

Kirklees JSNA Children's Summary

Introduction

There are around 98,000 children and young people living in Kirklees. Many of them progress through their early lives, childhood, schooling and young adulthood without hindrance. They progress into work or further study at 16 or 18 and go on to lead healthy and fulfilling lives. There are groups of children and young people within the 98,000 that find themselves less likely to achieve their full potential due to factors in their lives or behaviours that impact on their health and wellbeing. It is these children that this summary focuses on, covering the key issues and factors that can impact on their health, life chances and wellbeing.

In the last JSNA, published in 2010, many of the key issues for children and young people in Kirklees were identified from a survey of 13 and 14 year olds in Year 9 of nearly all Kirklees schools. This survey has not been conducted since then, so some of the issues highlighted in the 2010 JSNA through the survey have not been repeated here. Some sources of intelligence have been updated and these are reflected in this summary (and the main sections of the JSNA), especially where these show significant change from last time.

This summary draws on the relevant sections of the JSNA, which cover a wide range of factors, behaviours, conditions and vulnerable groups. There are also JSNA summaries covering Kirklees as a whole, the clinical commissioning group areas and the localities. The relevant sections give more detailed information and references. The summaries and sections are available on the JSNA webpage - [here](#).

A wide range of indicator tables have been developed as part of the JSNA process and they provide key data about Kirklees, the CCG areas and localities. All the tables are available [here](#). The summary tables that cover children and young people are available from the following links

- [Overall children's summary indicator table](#)
- [Geographical indicator table: Kirklees, CCGs, Localities](#)
- [Demographic groups indicator table: gender, ethnicity](#)
- [Deprivation indicator table](#)

Infant Deaths

The previous JSNA highlighted infant deaths (deaths under 1 year) as an issue for Kirklees. Through joint work, the infant mortality rate now shows a downward trend. From 2009 to 2011 the infant mortality rate was 5.3 per 1000 live births, although it remains above the England and Wales rate of 4.2 per 1000 live births. The causes of infant deaths are complex and varied. Prematurity and congenital anomalies accounted for 73% of deaths in Kirklees. Nationally, there is a higher rate of deaths from congenital anomalies in those of Pakistani origin.

The majority of child deaths are infant deaths (under 1 year old). Deaths of older children are rarer. For children aged 1-17, over 40% of the deaths in Kirklees were accounted for by chronic medical conditions (23%) and chromosomal, genetic and congenital anomalies (17%).

Even before a child's life begins the choices parents make and the things that they do influence outcomes for their child when it is born and later in life. How a baby's brain and its early skills develop is influenced by how it is fed, how young the mother is and whether it is being born into a safe and stable home environment. Warm, positive and healthy parenting can help to create a strong foundation for the future, building resilience and positive self esteem from an early age.

Headline issue - emotional wellbeing

The emotional health of children and young people is fundamental to the wellbeing and future prospects of individuals and communities. Emotional health is nurtured primarily in the home. The development of positive emotional health starts before a child is born. The first three years of life are a critical period for laying the foundations for emotional health throughout childhood and into adult life, in particular through the parent/child relationship.

Being emotionally healthy is important for any person's wellbeing. It does not mean being happy all the time, but it does mean having the resilience to face the challenges that occur in life.

Poor emotional health in children and young people is associated with bullying, violent and criminal behaviour and substance misuse. The majority of adults with mental health problems experienced emotional health difficulties in childhood. These problems not only persist through adulthood but can also have an impact on the next generation. This makes emotional health and wellbeing a far reaching and complex issue.

Parental choices and behaviours contribute to outcomes for their children living in the household. Maternal behaviours, such as diet, physical inactivity, alcohol consumption and particularly smoking during pregnancy profoundly affect the health of the unborn child. The number of women of child bearing age (WoCBA) with behaviours impacting on health and wellbeing varied across Kirklees.

Binge drinking was worse in 2012 (26%) than in 2010 (11%). The area with the highest levels of binge drinking was Huddersfield (71%) and Holme Valley had the lowest levels (19%).

