personal invitation and perseverance. Residents meet and make friends by participating in various activities such as litter picking (some in their own version of Womble outfits!), fish and chip suppers, bingo, children's groups, and many other events. They are keen to engage directly with each other through word of mouth and they go where people go (not just emails), and they have an excellent website, giving comprehensive details of all the activities and contacts. They produce two community newsletters and have printed posters in the village hall, shops and GP surgery.

10.1.9 People will need to enjoy participating; those groups enjoying greater success are seemingly those with a high level of social interaction or where people have some degree of control over the extent to which they participate. There is a risk in terms of the range of activities however, that leaving this to local chance could result in duplication of popular services rather than new, more innovative endeavours.

10.1.10 Short course activity has been shown to work as a way of rejuvenating group activities that may otherwise become stale or encouraging a core group to the exclusion of new members. For example, many of the group sessions operating at the CVST Dovercourt and Harwich Hub operate in this way in order to refresh membership and

enthusiasm. They report that this means everyone starts new at each of the re-launched groups, avoiding the possibility of perceived cliques forming among well established members that may put off new members.

10.1.11 Many services take place during the day, which can suit people who are retired better. However, there are many people in employment who may wish to access services in the evenings or at weekends and there is limited availability at these times. Consideration should be given to how opening hours can act as a barrier to accessing services and whether there is a need to extend or vary opening times to embrace people who work.

10.2 Transport

10.2.1 Getting to a service is a constant challenge in rural areas, and access to transport is a recurring issue. There are over 141,000 people in Tendring. 42,638 are over 65. 2011 Census data tells us that 17303 (12.5% of population) people had their day-to-day activities limited a lot by long-term conditions or disability and 17959 (13%) had their day-to-day activities limited a little. This figure will have increased over the past eight years, as the population has become older. This demonstrates how important transport is to be able to access services, especially if people are unable to drive, or have no carer/relative/friend to transport them. Access to services is generally measured by the distance to shops, chemists, libraries, petrol station and Post Offices. Data from Grant Thornton Place Analytics shows that in Essex, Tendring is among the worst performing for access to services. In general, Essex underperforms compared to both the regional and England-wide averages.³⁶

10.2.2 There are a number of well-established community transport schemes within Tendring that provide wheelchair accessible transport, often from the door, for those who have difficulties accessing public transport. Other schemes provide minibuses to enable people to go shopping, meet friends or attend day centres or lunch clubs. Some villages have volunteers who will support local people who are unable to drive or have no access to transport to attend hospital or other appointments in. Other villages have reported difficulties in getting access to community transport as they are outliers (e.g. Beaumont cum Moze).

Known schemes in Tendring are as follows:-

- Tendring East – Walton Community Care Hospital Car Service; Harwich Connexions and Hospital Hopper, Frinton and Walton Community Bus, The Silver Circle Club in Frinton.
- Tendring West – Manningtree and District Community Bus, Family Support, Brightlingsea
- Tendring South – Helping Hands, Clacton, Tendring Community Transport and Hospital Hopper, Tendring Eldercare

10.2.3 All these groups transport large numbers of people to hospital or GP appointments, to services in the community. Over the past year Harwich Connexions and Tendring Community transport serviced over 131,000 passenger journeys. It is reported that demand continues to outstrip supply. There is potential for Transport Schemes to work more closely with a range of smaller, widespread community groups if they have the capacity to do so. For example, Harwich Connexions has permission to run a dial-a-ride service in Harwich, Dovercourt, Parkeston, Ramsey, Little Oakley, Wrabness, Great Oakley, Stones Green, Bradfield, Bradfield, Heath, Little Bromley, Great Bromley, Horsley Cross and Street, Little Bentley and Wix. However, they can only offer transport to Harwich, Dovercourt, Parkeston, Ramsey, Little Oakley, Wrabness, Great Oakley and Wix, due to limited vehicle numbers and lack of funding.

³⁶ Essex Community Foundation, Vital issues, 2015

10.2.4 For people who are able to get into a standard car easily, without wheelchair access, there are Car-Share Schemes operating throughout Tendring District. Where such schemes exist, the challenge is to maintain staff and volunteer numbers. There are, however, many rural communities who do not have access to public or community transport, so this is a gap which will need some consideration.

10.2.5 Tendring villages provide well for their residents in terms of local services. For those who live in more rural settings, the need for transport is critical, to enable them to enjoy a feeling of inclusion and reduce their isolation. There are a large number of community transport schemes and volunteer car driver schemes, but local bus services have been reduced and access to the bus stop alone can be problematic for many people. To be compliant with legislation, most transport schemes require a charge of £1 for membership, with the journey cost on top of that.

10.2.6 Car ownership in parts of Tendring is comparatively low, which means that transport needs are relatively high. Tendring East and Tendring South have significantly more households without a car than Tendring West. In Pier ward 49%, Alton Park 41% and Harwich East 38% of households have no car; this compares with Ardleigh and Bromley at 7% and Thorrington, Frating, Elmstead and Great Bromley at 8%, so there are considerable differences across the District (see Appendix 3).

Tendring Community Transport (TCT) and Harwich Connexions support each other with:

- Funding Sources
- Sharing information and good practice
- Sharing networking opportunities

They are working in partnership to grow community transport services across the Tendring District, specifically between the Clacton and Harwich hospitals and the surrounding areas as there are little or no transport links. The service will operate six days per week between 09:00 – 17:00; it will be split between the two organisations enabling people to access hospitals, GP surgeries, health/medical centres, community groups and social/leisure activities. People will be able to access affordable food supermarkets, training, education, job opportunities across Tendring.



The purpose of both organisations is to provide transport services to people who are unable or find it difficult to access conventional transport. This is achieved by providing people who are at the margins of society with services which will allow them to access local amenities. The services we provide enables people to live independently for longer in their own homes, prevents loneliness and rural/social isolation.

10.2.7 The Government's Community Transport Enquiry in 2017³⁷ stated, in its response to consultation, that "The Government has long made clear its belief in the vital importance of the services provided by community transport operators. Many community transport operators are in effect also providers of social care services, especially to people who are elderly, isolated and disabled, and they are generally motivated by compassion and philanthropy, not profit."

³⁷ The Community Transport and the Department for Transport's proposed consultation: Government Response to the Committee's First Report of Session 2017-19

10.2.8 For the Tendring transport schemes which own their own bus/fleet, there is always the challenge of long-term funding and maintenance of vehicles, along with replacement plans for older vehicles to ensure that they are safe and fit for purpose. Some have to complement their income by making their buses available to schools, taking them away from community outreach availability. There are also the challenges of recruitment and retention, security clearance and recruitment and training of volunteers to ensure that high and safe standards continue to be met.

10.2.9 This extract from an evidence review sums up our findings: “The most difficult needs to meet are the diverse recreational and social needs of the different sectors of the rural population, both young and old. Encouraging the development of voluntary organisations that could utilise public vehicles outside of school/work hours offers some scope for enhancing social interaction, but reliance on volunteer drivers can limit hours of operation, and a community transport approach based on volunteers and inconsistent grant funding is unlikely to compensate for decreased public transport services (House of Commons Transport Committee, 2014). There may be some scope for the consideration of public subsidy to pay for qualified drivers to operate schemes outside of working hours to enhance social interaction, but again this requires deeper investigation.....”³⁸

10.2.10 A report by the Campaign for Better Transport ³⁹concluded, among other issues:

- Improving transport services and making them affordable and accessible addresses social exclusion.
- Those on low incomes are more reliant on bus services with half of the poorest fifth of the population not having a car, rising to more than two thirds of job seekers Those on low incomes may also be less able to take advantage of cheaper bus or train fare deals which involve paying sums up front
- Low income communities tend to have higher exposure to the negative impacts of transport, facing greater risk of being killed or seriously injured on the roads, higher levels of air pollution leading to greater risk of premature death, and also lower levels of social interaction due to higher traffic levels affecting the level of contact between neighbours and others in the community.

10.2.11 Tendring is not alone but it is among those rural areas where transport can enable reduction in loneliness and isolation, therefore keeping Community Transport and Volunteers Car Driver schemes going is a lifeline for many and may improve wellbeing for those for whom it is not available.

