Health Needs Assessment

The Health and Wellbeing of Young People in Leeds

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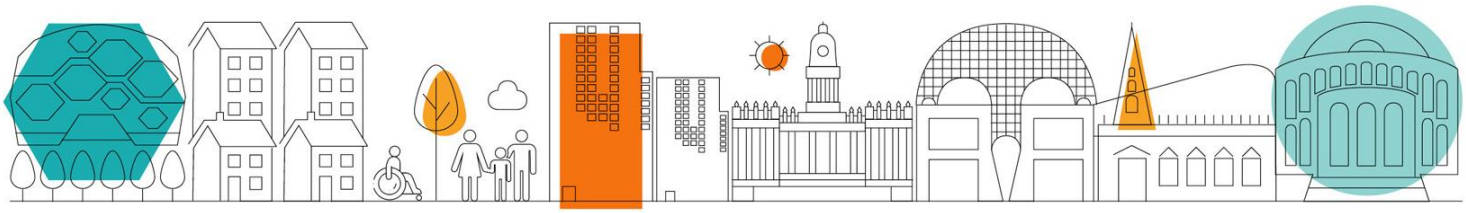

Foreword

Leeds has the ambition to be the best city for children and young people and aims to put their voice at the heart of decisions affecting them.

Listening to children and young people and giving them the opportunity to be heard is a core outcome of the Leeds Children and Young People's Plan and is highlighted by children and young people as 1 of the 12 wishes for what makes a 'Child Friendly City'.

As elected members of the UK Youth Parliament and representatives of Leeds Youth Council, we have welcomed the opportunity to contribute to this Health Needs Assessment along with other children and young people from across the city. Being involved empowers us as young people to take an active role in decisions that affect our health and wellbeing. It allows us to influence local health services to meet our needs and reflect our experiences. This way, we can help create a healthier and more supportive environment for all young people in Leeds.

This Health Needs Assessment focuses on understanding the health and wellbeing needs of children and young aged 11–18 years old and builds on all the fantastic consultation work that has been achieved so far.

Health and Wellbeing was voted the top theme in the 2024 'Make Your Mark' ballot, which is the largest youth consultation in the UK. Health and wellbeing is more than just about eating the right food and getting regular exercise, it's about emotional wellbeing, relationships, feeling connected with others and the world around us. It's about feeling safe and supported in the areas which we live and having access to both services, resources and opportunities to help build our futures.

Leeds Youth Parliament Members

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Young people's executive summary

Leeds City Council want to make sure that every child has the 'Best Start in Life', and that children and young people are safe and healthy.

In Leeds there are 99,876 young people aged between 10 and 19 which is 12.3 % of the total population of Leeds.

The health and wellbeing of young people in the UK is worse than some other similar countries. Health and wellbeing for young people are worse for those who:

- live in poorer areas
- have special educational needs
- have ethnically diverse backgrounds
- are part of the LGBTQIA+ (sexuality and gender) community
- have caring responsibilities
- are in the care of the local authority.

Many health and wellbeing issues start during around age 10-19, including mental health problems, tobacco and alcohol use, being overweight and lack of physical activity. Understanding the things that can negatively affect a young people's health is important to provide the right help and support.

The main document aims to help professionals understand young people and their needs. It has been developed with professionals and young people from across the city and brings together information and data from a national (England), regional (Yorkshire) and local (Leeds) level into a one place. This summary document is for young people to see the results of the research they were part of.

This diagram shows how each piece of the puzzle impacts on a young person's health and wellbeing.