The drinking behaviour of parents, carers and other family members is a strong influence on children's alcohol use and a family history of alcohol dependence is associated with an increased risk of alcohol misuse in children. Locally in 2009, 14 year olds who drank reported their family as the most likely source of alcohol (51%). 21% of 14 year olds drank weekly or more, down from 50% in 2007. 12% drank alone, a decrease from 15% in 2007.

Smoking has remained quite stable in Kirklees with only a slight decrease in 2012 (21%) from 22% in 2010. The area with the highest number of smokers in this group was Dewsbury at 27% and the area with the lowest was MDDK at 16%.

Parental smoking and second hand smoke is a particularly major risk to the health of their children. In 2012, 1 in 3 (37%) adult smokers in Kirklees reported smoking most of the time when other people were in the house. This is in line with the 2009 data which shows that 42% of 14 year olds live with adults who smoke. Children whose parents smoke are twice as likely to develop asthma.

In 2012, across Kirklees, 40% of WoCBA were overweight or obese. Birstall and Birkenshaw had the highest proportion of overweight and obese women (44%). Huddersfield North, Mirfield, Spen and Holme Valley all had the lowest (37-38%). Only 34% WoCBA met the recommended levels of physical activity and 63% were likely to eat 5 a day.

In 2011/12 there were 5,843 live births to Kirklees women. Out of the 6120 pregnancies in Kirklees in 2010/11, 89% had their initial assessment before 13 weeks of gestation. Accessing antenatal care as early as possible enables maternity services to assess the health and wellbeing of pregnant women and help them to access other services and support where needed.

This also allows the effective management of diabetes and other diseases, as well as the support to be provided for reducing smoking, drug and alcohol use.

Not smoking can reduce the chance of having a low birth weight baby. Across Kirklees, 17% of women (excluding south Asian) smoked during pregnancy in 2012. This varied from 1 in 3 (32%) in Dewsbury to less than 5% in Denby Dale & Kirkburton.

The potential health and wellbeing of a mother and her child is influenced by the mother's age. In Kirklees in 2011, there were 255 conceptions in girls aged 15 to 17. Some teenage conceptions are unplanned and around half end in abortion. There has been a reduction in the rate of teenage conceptions from 44 per 1000 15-17 year old girls in 2008-2010 (3 year rolling average) to 39.9 in 2009-11.

Maternal nutrition affects the infant and their risk of disease in later life. Maternal behaviours such as breastfeeding can contribute to an infant's health and development, especially if maintained for the first 6 months of life. Breastfeeding is associated with better health outcomes for the mother as well as the child. The level of breastfeeding at 6-8 weeks in 2011/12 was around 1 in 3 (36%) in north Kirklees, nearly 1 in 2 (47%) in south Kirklees and around 2 in 5 (43%) overall, up from 38% in 2010/11. South Kirklees has shown a significant increase from 2010/11 from 1 in 4 (27%). There has been no change in this time period for North Kirklees.

The norm of living with both parents in the UK and Kirklees has been in decline for four decades. According to the 2011 census, there were just over 12,500 households across Kirklees who had one parent and one or more dependent children. This had increased by 14% since 2001. Adults and children today are increasingly faced with the challenges of families which are fractured (through separation or divorce). 1 in 6 (15%) babies are born into homes with no resident father. Family breakdown affects many children, particularly those on the lowest income.

Some children and young people have extra responsibilities placed on them in the home. These can affect their achievement at school, their emotional wellbeing and their free time to play and be with other children. 1 in 5 (22%) 14 year olds in Dewsbury care for a sibling, parent or relative who has an illness or disability compared to 1 in 12 (8%) in Denby Dale and Kirkburton and 1 in 7 (14%) in Kirklees overall.

