

# LEEDS CHILDREN AND FAMILIES HEALTH NEEDS ASSESSMENT 2022



## EXECUTIVE SUMMARY

## Executive Summary

Leeds has an ambition to be the best city for children and young people to grow up in<sup>1</sup>. To achieve this Leeds aims to be a child friendly city that provides the best start in life<sup>2</sup>. There are a number of strategies in Leeds that help the city achieve these goals including the [Best City Ambition](#), which has a key focus on children as well as improving the health of the poorest the fastest.

The aim of this Health Needs Assessment (HNA) is to provide a wide range of data that partners can use to build on when they are developing and leading other more focused and specific pieces of work. This HNA therefore provides a snapshot of information that describes life for children and families in Leeds in 2022. It has been developed in partnership with colleagues from across the city and brings together existing knowledge and data from a national, regional and local level into a single document. The structure of the document follows the life course of children, while retaining focus on key determinants of child health and key health factors. Throughout this structure there is an emphasis on children's voices, as well as a focus on the assets present in Leeds.

Presented below are the headlines from each of the chapters. These headlines provide extracts of information, some difficult to interpret in isolation, it is therefore recommended these are read in conjunction with further reading of each of the chapters. References for all information can be sourced within the main chapter.

### [Children and Young People Population Summary](#)

- 194,280 children and young people aged 0-19 years in Leeds.
- 24% of the LSOAs in Leeds were in the 10% most deprived nationally, however 33% of Leeds school-aged pupils (43,210) children and young people live in the most 10% deprived areas.
- 30% of children are from Other White Background, Black African, Pakistani or British Pakistani, Indian or British Indian, Other Ethnic Background, Other Asian Background, Chinese, Other Black background, Mixed White and Black African, Other Mixed Background, Mixed White and Black Caribbean, Black Caribbean, Mixed White and Asian, Bangladeshi or British Bangladeshi, White Irish.
- 1,278 children looked after in Leeds.
- 4.5% of children under 18 have at least one long term condition.
- 13% of all pupils were reported as having Special Educational Needs support (2021).
- 19.8% of the Leeds population of 0-17-year-olds are estimated to live in households with **any one** of the 'toxic trio' (i.e., domestic violence or parental mental health or parental substance abuse).
- 1.2% (1,994 children) of the Leeds population of 0-17-year-olds estimated to live in households with **all three** of the 'toxic trio'.

### [Organisational assets in Leeds for Children](#)

- There are 219 primary schools, 41 secondary schools, 3 through schools, 2 infant schools, 2 junior schools, 1 14-19 provision (provision starting in Key stage 4), 11 Special schools and 2 alternative provisions.

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<sup>1</sup> [Leeds Children and Young Peoples Plan 2018-2023](#)

<sup>2</sup> [Child Friendly Leeds | Leeds for Learning](#)

- Ofsted judgements of schools demonstrate that the majority of schools in Leeds are judged either 'Good' (67%) or 'Outstanding' (16%). There were 11% of schools judged as 'Requires Improvement' and 6% 'Inadequate'.
- There are 28 colleges in Leeds.
- Leeds has four universities and one of the highest student populations in the UK with over around 70,000 students.

### What are children telling us?

- Supporting children and young people with their mental health is **the top issue from the last three years** – identified as the biggest issues in manifestos written by children and young people and also in the Make Your Mark Ballot where 5546 young people in Leeds aged 11-18 voted.
- The [2022 Child Friendly Leeds 12 Wishes](#) are developed from priorities identified from analysis of data collected from citywide elections, ballots, and consultation work over the last three years.
- The 12 wishes relate to: 1) mental health, 2) play, 3) having views heard, 4) being accepted, 5) protecting the environment, 6) travel, 7) better promotion of activities to do in the city, 8) reducing the impact of poverty, 9) getting support to make healthy decisions, 10) having learning settings to meet needs of children, 11) access to employment and training opportunities, 12) being an inclusive city for children with special educational needs and disabilities.

