



Health and wellbeing



**key issues for
the people of Kirklees**

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Foreword

This is the third Joint Strategic Needs Assessment for Kirklees.

The previous versions are used across Kirklees in various ways. The JSNA directly influenced key strategies and plans including the Kirklees Partnership Vision, Children and Young People's Plan, Adults Commissioning Strategy and PCT Five Year Strategic Plan. The JSNA also influenced action and informed local people about the health and wellbeing picture of Kirklees.

With the Government's reorganisation of the public sector, the JSNA is seen as the local foundation of priority setting, informing commissioning strategies and plans and helping local people to hold providers and commissioners to account. The Joint Health and Wellbeing Strategy for Kirklees will develop from the evidence set out in the JSNA. The Strategy will provide the framework for joint commissioning plans and specific, detailed commissioning plans for the NHS, social care and public health.

The new Health and Wellbeing Board for Kirklees will be established with a remit to ensure coherent local commissioning between the NHS and the local authority tackles the local challenges. The Board's remit will include creating the JSNA as well as the Joint Health and Wellbeing Strategy.

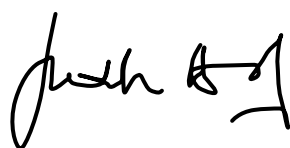
This JSNA builds on the information in the previous version published in 2009. It completely refreshes the children's section and updates the adult section extensively.

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Summary of issues Children and Young People (CYP)

Introduction

Children who have the best start in life are more likely to achieve in school and work, live longer and experience better health. Healthy children are crucial to the future of society as a whole. They are particularly vulnerable to the effects of social, economic and environmental conditions within and around the household and wider community. Disadvantage in childhood compounds problems experienced in later life. So tackling wider influences on health inequalities and eliminating child poverty are major priorities requiring combined partnership action in Kirklees.

A child's first months and years have a huge impact on the rest of their lives. To improve life chances for children, priority must be given to the early years to ensure that children get the best opportunity to make positive life choices for both themselves and those around them.

A child's health and development, both early and in later life, are heavily influenced by a range of factors, including:

- Maternal health and maternal behaviours, especially smoking and nutrition before, during and after pregnancy.
- Nutrition in early years, including breastfeeding, is a significant influence on later outcomes and life chances. Some outcomes of poor nutrition and smoking include infant deaths, diabetes, respiratory conditions and obesity.
- Positive family dynamics, both in levels and quality of support and role models.

Smoking, alcohol and drug use, poor diet and lack of physical exercise are direct causes of ill health and diseases. They are strongly influenced by other factors including low self esteem, poor psychological and emotional wellbeing, inconsistent parenting and parental health behaviours. These in turn are influenced by wider social and economic factors, including low income, poor housing, low educational attainment and lack of employment opportunities as in the rainbow.

The JSNA describes the position in Kirklees based on information across the rainbow. It also highlights some important areas where further knowledge is needed, such as the parental behaviours that are having the greatest impact on children and young people and our understanding of the needs of young mothers, young carers and young people who are lesbian, gay or bisexual.

There are a wide range of major challenges facing children and young people in Kirklees. However, compared to Kirklees overall, very few issues in localities showed statistically significant differences. The exception was economic wellbeing, where Dewsbury and Huddersfield were significantly worse than Kirklees, with Mirfield, Denby Dale & Kirkburton, Spen Valley and The Valleys significantly better.

Since the last report there have been significant improvements for 14 year olds:

- Smoking dropped markedly.
- Lower levels of alcohol drunk: both ever drunk alcohol and drinking weekly or more, in all the Town and Valley localities.
- Less ever taking illegal drugs in Batley, Birstall & Birkenshaw, Mirfield, Denby Dale & Kirkburton and Spen Valley.
- Less being sexually active in Huddersfield, Mirfield, Denby Dale & Kirkburton and Spen Valley.
- Emotional wellbeing, particularly feeling angry, had improved in Huddersfield, Spen Valley and The Valleys.
- Getting on well with family had also improved in Dewsbury, Huddersfield and The Valleys.

However, more were bullied weekly or more in the last two months in Dewsbury, Huddersfield and Mirfield, Denby Dale & Kirkburton, but less were ever bullied, particularly in Dewsbury and Huddersfield.

There have also continued to be improvements in educational attainment across all localities at both Early Years Foundation Stage and GCSE level.

Summary of health and wellbeing inequalities for children and young people in Kirklees 2010

Key issues	Batley, Birstall & Birkenshaw		Spenn Valley		Dewsbury		Mirfield, Denby Dale & Kirkburton		Huddersfield		The Valleys	
	C	D	C	D	C	D	C	D	C	D	C	D
Deaths in infants aged under 1 year												
Obesity (reception class children)												
Obesity 11 year olds (school year 6)												
Being Healthy - aged 14 years [unless otherwise stated]												
Smoking weekly or more (of all 14 year olds)			↓				↓	▼				
Have ever drunk alcohol... and drink alcohol weekly or more	↓		↓		↓		↓		↓		↓	
Have ever drunk alcohol... and drink alone												
Have ever taken illegal drugs	↓		↓			▼	↓					
Teenage conceptions (aged 15-17)												
Have had sexual intercourse			↓				↓		↓			
Under 30 mins average physical activity per day												
Emotional wellbeing												
Felt miserable - weekly or more (in the last school year)								▲	↓			
Felt angry - weekly or more (in the last school year)			↓						↓		↓	
Sometimes or never happy with his/ her self as a person												
Do NOT have someone to talk to about their problems												
Staying safe												
Ever been bullied					↑				↓			▲
Bullied - weekly or more in past 2 months (of those who have been bullied)							↑		↑			
Economic wellbeing												
Eligible for free school meals - Primary school pupils (years R to 6 incl.)	NAV		NAV	▼	NAV	▲	NAV	▼	NAV	▲	NAV	▼
Eligible for free school meals - Secondary school pupils (yrs 7 to 11 incl.)	NAV		NAV	▼	NAV	▲	NAV	▼	NAV	▲	NAV	▼
Living in income deprived households - Children aged 0-15 years	NAV	▲	NAV	▼	NAV	▲	NAV	▼	NAV	▲	NAV	▼
Education												
Achievement at Early Years Foundation Stage	↑		↑		↑			▲	↑	▼		
Attainment of 5+ GCSEs A*-C [including English and Maths]... Males						▼		▲				
Attainment of 5+ GCSEs A*-C [including English and Maths]... Females								▲				
Family and community												
Agree that people from different backgrounds get on well together in local area	NAV		NAV		NAV		NAV		NAV		NAV	
Sometimes or never get on well with family					↓				↓		↓	

