

# WAKEFIELD JSNA

## JOINT STRATEGIC NEEDS ASSESSMENT



Wakefield District Annual Report 2023: Children (0-17 years)

Released 12<sup>th</sup> May 2023

# Contents and Introduction

This is a simple annual summary of the health and wellbeing needs of the children's population (aged under 18 years) of the Wakefield District, 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](http://www.wakefieldjsna.co.uk)) to act as a prompt to explore data further. Due to COVID-19, refreshing detailed local data on the JSNA was paused. The refresh has now restarted but will understandably take time.

The purpose of this annual summary is to point local partners to where further investigation may be required in terms of the health needs of the population. 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.

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

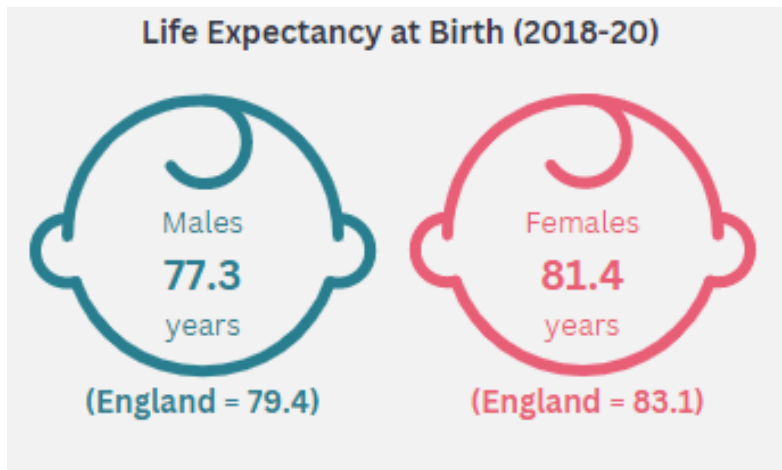
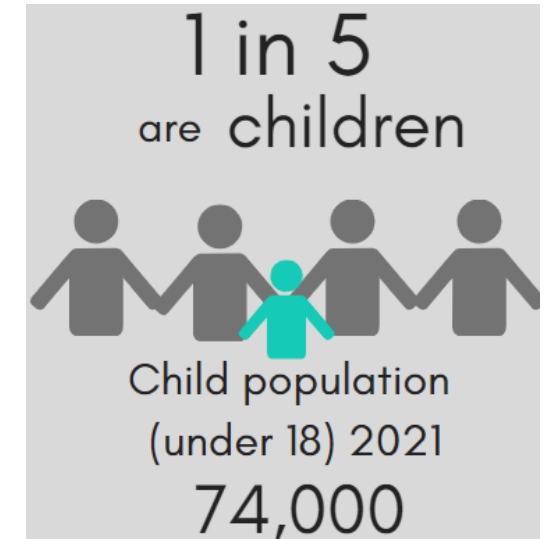
We welcome feedback, challenge or insight. Please contact: [phi@wakefield.gov.uk](mailto:phi@wakefield.gov.uk)

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# Population

- There are **74,000** children aged under 18 years, around **20% of the total population of the Wakefield District** (2021).
- Over the next 10 years the number of children is expected to **increase by around 7,000**. As the rest of the population is also expected to grow, the proportion of the population who are children will remain around 21%.
- On average, there are around **4,000 births each year**.
- According the 2020/21 School Census, the proportion of children from an **ethnic minority background** (all ethnicity groups except 'White British') stands at **18.1%**.



- Babies born in Wakefield District are not expected to live for as long as children born in other parts of the country; **life expectancy is lower than the England average for both males and females**.
- Latest data shows a small **decline in life expectancy** in the Wakefield District for males and females.
- Life expectancy in the most deprived areas is **9.2 years lower for males** compared to the least deprived areas. Life expectancy in the most deprived areas is **8.2 years lower for females** compared to the least deprived areas.