11 CRIME AND COMMUNITY SAFETY

11.1 Essex Insight’s Profile of Tendring 2016 states that fewer Tendring residents feel safe during the day or after dark than those in the rest of Essex. ⁴⁰

Citizen Insight

- 79% of adults in Tendring say they feel safe during the day, the third lowest district figure and below the Essex average of 85%.
- 41% say they feel safe after dark, lower than the county average of 49%.
- 40% of adults are satisfied with safety on the roads, just below the county average of 42%.

Source: Residents Survey 2015

11.2 There are many risk factors that increase the likelihood of offending and other poor outcomes. These include: attitudes to crime, risk taking behaviour, substance misuse,

³⁸ What works in tackling rural poverty,; an evidence review of Interventions to Improve Transport in Rural Areas, John Powell, Dan Keech and Matt Reed, Countryside and Community Research Institute, University of Gloucestershire, March 2018

³⁹ Transport, accessibility and social exclusion, Campaign for Better Transport, July 2012

⁴⁰ A profile of people living in Tendring, Essex Local Authority portraits, ECC, April 2016,

mental and physical health, access to employment and training, financial issues and family relationships. Evidence suggests that supporting people with the right support at the right time and ensuring that there are not any gaps or inconsistencies between agencies may be most effective way in reducing crime.

11.3 It is known that both crime levels and perception of safety impact on peoples' health and wellbeing. Although it contains some of the most deprived areas in England (as measured by the Index of Multiple Deprivation), the district of Tendring is a relatively safe place to live. Essex has one of the lowest crime rates in England; Home Office figures show that only four police forces, of the 40 in England, had a lower crime rate.

*"Community safety is ... a key concern for ward members. It determines how people perceive their neighbourhood and helps to reduce the fear of crime. In particular, a low crime rate is frequently seen by local people as their priority for a good place to live. And despite falls in crime rates, the public demand for community safety, and in particular a reduction in anti-social behaviour, remains very strong."*⁴¹

11.4 Knife Crime

11.4.1 Prevalence of bladed weapons, particularly among children and young people, is increasing. This is evident at local and national level. Only Cowards Carry runs an education programme for children and young people but schools cannot always afford to run it, which means that the messages are not always getting to where they need to be heard. They would like to be able to offer sessions to parents, social housing estates and community groups across the district. There are nine weapons amnesty bins across Essex, collecting approximately 10,000 bladed weapons when they are emptied every six months.

Driven by the fatal stabbing of her son, a Clacton mother founded the organisation "Only cowards carry weapons awareness". It is based in Clacton⁴² and its mission is:-

- For weapons awareness education to be added to the national school curriculum
- To raise awareness of the dangers and consequences of carrying a weapon
- To petition for tougher action against knife and weapon crime
- To change the mindset of teenagers who think they are 'cool' and 'safe' by carrying a weapon.



The organisation works with schools, academies, Essex Police, Crime Stoppers, Fearless and other partner agencies. It is extending its reach across Tendring, further into Essex and beyond to raise awareness and lobby for change. It also places bladed weapon Amnesty Boxes around Tendring to enable weapons to be surrendered without question.

11.4.2 An analysis of overall recorded crime, together with an evaluation of responses from public engagement, identified that the key priorities for the Tendring Community Safety Partnership⁴³ should be the following:

1. Tackling Anti-Social Behaviour and Acquisitive Crime
2. Protecting Vulnerable People from Hidden Harms
3. Reducing Violence and Knife Crime

⁴¹ Local Government Association, Community Safety Councillors Workbook, October 2012

⁴² "Only cowards carry weapons awareness" website

⁴³ Tendring Community Safety Partnership, Tendring District Council

11.4.3 Tackling crime at a local level involves investing in a number of different strands of community activity. Those which are evident from research include diversionary activity for teenagers, a holistic response to drug and alcohol misuse and tackling addictions, promoting positive mental health, reducing worklessness and providing support to those with concerns within their domestic environment.

11.4.4 In the year ending September 2018, the crime rate in Tendring was the fifth highest in Essex and higher than average for the force area. Average crime rates Crime rates in Tendring are consistently higher than the Essex average and in similar areas to Tendring.⁴⁴

11.5 County Lines

11.5.1 County Lines are increasingly a challenge for Tendring, at the time of this report there were 29 County Lines known to be operational across Tendring. They are developed by criminal gangs setting up drug dealing operations somewhere outside their usual operating area. Gangs will move their drug dealing from big cities (e.g. London, Manchester, Liverpool etc.) to smaller towns in order to make more money. This can have a significant effect on the community who live there and bring with it serious criminal behaviour. Gangs recruit and use children and young people to move drugs and money for them. Children as young as 11 years old are recruited, often using social media. They are exploited and forced to carry drugs between locations, usually on trains or coaches. They are also forced to sell drugs to local users.

11.5.2 The national picture on county lines continues to develop but there are recorded cases of:⁴⁵

- children as young as 12 years old being exploited or moved by gangs to courier drugs out of their local area; 15-16 years is the most common age range
- both males and females being exploited
- White British children being targeted because gangs perceive they are more likely to evade police detection, but a person of any ethnicity or nationality may be exploited
- the use of social media to make initial contact with children and young people
- class A drug users being targeted so that gangs can take over their homes (known as 'cuckooing').

11.5.3 Gangs are known to target vulnerable children and adults; some of the factors that heighten a person's vulnerability include:

- having prior experience of neglect, physical and/or sexual abuse
- lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example)
- social isolation or social difficulties
- economic vulnerability
- homelessness or insecure accommodation status
- connections with other people involved in gangs
- having a physical or learning disability
- having mental health or substance misuse issues;
- being in care (particularly those in residential care and those with interrupted care histories)
- being excluded from mainstream education, in particular attending a Pupil Referral Unit.

⁴⁴ Police crime statistics

⁴⁵ Home Office County Lines Guidance, September 2018

11.5.4 Tendring Community Safety partnership has had a strong focus on County Lines and on the impact of drugs on the local community and it raising awareness of County Lines, Cuckooing and the impact on vulnerable young people and adults across the District. There is a lot of activity in schools to raise awareness of the risks of county lines and vulnerability. Since May 2014 Operation Raptor, an anti-gangs project from Essex Police, has made more than 663 arrests and seized drugs with an estimated street value of more than £1million. Many of these have been in the Tendring Policing area.⁴⁶ This highlights the need for awareness raising among other vulnerable groups (particularly children leaving care, living in unstable families or feeling excluded, people with mental health problems, people with learning difficulties) at places where they go. This is best achieved through community groups and schools who have regular contact with these vulnerable groups, helping them to understand and recognise the warning signs and discussing strategies for self-protection and support to keep safe.

11.5.5 Tendring Community Policing Team has a Facebook page and twitter account to engage with the local community. Their aim is to:-

- Make sure the Tendring district is a safe and pleasant place to live, work and visit
- Detect and prevent crime effectively through partnership work, efficient and proportionate investigations, high visibility policing and by using support from specialist colleagues.
- Community engagement and involvement enables them to work effectively, using local information and intelligence, whether about anti-social behaviour, abuse or exploitation, drug dealers and gangs and/or any other issues

11.5.6 With its high proportion of older people, there is a comparatively higher risk of vulnerable people being targeted by rogue traders. Tendring Neighbourhood Watch is run by a committee of six volunteers and a group of volunteer street coordinators. Membership is increasing (now approximately 3000). Neighbourhood Watch spends time trying to make people aware of the scams and cold calling prevalent in the district and giving advice to keep safe and secure. Tendring District Council is issuing advice to residents about how to deal with doorstep traders safely, and to prevent them from potentially falling victim to scams, working in partnership with Essex Trading Standards. Again, many community organisations for older people and vulnerable groups can be used as channel to raise awareness and keep people safe.

11.6 Drugs and Alcohol

11.6.1 There are strong links between drug and alcohol use and crime, so by tackling these, particularly drug use, community safety can be improved. Equally, drug and alcohol related conditions and accidents take their toll on health services, family life, friendships, mental health, employment and housing.

11.6.2 There were 194 arrests for drug possession in Tendring in the year to September 2015, down 23% from a year earlier and accounting for 7.9% of all arrests across the county.