## Life course

### The First 1001 Days: Conception to age 2

- Pregnancy, birth and the first 2 years of a child's life - the first 1001 days - set the foundations for an individual's cognitive, emotional, and physical development.
- The infant mortality rate is used as a marker of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social, and environmental conditions.
  - The infant mortality rate for Leeds between 2019-21 was 5.0 per 1,000 live births, compared to a national rate of 3.6 deaths per 1,000 live births in England and Wales in 2020.

### Early Years (Age 2 to 5)

- Ages 2 to 5 years are a crucial period for children where they rapidly grow, learn and develop.
- Children growing up in Harehills (part of Gipton and Harehills Ward) have the poorest outcomes in Leeds in terms of communication and language at age 5 (27.1% not achieving expected speech and language outcomes compared to the Leeds average of 18.9% .).
- Notably these are also the areas with the lowest take-up of early education age 2. Research<sup>3</sup> demonstrates positive impacts of early education for this age group on social, cognitive and language development.

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<sup>3</sup> [About - PISA \(oecd.org\)](#), reference sourced from [Take-up of free early education entitlements \(publishing.service.gov.uk\)](#)

- In Leeds the average take-up of funded early education (FEE) is 67% compared to an England rate of 68%. The areas with the lowest take up are Harehills (26%), Shepherds Lane (49%) and Chapeltown (54%).

### Primary and Secondary Aged Children

- This is a wide age group in which children mature into young adults. It is during this time they learn skills that set the foundations of adult life.
- The issues facing children within these age groups are captured within other chapters of this document. In particular, the [education](#) and [key health factors](#) chapters.

### Transition to Adulthood

- The transition to adulthood is a period of change for young people in which they generally leave school and begin to experience independence. Young people who are in care and with long term health conditions experience disproportionate levels of challenge during the transition to adulthood.
- Leeds is a university city, and there is therefore a larger population of 17-24-year-olds compared to other areas.
- In March 2022 in Leeds 7.8% of all 19-year-olds were either “Not in Education or Training” or their status was ‘Not Known’. This compares to a national proportion of 5.5%.
- In 2019/20 51.1% of young people aged 19 in Leeds achieved Level 3 qualifications\*<sup>4</sup>. This compares 57.4% nationally.

## **Key Determinants of Child Health**

### Child Poverty

- “Child poverty is not inevitable. *In the past*, child poverty levels in the UK have been significantly lower than they are today and are currently lower in many comparable countries. Making sure every child gets a good start in life is the right thing to do and the smartest investment we can make as a country.” [Child Poverty Action Group, 2022](#)
- 24.6% of children in Leeds are living in living in families in relative low income (2020/21). This is a 7.9% increase in the percentage of children under 16, in relative low-income families between 2014/15 and 2020/21 (16.7%, 24.6%). The gap between the Leeds and England rate continues to widen from 1.5% in 2014/15 to 6.1% in 2020/21.
- The Leeds child population is growing faster in the localities considered most deprived. Between 2012 and 2018 the overall Leeds population grew by 4% and the child population (aged 0-17) grew by 7%. However, in the 10% most deprived areas the child population grew by 13%, and in the 3% most deprived it grew by 17%.

### Housing

- Where children live, the condition, location and stability of their accommodation has a wide-ranging impact on their early health and development<sup>5</sup>.

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\*<sup>4</sup> A full level 3 qualification is equivalent to an advanced technical certificate or diploma, or 2 A levels

<sup>5</sup>[Fuel poverty and human health: A review of recent evidence - ScienceDirect](#)

- In Leeds there are very few families classified as homeless due to being in temporary accommodation (15 families at time of writing - April 2022).
- According to [Leeds Housing Options](#):
  - 11,300 people living in families with dependent children are on the register seeking social housing.
  - 23% of **all** those on the social housing register have needs that have been assessed as urgent.