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

# District Characteristics

Wakefield District is a diverse and changing place and there are a wide range of factors impacting 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 2023](#)

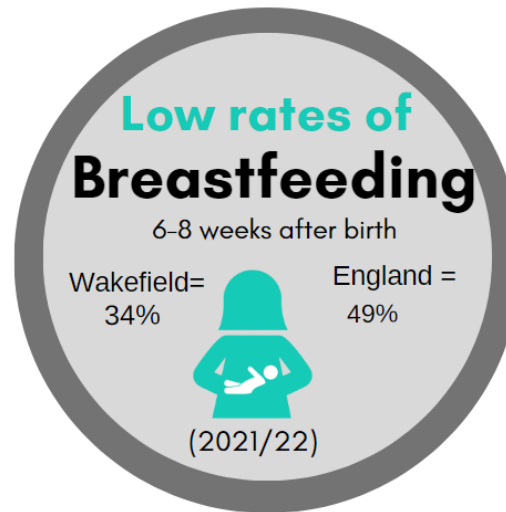


# Pregnancy and Birth

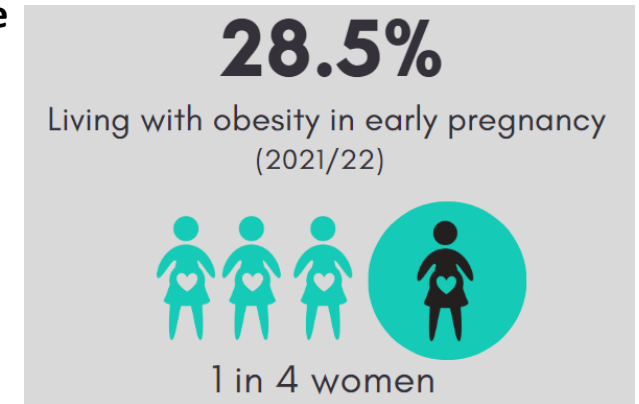


- **Smoking in pregnancy is the single biggest risk factor for poor birth outcomes for both mother and baby.** It can lead to miscarriage, still birth, premature birth, low birth weight and is associated with many other serious pregnancy and health related complications. **Although there have been improvements, it is still a significant problem in the Wakefield District.**
- In 2021/22, around 14.7% of women in the Wakefield District were smoking at the time of delivery compared to 9.1% across England.

- Breastfeeding rates in the Wakefield District are amongst the **lowest in the country**. In 2021/22, six to eight weeks after birth, breastfeeding prevalence was only 34% which equates to 1,301 women, in the Wakefield District compared to 49% across England.
- This is important because **breastfeeding saves lives**; protecting the health of babies and mums immediately and over time.

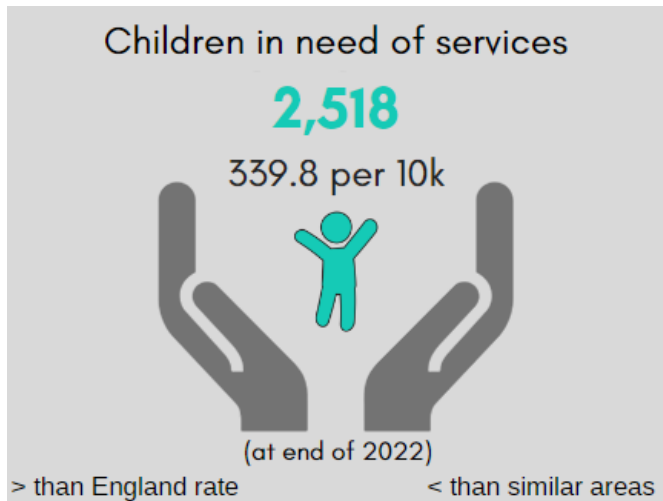


- The percentage of pregnant women who are living with **obesity in the Wakefield District** is high, 25.6% compared to the England average of 22.1% (2018/19). In 2021/22, the percentage of women living with obesity in pregnancy rose to 28.5% in the Wakefield District.
- **Pregnant women who are living with overweight or obesity** are at increased risk of complications during pregnancy and birth. For every 10 pregnant women in the Wakefield District, only four are a healthy weight.



# Vulnerable Groups

- At the end of 2022, there were **461 children on child protection plans** and **665 children in care**.
- In terms of child protection plans, following a short decrease from 2019-20, the rate began to increase again in 2020-21 although the rate remains lower when compared to other similar areas. The rate of children in care has remained fairly stable since 2018 and also remains lower when compared to other similar areas.
- Generally children requiring a higher level of safeguarding intervention have poorer outcomes in terms of health, education and overall wellbeing.



