

Wakefield Joint Strategic Needs Assessment

Wakefield District

Annual Report 2021: Children (0-17 years)

Released 9th December 2021

Contents and Introduction

This is a simple annual summary of the health and wellbeing needs of the child population (aged under 18 years) of Wakefield, focussing 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) to act as a prompt to explore data further. Due to COVID-19 some data is unavailable and the refreshing of detailed local data on the JSNA was paused, the refresh has now restarted but will understandably take time.

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](#).

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

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Population

75,000 children aged under 18 years (2020), around **21% of the total population**.

Over the next 10 years the number of children is expected to **increase by around 6,000** - the rest of the population is also expected to grow; the proportion of the population who are children will remain around 21%.

On average **4,000 births each year**.

Around **15.5% of the pupils are from minority ethnic groups**, an increase from 12.8% in 2015.



Life expectancy at birth (2018–20)

Males

Females

77.3
Years



81.4
Years

(England = 79.4)

(England = 83.1)

Babies 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.**

Latest data shows a small **decline in life expectancy** in Wakefield for males and females.

Life expectancy in the most **deprived areas is lower** than the least deprived areas:

8.3 years lower for males

7.8 years lower for females

Associated JSNA pages: [Resident Population \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk), [Life Expectancy \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk), [Ethnicity \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk)

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 2021](#)



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



Vulnerable Groups

In 2020, **3,028 children in need of services**. This is a rate of **410 per 10,000**, higher than the England average but lower than other similar areas. Since 2018 the **rate of children in need in Wakefield has been decreasing**.

The most common reason for a child to be assessed as a child in need in 2020 was abuse or neglect.



In 2020 there were **541 children on child protection plans** and **639 children in care**.

Although the overall rate of children being assessed as in need has been decreasing, since 2017 there has been an **increase in the rate of children assessed as requiring a higher level of intervention**, such as a child protection plan or children in care.

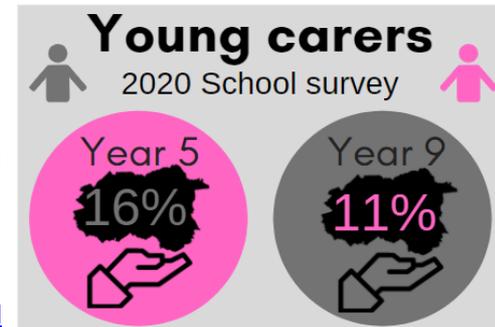
Generally children requiring a higher level of intervention have poorer outcomes in terms of health, education and overall wellbeing.

Children on child protection plans

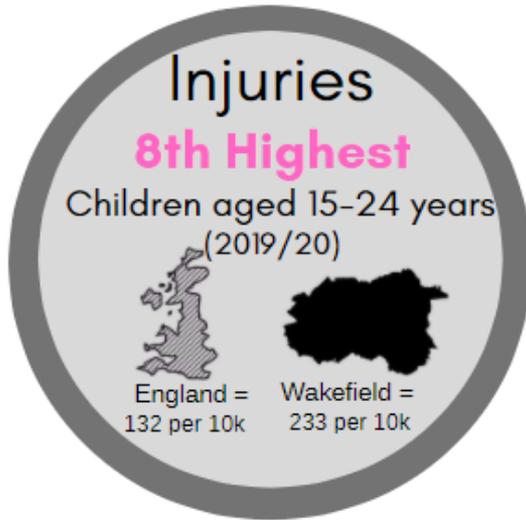


England = 42.8 per 10,000
Neighbours = 68.1 per 10,000

Being a young carer can have a big impact on a child's life, both at the time of caring but also later on in life. **Young carers** are more likely to miss school, have lower educational attainment, try smoking, be offered drugs and be bullied. In 2020, **16% of year 5 pupils** described themselves as a carer.



Associated JSNA pages: [Children with Need \(CiN\) \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk), [Children with Child Protection Plans \(CPP\) \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk), [Children in Care and Care Leavers \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk), [Carers \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk), [School Health Survey 2020 \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk)



The number of children living in Wakefield admitted to hospital because of an **injury is very high. Wakefield has the 8th highest rate** of admissions in England for 15-24 years olds.

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.

Rates of self-harm are high, although rates have reduced in recent years there were **245 admissions for children aged 10-24** in 2019/20.

For **children aged 15-19 the rate is even higher and is increasing**; 775.6 per 100,000, an increase from 692.9 in the previous year and higher than the national (664.7) and regional (608) averages in 2019/20.