11.6.3 From population and drug prevalence figures for North East Essex (mid 2014), it can be estimated that there are approximately 947 individuals aged between 15 and 64 using opiates and/or crack cocaine. Research indicates that Opiate/Crack-cocaine users (OCUs) are proportionally much higher in the 35-64 age group.⁴⁷ The figures in the table below

⁴⁶ NLA Presentation: Gangs and Gang Activity: Within the Tendring District, Tendring District Council

⁴⁷ Estimates of the prevalence of opiate use and/or crack cocaine use (2016-17), Gordon Hay, Anderson Rael dos Santos, Howard Reed, Vivian Hope, Public Health Institute, Liverpool John Moores University, March 2019

indicate that there is a significantly higher level of classified drug use of all types in Tendring. In 2015, there were 16 drug-related deaths in Tendring.⁴⁸

	Population age 15-64	OCU	Opiate users	Crack users	Injecting
Tendring	78,058	377	323	241	89
North East Essex	195,958	947	812	606	224
% of NEE population	16%	40%	40%	40%	40%

Estimated Prevalence of Drug Use in North East Essex per 1,000 population aged 15-64 (2011/12 estimates)

11.6.4 A report for the Home Office in January 2016 stated that “Though research suggests that not all OCUs resort to acquisitive crime to help finance their drug use, numerous studies show that a proportion consistently do and these individuals can be extremely prolific offenders (Morgan, 2014). One study by Frontier Economics estimated that the average lifetime cost to society of an injecting drug user was £445,000 from crime alone. Hence analysing and identifying new OCUs is a policy priority (Frontier Economics, 2010)”.⁴⁹ It is estimated that the annual cost of drug addiction to society in England is £15.4bn. This includes £488m to the NHS and £42.5m for looking after drug using parents’ children who have been taken into care. Alcohol-related healthcare costs in NHS North East Essex CCG were an estimated £15.6m, equating to £56 per adult. This breaks down to a cost of £3.8m for A&E attendances, £10.1m for in-patient admissions and £1.6m for outpatient admissions.

11.6.5 There is no data available relating to the costs of drug use at Local Authority or CCG level, but these figures indicated that supporting people with drug and alcohol addictions into recovery should remain a priority for Tendring in order to promote health & wellbeing, enhance community safety and remove pressure on the NHS and social care.

11.6.6 The likelihood of secondary school age children having ever taken drugs increases with age, from 11% of 11 year olds to 37% of 15 year olds. Cannabis is the most widely used illegal drug among children and young people, with 8% of secondary school pupils saying they took the drug in the last year, and 14% of 16 to 19 year olds. Use of Class A drugs such as heroin and cocaine is very uncommon. The most recent drug use survey includes new data on nitrous oxide and new psychoactive substances (NPS – ‘legal highs’): in the last year, only 4% of pupils said they had used nitrous oxide, and 2% used NPS.⁵⁰

11.6.7 For those of all ages with drug and/or alcohol problems there is help and support available. However, drug and alcohol awareness and counselling are always in demand. Open Road and The Children’s Society work in partnership to deliver Choices, the all age recovery coordination service, which includes Tendring. Essex Young People’s Drug and Alcohol Service (EYPDAS) is the children and young person’s element of the service. There is a Community Hidden Harm Awareness Team run by the Children’s Society supporting young people between 8 and 19 years of age who are affected by family substance misuse.

11.6.8 Action on Addiction delivers a structured programme called M-PACT (Moving Parents and Children Together) to address parental substance misuse for parents and children aged 10-17 years – these are available in various locations. Similarly the NSPCC has a 20 week programme for parents who have a child under 2 and a half and are on a drug or alcohol treatment related programme – these are held across Colchester and Tendring.

⁴⁸ NE Essex CCG figures

⁴⁹ New opiate and crack-cocaine users: characteristics and trends, Home office research report 90, Nick Morgan, Daniel Heap, Amy Elliott, Tim Millar, January 2016

⁵⁰ <https://mentoruk.org.uk/get-the-facts/>

11.6.9 Open Road runs a drop-in and needle exchange in Clacton, which is open daily and covers Tendring, including Clacton, Harwich and Jaywick. It provides information, advice, support, or initial assessment as well as help and advice on gaining skills, training, education and employment opportunities to support long-term recovery.

11.6.10 Futures in Mind holds Welcome Cafes in Manningtree, Harwich and Clacton, offering the opportunity for adults recovering from mental health and drug and alcohol problems to meet like minded people, access support and build confidence. The organisation also offers befriending, support to develop skills and gain qualifications and access to a range of peer led activities.

11.6.11 Within North East Essex, approximately 169,774 (73%) people drink within the recommended alcohol guidelines, 45,370 (19%) drink above the recommended which increases the risk of damaging their health and 16,086 (6%) drink at very heavy levels which significantly increases the risk of damaging their health and may have already caused some harm. The NHS estimates that around 9% of adult men and 4% of adult women in the UK show signs of alcohol dependence. A more specific estimate from the Department of Health suggests that approximately 3.4% of people in the UK are dependent on alcohol.

11.6.12 In the Tendring district 770 people per 100,000 were admitted to hospital with alcohol related conditions, the highest in Essex and 22% higher than the national average. Hospital admissions for children and young people under 18 are more than double the Essex average. (see Appendix 1). Again support is available in A&E but for those who do not need to get admitted to hospital, services like Open Road's SOS bus can really make a difference by supporting people in the place and at the time they need it.

For the last 10 years, Open Road has run the SOS bus, and its support minibus, in Colchester town centre. It is based there on Friday and Saturday nights from 20:30 – 04:00 every week throughout the year. Over half of those attending the bus were under the influence of alcohol or drugs. Last year 18%



(109 people) of those treated were from the Tendring area. The bus is staffed by one team leader, one medic, and 6 volunteers and provides a safe haven for late-night visitors. Remote medics UK have been providing the SOS bus team and community with an enhanced and professional medical service over the last year. Open Road's volunteers help diffuse trouble and provide medical support to people who need it. This helps reduce the negative impact of the night time economy on the businesses and residents of the town. The SOS team coordinates with other support services – street pastors, doormen at pubs & clubs, the Police, Ambulance Service and A&E.

This means that incidents can be quickly coordinated, assessed and dealt with and avoids many A&E attendances and call-outs for ambulances. This is a good example of going where people go.

12 CARERS

12.1 Essex Carers Strategy highlights what needs to change in the support given to Carers in the County as *"We need to embrace a prevention agenda. For carers, this means reducing the impacts of caring on their lives, enabling them to achieve their aspirations and cope with crises in their caring roles. This requires a fundamental shift from reactive services that address ill health and care needs once they have arisen, to proactive approaches that build individual resilience and help people to achieve their potential."*⁵¹ Carers need to be able to feel connected to their communities, to retain employment and a lifestyle of their own and being able to maintain

⁵¹ Carers Count in Essex, Essex Carers Strategy 2015-2020

and improve their emotional and physical wellbeing. Much of this depends on community-based services which are local, accessible and valued by carers.

12.2 According to the 2011 Census, 145,872 adults in Essex provided informal care to relatives, friends or neighbours - a 13% increase in the number of carers from the previous Census. A large number of carers (31,882) provide more than 50 hours of care per week. For adults with physical disability, carers are likely to be spouses in their mid/late years. In Essex, 43% of people caring for an older person are themselves aged over 65. The number of older carers (65 years and over) providing care is also significant at 35,512.

12.3 In Tendring there were 17,323 carers (approximately 12.5% of the population), 2240 carers claiming benefits, 2.9% of the population, compared with 1.5% for Essex and 1.7% in England. 31.6% of carers were aged over 65 and providing unpaid care, the highest number in Essex. Tendring was ranked 8th in England for provision of 50 or more hours of unpaid care. This changed from 2.8% in the 2001 census to 3.5% (i.e. 206 more carers) in the 2011 census, showing that there is an upward trend. With the ageing population in Tendring rising and level of need increasing, this is expected to continue to rise.

12.4 There are an estimated 10,000 young carers (aged between 11 and 18) in Essex, who have to combine their caring and support role with their education, early employment and their social and emotional life as a young person growing up. In the Essex Carers Strategy it is reported that over 25% of all young carers of secondary school-age experience problems of some kind, while 40% of children caring for someone who misuses drugs or alcohol have educational difficulties. Supporting young carers is essential if they are to start well and live well in the future.

12.5 In Tendring there is a range of Carers Groups, many specific to different conditions, for example, Parkinson's support groups in Holland-on-Sea and Harwich, Stroke clubs in Holland-on-Sea and Harwich, Dementia Café in Clacton and Headway NE Essex group. There is very little in evidence in the West of the District, where many people appear to look towards Colchester.