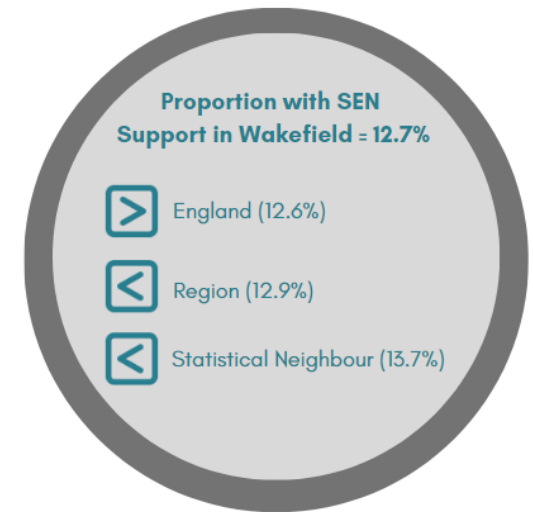
- At the end of 2022, **2,518 children were in need of services**. This is a rate of **339.8 per 10,000**, higher than the England rate but lower than other similar areas. Since 2018 the **rate of children in need in the Wakefield District has been decreasing**. The most common reason for a child to be assessed as a child in need in 2021-22 was abuse or neglect.
- 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 2021, 660 children aged 17 and under were providing unpaid care of up to 50 hours per week.



# Vulnerable Groups - SEND

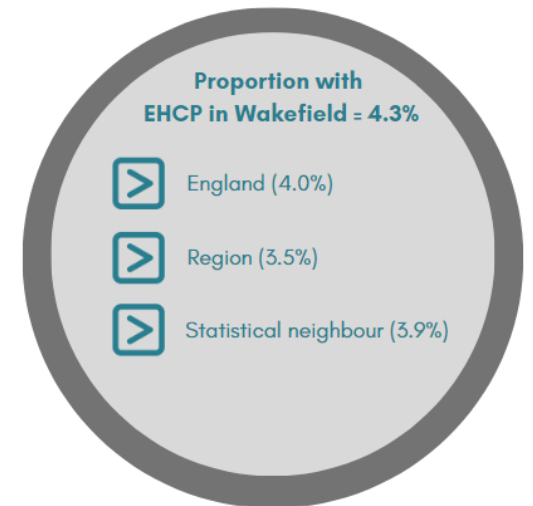
- According to the January 2022 school census, around **9,000 (17%)** of school age children in the Wakefield District have been **identified as having a special educational need or disability (SEND)**. This is in line with national and regional averages.
- In the academic year 2021/22, **Wakefield District has seen increases** in both the **numbers of school aged pupils with special education need support at 12.7%** (previous year 12.2%) and **Education Health and Care Plan (EHCP) at 4.3%** (previous year 3.8%).
- **15%** of children and young people with SEN Support **have a secondary need** (speech, language and communication needs (SLCN); social, emotional and mental health (SEMH); moderate learning difficulty (MLD)).
- **Almost half** of children and young people with an EHCP **have a secondary need**.
- The **prevalence of SEND varies** across different sections of the Wakefield District population.
- Children in years 4, 5 and 6 are more likely to have their special educational needs identified. Wakefield District identifies early, enabling the correct support to be put in place sooner.
- Pupils living in the **more deprived communities** across the district are **more likely to have SEND**.
- People with special educational needs are more likely to be unemployed and less likely to pursue education or training opportunities.

Associated JSNA pages: [Special Educational Needs and Disability \(SEND\)](#)