Living in poverty (children in families on low incomes and who are in receipt of benefits) and deprivation (having a general lack of resources and opportunities) affects children's life chances. Around 20,000 (1 in 5, 20%) children in Kirklees live in poverty. This figure has reduced from 23% in 2008. Almost two thirds of these children are in single parent households. There are children living in poverty in every community in Kirklees. This varies

from Kirkburton with the lowest at 1 in 14 (7%) to Newsome and Dewsbury West with the highest at 1 in 3 (35%).

Housing affects wellbeing in a number of ways, through things such as adequate ventilation, space to live, play, eat together as a family, facilities to cook from basic ingredients, positive social interaction with others in the house and neighbours. In Spen, 1 in 3 people with dependent children felt their house was inadequate for their needs.

There are around 7,700 workless households that have dependent children resident in Kirklees and this is increasing. Children of parents who are long-term unemployed or who have never worked are 13 times more likely to die as a result of unintentional injury. Children in the 10% most deprived areas of the UK were five times more likely to die as a pedestrian than children in less deprived areas.

As young people grow up they make more choices for themselves. These could be the choice as to when or whether they become sexually active, start smoking, drink alcohol or use illegal drugs. They could also be choices about what they eat and what physical activity they undertake. These choices can be shaped by levels of self-esteem, emotional wellbeing and by parental and peer health behaviours. Some of these behaviours increase the likelihood of a negative impact on health and on other factors such as staying in and achieving at school or college.

The sexual behaviour of young people can lead to increased risk of unplanned pregnancy and sexually transmitted infection (STI). There is a continued downward trend in Kirklees for the numbers of unwanted pregnancies and the figures compare favourably with both regional and national figures.

Girls are three times more likely to become pregnant early in life if they start having sex aged under 16. In 2009, one in eight (12%) 14 year old girls reported having had sexual intercourse. Colne Valley and Huddersfield North had the highest proportion reporting they had had sexual intercourse (14%), compared with Batley (9%) and DDK (10%). 8 in 10 (82%) 14 year olds reported using contraception, but reported condom use dropped from 7 in 10 (72%) in 2007 to just over 6 in 10 (63%) in 2009. The drop in self-reported condom use may lead to higher rates of STIs. In Kirklees, 65% of diagnoses of acute STIs were in 15 to 24 year olds. Almost twice as many people diagnosed with an acute STI were from the most deprived areas.

People who started smoking when they were young are more likely to die of a smoking related disease. Locally, in 2009 9% of all 14-year olds (8% boys and 10% girls) reported

smoking weekly or more. This reflects a fall since 2007 when 13% of all 14 year olds smoked (11% boys and 16% girls). Girls were more likely to have tried smoking than boys. Black and south Asian boys were more likely to start smoking earliest.

Whilst most 14-year olds in Kirklees do not drink, those who do drink regularly are more likely to smoke and use illegal drugs and the use of alcohol and drugs impacts on sexual behaviour. In Colne Valley, alcohol and drug use were amongst the highest in Kirklees. The pattern of drug and alcohol use by 14 year olds in Kirklees closely matches national trends. In 2009, 1 in 8 (12%) 14-year olds had tried illegal drugs – dropping from 1 in 6 (16%) in 2007.

Choices around risky behaviours are important, but so are the everyday choices children and young people make around food and physical activity. Eating habits established in childhood and adolescence tend to continue into adulthood and to affect adult health. Just over 1 in 5 local 14-year olds in 2009 rarely ate breakfast. Oral health is a significant indicator of poor diet. In 2007/08 five year olds in Batley and Dewsbury had the most decayed, missing or filled teeth compared to other areas in Kirklees.

In Kirklees in 2009, two-thirds of 14 year olds did at least 60 minutes of physical activity 5 days a week, a greater proportion than in 2007. Around 1 in 8 (13%) did less than 30 minutes physical activity each day, better than 2007 when it was 30%. Physical activity levels in Batley were the lowest in Kirklees.