↑	↓	Significantly worse (higher or lower) than this locality in 2009	NAV	Not available
↑	↓	Significantly better (higher or lower) than this locality in 2009	C	Change
▲	▼	Significantly worse (higher or lower) in this locality than Kirklees overall	D	Difference
▲	▼	Significantly better (higher or lower) in this locality than Kirklees overall		<i>Significant differences/ changes were identified by comparing the 95% confidence intervals of the two rates. Where these do not overlap, we can be confident that the difference is not due to chance.</i>



Population

Kirklees comprises a mix of urban communities and rural areas. The resident population of Kirklees was 430,197 in July 2010, from GP registrations. Kirklees has more younger people than England and Wales (21% aged 0-15 years compared to 18%). Nearly 1 in 4 of the Kirklees population was aged less than 19 years (101,505).

Births, fertility and premature deaths

The number of live births in Kirklees in 2010 was 5,805. This increased by 7% from 2007, especially in Huddersfield and Spennings Valley. In Dewsbury, over half of live births (52%) were to women of south Asian origin and just under half (47%) of babies in Batley were of south Asian origin, but in other areas of Kirklees it was much lower. The general fertility rate* in Kirklees was 65.2. The Kirklees rate continued to be slightly higher than the national rate of 63.7 and was much higher in Batley and Dewsbury at 79.1 and 78.7 respectively.

Infant deaths in Kirklees remained higher than the national rate in 2010 at 6.0 deaths per 1,000 live births, compared to 4.8 nationally. Batley and Dewsbury remained at nearly twice the national rate, 8.7 and 8.9 respectively.

*NB: The general fertility rate is the ratio of live births in an area to the childbearing population of that area expressed as a rate per 1,000 women aged 15-44 years per year.

Life expectancy

Life expectancy at birth in Kirklees continued to increase but remained below the national average, significantly so for women. Male life expectancy at birth in Kirklees in 2008 was 77.3 years and female life expectancy was 80.9 years, compared to 77.9 years and 82 years nationally. Life expectancy in Dewsbury was significantly below the national rate for men and women, 75.4 years and 79.8 years respectively. For women in Batley and Spennings Valley life expectancy was also significantly below the national rate, both 80.2 years. Men and women in Dewsbury can expect to live 5 years and 3.6 years respectively less than men and women in the Holme Valley.

Health status

The health of people in Kirklees is generally worse than the national average. Nine out of 10 14 year olds felt their health was good to excellent, varying from Spennings Valley (89%) to Denby Dale & Kirkburton (93%). One in 8 14 year olds (12%) felt that a health problem or disability affected their everyday life.

Vulnerable groups

Disabled children

Disabled children and their families face a unique and often challenging set of circumstances that demand a unique and sometimes specialised response from both the universal and targeted services that support them.

21 in 1,000 children have moderate learning disability, 3.5 in 1,000 have severe disability and 1 in 1,000 have profound and multiple disability. Cerebral palsy is the most common source of long term physical disability in children, and occurs in 2 in 1,000 live births.

Locally:

- Males aged under 19 are far more likely than females to have special educational needs (SEN), 23% vs. 16%*.
- Children living in the more deprived areas of Kirklees were two to three times more likely to have SEN.
- 1 in 8 (12%) 14 year olds felt their everyday life was affected by a health problem and/or disability, especially in The Valleys, 1 in 6 (16%).

As well as their physical and/or learning disability, disabled children are at increased risk of experiencing further health inequalities, such as:

- Health problems associated with specific genetic and biological causes.
- Communication difficulties and reduced health literacy.
- Personal health risks and behaviours such as poor diet and lack of physical activity.
- Difficulties in accessing healthcare and other service provision and opportunities.

It is difficult to determine the scale and scope of disability and identify needs due to a lack of data at both national and local level about the numbers of disabled children, their needs and their use of local services.

This is compounded by the absence of a consistent and universally applied definition of disability. The needs of disabled children, young people and their families are unique to them, often complex, and change over time. The challenge is to understand these needs and develop a system around them that is flexible enough to meet the needs of the person and their families.

*SEN cover disability arising from cognition and learning needs (e.g. dyslexia, severe learning difficulty), behaviour, emotional and social development (e.g. attention deficit hyperactivity disorder, Tourette's), communication and interaction (e.g. autistic spectrum disorder) and sensory or physical needs (e.g. visual or hearing impairment and physical disability). It can be used as a proxy for understanding the level of disability.

Looked after children (LAC)

Children and young people come into care for a variety of reasons including physical harm, neglect, sexual abuse, parental alcohol and drug misuse and issues regarding a parent's mental health or learning disability which prevents them from providing 'good enough' care to their child. LAC are more likely to come from families on low incomes, to be living in poor housing, have limited support networks, and to witness or experience domestic violence.

Locally:

- The LAC population within Kirklees rose by two thirds since 2006, especially in 1-10 year olds and in 16-17 year olds.
- In 2006, 4 in 5 (80%) of the 334 LAC were white. By 2010 the total number of LAC rose to 563 but the proportion of white children reduced to 2 in 3 (64%).
- Social care referrals rose by 20% and care proceedings rose by 46% in the same period.

There are a number of reasons for this significant growth.

One factor was the heightened public awareness, generated in part by the national media attention on high profile cases (such as the Baby Peter case in Haringey, and the Matthews case in Kirklees). Another factor was the significant investment into Sure Start Children's Centres within Kirklees which increased the contact of staff with young children. This led to an increase in the number of referrals to social care.