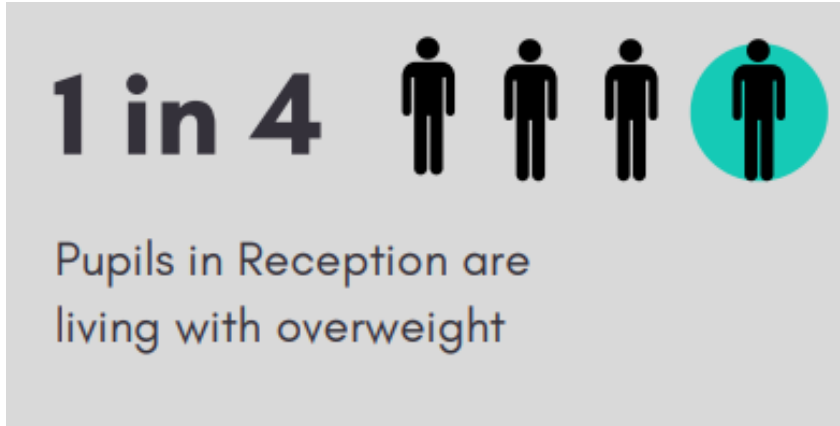
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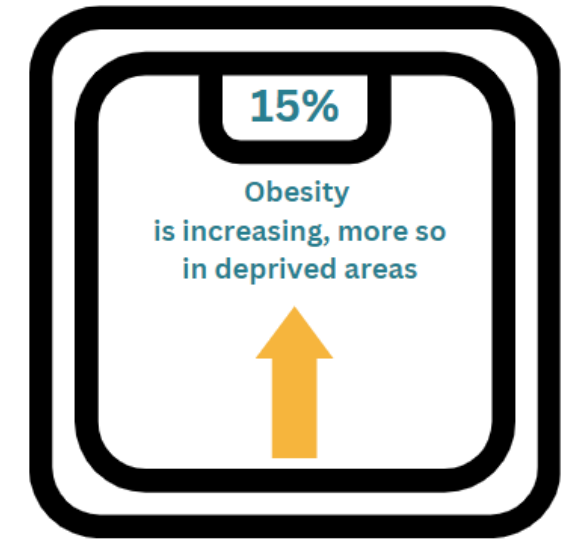


# Health



- There have been **increases in overweight and obesity** for both Reception Year (ages 4-5) and Year 6 (ages 10-11) in Wakefield. This has **followed the national and regional pattern**. Children living with overweight has increased in both genders, but more so in boys and this is more evident in Year 6.
- In 2021/22, 24.8% of children in Reception were living with overweight (including obesity), which equates to 910 children. This is higher than both the regional (23.7%) and national (22.3%) figures.
- **Figures for Wakefield District have been consistently higher than the regional and national figures since 2016/17.**

- **Overweight and obesity are strongly correlated with levels of deprivation**, with the most deprived areas within the district having the highest prevalence of excess weight. Children living with obesity are more likely to live with obesity in adulthood. Childhood obesity may also result in serious medical problems, such as high cholesterol, high blood pressure and pre-diabetes.
- In 2021/22, **15% of Reception-age children from the most deprived areas** were living with obesity compared to 2.7% in the least deprived areas.



Associated JSNA pages: [National Child Measurement Programme \(NCMP\)](#)



# Health

- Asthma is the most common long-term medical condition in children in the UK.
- **Outcomes are worse** for children and young people **living in the most deprived areas**.
- In 2020/21, **hospital admissions for asthma** in children aged between 0-9 were 81.3 per 100,000 population, which equates to 35 children. This is **slightly lower than the national rate of 91.2**.
- In 2019/20, the rate of admissions for **lower respiratory tract infections** in children aged 2, 3 and 4 was 34.7 per 10,000 population, **higher than the national rate of 28.8 per 10,000**.



- **Around 26% of pupils across Years 5, 7 & 9 reported smoking within their homes (40% for pupils from the most deprived neighbourhoods)**. It is not clear what is behind the increasing trend in pupils experiencing people smoking indoors at home, although vaping may be contributing.
- Among **Year 9 pupils, 13% have at least tried smoking and 29% have at least tried e-cigarettes or vaping**. White British pupils (31%), pupils from single parent families (36%), young carers (38%), and pupils with special needs (41%) are all more likely to have tried vaping than their peers.

Associated JSNA pages: [School Health Survey 2022](#)

# Health: Diet & Fitness

- The facts shown in the information below are taken from the School Health Survey (2022). This survey is completed by children in Year 5, Year 7 and Year 9.
- **67% of pupils believe they have a healthy diet**, however 52% think that they need to eat more healthily.
- Girls tend to eat more healthily than boys but are more likely to skip breakfast. **Missing breakfast is more common for Year 9 pupils**, and has increased in recent years.
- The most marked inequalities occur in Year 7 where **52% of pupils from the most deprived** neighbourhoods eat fruit and vegetables most days, compared to **80% in the least deprived areas**.