Associated JSNA pages: [Mental Health and Emotional Wellbeing \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk), [School Health Survey 2020 \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk), [Oral Health \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk); [Child and Adolescent Accidents and Injuries \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk); [Childhood Obesity \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk)



Tooth Decay
200
0-5 year olds
admitted to hospital
each year

Each year around **200 children** aged under 5 years are **admitted to hospital because of tooth decay**.

With a rate of 773.2 (per 100,000), **Wakefield has a much higher rate** than the regional (621.7), national (286.2) and the average for other similar areas (650.3).

Tooth decay is an important issue; it's a good indicator of health and diet but it can also lead to pain and infection and can cause children to miss school.

In Wakefield **more children are carrying excess weight** than in other areas. 31.2% of children aged 4-5 is carrying excess weight, and 16.3% are obese. 44% of children aged 10-11 are carrying excess weight and 26.5% are obese. These figures are much higher than in the previous year. 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.

Associated JSNA pages: [Mental Health and Emotional Wellbeing \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk), [School Health Survey 2020 \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk), [Oral Health \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk); [Child and Adolescent Accidents and Injuries \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk); [Childhood Obesity \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk)

Health Risk Factors

14.6%

Smoking in pregnancy



11th 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.

The percentage of women smoking in pregnancy has reduced at a fast rate in recent years, but it's still very high. In 2020/21, **14.6% of women smoke in pregnancy** in Wakefield compared to 9.6% in England.

Pregnant women who are overweight or obese are at increased risk of complications during pregnancy and birth.

The percentage of pregnant women who are obese in Wakefield is high, 25.6% compared to the England average of 22.1% (2018/19).

For every 10 pregnant women in Wakefield, only four are a healthy weight.

25.6%

Obese in early pregnancy
(2018/19)

England = 22.1%



1 in 5 women

Associated JSNA pages: [Smoking in pregnancy \(wakefieldjsna.co.uk\)](https://www.wakefieldjsna.co.uk), [Maternal Weight \(wakefieldjsna.co.uk\)](https://www.wakefieldjsna.co.uk), [Breastfeeding \(wakefieldjsna.co.uk\)](https://www.wakefieldjsna.co.uk); [School Health Survey 2020](https://www.wakefieldjsna.co.uk)

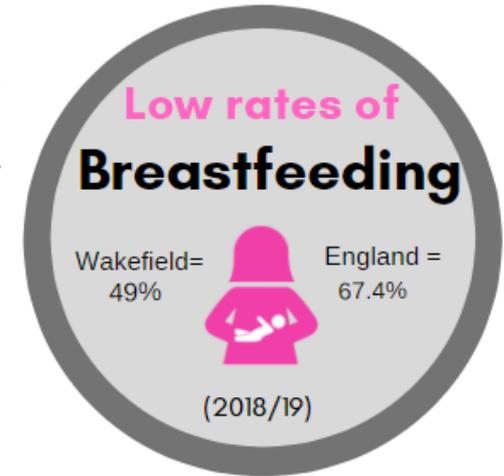


Health Risk Factors

Less than half of new mums in Wakefield give their baby breastmilk at the start of their lives.

Breastfeeding rates in Wakefield are amongst the **lowest in the country** and data suggest they are getting worse.

This is important because **breastfeeding saves lives**; protecting the health of babies and mums immediately and over time.



Each year around **38 young people** are admitted to hospital after **taking drugs**.

The rate of **admissions in Wakefield is much higher** than in other areas and has been for the last 10 years, although the rate is falling **Wakefield remains an outlier**.

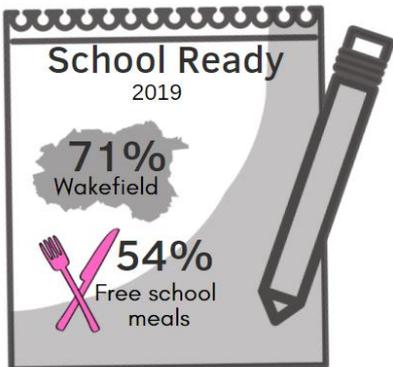
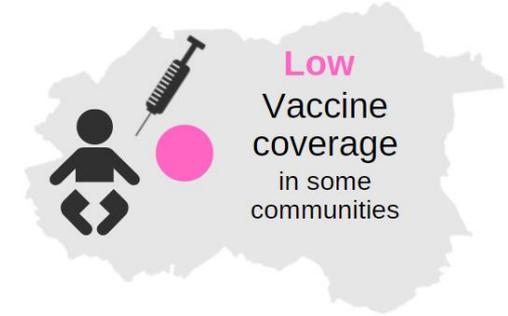
Young carers and children with special needs are more likely to have been offered and to have taken drugs.

Young people who use recreational drugs are more likely to suffer poor experiences and behaviours including depression, disruptive behaviour, exclusion from school and homelessness.