This growth created an increased demand on Kirklees Council's role as corporate parent to looked after children. Corporate parenting is a term used to describe the legal duties of the council for the care of children and young people it looks after, when it is deemed that, for a wide range of reasons, they cannot be cared for within their own family network.

Issues for local partnerships in Kirklees include:

- Low educational attainment of LAC within Kirklees.
- Choice of local and suitable placements for LAC is limited.
- Limited therapeutic intervention available in a timely manner to meet the emotional needs of LAC and to address the trauma experienced when adoptive placements break down.
- Limited accommodation options for post-16s within Kirklees.
- Care leavers are over-represented in the Not in Education, Employment or Training (NEET) group, having less access and/or take-up of educational, training and employment opportunities, affected further by the recession in terms of the availability of jobs.

Not in Education, Employment or Training (NEET)

Engagement in learning and educational attainment is critical if young people are to make a success of their lives. Being NEET is an enormous waste of a young person's potential and contribution to their community and to the economy. Evidence shows that spending time NEET is a major predictor of later unemployment, low income, depression and poor mental health.

Locally:

- Low educational attainment is closely associated with young people becoming NEET. Typically, around 80% of those NEET had not achieved a level 2 qualification (5 A*-C GCSE or equivalent). About 70% of those NEET were below level 1 (GCSE grades D-G and equivalent).
- The numbers of young people being NEET remained steady for several years at just below 1 in 10 (9.4%) 16-18 year olds. This is the second highest in the Yorkshire and the Humber Region - and represents around 1,250 young people.
- Young people who were NEET were predominantly white.
- There were a number of NEET hotspots (Dalton, Rawthorpe, Kirkheaton, Thornhill, Savile Town, Chickenley, Earlsheaton, Ravensthorpe, Dewsbury Moor, Batley) accounting for more than half of all those young people who were NEET.

Young people outside formal education and training often have health and other personal issues to deal with and becoming NEET is a consequence of other factors. NEET young people are more likely to have experienced educational exclusion, poor school attendance, an alternative curriculum education, home/care issues, being a teenage parent or pregnant, being a young offender, misused alcohol or drugs, and be looked after or a care leaver.

The economic climate and government education and welfare policy changes are likely to impact on the NEET agenda. In particular, raising the participation age (RPA) to 17 years of age in 2013 and 18 years of age in 2015 may reduce the number of NEET young people, but the withdrawal of the Education Maintenance Allowance (EMA) may make it more difficult for young people from poorer families to participate in learning.



Safeguarding

Children have the right to be protected from being hurt and mistreated, physically or mentally. A Child Protection Plan (CPP) is the activity undertaken by professionals to protect a child who is at risk of significant harm. There was a steady increase in the number of children with a CPP, and the Kirklees rate (2.9 per 1,000 children in 2009) was above the national rate (2.7 per 1,000 in 2007). This could reflect changes in practice and more awareness amongst staff, rather than an underlying increase in child protection cases.

Batley, Birstall & Birkenshaw (4.9 per 1,000) and south Huddersfield (4.6 per 1,000) had the highest rates of children with a CPP.

Locally:

Neglect was the main reason for a CPP. Neglect happens when a parent or carer fails to provide basic essential care of a child, such as ensuring adequate food, housing, clothes, medical care or necessary supervision to protect children from physical harm or danger. It also includes failure to ensure access to education or failure to look after a child because the carer is under the influence of alcohol or drugs, may have some mental health issues or are subject to domestic abuse that can affect their ability to care for their child.

Any domestic abuse incidents where children are present are notified to Children's Social Care for assessment. Prolonged or regular exposure to domestic violence and abuse can have a serious impact on a child's development and emotional wellbeing. From June 2009 to February 2010 there were 2,348 domestic violence incidents reported to Kirklees Children's Social Care.

Young carers

A carer of any age spends a significant proportion of their life providing unpaid support to family or friends. This could be caring for a relative, partner or friend who is ill, frail, disabled, has mental health or alcohol or drug misuse problems. Full time caring can lead to the breakdown of social networks and isolation.

In Kirklees in 2009, 1 in 7 (14%) 14 year olds was a carer for a parent, sibling or other relative. This was highest in Dewsbury, 1 in 5 (22%). Such carers were more likely to be unhappy at school, have sleep problems and experience bullying when compared to their non-carer peers. This can lead to a young carer experiencing poorer life outcomes such as poorer educational attainment, being isolated from others their age, lack of time for play and feelings of a general lack of recognition for their situation.

Conditions

Asthma

Nearly 1 in 5 (18%) 14 year olds had asthma in Kirklees in 2009, higher than nationally (1 in 11). The cause of asthma is multi-factorial and exposure to a number of the risk factors happens in early life. Smoking during pregnancy and having a low birth weight increases the risk of developing asthma in childhood by four to six times. Children whose parents smoke are 50% more likely to develop asthma.

In Kirklees in 2009, Birstall & Birkenshaw had the highest reported rate of asthma in 14 year olds.