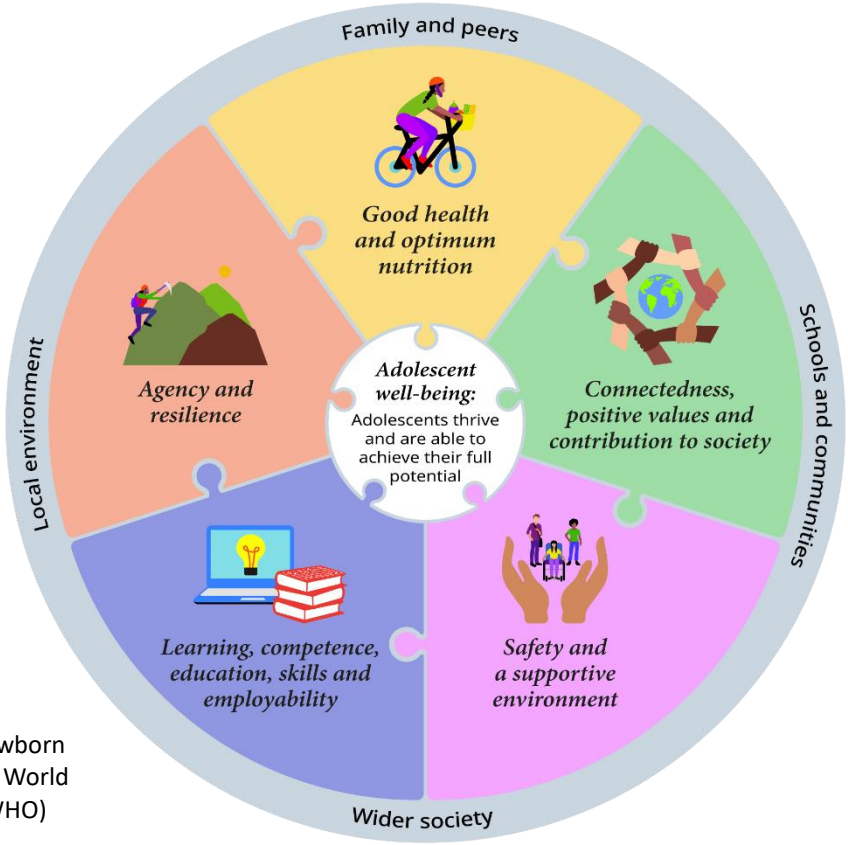


Figure 1: Maternal, Newborn & Child Health and the World Health Organisation (WHO) Consensus Framework

Young People in Leeds:

- There are 172,651 people aged under 18 years old in Leeds.
- 99,876 (12.3%) of the population of Leeds are aged between 10 and 19 years old.
- Of the young people in Leeds 50,453 are male and 49,558 are female.

1: Physical health, mental health and good nutrition

Diet and physical activity:

- The My Health My School (MHMS) survey found 83.5% of secondary school pupils that responded said they knew where to go to get help or advice for eating healthily.
- Young people told us they understood how physical activity and healthy diet helps them to be healthy.
- In Leeds there was a similar amount of young people that do physical exercise compared to the rest of England.
- Young people told us money was a barrier to eating a healthy diet.
- Young people told us that schoolwork and not having enough cheap or free activities stopped them exercising, so they wanted better options for free and safe activities.

Sexual health and teenage pregnancy:

- Leeds had more pregnancies to under 18s than England and Yorkshire and the Humber.
- In June 2022 there were 77 pregnancies to women aged under 18 in Leeds, this was the highest since March 2018.
- Almost half of young people who had sex said they did not use contraception. More young women reported not using contraception than in previous years.
- Leeds had a higher chlamydia (a sexually transmitted disease) rate in aged 15 to 24 year olds compared to the rest of England. This could be because we test for it more.

Smoking and vaping:

- 34.6% of children aged 10-19 living in the poorer areas in Leeds are recorded as smokers by their GP. This compares to only 2.2% of children living in the wealthier parts of Leeds.
- Occasional and regular users of vapes in Leeds was higher than the national rate.
- Vaping was identified as a key issue through data, by professionals and by young people.

Friendly services:

- Young people did not feel that services were ‘teen friendly’ which made them feel less likely to trust and engage with services.
- Young people felt that people needed training on how to work with them.