12.6 Crossroads Tendring and Colchester runs a free to attend Young Carers group covering Tendring only, for children age 8-18 who have a caring role within the home. Meetings are held fortnightly and transport is provided, and day trips are arranged for young carers during the school holidays. There are currently about 100 members, with 55 children and young people on average attending each session. It is the largest young carer group in Essex.⁵²

12.7 The 'Supporting Carers in Essex' partnership, providing a range of Essex-wide advice, information and support services, ended in March 2018. Carers First are now the main provider of advice and information services for carers across the whole county; much of this is achieved through a telephone based information hub, offering advice, support and information about facilities available to carers.

12.8 Essex Carers Support remains very active across Tendring and, over the past year, the organisation has supported 143 carers in Tendring through a range of innovative projects. By their very nature, carers need to have support local to home, so outreach services into local communities are essential.

12.9 There are many groups and activities where a carer can attend with the cared for person. However, we found few activities where carers can leave their loved one to be cared for while they take a break in the daytime. Crossroads continues to provide respite breaks and sitting services, as well as information advice and signposting, which are highly valued by its service users.

⁵² Crossroads Tendring and Colchester website,

12.10 Respite care is a very valuable resource for families and carers, many themselves older and in need of their own help and support (physical or emotional). There is little evidence of low cost respite care available locally for people with dementia or other conditions mainly affecting those in older age. A private care home in Clacton provides day care support and a cognitive programme for up to 6 users for £60 per day on some weekdays, another dementia specialty home in Jaywick Sands is planning on providing day time cognitive development sessions for non residents (likely cost unknown), a day centre, attached to a residential home, in Harwich offers day care for £45 per day for older people and people with dementia (they report that they have plenty of space to accommodate more people) but there is little else, particularly at low cost; residential respite can cost users upwards of £800 per week if they do not qualify for financial support. Some residential homes do have daily sessions open to non-residents but dementia sufferers would need to be accompanied by their carer.

12.11 For those caring for people with dementia, there are three new admiral nurses working in North East Essex whose role is primarily to support carers.

12.12 Stakeholders suggest that an opportunity may exist for developing low cost respite care in conjunction with charities and some of the district's residential homes for people with learning disability or dementia. They have facilities and trained staff to care for people, and it might be possible to develop short occasional daytime sessions. The Alzheimer's Society has offered to talk to groups to provide information, and raise awareness and understanding.

13 FINDINGS

13.1 The mapping exercise was undertaken on a geographic basis corresponding with the 3 defined areas of Tendring District. There are some very specific issues which emerged in some wards in Tendring but overall it was found that there is sufficient congruity across the Tendring area to allow overarching findings below to be reported in terms of current and potential service provision.

13.2 This report reflects the complex range of issues affecting residents of all ages, economic fortunes and health status across each of the 3 geographic areas in Tendring. Findings focus on how existing and potential community services might be shaped for better impact, acknowledging that there is not one single solution and that success is more likely where statutory, voluntary and community services complement one another across the whole system.

13.3 General Observations, which cover a range of Living Well categories

13.3.1 The stakeholder sessions held in each of the 3 geographic areas (West, East and South Tendring) revealed interesting perspectives across a wide range of participants and informed some of the comment in this report. Early findings were presented to them, seeking comments and feedback on the emerging issues. Participants were asked what might help them improve or expand services, and what they might need in the way of resources or support from others to do this. Many in Clacton, and the South and East areas, reported that CVST is a very good source of advice and support, and usually their first port of call in terms of finding out what help exists and how they might work with others. Many said that they found the stakeholder sessions and the structured conversations themselves of use in terms of finding out what is available and helping build partnerships. Theme-based focus groups on specific issues may be a good way forward to facilitate sharing of ideas and pooling of resources and information.

13.3.2 There is concern among stakeholders and providers of some activities that new volunteers are not coming forward and activities may stop as a result. Some report that it is the same few people trying to run multiple services, leading to volunteer fatigue. However,

this varies between services rather more than it does geographically - some providers have a healthy supply of new volunteers, which might suggest it is service specific rather than geographic or general volunteer fatigue.

13.3.3 In terms of the asset map, there are many community activities available but these are concentrated in pockets and, as most have developed over a long period of time, are not evenly distributed across the district. There is not an observable pattern to the distribution; it appears mostly due to the enthusiasm of local leaders in setting up and maintaining groups or activities. The leaders themselves can vary from church leaders, charity volunteers to keen local residents. Identifying community leaders who can link people up has been demonstrated to have positive results.

13.3.4 Access to services and activities varies, depending on where within Tendring people live. Tendring East, at the coastal side, and parts of Clacton and Walton have relatively low levels of car ownership and limited access to public transport. While Community Transport Schemes make a significant contribution to plugging the gaps, coverage is limited, as is the ability to cover outlying and more remote areas.

13.3.5 Schools across the district generally have significant capability and good physical assets but it was hard to find many activities that are universally available and not just for pupils in the school. Stakeholders reported that they struggle to engage with schools to share resources or run events, with staff turnover and capacity seen as the main reason for this. Parents tend to move through quickly as their children grow up so there is a general lack of continuity, meaning that, even where relationships have been forged in the past, parents and teachers move on and those relationships are not always sustained.

13.3.6 There is an abundance of less formally established social events and activities such as fitness and exercise sessions, book clubs and mother and toddler groups as well as local interest activities. These sessions are also held in libraries, cafes, community centres and village and church halls and are often organised and run by users or enthusiastic local champions. However, finding out what is available, when it runs and from where can be challenging - there is no consistency in how this is done and details can be buried in obscurity.

13.4 Start Well - giving children the best start in life

13.4.1 There are a wide range of services for children and young people – mother & toddler groups, support to teenage parents, sports and fitness clubs, uniformed organisations, drop-ins, teen-led projects etc., but there remains an issue about attainment, mental health, self esteem and obesity. Projects supporting young people must be relevant to them and give them a sense of purpose and appeal to their interests. Again, going where young people go and inspiring them is a challenge for future planning.

13.4.2 There is scope to introduce more whole family activity, where children and families can attend together.

13.5 Feel Well - supporting mental wellbeing

13.5.1 The role of buddying and face to face engagement emerged strongly as a catalyst for engaging with individuals of all ages and circumstances. The most successful local groups report that the best way to bring people in is through direct contact, some have had to be quite tenacious but the results are impressive. They still use email and websites to share information and maintain contact, but it is not the way in which people are initially encouraged to participate in groups or other events.

13.5.2 Buddying can help with access to activities, particularly for older people and people with mental health problems. It would even help with those who are physically frail and who might live close to amenities but have problems just crossing a busy road or with poor lighting and slippery paths in winter months. A simple helping hand or someone to walk with might make all the difference. Buddying might help when people have been bereaved and, as well as their grief, go on to experience loss of confidence and desire for social engagement. Where people have been a part of an active social group or activity others might be encouraged to check up on them if they slip from their normal social group following loss or bereavement. They may not wish to rejoin social activities straight away but might be encouraged to attend one of the bereavement and loss groups.

13.5.3 Awareness of how mental ill-health impacts on peoples' lives is still a challenge, despite its high prevalence. Given the high levels of suicide, mental ill-health and drug and alcohol related problems, this needs a new drive to raise awareness and understanding. Early intervention services need to be easily accessible (in terms of information, location and physical access), non-judgemental and supported by access to clinical input when they are being developed. The HILL programme and SOS buses are good, holistic models for this.

13.6 Be Well - empowering adults to make healthy lifestyle choices

13.6.1 There are many vibrant and well supported activities taking place in every type of centre, church or village hall with some being set up as charities or community ventures to purposefully meet specific community needs such as the Jaywick Community Resource Centre and Walton Community Centre and, more recently, Dovercourt and Harwich Hub. There are activities available for all age groups, interests and physical abilities. Whilst unsurprising that many activities are clustered in the towns, these are predominantly those run or supported by organisations, registered charities or local authorities. The public health and social issues affecting Tendring communities have clearly influenced the development of many of the services available in towns and areas of deprivation, such as those held in libraries and additional services commissioned through pharmacies, offering lifestyle and wellbeing services which are mostly free to users.