Diabetes

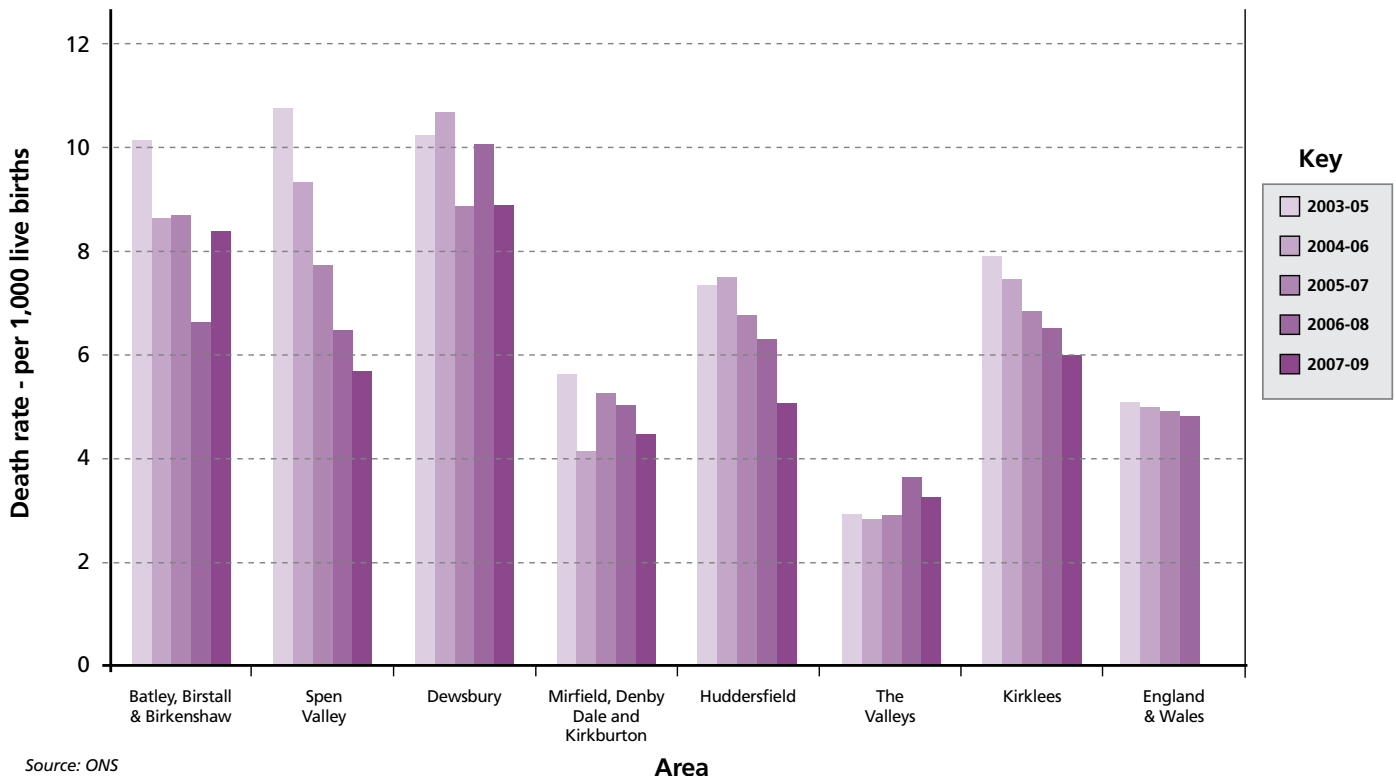
There were 185 children and young people in Kirklees known by their GP to have diabetes, i.e. 1.8 cases per 1,000 children under 18 years in 2010. This is lower than the national rate of 2.1 per 1,000. Most children and young people (97%) are likely to have Type I diabetes. The cause of Type I is unknown and there is nothing that can be done to prevent it. The remaining children (3% - only 7 children) had Type II diabetes, although this is rising. Childhood Type II diabetes was non-existent in Kirklees 10 years ago. It is directly linked to the type of food eaten and to increasing obesity levels. Children of south Asian origin are 13 times more likely to have diabetes than white children. Places with higher than average south Asian populations such as Dewsbury and north Huddersfield and those with increased rates of overweight and obese children (Spenn Valley, The Valleys, south Huddersfield) are at risk of higher levels of diabetes, and this is linked to their diet.

Infants dying before their first birthday

Infant deaths are tragedies!

The number of such deaths has been unacceptably high in recent years in north Kirklees, but thankfully are reducing. In 2008 the factors causing these high rates were examined in north Kirklees for deaths between 2002-06. In 2010, a further study for infant deaths across the whole of Kirklees between 2002-08 was undertaken. A number of factors were identified in the earlier report for specific action. These were reinforced by the 2010 review, which also confirmed such factors being higher in north Kirklees.

Deaths of infants aged under one year for localities, Kirklees and England and Wales 2003-2009



Source: ONS

Obesity

In 2008/09 1 in 11 (9%) 4-5 year olds and 1 in 6 (16%, a slight fall since the last report) 10-11 year olds living in Kirklees were obese and a further 1 in 8 (12%) 4-5 year olds and 1 in 7 (14%) 10-11 year olds were overweight. Eleven year olds were nearly twice as likely as five year olds to be obese. Spen has the highest rate of obesity amongst both age groups. This was even greater in south Huddersfield where nearly 1 in 12 (8%) children aged 4-5 years were obese compared with just under 1 in 5 (18%) aged 10-11 years. So far more children become obese as they grow older.



Having undertaken considerable consultation with local mothers, the Infant Death programme is tackling the key factors of early antenatal booking, supporting women who find engaging with antenatal care difficult, addressing poor health behaviours of women of childbearing age and improving genetic awareness amongst the Pakistani populations, as well as a range of other issues. This work must continue and involve local women in both identifying issues and possible solutions.

Of the 270 Kirklees infant deaths between 2002-08:

- 61% were in north Kirklees, 3% had a mother aged under 18 years and 58% were male.
- Nearly half (47%) of the deaths were white babies with 38% of Pakistani origin, especially in north Kirklees. Only 1 in 3 births (31%) were to women of south Asian origin, so proportionately more deaths occurred in the Pakistani origin babies.
- Overall, more than half (55%) were born prematurely, before 37 weeks gestation. This was especially so for white babies in north Kirklees (65%). Prematurity is associated with low birth weight. Of all the low birth weight babies, over 9 in 10 (91%) were premature.
- Prematurity and congenital abnormalities were the main causes of death, accounting for 73% of deaths. Given the level of prematurity in white babies, it is not surprising that this was their main cause (43%), followed by congenital abnormality (25%). Conversely, congenital abnormalities were the main cause for Pakistani origin babies (52%) followed by prematurity (25%).
- Most infant deaths occurred in the first 28 days (70%). Nearly half (48%) lived less than one week and almost 1 in 3 (31%) lived less than 24 hours.
- The smoking rate in those with an infant death was 55% for white north Kirklees women. No Pakistani origin women admitted to smoking. 1 in 4 of all mothers in Kirklees smoked when they first accessed maternity care early in their pregnancy. Smoking during pregnancy is a major cause of low birth weight. Nearly 1 in 8 full term babies (12%) were of low birth weight.
- 11% of mothers drank alcohol when accessing maternity services early in their pregnancy. This was especially true of white mothers (23%).
- Nearly half (48%) of mothers were at least overweight (BMI greater than 25), especially Pakistani origin mothers (60%). Obesity was worse in north Kirklees with nearly 1 in 4 (23%) mothers obese (BMI greater than 30). There were more Pakistani (32%) than white (17%) mothers who were classified 'obese'.
- Being obese increases the risk of diabetes. About 1 in 12 (8%) mothers were recorded as having a form of diabetes (Type 1, 2 or gestational), especially Pakistani origin mothers.
- Overall there was a very high uptake (over 90%) of antenatal non-genetic and infectious disease screening. Total genetic screening uptake was over 2 in 3, with a rate of over 90% in the Pakistani population.

Behaviours

The development of attitudes and understanding about health and risk is largely influenced by aspects of an individual's social environment. Young people in Kirklees receive a range of messages from their families, schools, communities, peers and the media that form their perspectives about their lives and the actions they take, including actions that impact upon their health.

Health behaviours reflect how children and young people interpret attitudes and behaviours of others, especially parents and peers. Such interpretation is affected by the strength of their self esteem and sense of personal control as the individual learns to adapt, cope and develop. Such self esteem and resilience impacts directly on their relationships and achievements.

Children are adversely affected by parental behaviour such as drug and alcohol misuse (with its link to domestic abuse) as well as parental mental illness and learning disability, all of which can impact on the care and attention children and young people receive.

Maternal behaviours especially, such as alcohol consumption, diet, physical activity and particularly smoking in pregnancy profoundly affect the health of an unborn child. The highest rates of smoking, alcohol consumption and being overweight or obese in women of childbearing age were in north Kirklees and north Huddersfield in 2008. Obesity in pregnancy is associated with an increased risk of complications for both mother and baby. Nationally, 27% of maternal deaths were in obese women and 52% in overweight or obese women. Local insight from women of childbearing age in north Kirklees concluded that awareness of the nutrients needed during pregnancy was very limited.



Alcohol

An alcohol free childhood is the healthiest option. If children and young people do drink alcohol it should be in moderation and always under parental guidance or supervision. Alcohol drinking during any stage of childhood can have a harmful effect on a child's development. Alcohol use during the teenage years is associated with a wide range of health and social problems and young people who begin drinking before the age of 15 are more likely to experience problems related to their alcohol use. Although in Kirklees the age at which 14 year olds had their first drink increased to 11.5 years, this is still worryingly young. Parental alcohol misuse has a profound effect on families and the drinking behaviour of parents, carers and other family members is a strong influence on children's own alcohol use.

Locally, offending behaviour, including domestic violence, is strongly linked with alcohol misuse. There is a significant impact of parental alcohol misuse in child protection work and in care proceedings.

Locally in 2009:

- 66% of 14 year olds had tried alcohol, significantly fewer than in 2007 (72%) and 2005 (84%). Those having their first drink under 10 years of age continued to fall, although significantly more reported having been drunk (51% in 2009 compared with 40% in 2007).
- One in 8 drank alone, less than 1 in 6 in 2007.
- Slightly more girls than boys had tried alcohol and more girls had been drunk. Of those 14 year olds who drank, fewer were drunk monthly or more (13% versus 15% in 2007). Batley had the highest rates of 14 year olds drinking at least weekly (27%) and being drunk monthly or more (22%), especially girls.

So alcohol experimentation dropped markedly in 14 year olds but the risks associated with getting really drunk still need promoting.

Breastfeeding

Breastfeeding, especially over the first six months of life, makes a major contribution to an infant's development, including promoting emotional attachment between mother and baby so reducing the risk of neglect and harm. It reduces the risk of diabetes, obesity, respiratory illnesses and some infections, both in early and later life. For the mother, the benefits of breastfeeding include reductions in the likelihood of pre-menopausal breast cancer, ovarian cancer, osteoporosis and rheumatoid arthritis. The proportion of mothers breastfeeding in England remains amongst the lowest in Europe.

Breast feeding at 6-8 weeks in October to December 2010 was 46% in south Kirklees and 35% in north Kirklees, 41% overall. Nationally in 2009/2010, 45% of babies were breastfed at 6-8 weeks. Mothers who had left full time education at age 16 or younger were least likely to have breastfed (59%) at delivery.

Drug misuse

Drug misuse amongst young people is always a concern. In Kirklees, 14 year olds who had ever tried illegal drugs had dropped by 5% since 2007 to 12% in 2009. Of those who had ever tried drugs, only 1 in 3 used drugs monthly or more, i.e. 4% of all 14 year olds. Cannabis remained the most popular drug, used by 11% of 14 year olds in 2009, similar to 2007.

Around 3% of 14 year olds who reported using cannabis, cocaine or ecstasy monthly or more, also drank alcohol monthly or more. Patterns of drug and alcohol use by these 14 year olds in Kirklees matched national trends. So those more likely to use drugs and alcohol include looked after children, young offenders, truants, homeless young people and young people who are NEET.

Parents' drug misuse impacts on their children. Locally, 18% of 14 year olds' families or close friends used drugs. Drug misuse is often inter-generational and can be associated with factors such as deprivation. Nationally, there are significant links with child protection where 1 in 3 child protection plans and 62% of care proceedings were alcohol or drug misuse related.

The Valleys had the highest rate of 14 year olds using drugs at least monthly - 5%, versus a Kirklees overall rate of under 4%. These rates represent relatively low actual numbers of young people.

Food

To be healthy, children and young people need to eat well and to be physically active daily.