Mental health including special educational needs and disability (SEND):

- There are long waiting times for some services such as talking therapy and SEND counselling.
- Some services were being reduced or stopped so fewer services for young people.
- According to the 2022/23 schools survey over half of secondary school pupils that responded said they felt happy most days but a third said they felt stressed or anxious most days.
- The older a young person gets the more likely they will have a mental health issue with 23.3% of 17–19-year-olds having a probable mental health issue, this was a lot higher in girls (31.0%) than boys (15.4%)

- 19.9% of secondary school pupils said they feel upset every/most days. Almost 60% were transgender. Additionally, almost twice as many girls (19.9%) reported feeling upset every/most days compared to males (11.6%)*
- A high number of young people that had tried to end their own life were disabled, LGBTQ+ or described their gender in another way*
- Professionals felt that they had not had training to be able to support young people with SEND or mental health needs whilst waiting for a service.
- Young people felt 'alone time' and 'support from friends and family' was important to their mental health.

*This data related to a small number of people therefore affecting validity.

2: Connectedness, positive values and contribution to society

- 92,481 (77.3%) young people in Leeds spoke English as their first language, and 26,703 (22.3%) spoke English as an additional language.
- 46,524 young people in Leeds (38.9%) were from diverse ethnic backgrounds.

Social connections:

- The NHS 'Mental Health of Children and Young People in England' (2023) survey found that a third of 11-16 years olds felt lonely occasionally and 5.5% always felt lonely.
- Professionals also felt loneliness was a key health issue.
- Nationally 55.3% of 11–16-year-olds took part in groups, clubs or organisations outside of school time 1-3 times per week.
- In Leeds the MHMS survey reported that over half of secondary school respondents had been to an afterschool club in the last 12 months.
- Young people told us they valued having good relationships with friends, family, therapists and teachers and lecturers. Young people discussed feeling safe, secure, respected, confident, wanted, and understood the impact these had on making and keeping relationships.
- Feeling insecure, judged, having mental health issues and past bad experiences were discussed as difficulties when making and keeping relationships. Some young people discussed how triggers, trust issues and anger can make feeling connected difficult.

3: Safety and a supportive environment

Poverty:

- More young people in Leeds live in poverty compared to the national average.
- In Leeds 20.7% of children and young people live in some poor areas and 42.7% live in the three most poor areas.
- In Leeds 22% of children under 16 live with some poverty, 18% live in high poverty.
- 31.3% of people aged under 20 live with some poverty.
- 20.1% of secondary school pupils were able to get free school meals compared to 17.3% in England.

Violence and crime:

- There has been an increase in violence against children and it is increasing quicker than for violence against adults.
- Knife crime, violence and sexual harassment were concerns discussed by young people.

- Young people felt not living in a safe area, a lack of police, road safety, violence and knife crime all stopped them from feeling safe and supported.
- Offending is more likely between the ages of 13 to 17 with some children committing more than one crime.
- Young people's use of social media showing hostility and violence can act as a driver 'in real life'.
- Young people were concerned about a lack of access to teenage friendly spaces both in the city centre and in their local communities.
- Being in groups and having physical aids such as phones, sunflower lanyards and earphones were highlighted as important in helping them feel safe.

Sexual violence:

- The MHMS Survey Sexual Health Report for 2023 found that female, LGBTQ+ and disabled pupils were more likely to have sent nude pictures or videos because they felt pressured to.

Hospital admissions:

- More boys are admitted to hospital than girls for most injuries.
- The most likely injury was tripping followed by blunt injury, slipping and assault by striking with a blunt object.
- Leeds young people (aged 15 to 24 years) are less likely to be admitted to hospital compared to England for accidents and deliberate injuries.

Gambling:

- 26.2% of secondary pupils and 27% of 16+ pupils had taken part in some gambling activity over a 12-month period.
- More young men gamble compared to young women.

Children in the care of the local authority (looked after children)**:**

- The number of children looked after is increasing in Leeds.
- The number of children with a child protection plan is increasing.
- Children aged 10-17 make up 62% of the looked after population in Leeds.
- There are more looked after children from a mixed ethnic background in Leeds than nationally.
- The numbers of asylum-seeking children in care is increasing, representing one quarter of the growth in children in care over the last year.

4: Learning, competence, education, skills and employment

Attendance:

- Since 2018 Leeds attendance rates in secondary schools has decreased and got even worse since COVID-19. Includes authorised and unauthorised absences which are both increasing.
- Since 2018 persistent and serious absence in secondary schools is increasing.
- In Leeds secondary school suspension rates are increasing.