### Education

- Education is vital and there are direct links between education and health, with schools playing an important role in the wider safeguarding system for children.
- According to the 2020-21 Leeds My Health My School Survey 83% of primary pupils and 63% of secondary pupils agreed that their school was a caring place.
- The majority of schools in Leeds are judged by Ofsted as either 'Good' (67%) or 'Outstanding' (16%). There were 11% of schools judged as 'Requires Improvement' and 6% 'Inadequate'.
- 42% of Leeds pupils achieve a strong pass in English and Maths GCSE (grade five or higher) in 2019, very slightly higher than the 2018 figure. The national figure for 2019 was 43% (**Error! Reference source not found.**).

### Transport

- There are clear and established links between transport and children and young people's health<sup>6</sup>.
- Wish number 6 in the [Child Friendly Leeds 12 wishes](#) is that "children and young people can travel around the city safely and easily".
- An annual mode of transport to school survey is conducted in Leeds. Data from 2021-22 shows that for primary school children, walking is the most common mode of transport for primary (60.2%) and secondary (44.7%) school aged children. For those attending SEND schools, the school bus (51.1%) was the most common mode of transport followed by taxi (22.5%).

### Ethnicity and Racism

- Racism and discrimination have a direct impact on children and communities' wellbeing. This is a form of trauma which we know increases risk for poor health and drives, in part, the structural inequalities which are also risk factors for poor health (poverty, poor housing etc)<sup>7</sup>.
- Youthwatch produced a powerful [video](#) in 2020 describing children's experiences of being black in Leeds.
- In Leeds the school clusters with the highest proportion of Black and Ethnic Minority pupils are those with the highest levels of deprivation.

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<sup>6</sup> [Transport, health and wellbeing \(publishing.service.gov.uk\)](#)

<sup>7</sup> [How systemic racism affects young people in the UK | Barnardo's \(barnardos.org.uk\)](#)

## Play

- Play is a fundamental part of childhood which is essential for children's growth and development<sup>8,9</sup>.
- Nationally:
  - 92% of children experienced negative impacts on their play due to the pandemic.
  - 22% of children in most deprived neighbourhoods were unhappy with the choice of things to do in their area, compared to 15% of children in the least deprived neighbourhoods.
- In Leeds:
  - 76.5% of children rated their play experiences positively.
  - Children who were allowed to play independently reported greater satisfaction with their play experience.
  - 70% of children in Pupil Referral Units (PRUs) and 50% of children in Specialist Inclusive Learning Centres (SILCs) did not play outside at all.
  - 20% of children say they don't have enough friends to play with.

## Priority Groups

- According to estimated figures in 2019 produced by the Children's Commissioner, [19.8%](#) of the Leeds population of 0-17 year-olds live in households with **any** of the so called 'toxic trio' (domestic abuse or mental ill health or substance misuse).
  - This is 33,580 children and young people in Leeds.
- According to estimated figures in 2019 produced by the Children's Commissioner, [1.2%](#) of the Leeds population of 0-17 year-olds live in households with **all** of the so called 'toxic trio' (domestic abuse and mental ill health and substance misuse).
  - This is 1,994 children and young people in Leeds.
- Deprivation is a key factor for priority groups:
  - In March 2020 in Leeds 57.6% of children subject to a child protection plan lived in the most deprived 10% areas nationally (based on Index of Multiple deprivation).
  - The same pattern is seen in terms of the number of children looked after with 59% living in the most deprived decile.

## **Key Health Factors**

### Children's Healthy Weight

- In Leeds in 2021/22 9.9% of children in reception living with obesity.
  - This is below regional (11.0%) and national (10.1%) figures.
  - This is lower than 2020-21 (14.9%) and 2019-20 (10.1%) rates but in general remains an increase when compared with previous years
- In Leeds in 2021/22 25.1% of children in Year 6 were living with obesity
  - This is much higher compared to 20.8% (2019-20) and compared to 2021-22 regional (24.9%) and national (23.4%) rates

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<sup>8</sup> [Playing Out | Children's Commissioner for England \(childrenscommissioner.gov.uk\)](#)

<sup>9</sup> [The-power-of-play-for-childrens-positive-mental-health - Play Scotland Research Briefing May 2020](#)

- Stark inequalities in children living with obesity levels exist across Leeds.
  - In 2020, 32.4% of 10-11-year-old children living in Gipton and Harehills were living with obesity, compared to 11% in Horsforth.
- Food insecurity is a growing problem both nationally and locally. In 2020/21 the number of people in Leeds accessing foodbanks increased by 47% compared to the previous year. This is important because food security impacts the ability to provide healthy food for children.