Poor oral health is a good indicator of poor nutrition and illustrates the influence of parents on the diet of young children. In Kirklees, the average number of decayed, missing or filled (DMF) teeth in five year olds in 2006 was well above the national average (2.3 versus 1.5), varying from 0.6 in Colne Valley to 3.8 in Batley.

The eating behaviours of young people locally did not deteriorate significantly from 2007 but remain of concern. In 2009 just over 1 in 5 (22%) 14 year olds rarely ate breakfast, which has a significant impact on concentration and thus educational attainment.

Nearly half (48%) of 14 year olds in Batley and Dewsbury ate five or more portions of fruit and vegetables a day compared to just over 2 in 3 (69%) in Holme Valley. This is not a very reliable indication of actual consumption of fruit and vegetables as it is self reported. Eating habits established in childhood and adolescence tend to continue into adulthood and consequently impact on adult health.

Physical activity

While the immediate benefits of physical activity are the most motivating for young people, the lasting effects of being fit are even more important and can have a positive impact on self-esteem and contribute to the development of a healthy body image. Activity and participation in sports can help children socially, introducing them to new children and providing many opportunities for involved play.

Locally, in 2009:

- Only 66% of 14 year olds did the recommended amount of physical activity, i.e. 60 minutes each day. 1 in 8 (13%) 14 year olds in Kirklees were sedentary, i.e. did less than 30 minutes activity each day.
- Girls spent less time in non-school organised activity, with 1 in 3 (33%) taking part for 60 minutes or more compared to 1 in 2 (45%) boys.
- South Asian 14 year olds spent less time in non-school organised activity, with only 1 in 3 (35%) taking part for 60 minutes or more compared with 2 in 5 white (45%) and black (42%) 14 year olds.
- Batley (58%) had the least 14 year olds achieving the recommended physical activity levels compared to Mirfield with the highest (76%). 1 in 5 (19%) 14 year olds in Batley did less than 30 minutes of physical activity each day compared to 1 in 14 (7%) in Mirfield.





Sexual health and teenage pregnancy

In Kirklees in 2008, there were 372 conceptions by girls aged 15 to 17. This is similar to the regional rate but significantly higher than the national rate, and the national rate is falling much faster than locally. Most teenage pregnancies are unplanned and around half end in termination. There are a small number of young mothers for whom having a baby very young is a positive experience. For many others bringing up a child can be very difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and wellbeing and the likelihood of both the parent and child living in long term poverty.

Factors affecting increased risk of teenage conceptions include:

- Low educational attainment.
- Dislike of school and poor attendance.
- Alcohol or drug misuse.
- Contact with the police.
- Poor emotional and psychological health.
- Living in and leaving care.

Locally:

- The localities in Kirklees with the greatest teenage pregnancy rates among 15-17 year olds were Huddersfield, Spen Valley and Batley, Birstall & Birkenshaw (55, 47 and 49 conceptions respectively per 1,000). Girls are three times more likely to become pregnant if they start having sex under 16.
- 1 in 8 (13%) 14 year olds had experienced sexual intercourse, significantly less than 17% in 2007. Four in 5 used contraception. Condom use dropped to 2 in 3, with 1 in 4 in Dewsbury never using one, yet 4 in 5 always did so in Birstall & Birkenshaw and Colne Valley.
- The age group most affected by sexually transmitted infections (STIs) continued to be 15-24 year olds. More than half of all STIs diagnosed in the UK are in people in this age group, even though they account for just 12% of the population. All STIs are increasing, especially HIV.

Smoking

The reasons why young people begin smoking are complex. Children are most likely to become smokers if they use alcohol or drugs, are disengaged from education, have poor educational outcomes or have mental or emotional problems. There is a strong association with living with peers or family who smoke. Just under half of local 14 year olds who smoked lived with a smoker in 2009 (42%), similar to 2007 (46%).

Locally:

in 2009 14 year olds:

- Had tried smoking far less (33%) than 2005 (47%) and 2007 (44%). Girls were more likely to have tried smoking than boys at this age (36% compared to 31%).
- Of these far less currently smoked (10%) than in 2007 (18%). Slightly more girls currently smoked than boys.
- Once smoking, motivation to stop dropped markedly. One in 4 (25%) 14 year old smokers were happy to continue smoking, compared to 9% in 2007. Of those wishing to stop, only 1 in 10 (11%) wanted support to quit, although this was more than in 2007 (4%).
- In Dewsbury, 2 in 5 (39%) of 14 year olds had tried smoking, significantly higher than all other localities. Significantly more 14 year olds smoked weekly or more in Dewsbury (13%) and Batley (11%). The lowest smoking rates were in Denby Dale & Kirkburton (4%).

So overall, less 14 year olds smoked in 2009, but once smoking, far fewer wanted to give up than in 2007.

Second hand smoke is a major risk to the health of non-smokers, especially children. Family and household smoking (especially mothers' smoking) increases the risk of Sudden Infant Death, lower respiratory tract infections, middle ear infections, wheeze asthma and meningitis in children.

Smoking in pregnancy increases the risk of having a baby at full term with a low birth weight by 3.5 times. Having a low birth weight increases the risk of ill health and death in an infant. Just over 10% (1 in 9) of non-south Asian pregnant women smoked during pregnancy in 2009/10 and there were wide variations across localities (7%-33%), with Dewsbury and Batley having the highest rates.

Family, social and community networks, safety

Family, social and community networks

Formal and informal networks are central to the concept of social capital. They are defined as the personal relationships that are accumulated when people interact with each other in families, workplaces, neighbourhoods, local associations and a range of informal and formal meeting places. Social capital is the resources available through the strength of relationships with family and friends as well as through participation in wider social groups and activities in the community.