Associated JSNA pages: [Smoking in pregnancy \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk), [Maternal Weight \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk), [Breastfeeding \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk); [School Health Survey 2020](http://wakefieldjsna.co.uk)

Protection and 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 it is **dropping for some**, and there are communities within Wakefield where there is concern; coverage isn't high enough to effectively prevent outbreaks.



Being ready for school and able to participate is shown to have many long-lasting positive benefits. 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.

Latest data shows **71% of Wakefield's Reception-age pupils achieved a GLD** (2019); a 2% improvement on the previous year, the national results were static at 72%.

There are **big differences in outcomes** between those pupils known to be eligible for free school meals (FSM) and those that aren't eligible, and between boys and girls.

81% of non-FSM girls in Wakefield achieved a GLD compared to **65% of FSM girls** (this same as the national average).

43% of FSM boys in Wakefield achieving a GLD compared to **67% of non-FSM boys** (lower than the national average, England: FSM = 49%, non-FSM =65%).

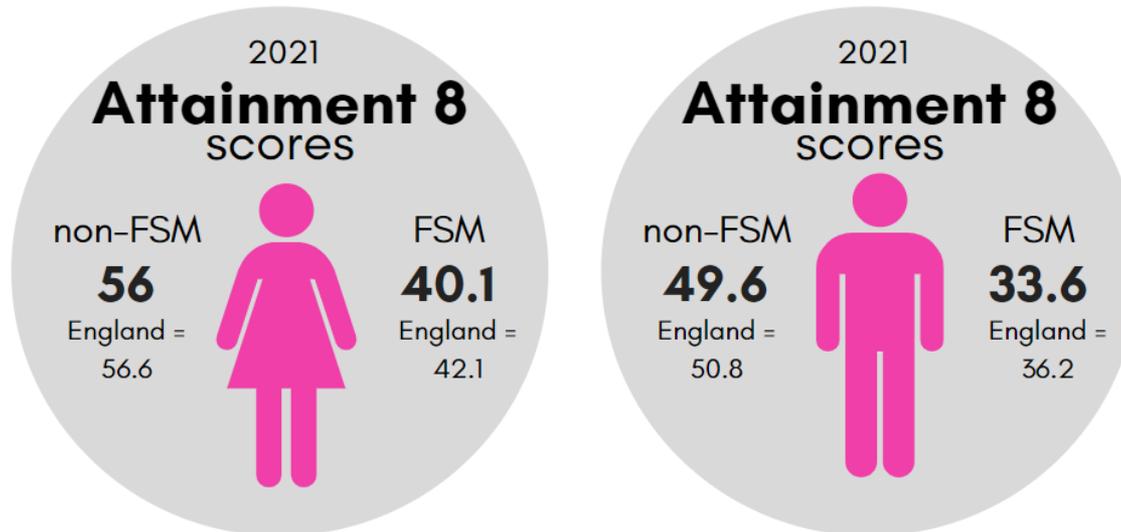
Associated JSNA pages: [Under 5 Immunisations \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk/Under-5-Immunisations), [Early Years and School \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk/Early-Years-and-School),

Protection and Prevention

Educational outcomes at the end of secondary education are 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. Despite the COVID-19 pandemic, 2021 data is available – although it is **not comparable to previous years**.

The 'Attainment 8' score measures performance in key subjects at the end of Key Stage 4 (KS4). **Wakefield's Attainment 8 score in 2021 was 50.1, lower than the national average (50.9).**

There are **big differences** when looking at gender and FSM status:



Associated JSNA pages: [Under 5 Immunisations \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk), [Early Years and School \(wakefieldjsna.co.uk\)](http://wakefieldjsna.co.uk)

COVID-19

Covid-19 has without any doubt had an impact on everyone. It's too early, but also very difficult to understand and measure the type of impact, or the extent of it. This is because:

- The significant and immediate changes in 2020 meant many routine data collections were interrupted or stopped (so the data isn't available).
- We are still in a pandemic situation.
- There are many complex and contributing factors, no one thing happened on its own.
- The impact may not be obvious right now, it could take quite a long time for them to reveal themselves.

Despite these issues we already know the immediate impact of covid-19 has been felt greatest in certain groups of our population; those that were already more vulnerable or suffering poorer health and wellbeing outcomes. Some immediate examples of this include:

- People living in more deprived areas are more likely to work in jobs where they are at increased risk of being exposed to covid.
- People on lower incomes may not have access to a vehicle and find it more difficult to travel to testing and vaccination sites.
- People who don't speak English as their first language may find it more difficult to access guidance and interventions that could keep them safe.