13.6.2 Many of these local activities are clearly very popular but there is no obvious way for people to suggest where gaps exist and other services might be added (unless they wish to set them up themselves) and this seems to lead to (mainly rural) events being more focussed on existing popularity than potential need. There is little in the way of infrastructure to help people access the activities, for example transport or advertising. Some stakeholders spoke of the "invisible people", those who experience any number of issues without seeking help or being known to the authorities and these groups may well remain well hidden within rural communities.

13.6.3 There is an observable pattern that the more informal and user led services occur in rural areas and those of perceived affluence, with a concentration of system resources in the towns. Whilst there is an obvious concentration of effort in areas of known need it does pose a question about those with greater need living in rural areas and associated access problems that this may present for them. It is unlikely that diverting resources from high need areas can be justified but it may be necessary to acknowledge that there might be hidden need in apparently well resourced neighbourhoods and supporting them in accessing a wider range of activities than currently exists would be helpful.

13.7 Age Well - supporting people to live safely and independently as they grow older

13.7.1 In terms of addressing loneliness and isolation, older people particularly will respond better if engaged in a meaningful and genuine relationship, they will not favour being

patronised or stigmatised as in need of help. It cannot automatically be assumed that people living alone will be lonely, but they may welcome more information about what is available at any time they may wish to participate. This might be social, but also practical, such as the availability of benefits advice or other matters. Many stakeholders believe that technology can reinforce social isolation if relied upon as the main source of communication and multiple contact points and methods are required including printed material, newsletters, etc.

13.7.2 Services and activities for people with dementia are patchy and spread across the District. Information about them is hard to find. There is very little to support people caring for someone with dementia which enables a complete break (e.g. day care) for the carer.

13.7.3 Information should be accessible to all. Many older people do not feel comfortable with information technology and do not have someone in the family or a friend or neighbour who can help them. Information should be freely available through local champions and community agents and people should know how to get in touch with them. As well as looking at how websites should be structured, high quality, accurate, printed information is also very important.

13.8 Stay Well - supporting adults with health and/or care concerns to access support to maintain healthy and fulfilling lives

13.8.1 The findings in all reports do suggest that offering targeted programmes can be a useful way of giving people the confidence to try out something different by offering a safe, comfortable space. This was found to act as a springboard to get people socialising in a meaningful and natural way, with activities such as music sessions or afternoon tea allowing people to mix and chat. If befriending is on a more individual basis, such as for those with significant mobility issues or ill health, then a tailored approach is needed, sensitive to the individual's preferences.

13.8.2 Unpaid carers continue to maintain their caring role, but often fall into that category of 'invisible people', while their contribution is priceless. To be able to maintain that role and live their own lives, trusted support at a local level is essential as is being able to access trusted care for their dependents.

13.9 Die Well – giving people nearing the end of life choice around their care

13.9.1 People with terminal illness that live in Tendring, including Harwich and Dovercourt, are more likely to die in hospital than in a Hospice or at home.⁵³ This means that the end-of-life experience in Tendring may not be what people or their families would chose. There is little evidence of community or social support for people living in their own homes and nearing the end of life or their families, other than statutory hospital, hospice or community nursing care. A rapid response to care coordination could be designed and implemented to include voluntary organisations with well trained and supported staff and volunteers facilitating routine tasks to support people to stay at home.

⁵³ From ONS data on Dying at Home, provided by St Helena Hospice, 2016

14 RECOMMENDATIONS

There are some issues which extend across all Live Well categories and which should be taken on board across the whole system, these are listed first.

14.1 Community Leadership

14.1.1 Identify and connect community leads and assets across the neighbourhood with a purpose; allow them easy access to information about what is available so that they can draw connections. Facilitate ongoing dialogue between asset leads under the auspices of a co-ordinating body, such as CVST, to maximise existing linkages and organisational skills

- regularly bring people together to reinforce and expand upon neighbourhood linkages and service synergies, such as use of network breakfasts, but locating these in different community venues
- Learn by doing, enable those delivering the service to help evaluate and plan what works best

14.1.2 Further support and develop existing and identify new local champions to set up, run and/or promote sessions in the community. These pro-active members of the community have achieved excellent results through a mixture of confidence and tenacity and clearly help to establish and maintain many community assets.

14.1.3 Encourage providers to meet regularly, approximately twice a year, to have facilitated, semi-structured, themed group discussions about their services and localities and how they might work jointly with others in their locality or across the district. This should include a new mix of attendees across the sessions to widen the perspective and inspire joined up working. This could be facilitated by Community Agents.

14.2 Improving Transport

14.2.1 Community transport is a lifeline for people living in rural or remote areas. At present the support available does not reach everyone, making risk of loneliness and isolation potentially greater for those excluded. Current transport providers should be encouraged to continue working together to develop a business plan to cover the whole District and support finding applications. Support would be needed to recruit and train more volunteers and to support funding of journeys, volunteers, vehicles for community transport and maintenance costs.

14.3 Improving Information and Access

14.3.1 All significant village halls and community centres and other venues should have a website with good information about what activities are run there, with times, cost and who they are aimed at. This must include having a named person responsible for updating and a simple way of doing so. This should be a simple page avoiding lots of graphics and data heavy animated extras given that many people will be trying to access them on mobile devices or the poor Broadband connections which still exist across the district. It is recommended that service providers avoid using social media platforms (such as Facebook) as an alternative to websites - even where people are digitally active they may not wish to register as users of these sites, which is often required to access all the details. It is recommended that funding is provided to assist with this. It may be helpful to take some good examples and develop guidance for community organisations to use.

14.3.2 Older people need printed information leaflets or newsletters. Some villages have excellent examples of this, available to all households, which could be shared. The existing free press might be used to support this.

14.3.3 The asset map needs to be updated regularly if it is to be of ongoing use, this needs to be done simply and easily and resourced appropriately. There are other activities in the District which this project may not have picked up, and they will need to be added as they are identified, along with new ones and removing activities which are closing down.

14.3.4 Providers and those running activities need to ensure that new members receive a warm welcome and good information about what to expect. If they need to bring equipment or wear particular clothes they should be told in advance, including being informed of what happens at the session and what to expect.

14.3.5 Many activities and support groups are only open during weekdays and usual working hours (approx 9am – 5pm). It would support those who are working and in need of community based support to move to a culture where evening and weekend opening a regular feature. This is particularly relevant for working people who have caring responsibilities, people with mental or physical health problems who are working and people whose partners work and who have shared family responsibilities.

14.4 Recruiting participants

14.4.1 Many providers report that taster sessions for new groups can be very effective but that they need time to work, a single session is often not enough. Taster sessions of around 4-6 free sessions might be offered for new groups or to encourage new members. This may require some pump priming funding.

14.5 Raising awareness of vulnerabilities

14.5.1 There needs to be more universal awareness of issues relating to and helping develop understanding of child criminal exploitation, drugs and alcohol, mental health issues, living after stroke, living with the experience of dementia etc. Many existing charities have indicated that would be willing and able to assist with this.

14.6 Start Well - giving children the best start in life

14.6.1 There needs to be more accessible affordable, meaningful and relevant activity for school age children. Introducing activities at any age is good, but at 8 years plus, this helps to build interest for the future and supports young people not to be lonely, or become bored, destructive or alienated. This may mean having to fund transport to allow access to services/activities.

14.6.2 There is some excellent social and emotional support but this is often stretched to a point that young people sometimes have to wait too long for support. This impacts on their educational achievement, their emotional wellbeing and their life chances. The type of support which works best should be explored by existing providers, in discussion with their young people. Young people should be welcomed into activities and supported while confidence builds. There are some good models in the District.

14.6.3 Continue to support programmes and courses targeted at parents and families to develop strategies to handle difficult conversations and situations and confidence in parenting.

14.6.4 Young people living in outlying villages are often low in number and opportunities for activities, clubs and places to go are often limited. Outreach models or a means of bringing dispersed young people together may help to address this.

14.6.5 There is scope to set up intergenerational activity, encouraging older people to share their life skills and history with children and young people. This could be support to studies and healthy eating with the added bonus of preventing loneliness and isolation.

14.6.6 Nurseries and pre-school groups could try running periodic sessions on healthier eating for parents and children to try new foods. This could be in the style of an indoor picnic, with paper cloths on floor mats and healthy snacks and drinks served. Children might also be encouraged to grow simple fast-growing salad items in class which they then harvest and eat with their parents.