**Least deprived areas: 80%** eat fruit & vegetables most days



**Most deprived areas: 52%** eat fruit & vegetables most days

**Year 5 Girls - 30%** cycle more than once a week



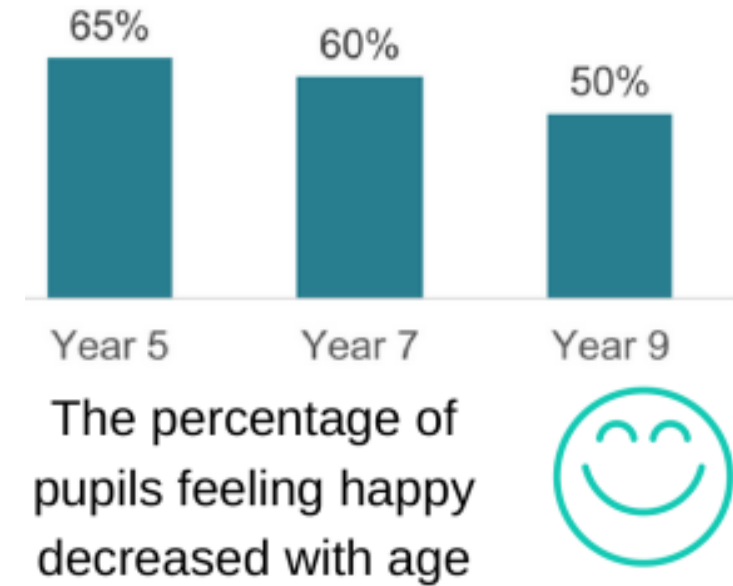
**Year 9 Girls - 7%** cycle more than once a week

- **47% of pupils walk to school and only 2% cycle.** Regular cycling decreases with age, especially among girls - 30% of girls in Year 5 cycle more than once a week and this decreased to 7% by Year 9.
- **27% of Year 9 pupils think they don't do enough physical activity** to keep healthy, compared to 13% of Year 5 pupils.
- Barriers to doing more physical activity are worries about looking silly (25% of Year 5 pupils) and not feeling motivated or bothered (35% of Year 9 pupils).

Associated JSNA pages: [School Health Survey 2022](#)

# Health: Safety & Wellbeing

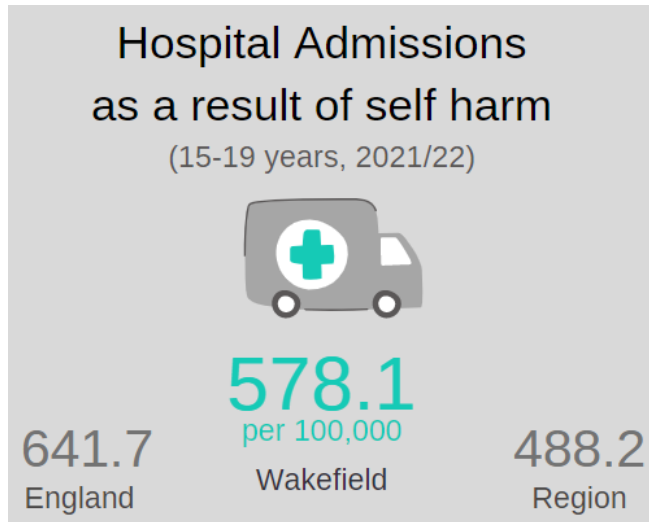
- The **percentage of pupils feeling happy with life is highest in Year 5**. All year groups have seen a decrease over the past two School Health Surveys.
- **Girls are less likely to feel happy than boys** and are more likely to feel lonely.
- **School work and exams** are the things pupils worry about the most, followed by **the way they look** (Year 7 & 9).
- **9% of all pupils** are often scared of going to school due to bullying.



- Watching TV, using tablets/mobiles and playing on a games console are the most common free-time activities across all year groups, with **13% of Year 5 pupils having never read a book at home or in their own time**.
- **31% of Year 9 pupils worry about some of the things they see on social media**. This view is held more strongly by girls, young carers and pupils with special needs, compared to their peers.
- On average, **28% of Year 9 pupils spend more than 10 hours** per week playing online computer games; this is **more common among boys** (47%) than girls (11%).