Locally:

- Only 1 in 3 (38%) 18-24 year olds felt they belonged to their neighbourhood.
- 28% of 14 year olds had done something else to help a neighbour or someone else in the local area. More 14 year olds helped an elderly or disabled person (28%) than helping to care for a relative who is disabled or sick (22%). Young people aged 18-24 were less likely to volunteer regularly (22%) compared to 26% in all other age groups.
- 14% of young people aged 18-24 felt lonely or isolated all or most of the time compared with 5% of those aged 75 or over.
- Only 1 in 3 (38%) of 18-24 year olds felt they belonged to their neighbourhood, compared with 3 out of 4 (75%) people aged 65 and over.
- Half (51%) of 14 year olds felt that people from different backgrounds got on well together in their local area. There was a clear north/south divide, 58% of 14 year olds believed this across south Kirklees and 48% in north Kirklees. This was so for people of different ages getting on well together, with 8 out of 10 (84%) 14 year olds believing this across the district.

Psychological wellbeing

Psychological wellbeing and mental health depends both on environmental factors and the emotional resilience built up throughout the early years of life and into adulthood. Half of those with lifetime mental health problems first experience symptoms by the age of 14 and three-quarters before their mid-20s.

A wide range of factors affect psychological wellbeing including:

- Alcohol or drug misuse.
- Deprivation.
- Low educational attainment.
- Deficit of parental and social support.
- Family breakdown, domestic violence, parental alcohol or drug abuse, parental abuse and neglect.
- Civic participation.
- Beliefs.

Poor mental health in childhood affects educational attainment, social skills and physical health. It also increases the likelihood of smoking, alcohol and drug use.

Locally:

In 2009 14 year olds:

- Were more likely than in 2007 to have problems sleeping due to worry (17% in 2009 versus 12% in 2007). This was highest in Holme Valley (21%).
- Were as likely to feel lonely (11%), not get on with school staff (35%), feel happy at school (34%), feel unhappy with themselves as a person (26%) or have no-one to talk to about problems (21%).
- Were less likely to be subject to mood swings (21% versus 23%), feel miserable (21% versus 23%) or angry (29% versus 34%).
- Fewer were bullied (40% versus 47%), but of those the frequency of bullying had increased from 14% to 20%.

Fourteen year olds in Birstall & Birkenshaw were most likely to not be getting on with school staff (45%) and not happy with themselves as a person (31%), but the actual numbers are small.

Problems with psychological wellbeing and mental health were largely consistent with 2005 and 2007, with some areas of concern. Poor relationships (particularly at school), regular bullying, anxiety and worry, feeling miserable or angry and having mood swings were all reported by 14 year olds ranging from 1 in 5 (low/swinging moods) to 1 in 3 (not getting on with school staff).



Safety - accidents and unintentional injury

Accidental injury is one of the biggest single causes of death for children aged 1-15 years and is closely linked to deprivation. Home remains the most common site for accidents, particularly for young children. From the age of about seven, children become more likely to be injured when out and about than at home - reflecting where they spend the majority of their leisure time.

Accidents in the home include burns or scalds, with hot drinks being the most frequent cause of injuries. House fires cause the most accidental deaths of children in the home, as a result of smoke inhalation. In 2009, there were 262 dwelling fires with three deaths in Kirklees.



Children living in the most deprived areas are more likely to die of an accident:

- Those in the 10% most deprived areas of the UK are five times as likely to die as a pedestrian than other children, partly because they have fewer safe places to play and may walk more as their parents do not own a car.
- Children of parents who have never worked, or who have been unemployed for a long time, are 13 times more likely to die from accidents than children of parents in higher managerial and professional occupations.

Locally:

- In 2009, 166 children aged 5-15 were injured on the roads in Kirklees. One in 3 of all people killed and seriously injured were aged under 19.
- In the past 3 years there has been a 14% increase in the number of children aged 0-4 injured on the roads in Kirklees. Slightly more of those aged under five were killed or seriously injured in 2009 than in 2007, but the numbers involved remain very low.
- Dewsbury, Mirfield and Batley, Birstall & Birkenshaw were in the top 20 post codes in West Yorkshire for young driver casualties and children being injured as pedestrians, car passengers and cyclists in 2008.

Nationally, alcohol related accidents (including drink driving) are the leading cause of death for 16-24 year olds, and young drivers aged 17-19 years are 10 times as likely to have a drink-drive crash compared to drivers of all ages. During 2009, 16-29 year olds accounted for 39% of all casualties on the roads in Kirklees, despite making up only 19% of the local population.

Wider factors

Housing

Decent housing is a pre-requisite for good health especially for children and young people. Children and young people in poor housing conditions are more likely to have mental health problems, to contract meningitis, have respiratory problems such as asthma, experience long term ill health and disability, experience slow physical growth and have delayed cognitive development. Poor housing conditions include homelessness, temporary accommodation, overcrowding, insecurity of tenure, and housing in poor physical condition.

In Kirklees in 2009, 1 in 6 (16%) of all homes in private ownership and private rent were in poor condition. Young people in Kirklees are particularly affected by a lack of suitable, secure housing. This includes a lack of hostel accommodation. Those aged under 25 years accounted for almost 30% of housing register applications in 2009 and were the largest single group.

Income and deprivation

Deprivation is directly linked to length of expected life and the length of 'disability free' life. In 2010, the gap in life expectancy between low and high income areas was 5 years for men and, for disability-free life expectancy, the gap was 13 years.

Kirklees is identified using the Index of Deprivation (ID) 2007 as one of the 50 most deprived districts in England in terms of income. Income deprivation is measured because of its impact on people, especially children and young people. 25% of children aged 0-15 (20,486 children) were identified as living in the 20% most deprived areas.

In 2009, 1 in 4 (24%) children aged 0-15 (18,967 children) were income deprived in Kirklees (living in a household receiving a low income related benefit). Dewsbury (34% - 4,655 children) and Huddersfield (30% - 7,199 children) had the highest rates of income deprived children aged 0-15.