Obesity is an outcome of unhealthy food choices and a lack of physical activity. 4 in 5 obese teenagers go on to be obese adults. In 2010/11 more than 1 in 5 (21%) of 4-5 years olds living in Kirklees were either overweight or obese (falling since 2008), and approximately 1 in 3 (32%) of 10-11 year olds were either overweight or obese, little changed from 33% in 2008. In 2009, 1 in 5 (18%) 14-year olds reported they were on a diet.

How young people feel about themselves, those around them and their opportunities to improve their circumstances, influences the choices that young people make, and in some cases their entire life course. Rates of mental health problems among children increase as they reach adolescence. One in 10 children in England aged 5-16 years has a mental health problem.

Locally, the proportion 14 year olds who are sometimes or never happy with themselves as a person has remained constant at about 1 in 4 (26%) both in 2007 and 2009. 1 in 5 felt they did not have someone to talk to about their problems, particularly in Batley. Nearly 1

in 3 (29%) felt angry weekly or more and nearly 14% reported that they only sometimes or never got on well with their family. 17% of 14 year olds had trouble sleeping due to being anxious or worried. This suggests that many young people do not feel happy about themselves and their circumstances.

Those who had ever been bullied decreased from 47% in 2007 to 40% in 2009, but for those who are bullied the frequency has increased. Bullying in Holme Valley was the highest in Kirklees with 46% of young people having been bullied. There are concerns around the increasing incidences of homophobic bullying as reported in the Kirklees Homophobia Survey.

Young people consistently say that a key limiting factor to accessing activities to improve their health and wellbeing and being socially active is the cost, connections, timing and standards of public transport. This can lead to feelings of isolation.

Educational attainment is particularly influenced by family socio-economic status and the quality of the schools that children and young people attend. Attainment at age 16 is a powerful indicator of their chances of achieving future health and economic wellbeing.

Educational attainment continues to improve in Kirklees. In the Early Years Foundation Stage in 2012, nearly 7 in 10 (68%) pupils achieved a good standard, compared to 6 in 10 (64%) nationally and up from 62% in 2010 and 55% in 2008. Differences exist between the sexes, different ethnic groups and areas of Kirklees. Girls attainment is higher than boys throughout all stages of formal education up to age 16.

Pupils in Kirklees performed less well than England at Key Stage 2 (76% versus 80%). The lowest rate was in Denby Dale and Kirkburton (69%) with the highest in Mirfield (90%).

At Key Stage 4 in 2012, 62% of pupils achieved five or more GCSEs grades A* - C including English and Maths. This is higher than the national average of 59% and has increased since 2010 (53%) and 2009 (47%). In 2012, the lowest achievement levels were in Dewsbury at 53%, which is still an improvement since 2010 (45%) and 2009 (38%). The highest achievement levels were in Denby Dale and Kirkburton at 79%, an improvement since 2010 (65%) and 2009 (55%).

There is variation within Kirklees for Asian Pakistani attainment levels. In Mirfield, 67% of Asian Pakistani pupils achieved five or more A* - C GCSEs, including English and Maths compared with 41% in Dewsbury. For pupils eligible for free school meals, educational

attainment was lower across all key stages. 1 in 3 (39%) pupils who were eligible for free school meals achieved five or more A* - C GCSEs at the end of Key Stage 4 compared to nearly 2 in 3 (61%) of their peers.

The proportion of 16 to 18 year olds who participate in learning is increasing and in June 2012 rose to 87% (the same as England). The proportion of 16 to 18 years olds who were not in education, employment or training (NEET) was 1 in 12 (8%) in 2012/13, and was particularly higher in Dewsbury and Batley. Being NEET can lead to young people not acquiring the skills they need for successful, sustained employment. This will continue to be a challenge as the statutory participation age increases.

Specific groups

Disabled children and young people need to be able to access the whole range of opportunities, services and activities that non-disabled children and young people take for granted, such as voluntary and community based leisure activities. The numbers of children with Special Educational Need (SEN) is used as a proxy for some form of disability, but it is not an ideal measure.

