

Wakefield District Joint Strategic Needs Assessment Annual Report 2019 – Children (0-17 years)

Released April 2019

Introduction

The aim of this document is to provide a simple annual summary of the health and wellbeing needs of the child population (aged under 18 years) of Wakefield, focussing only on those topics that have seen the most change in recent years or need the most attention. This summary is structured in the same way as the main JSNA website (www.wakefieldjsna.co.uk) so that the reader can use this summary as a prompt to explore the data further on the main website.

This annual summary doesn't provide great detail behind the needs of the population, but it does point local partners to where further investigation may be required. There is also a focus on the inequalities that exist across the different topics, highlighting areas with particular groups of the population whose needs are greatest.

There is a separate Annual Report for adults, which can be found here: [Adult's Annual Report](#)

Further details can be found on the JSNA website and by visiting the links provided in each section.

We welcome feedback, challenge or insight. Please contact: phi@wakefield.gov.uk

Population

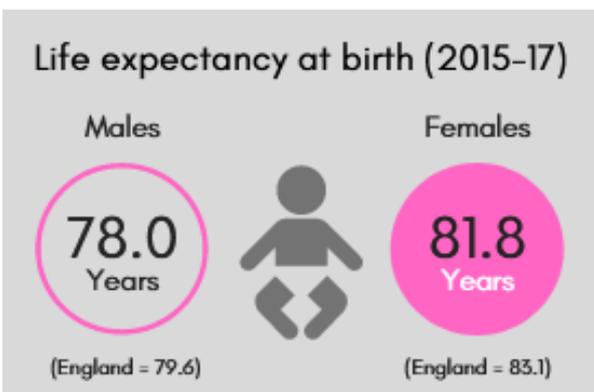


It's estimated there are 71,600 children aged under 18 years in Wakefield District (2017), this is 21% of the total population. Over the next 10 years the number of children is expected to increase, there will be around 2,100 more children by 2030. However, the rest of the population in Wakefield is also expected to grow; the proportion of the population who are children will remain around 21%.

51% of children in Wakefield are male, 49% female.



The proportion of the population in Wakefield from black and minority ethnic (BAME) groups is small but increasing. The 2018 Wakefield School Census shows around 15% of the pupils are from BAME communities, in 2011 the national population Census estimated around 7.2% of the population came from BAME communities.



Boys and girls born in Wakefield are not expected to live for as long as children born in other areas; life expectancy is lower than the England average for both males and females. Male life expectancy has remained steady at 78 years for the last three periods. Males born in the most deprived areas of Wakefield are expected to live around 8.5 years less than those in the least deprived areas, however this gap is reducing. Female life expectancy has fallen recently to 81.8 years and there is a large inequality gap (9.1 years) between the most and least deprived. The gap is widening, due to falling life expectancy in the most deprived communities

Associated JSNA pages: [Resident Population](#), [Ethnicity](#), [Life Expectancy](#)

District Characteristics

Wakefield district is a diverse and changing place and there are a wide range of factors impacting on the lives of local people and neighbourhoods. The health and wellbeing of the population can be greatly affected by the people and places that we interact with. Many of these factors are covered in more detail in the State of the District report that the Council produces. You can read the most recent publication here: [State of the District 2019](#)

Associated JSNA pages: [District Characteristics](#) and [What shapes health and wellbeing](#) JSNA sections



Vulnerable Groups

In 2018 there were 3,327 children who were assessed by children's social care to be in need of services in Wakefield. The rate of children with need has increased (332.3 in 2017, 467.4 in 2018) and is higher than the national and statistical neighbour averages (England = 341, statistical neighbours = 417.6). Local data shows that by March 2019 there has been a slight decrease in the number of children assessed to be in need, with the rate decreasing to 454.8. However there was a rise in the number of more complex cases, with a significant increase in the number of children with a child protection plan rising from 254 in March 2018 to 487 in March 2019, a 92% increase.