14.6.7 Given the challenges around knife and gun crime and the links between weapons, drug dealing activity and County Lines, to support the education and awareness programme. A rolling programme should go into every school and educational establishment once a year, to ensure that all new admissions receive the training and have strategies to manage themselves and the risks. Bladed weapons Amnesty Boxes could be more prevalent and available where young people go across the District. It is important to work in partnership to further develop methods of raising awareness with parents, children and young people, youth organisations, schools, on social housing and in local communities about the harms that can be and are being caused as a result of weapons and how they can be avoided.

14.7 Feel Well - supporting mental wellbeing

14.7.1 There is a high level of demand for community-based support for children and young people with mental health problems and evidence of waiting lists for counselling. Ways to change the situation should be explored through funding potential services and partnership working to build more capacity.

14.7.2 With the 5th highest suicide rate in the country, more work is needed to determine why mental ill health is so prevalent and how it can best be addressed. It is recommended that stakeholders are brought together and a whole system discussion is facilitated to determine innovative means of improving mental health.

14.7.3 More work should be done to support access to groups, activities and services which have been proven to improve mental health and wellbeing, for example walking groups, exercise, access to community-based talking therapies. This could be achieved through buddying and supported induction into groups, until those most vulnerable have the confidence to attend under their own motivation.

14.7.4 Promote some of the volunteering opportunities open to men, such as sports coaching or providing support and inspiration to younger people. Charities such as Lads Need Dads need volunteers with life skills in a range of activities such those with outward bound and survival training (such as ex-military), teaching, woodwork, motor mechanics, etc.

14.7.5 Encourage and support the new Men in Sheds project. This has recently opened in Clacton and is a significant opportunity for gender-specific activity.

14.8 Be Well - empowering adults to make healthy lifestyle choices

14.8.1 Seek the support of schools and the many community centres across the district with commercial standard kitchens to deliver inter-generational or family-centred sociable food preparation/cooking groups. Courses could be short bursts of simple recipes without demanding onerous commitment. Menus can be developed by asking people the sort of food that they like to eat regularly and the course could be limited to, say, how to cook 5 basic meals in 5 weeks. People can be asked what they prefer to eat, recipes devised with minimal skill and preparation in mind and recipe cards printed up with easy instructions.

Sessions would engage people to cook or prepare the meal themselves under supervision, with the emphasis on making this a sociable event.

14.8.2 Food preparation sessions can be operated in schools, again catering to inter-generational groups and trying to overcome some of the barriers allowing older children to bring younger siblings to these as a free after school activity (given that teenagers can be the main carer of younger family members whilst parents are at work). Older people with cooking and food preparation skills could be encouraged to act as mentors and instructors. This may require funding, but partnership working (such as with food banks below) might share existing resources.

14.8.3 Food banks could build recipes, sharing resources with others in the district in devising the meals. The ingredients could be gathered through targeted donations in supermarkets and a recipe card prepared with simple instructions to be handed out with the food packages. Sample meals could be prepared to show the finished product. This might be used in the cooking groups and by local lunch clubs who could be asked to use the recipe for one of the lunchtime menus, also handing out the recipe cards highlighting how easy it is to prepare at home. It is recommended this is developed in partnership with organisations, such as other food banks, schools or community centres with kitchen facilities and local food stores.

14.8.4 With regard to County Lines, the Police are working with Community Safety Partners to highlight the issues which enable and result from County Lines. With good awareness training and support, organisations working with vulnerable young people and vulnerable adults could use their volunteers to work with other organisations to spot warning signs of County Lines recruitment and cuckooing and know what to do if they suspect children and/or young or vulnerable people in their care or environment may be preyed on.

14.8.5 Continue to work with GP practices and partner agencies on shared care for people with substance misuse or addiction and to raise the profile of diversionary activities available within localities. Strengthen support to people with mental health and/or drug and alcohol problems by holding locally based activities and services. Finding the bus fare or developing the personal motivation to travel long distances to appointments can be a barrier to receiving support that is needed.

14.8.6 Develop very locally based services to support those with drug and alcohol addiction, building on the one door approach and supporting access to volunteering, training activities, services, housing and employment.

14.9 Age Well - supporting people to live safely and independently as they grow older

14.9.1 Introduce a buddy system in local groups and charities to help people attend some of the social groups where access is an issue. This might involve helping them get to and from activities, or contacting them if they have missed a number of sessions or are known to have lost a partner, close relative, close friend or animal.

14.9.2 Further encourage residential homes to develop services and activities which older residents in their locality can attend. This could be attending for coffee, lunches, watching a film, joining a music session, having a supported shower/bath, visiting a hairdresser. Most of these can be done at little or no cost to the home and benefit to local people.

14.9.3 Ensure that older people can easily find information and advice on financial and benefit matters that is not reliant on Internet access. Age Concern Colchester and NE Essex are taking on advice and information services in the coming months, support to get a strong

information base, support with benefits and allowances through supported volunteers (accessible across Tendring) is being facilitated with Transformation Funding. There are advice sessions available across the district, such as Citizens Advice Tendring which operates from Clacton with some outreach sessions across the district, but people may benefit from more accessible information about what is available and how to access it.

14.9.4 Community organisations should be encouraged to take up the Dementia Friends training offered by the Alzheimer's Society to both help them identify people with early dementia leading to diagnosis and better support and to make the sessions they provide more open to dementia sufferers. A target could be to make Tendring District a Dementia Friendly area in terms of local businesses, services, activities and residential and nursing homes.

14.9.5 Care homes for the elderly or those with staff trained in managing people with learning disabilities could be encouraged offer occasional daytime respite sessions, even at a small cost, for families to be able to leave the dementia sufferer whilst they shop or attend appointments, etc.

14.9.6 Information about what is available should be more widely available in a media or format more suited to the elderly or carers. Using Facebook for on line information is particularly unhelpful as even if people are IT literate, they might not use social media.

14.10 Stay Well - supporting adults with health and/or care concerns to access support to maintain healthy and fulfilling lives

14.10.1 Encourage people to try what is available through taster sessions, maybe with a buddy to make sure they know where to go and receive a warm welcome. Where able, some people might prefer to be busy making the tea or baking cakes within a group, therefore it would be positive to encourage them to attend by offering them a role which suits their interests/preferences in some of the groups.

14.10.2 Set up systems/services to support carers closer to home where time and transport are less of an issue.

14.10.3 Explore options to develop existing services to provide respite during the day to enable carers to follow some of their own life choices.

14.11 Die Well – giving people nearing the end of life choice around their care

14.11.1 There is more work to be done to support people living in the community and their families at the end of life. This should include better generalised information preparing for and facilitating end of life planning and about end of life care and pathways.

14.11.2 There is scope for closer collaboration between health and care organisations such as St Helena Hospice, MacMillan nursing, GPs, community nursing and voluntary organisations in Tendring to provide more holistic support to families, carers and patients at end of life.

15 CONCLUSIONS

15.1 There is a huge amount of community-based assets across all of Tendring, much of which is well attended. Volunteers tend to be older people and it is important that volunteering opportunities and a volunteering culture are fostered across the District, aimed at all age groups.

15.2 There are still significant health and wellbeing challenges and organisations are encouraged to work in partnership and in consultation with a range of stakeholders to develop activities which people will want to go to and feel confident going to.

15.3 The range of services which exist could work well in partnership to deliver a solid prevention agenda, with in-reach to local communities and a philosophy (given the right resources) of going where people go anyway to recruit them into services and activities or to develop the offer there.

15.4 During this research, it became very apparent that the most effective means of empowering people to integrate into community activities and develop new ones (which people want to go to) are:

- a) Identify and support community activists and champions to lead development of ideas – there are many already there and no doubt others waiting in the wings
- b) Equip them with all the information they need on what is available locally, in a format that is understandable, so they can direct people with confidence to a wider range of services/activities
- c) Make information about resources freely available, up to date and accurate – with clear and known information points for people to go to
- d) Support people to build the confidence to take part in community based activities
- e) Go where people go and keep it informal
- f) Make best use of existing assets, e.g. community centres and school facilities, when they are not being used

15.5 Transformation funding

15.5.1 Whilst this research was underway, the NEEWHA released funding to enable organisations to start the process of Transformation. The purpose of the fund was to help local organisations transform their service and support and empower local people with services that are accessible, appropriate and sustainable. The fund aligned to the community model, based on the Live Well ethos. Projects were required to impact on either self-care or crisis intervention in a community setting in order to avoid hospital admissions and GP visits. All successful organisations will be expected to report an impact aligned to the outcomes by end of May 2019, although project outputs may extend beyond this milestone.