Learning

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

Educational attainment at both Foundation Stage and GCSE level continued to improve in Kirklees. In 2010 there was a large gap between the best and worst performing localities percentage points, at age 5 and age 16, when 64% of young people in Mirfield, Denby Dale & Kirkburton achieved 5+ GCSEs grades A*-C including English and Mathematics, but only 45% in Dewsbury. Both of these had reduced from 2009. Across Kirklees, a complex pattern exists of inequalities between different ethnic groups, different communities and different schools. Girls' attainment is higher than boys throughout all stages of formal education, and the gap is widening.

In the Early Years Foundation Stage in 2010 nearly 2 in 3 (62%) pupils achieved the expected standard, compared to 56% nationally, building on good improvements in the past four years across all localities. Attainment was lowest in south Huddersfield (52%), Batley, Birstall & Birkenshaw (58%), Dewsbury (60%) and Spen Valley (61%) although all had improved since 2009. It was highest in the Mirfield, Denby Dale & Kirkburton locality (76%). The attainment of boys was consistently much lower than that of girls over this period.

At the Early Years Foundation Stage, pupils of Asian Pakistani heritage were the lowest performing group with just over half (54%) achieving the expected level compared with 2 in 3 (66%) white pupils. By the end of secondary school, trends were improving at 5+ A*-C, including English and Mathematics, for this group, with 47% attainment, but they remained lower than nationally for Asian Pakistani heritage pupils (49%) and lower than the average for all pupils.

At Key Stage 4 in 2010 more than half (53%) of all pupils achieved 5+ GCSEs grades A*-C including English and Mathematics and there had been an increase in each of the last four years. The attainment of girls was 58%, higher than that of boys by 10% and this gap had increased from 5% in 2008.

In every locality fewer boys than girls achieved 5+ GCSEs grades A*-C including English and Mathematics, the lowest rate for boys was 36% in the Colne Valley, which was lower than 2009, and contrasted with 69% for girls in the Holme Valley.

Less than half of all pupils in Dewsbury (45%, improved from 37% in 2009) and south Huddersfield (46%, up from 44%) achieved 5+ GCSEs grades A*-C including English and Mathematics, compared to 2 in 3 (66%, unchanged from 2009) in the Holme Valley.

Less than half (47%) of all Asian Pakistani heritage pupils achieved 5+ A*-C, including English and Mathematics. There was wide variation across Kirklees from 39% in Batley to 63% in north Huddersfield. The largest improvement was amongst Asian Pakistani heritage pupils from Dewsbury, from 27% in 2009 to 45% in 2010.

Attainment at A level or equivalent continued to improve and was above the national average.

Levels of persistent absence (pupils with 80% or less attendance) from school and provision of alternative full time education for pupils who are excluded continued to fall.

As noted above educational attainment of looked after children is a major cause for concern as it is well below the national average for that group. Only 31% achieved 5+ A*-C GCSEs including English and Mathematics compared with 53% of all pupils in Kirklees.

Physical environment and climate change

The world's climate is changing as a result of increased carbon dioxide in the atmosphere and will impact on the health and wellbeing of people in Kirklees. There are particular risks to the health of vulnerable people, for example older people, people in poor housing conditions, people with long term health conditions and infants. These risks include heat stroke, hypothermia, musculoskeletal problems and respiratory infections.

More than 1 in 4 households in central Huddersfield and Dewsbury experienced fuel poverty in 2010. The majority of journeys were by private car and whilst there was some evidence of increased public transport use, the over reliance on the car still represents a major threat to climate change and a range of health and wellbeing issues, especially obesity and accidents, which are issues particularly affecting children and young people.

Actions such as sustainable local communities, active transport, sustainable food production, and zero carbon houses will have health benefits across society and, in particular, impact on children and young people's health and wellbeing now and in the future.



Transport and access to services

The level of traffic is increasing. Traffic flows in Huddersfield increased by more than 8% between 1999 and 2009. People are still over reliant on the car - nearly 1 in 3 journeys were by private car, and while rail use grew, bus use fell in the same period.

This over-reliance on the car is one of the most significant causes of increasingly sedentary lifestyles, impacting on children and young people.

Lack of affordable and appropriate transport is a barrier to education and work. Nearly half of young people had difficulty with the cost of transport to access education. Of all 16-24 year olds, 6% turned down training or further education opportunities because of problems with transport and 1 in 4 had not applied for a particular job because of transport problems.

Children and young people living in deprived communities were more likely to be pedestrians or cyclists and more likely to be involved in traffic accidents (see 'safety - accidents and unintentional injuries'). Children from the lowest social classes were five times more likely to die in road accidents than those from the highest social class. More than a quarter of child pedestrian casualties happened in the most deprived 10% of wards.

Accessibility planning for particular groups such as children and young people is essential to address specific transport barriers.

Work

Kirklees was identified in the Index of Deprivation (ID) 2007 as one of the 50 most deprived local authorities in England in terms of employment.

There were fewer jobs for young people. The number of unemployed 18-24 year olds increased by 2,000 between April 2008 and February 2010. 61% of employers in Kirklees did not employ any workers aged under 25. The impact on young people of unemployment and a low likelihood of finding a job is far more significant than for older people, and could have a serious impact on their mental and physical health (see also NEET section for impact on 16-17 year olds).

Young adults are at particular risk of homelessness as levels of unemployment increase along with limited suitable affordable accommodation and difficulties in accessing credit.

Children's Trust priorities

The Kirklees Children's Trust reviewed the partnership priorities for the Children and Young People's Plan 2011-12, informed by the JSNA and other sources. The Children's Trust identified and agreed the following priorities:

1. **Improving life chances and outcomes for the following vulnerable groups of children and young people:**
 - Looked after children and care leavers.
 - Teenage parents and those at risk of teenage conceptions.
 - Women of childbearing age at risk of infant mortality.
 - Disabled children.
2. **Developing an integrated approach to working with families with complex needs in Dewsbury.**

The Children's Trust has also agreed to areas of partnership work for children and young people that will always be central to activities and service delivery.

These form the core business of partners and include:

- Educational attainment.
- Targeted early years attainment.
- Safeguarding vulnerable children and young people.
- Universal health service provision.
- Targeted health service provision.
- Crime prevention and offender management.