Associated JSNA pages: [School Health Survey 2022](#)

# Healthcare Use



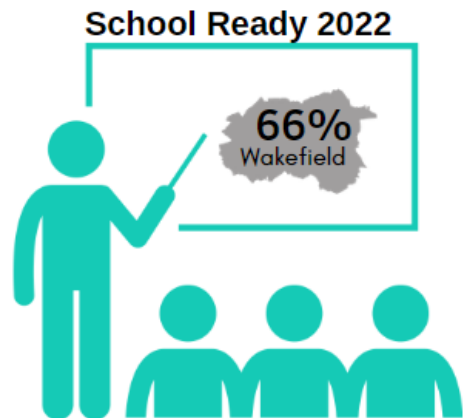
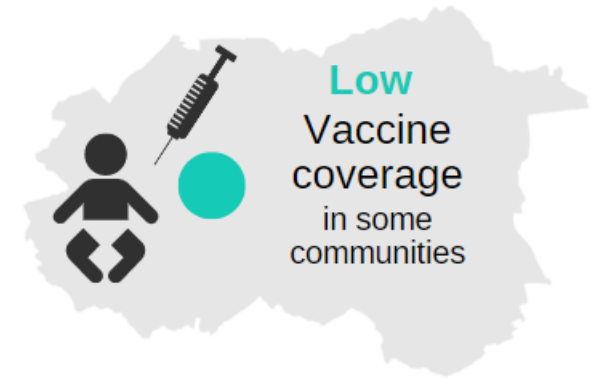
- Wakefield District previously had a higher self harm rate than other areas of England, which was a cause for concern.
- In 2021/22, the rate of hospital admissions as a result of **self-harm for children aged 10-14 was 167.2 per 100,000 population**. This rate has reduced over the last few years and Wakefield District is now lower than both the regional and national averages.
- In 2021/22, for **children aged 15-19 the rate is 578.1 per 100,000**, higher than the regional average (488.2), but lower than the national average (641.7).

- Each year around **150 children** aged under 5 years are **admitted to hospital because of tooth decay**.
- With a rate of 610 (per 100,000), **Wakefield has a much higher rate** than the regional (480), and national (221) averages.
- While these numbers are high, they have been steadily decreasing over recent years from a rate of 773.2 (per 100,000) in 2017/18-19-/20 and a rate of 902.5 (per 100,000) in 2015/16-17/18.
- 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.



# 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. **Coverage across the Wakefield District is generally high and consistently above the England average** for all childhood vaccinations, however it is **dropping for some areas**, and there are communities within the District where there is concern where 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 **66% of Wakefield's Reception-age (5 year's old) pupils achieved a GLD (2022)**; this is slightly higher than the national average of 65%.
  - *Please note: The Early Years Foundation Stage (EYFS) profile was significantly revised in September 2021, therefore it is not possible to directly compare the 2021/2022 assessment with earlier years.*
- 
- There are **differences in outcomes** between pupils known to be eligible for free school meals (FSM) and those that are not. There are also differences in outcomes between boys and girls.
  - **78% of girls who were not eligible for FSM** in Wakefield achieved a GLD compared to **55% of girls who were eligible for FSM**.
  - **64% of boys who were not eligible for FSM** in Wakefield achieved a GLD compared to **41% of boys who were eligible for FSM**.

# COVID-19

- COVID-19 continues to have an impact on everyone, however it is very difficult to understand and measure the extent of the impact. The full impact may not be obvious right now but work is ongoing as more information becomes available. The significant and immediate changes in 2020 meant that many routine data collections were interrupted or stopped.
- Since COVID-19 testing practices eased in early 2022 due to national policy change, local level case rate data became less robust.

## Impacts of Covid-19 on children in Years 5, 7 & 9

- 29% of Year 5 & 7 pupils and 33% of Year 9 pupils felt they had fallen behind in school due to COVID-19.
- A higher percentage of Year 9 pupils did less activity due to COVID-19 (34%).
- A higher percentage of younger pupils (57%) felt COVID-19 meant they saw less of their friends, however a similar percentage (55%) across the year groups felt the response to COVID-19 meant they spent more time with their families.

Associated JSNA pages; [School Health Survey 2022](#)

# References and resources

- [Fingertips Public Health Profiles](#)
- [Wakefield JSNA](#)
- [State of the District 2023](#)
- [Census 2021](#)
- [Nomis](#)