15.5.2 Using intelligence gained to date, a panel reviewed the applications and grants were made to support the process of transformation, as indicated in the table below.

Organisation	Activity	Live Well categories	Amount
Age Concern Advice Centre	Advice Service for people over 60, developing the most common areas of support such as Attendance Allowance, Pension Credit and Blue Badge Applications initially. The project will recruit and train volunteers.	Feel Well, Be Well, Age Well, Stay Well, Die Well	£17,480

Organisation	Activity	Live Well categories	Amount
Essex Carers Support	Action Learning Research Project adult carers supported on a 1:1 basis will identify, source and resource innovative, creative and personalised carer breaks. A final project report will share this learning with partners and provide a useful tool for persuading change amongst those involved in the facilitation and provision of carer breaks	Feel Well, Be Well, Age Well, Stay Well, Die Well	£25,000
Extra Support for Families	Holistic support aimed at improving the mental health, confidence and resilience of parents/carers in Tendring. The project will consist of three 'Improving Your Emotional Wellbeing' 5 week courses, two 'Building Confidence' 8 week courses and three 'Building Resilience' 2 hour workshops.	Start Well, Feel Well	£19,456
Home Start Colchester	Delivery of a multi component service including, workshops to meet unmet need, one to one peer personal support and assistance. Providing encouragement, practical support and reducing barriers to access. Create and deliver 14 workshops with themes under Healthy Eating, Improve Wellbeing, Build self-help skills and Play workshops running alongside wellbeing groups	Start Well, Feel Well, Be Well, Age Well, Stay Well	£13,700
SUMMIT	Individuals with persistent and serious mental illness will be assisted to develop the emotional, social and intellectual skills needed to live, learn and work in the community with the least amount of professional support. Trained Volunteers, shadowing experience with trained staff will provide the service including GP Appointment Buddies.	Feel Well, Be Well, Age Well, Stay Well	£14,500
Tendring Community Transport	Funding towards the purchase of a 15 passenger, wheelchair accessible minibus to enable growth to the community transport services. The door to door service will support the outlying villages, plus all areas on route between Clacton on Sea and Harwich.	Be Well, Age Well	£10,000
		Total awarded	£100,136

15.5.3 Funding was used to enable this research to be undertaken, the results of which will be of use to local community and voluntary organisations in terms of their own development and bids for funding. The next steps will be to find a means of publishing and maintaining the directory, which has been developed from this research. As with any directory, it is only accurate on the day the information is collated, so work will need to be done to make it widely accessible and to keep it current. Any new services will need to be added and those that are no longer operational will need to be deleted.

15.5.4 This work shows the importance of going where people go, making information accessible, using people who have the motivation to make a difference in their community and, above all, making sure that prevention has both a meaning and an impact.

16 MEASURING THE IMPACT OF COMMUNITY ASSETS

16.1 Measuring the impact or value of community assets in terms of the gain to health and well being is difficult and can only realistically be done over a 5-10 year timescale, or longer. Evidence from similar projects suggest it might be possible to develop an evaluation framework that takes into account the fact that community assets may not best measured by traditional health or social care metrics, such as reduced hospital admissions or delayed transfers of care⁵⁴. It is recommended that if this is required then a simplified outcomes framework is co-produced with indicators that are relevant and meaningful to service providers, users and funders. Too much time spent completing complex performance reports to justify relatively small investments may lead to a lack of interest in innovative developments.

16.2 The people who use services and activities are best placed to feedback on their value, as well as measuring the impact on statutory organisations. All organisations should be encouraged to use a simple framework to get feedback from their customers/clients and there should be opportunities for feedback to be shared to secure a holistic approach to service development.

Charlotte Fitzgerald & Tonia Parsons for CVST, April 2019

⁵⁴ Social Care Institute for Evidence report "Asset Based Places: a model for development" July 2017

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Appendix 1

Health needs in Tendring

Positives – areas which show indicators better than Essex and England averages

Indicator	Tendring	Essex	England	Definition
Health protection				
New sexually transmitted infections	430	581	794	Number of new sexually transmitted infection diagnoses (excluding Chlamydia in under 25 year olds) per 100,000 population age 15 to 64

Average – within average bounds for Essex

Indicator	Tendring	Essex	England	Definition
Injuries and ill health				
Killed and seriously injured on roads	57.4	51.3	40.8	Rate of people killed or seriously injured on the roads, number all ages per 100,000 resident population
Hip fractures in older people (age 65+)	661	612	576	Age-sex standardised rate of emergency admissions for fractured neck of femur in number of persons age 65 and over per 100,000 population
Cancer diagnosed at early stage	52.6	54	52.6	Proportion of invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, and uterus, non-Hodgkin lymphoma, and melanomas of skin, diagnosed at Stage 1 and Stage 2
Diabetes diagnoses (age 17+)	78.1	-	78	Estimated diagnosis rate for people with diabetes age 17 and over
Behavioural risk factors				
Smoking prevalence in adults (age 18+)	16.7	13.6	14.9	Smoking prevalence in adults – current smokers as % of adult population
Physically active adults (age 19+)	62.6	66	66	Percentage of adults age 19+ that meet CMO recommendations for physical activity (150+ moderate intensity equivalent minutes per week)
Excess weight in adults	67.5	63.6	61.3	Percentage of adults classified as overweight or