There were 562 children in care (CiC) in Wakefield in 2018. The rate of CiC is increasing and at 78 per 10,000 is higher than the national average (64). Generally CiC have poorer outcomes in terms of health, education and overall wellbeing. 56% of CiC were boys, higher than the 51% of boys in the general population. 21% of CiC are from BAME communities, higher than the 15% in the general population. As with CiC the number of Care Leavers is also increasing, in March 2018 there were 146 Care Leavers aged 19 – 21 years. To assess outcomes for Care Leavers a key indicator is the % of Care Leavers not in education, employment or training (NEET). Local data shows that the % of Care Leavers who were NEET is increasing, in March 2019 this has increased to 49% (England = 39%, statistical neighbours = 40%).

In 2017/18 there was an increase in family homelessness; 159 households with children or pregnant women were eligible for assistance. The number is relatively small but it's increased from 113 households in the previous year. Evidence shows children experiencing homelessness are more likely to have poor mental health, and have poorer social and language skills.



Children growing up around domestic abuse are more likely to suffer health problems, struggle at school, be involved in crime, use drugs and have abusive relationships themselves. There has been an increase in domestic abuse related incidents and crimes recorded by the police; in 2017/18 the rate was 29.5 per 1,000, up from the 26.7 in 2016/17. The rate in Wakefield is also higher than the national and regional averages.

Associated JSNA pages: [Children in Care](#), [Homelessness](#), [Domestic abuse](#), [Carers](#), [Children's Health Related Behaviour](#)

Health

1 in 5

School children aged 10-11 in Wakefield are obese



In Wakefield more children are carrying excess weight than in other areas. One in every five children aged 4-5 is carrying excess weight, and one in every 10 are obese. At least one in every three children aged 10-11 are carrying excess weight and one in every five is obese. Boys generally carry more excess weight than girls. The high level of excess weight and obesity in children in Wakefield is a persistent trend. This is an important issue as overweight children are more likely to become overweight adults and develop long-term illnesses.

The number of children living in Wakefield admitted to hospital because of an injury is very high, and for some age groups is increasing. These admissions include both unintentional and deliberate injuries, it's an important issue as injuries are a major cause of premature death and a source of long term health problems. Wakefield has the highest rate of admissions in England for 15-24 year olds, with a rate of 284.4 in 2017/18, much higher than the national average of 132.7 (2017/18). The main cause of injuries in younger children is falls, for older children it's intentional self-poisoning. There are generally more admissions in the more deprived areas of the district.

Injuries

Highest in England & increasing



Children aged 15-24 years



England = 132.7 per 10k

(2017/18)

Wakefield = 284.4 per 10k

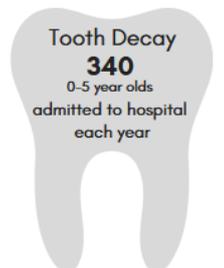
Poisoning from pain killers leading cause of self-harm 15-19 years



Rates of self-harm in children are increasing, this is a national trend but the increase is higher in Wakefield and Wakefield now has some of the highest rates in England. There were around 280 admissions for children aged 10-24 in 2017/18. For children aged 15-19 the rate is higher; 901.3 in 2017/18, a large increase from 480.4 in the previous year and much higher than the national and regional rates of 648.6 and 620.3. A high number of admissions in older children are due to self-poisoning by pain killers and around 60% of children admitted are girls.

Tooth decay is an important issue; it often leads to pain and infection and can cause children to miss school. It's also a good indicator of child health and diet. Children living in deprived areas are more likely to have tooth decay. Each year around 340 children (0-5 yrs) in Wakefield are admitted to hospital because of tooth decay. With a rate of 902.5 in 2015/16-2017/18 Wakefield has a much higher rate than the national (325.1) and regional (661.7) averages.