### [Mental Health and Emotional Wellbeing](#)

- Nationally in 2021, one in six (17.4%) children aged 6 to 16 years were identified as having a probable mental health disorder, increasing from one in 9 (11.6%) in 2017. When modelled to the Leeds 6-16 year-old population, this equates to around 20,000 children.
- Nationally in 17-23-year-olds, 27% of young women and 13% of young men are likely to have a mental health disorder. When modelled to the Leeds 17-23 year-old population, this equates to 11,500 young women and 5,000 young men.
- The relationship between poor mental health and deprivation is clear. In Leeds, mental health service use, crisis service use and drop-out rates are higher for young people from deprived areas.
- In Leeds there are wide inequalities in self-reported (via [My Health My School Survey](#)) emotional wellbeing, with girls, those eligible for Free School Meals and those identifying as LGBTQ+ reporting poorer emotional wellbeing<sup>10</sup>.
- In Leeds children and young people from Minority Ethnic communities experience inequalities in terms of access to mental health support.

### [Alcohol, Smoking and Drugs](#)

- Self-reporting of drug and alcohol use by children shows usage has dropped over the past few years both nationally and in Leeds
- However national level data demonstrates that the proportion of pupils classified as current e-cigarette users has increased from 6% in 2018, to 9% in 2021. Usage increases with age from 1% of 11 year-olds, to 11% of 14 year-olds and 18% of 15 year-olds<sup>11</sup>.
- According to the 2019/20 My Health My Schools Survey in Leeds 26% of pupils felt they needed better information or were unsure if they needed better information on learning material in school on smoking, 27% on alcohol and 27% on drugs.

### [Oral Health](#)

- Tooth decay is the most common reason for hospital admissions in the 6-10 year-old age group.
- Dental health is worse in Leeds than England with more than a quarter (26%) of Leeds 5-year-olds having experienced dental decay compared to 24% in England in 2018/2019. The severity of dental decay in children in Leeds is the same as that of Yorkshire and Humber but higher than the England average.

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<sup>10</sup> To note, this analysis was not assessed for statistical significance, however the patterns demonstrate reflect national research.

<sup>11</sup> [Part 4: Electronic cigarette use \(vaping\) - NHS Digital](#)

- In 2018/19 63% of secondary school pupils eligible for a Free School Meal (FSM) were brushing their teeth twice daily or more, compared with 75% who are not eligible for FSM's. Rates of teeth brushing are higher in secondary than primary school children in Leeds.
- COVID-19 has had a significant impact on dental access for children and young people, however this is now starting to improve.

### Sexual and Reproductive Health

- The teenage pregnancy rate is declining at a national, regional and local level. However the Leeds rate in 2020 ([20 girls aged under 18 conceived, for every 1,000 girls](#)) is higher than the national ([13.0 per 1000](#)) and regional rate ([16.5 per 1000](#)).
- According to My Health My School Survey data over the last 10 years progressively fewer year 11 pupils have ever had sexual intercourse. However of those who have had sex, there is an increasing proportion not using any form of contraception.
- When comparing experiences of pupils with differing sexualities in year 11 pupils in 2020-21 in Leeds, those identifying as gay/lesbian are most likely to self report via the My Health My School Survey that they have hurt themselves on purpose (70%) and are also most likely to feel unsafe or very unsafe at home (10%).

### Health Protection

- Children will be disproportionately impacted by climate change and our actions now. Leeds reduction in carbon emissions since 2005 is slightly below average when compared to the other UK core cities.
- Leeds vaccination rates for children have declined more than national figures since the start of the COVID-19 pandemic.
- Yorkshire and the Humber has the highest regional rates of lead exposure in children (2015-2020).