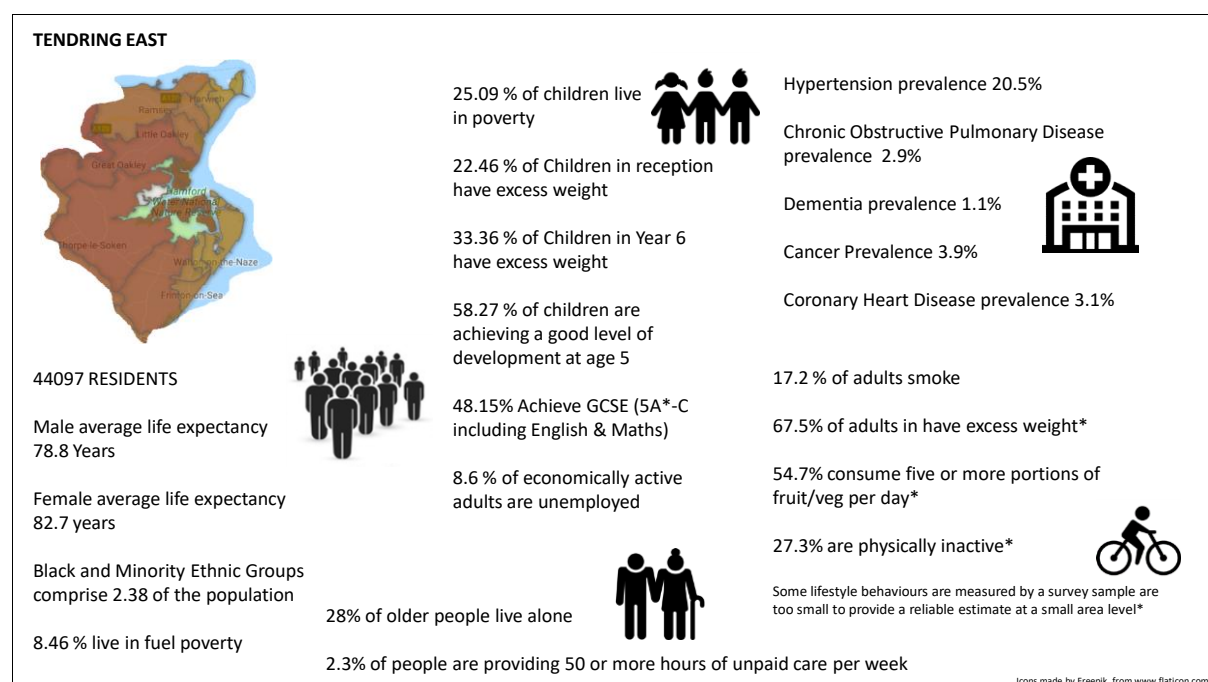
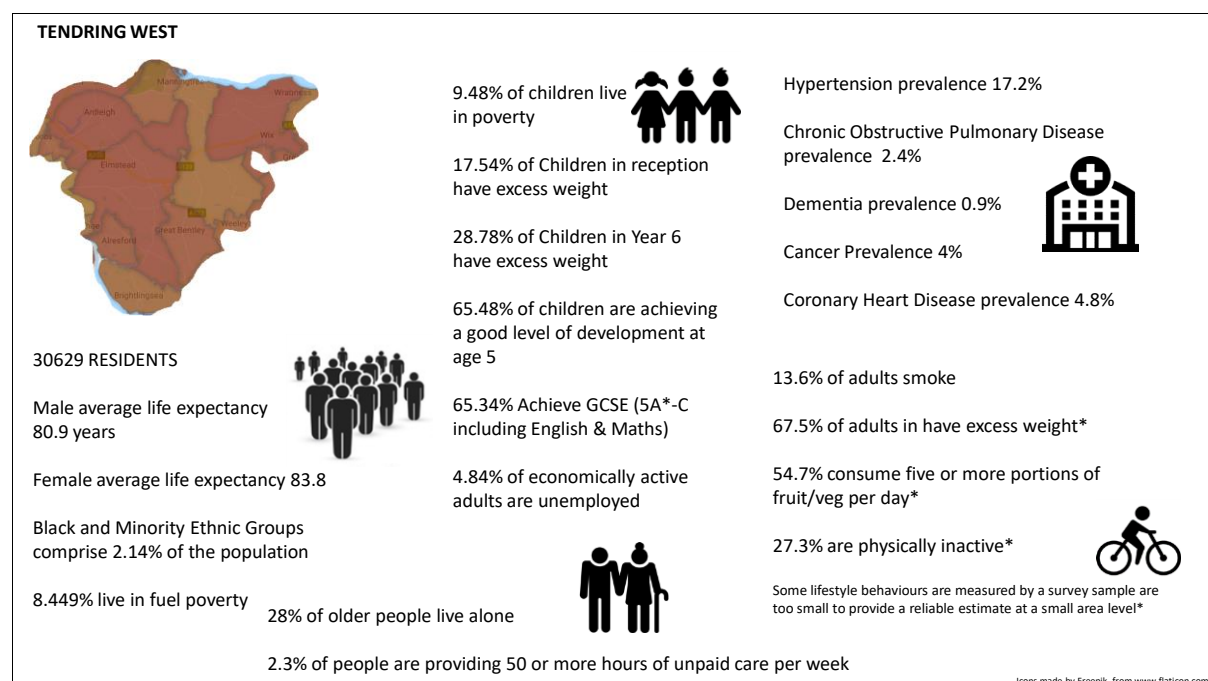
				obese – current method
Child health				
Under 18 conceptions	23.5	16.7	18.8	Rate of conceptions per 1,000 females age 15-17
Infant mortality rate	5.5	3.1	3.5	Highest in Essex Rate of deaths in infants age under 1 year per 1,000 live births
Inequalities				
Smoking prevalence: routine and manual occupations	28.5	21.9	25.7	Smoking prevalence in adults in routine and manual occupations – current smokers – as % of adult population working in routine and manual occupations
Wider determinants of health				
Employment rate (age 18-64)	70.2	78.2	70.2	Lowest employment rate in the county. % of all respondents in the Labour Force survey classed as employed (18-64)
Statutory homelessness	0.6	0.7	0.8	Number of eligible homeless people not in priority need per 1,000 households
Health protection				
Excess winter deaths	26.1	23.3	21.1	Excess winter deaths (3 years, all ages)

Areas for further attention or new developments - show indicators are worse than Essex and England average

Indicator	Tendring	Essex	England	Definition
Life expectancy and causes of death				
Life expectancy at birth (male)	78.5 years	80.2 years	79.6 years	The average number of years a person would be expected to live based on contemporary mortality rates
Life expectancy at birth (female)	81.5	83.3	83.1	Highest in Essex. The average number of years a person would be expected to live based on contemporary mortality rates
Under 75 mortality rate (all causes)	400	307	332	Highest in Essex Directly standardised mortality rate for mortality from all causes, age under 75
Under 75 mortality rate (cardiovascular)	79.6	62.6	72.5	Directly standardised mortality rate for mortality from cardiovascular diseases, including heart disease and stroke, age under 75 per 100,000 population
Under 75 mortality rate (cancer)	149.4	131.2	134.6	Directly standardised mortality rate for mortality from all cancers, age under 75 per 100,000 population
Suicide rate	16	10.9	9.6	Highest in Essex. Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population
Injuries and ill-health				
Hospital stays for self harm	289.2	157	185.5	Highest in Essex. Number of emergency hospital admissions for intentional self-harm
Dementia diagnosis age 65+	54.5	61.1	67.5	65+ estimated diagnosis rate %
Behavioural risk factors				
Alcohol-specific hospital stays (under 18s)	44.1	21.9	32.9	Number of hospital admissions for alcohol-specific conditions, under 18s crude rate per 100,000 pop
Alcohol-related harm hospital stays	770	589	632	Highest in Essex Number of admission episodes for alcohol related conditions – narrow definition
Child health				
Under 18 conceptions	23.5	16.7	18.6	Rate of conceptions per 1,000 females age 15-17
Smoking status at time of delivery	14.7	10.6	10.6	Joint highest in Essex % of women who smoke at time of delivery

Breastfeeding initiation	68.4	75	74.5	Breastfeeding initiation rate %
Infant mortality rate	5.5	3.1	3.9	Highest in Essex Rate of deaths in infants age under 1 year per 1,000 live births
Obese children (age 10-11)	22.6	17.9	20.1	Highest in Essex. Prevalence of obesity (including severe obesity) among children in year 6
Inequalities				
Deprivation score (IMD 2015)	28.4		21.8	Highest in Essex. IMD 2015
Wider determinants of health				
Average attainment 8 score	39.9	46.7	46.7	Lowest in Essex. Average attainment 8 score

Profile of the three Tendring Neighbourhoods



TENDRING SOUTH



59886 RESIDENTS

Male average life expectancy
76.5 Years

Female average life expectancy
80.9 years

Black and Minority Ethnic Groups
comprise 2.68% of the population

8.46% live in fuel poverty



36.32% of children live
in poverty



23.62 % of Children in reception
have excess weight

35.62 % of Children in Year 6
have excess weight

54.8 % of children are achieving
a good level of development at
age 5

48.41% Achieve GCSE (5A*-C
including English & Maths)

11.1 % of economically active
adults are unemployed



31.62% of older people live alone

4.3 % of people are providing 50 or more hours of unpaid care per week

Hypertension prevalence 20.5%

Chronic Obstructive Pulmonary Disease
prevalence 3.9 %

Dementia prevalence 0.9%

Cancer Prevalence 3.9%

Coronary Heart Disease prevalence 3.6%



24.3 % of adults smoke

67.5% of adults in have excess weight*

54.7% consume five or more portions of
fruit/veg per day*

27.3% are physically inactive*



Some lifestyle behaviours are measured by a survey sample are
too small to provide a reliable estimate at a small area level*

Icons made by Freepik, from www.flaticon.com

Appendix 3

Merge of Car availability by ward and Census 2011 England and Wales Electoral Wards

Tendring East Location	% households with no car	Tendring South Location	% households with no car	Tendring West Location	% households with no car
Harwich East	38	Rush Green	36	Thorrington, Frating, Elmstead & Great Bromley	8
Harwich East Central	31	Alton Park	41	Ardleigh and Little Bromley	7
Harwich West central	26	St Marys	32	Lawford	14
Harwich West	20	Burrsville	19	Bradfield, Wrabness and Wix	7
Ramsey and Parkeston	18	St Johns	20	Manningtree, Mistley, Little Bentley & Tendring	18
Great and Little Oakley	10	Peter Bruff	24	Great Bentley	11
Beaumont and Thorpe	11	Little Clacton and Weeley	15	Brightlingsea	17
Walton	30	St Osyth and Point Clear	18	Alresford	10
Hamford	23	Pier	49		
Holland and Kirby	13	St Bartholomews	23		
Walton	30	St Pauls	25		
Frinton	20	St James	25		
Homelands	30	Golf Green	36		
		Bockings Elm	20		
		Haven	21		
Average	23.7%		26.9%		11.5%

Source: ONS UK