Tooth Decay 340 0-5 year olds admitted to hospital each year



Associated JSNA pages: [Childhood Obesity](#), [Child and Adolescent Accidents and Injuries](#), [Mental Health and Emotional](#)

Lifestyle

17.7% Smoking in pregnancy



12th worst in England

Smoking in pregnancy is the single biggest risk factor for poor birth outcomes for both mother and baby; it can lead to miscarriage, still birth, premature birth, low birth weight and is associated with many other serious pregnancy and health related complications. Wakefield has the 12th highest smoking in pregnancy rate in England. Although the percentage of women smoking in pregnancy has reduced in recent years it's still very high. Around 17.7% of women smoke in pregnancy in Wakefield, compared to 10.8% in England (2017/18). Younger mums, aged under 20, have the highest smoking rates, with one in every three mums in this age group smoking. Smoking in pregnancy rates are much higher in our most deprived communities, although the gap between the most and least deprived is narrowing, rates in these communities are around 7 times greater than those in the most affluent areas.

Continued



Lifestyle continued

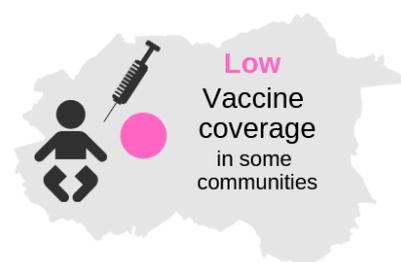
Breastfeeding rates in Wakefield District are low, they are amongst the lowest rates in the country. This is important because breastfeeding saves lives; protecting the health of babies and mums immediately and over time. Around half of women start to breastfeed their baby, and around a third of women are breastfeeding when their baby is 6 weeks old (2017/18). Young mums are least likely to breastfeed, with fewer than three in every 10 mums aged under 20 starting to breastfeed their baby, compared to more than 6 in every 10 mums aged over 30. Women living in deprived areas are also much less likely to start breastfeeding, around 45% compared to 65% in the most affluent areas.



The number of young people (15-24 yrs) being admitted to hospital because of substance misuse is high in Wakefield; 124 per 100k compared to the rate of 88 in England and the Yorkshire and the Humber region. The rate is decreasing, but Wakefield remains an outlier. This is an important issue; evidence shows drugs and alcohol can damage mental health and lead to adverse experiences like truancy, homelessness and crime.

Associated JSNA pages: [Smoking in pregnancy](#), [Breastfeeding](#), [Children's Health Related Behaviour Questionnaire 2017](#)

Protection & Prevention



Vaccinations are critical to protect against potentially life threatening diseases and having a high proportion of the population vaccinated is essential to stop disease spreading. Although coverage is generally high for all childhood vaccinations there are communities within Wakefield where there is concern; coverage isn't high enough to effectively prevent outbreaks. The more central wards in Wakefield tend to have lower vaccination coverage than the rest of the district.

Being ready for school and able to participate is shown to have many long lasting positive benefits, including good mental health, the adoption of healthy behaviours and being able to participate and engage within society. Children who have achieved a good level of development (GLD) at the end of reception are more likely to achieve at school, stay in school and have better outcomes. Fewer children in Wakefield achieve GLD than in other areas of the country and, although the rate is increasing, Wakefield remains in the bottom 25% of LAs. A much lower proportion of pupils that are known to be eligible for free school meals (FSM) achieve a GLD than those that aren't eligible.



69% of all children achieved a GLD in 2017/18, compared to only 48% of children known to be eligible for FSM. The gap between FSM and non-FSM pupils achieving the GLD increased from around 19% in 2016/17 to around 24% in 2017/18.

Pupils in Wakefield District have lower average attainment scores at the end of secondary education than seen nationally. The 'Attainment 8' score reflects good GCSE performance in key subjects. In 2017/18, the average attainment 8 score for Wakefield was 43.5, compared to 46.5 in England and 45.1 in the Yorkshire and the Humber region. The 2017/18 national average Attainment 8 score (for state-funded schools) showed a small increase (+0.2) from the previous year whereas Wakefield saw a 2.0 decrease. This is an important issue because evidence shows educational attainment is a predictor of wellbeing in adult life; those with lower attainment will generally have poorer outcomes as they get older. Girls have higher attainment 8 scores than boys, disadvantaged pupils have much lower scores (33 for disadvantaged pupils compared to 43.5 for all pupils), pupils whose first language is not English have higher than average scores (43.8).

Associated JSNA pages: [Under 5 Immunisations](#), [Early Years and School](#)