In Kirklees, data for 2010 showed that nearly 1 in 4 (23%) males have a SEN and 4% a statement of SEN, compared to nearly 1 in 6 (16%) and 1.7% females respectively. Children living in the most deprived areas of Kirklees were between two and three times more likely to have a SEN. Nearly half of children (46%) with a SEN and 2 in 5 (43%) with a statement of SEN lived in the most deprived 20% areas in Kirklees. The highest rates were seen in Dewsbury, Spen and Huddersfield. White and Pakistani origin children have similar levels of SEN. Statements of SEN for both were 1.6.% and SEN was 21% (white) and 24% (Pakistani). This contrasts with children of Indian ethnicity who have 1.1% with statements of SEN and 14% with SEN.

Congenital anomalies can be a factor in infant and childhood deaths. While most babies with anomalies survive infancy (93%), many of them experience chronic disability and are cared for with support from specialist community paediatric services.

The home environment and parental behaviours can increase the vulnerabilities of some children. Children in the care system are especially vulnerable to poor outcomes, as highlighted in the JSNA sections on safeguarding children and vulnerable adults and looked after children (LAC) and care leavers.

There has been a steady increase in the number of children with a child protection plan to around 392 in February 2013. The Kirklees rate is 33 per 10,000 (26 per 10,000 last year) the same as nationally. Emotional abuse has taken over from neglect as the main form of abuse experienced by children in Kirklees. Emotional abuse may involve seeing or hearing the ill-treatment of others, for example, if domestic abuse is present in the home. Based on national estimates, around 6,000 children a year in Kirklees witness domestic violence and there is an average of 85 referrals a week from the police to the Safeguarding Children team, as a direct result of domestic abuse incidents.

The number of LAC in Kirklees has continued to increase since 2006 with the highest increase in the age groups 4-5 and 16-17. The number of looked after children had grown from 334 in April 2006 to 640 in March 2012, of whom 3 in 4 (74%) were white, which reflects the overall Kirklees population. Whilst the number of white LAC had grown by 92% since 2006, the number of non-white LAC had grown by 148%. Only 7% of LAC in Kirklees achieve five A* - C grade GCSEs, compared with 61% of all pupils in Kirklees. This can be due to instability in placements, poor attendance before coming into care and a range of learning, behavioural and emotional needs.

Emerging Issues:

Child Sexual Exploitation

Nationally and locally, preventing and understanding the vulnerability factors associated with child sexual exploitation (CSE) needs to be improved. Any child or young person may be at risk of sexual exploitation, regardless of their family background or other circumstances. This includes boys and young men as well as girls and young women. However, some groups are particularly vulnerable. These include children and young people who have a history of running away or of going missing from home, those with special needs, those in and leaving residential and foster care, migrant children, unaccompanied asylum seeking children, children who have disengaged from education, children who are using drugs and alcohol and those involved in gangs.

It remains unclear how many people are affected by sexual exploitation. The Office of the Children's Commissioner reported that nationally there were 2,409 confirmed victims of CSE in or by gangs and groups during the 14 month period from August 2010 to October 2011.

Disabled children

We need to understand the whole range of issues facing disabled children, from accessing services through to life and service transitions. Work is needed locally and nationally to improve intelligence about disabled children and young people.

Taking this into account, what's important?

The key things emerging from this JSNA with the biggest impact on improving health and wellbeing outcomes for children include good parenting, parent-child attachment, a stable home environment and better informed choices around health behaviour. This contributes to young people having the resilience, confidence, coping skills and improved self esteem to get on well with those around them and achieve well at school.

The **Children and Young People Plan**, agreed by Kirklees Children's Trust, used the JSNA to help inform its priorities for the next three years. These are:

- Mental and emotional health and wellbeing.
- Looked after children and care leavers - improving life chances.
- Young people - improving life chances by being ready for and having opportunities for work.
- Disabled children - improving life chances.
- Child Sexual Exploitation - improving life chances of those at risk with the focus on prevention activity.

Date this section was last reviewed

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