Further education, employment or training (EET):

- The amount of young people who have gone onto a further education, employment, or training (EET) has decreased in Leeds and is below national and regional rates.
- The proportion of disadvantaged young people in Leeds who went onto EET has decreased to 84.7%; this remains below the national figure 87.8%.
- Places for Leeds young people who need special educational needs (SEN) support has decreased, this is similar to the national trend.
- Key stage 4 (KS4) is the term for the two years of school education which includes GCSEs. At KS4 for non-SEN pupils and pupils with SEN support, academic results have decreased since 2021. Educational results for pupils with an education health and care plan (EHCP) have improved slightly or stayed the same.
- In Leeds at KS5 for non-SEN pupils' educational results have stayed the same. For pupils with SEN support educational results have improved. For pupils with a statement/EHCP educational results have worsened.
- Leeds KS5 results were lower than nationally.

SEND support:

- In Leeds schools 2.8% of all pupils (mainly male) have an EHCP, which is lower than England.
- 15.6% of all pupils in Leeds have SEN support, higher than England.
- The most important support need in secondary school is social emotional and mental health.
- Autistic spectrum disorder rates have increased by three times since 2018, from 902 children to 3299 in 2024.
- Professionals felt that handling difficult behaviour, a lack of support for young people outside of school and a lack of SEND specific support were concerns.

Life skills and opportunities:

- Young people felt learning life skills, such as cooking, cleaning, managing bills and shopping, part-time jobs, learning from family, social media and attending youth clubs, were all important as well as educational results.
- Young people felt good about their future opportunities including trades, vocational skills pathways, sports qualifications and working with charities.
- Some young people felt under a lot of pressure to achieve educationally.
- Some young people felt being identified as SEND limited their options and opportunities.
- Places for young people who have a Statement/EHCP has decreased in 2022. Nationally this has also decreased though not as much as in Leeds.

Not in Education, Employment or Training (NEET) and home educated:

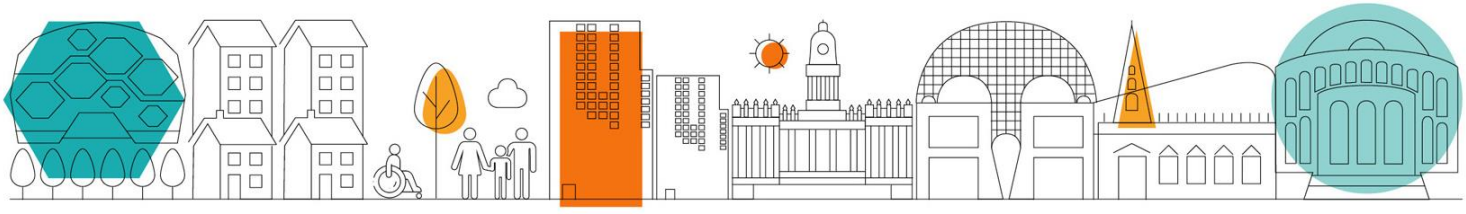
- 9.2% of 16 and 17 years olds in Leeds were NEET which is an increase and higher than the England rate (5.2%).
- The amount of children educated at home in Leeds has increased since 2019 across all ages.
- In July 2024 there were 999 children of secondary school home educated.

5: Strength and Resilience

- Numbers of young carers are rising in Leeds (although lower than national).
- Young people told us having a support system, being able to spend time reflecting on things and time for self-care helped develop their strength and resilience.
- Young people said that knowing what options were available to them and being able to stay true to their values really helped them to manage and make choices about their future.
- 43.6% of secondary school pupils in Leeds had experienced someone close to them dying in the last 12 months. Of these 7.4% of secondary respondents said they had no support.
- Young people felt the main thing that impacted their resilience was their mental health and wellbeing. When they were struggling with their mental health, they felt their resilience dipped and they needed help to build it back up again.
- Young people felt social media impacted their self-esteem and they often felt insecure about their appearance.
- In the 2023 MHMS survey 60% of secondary school respondents said they had not been bullied in the last 12 months and 80% 16+ respondents said they had not been bullied.
- When young people had been bullied, most felt it was because of their appearance or weight.

Glossary

Abbreviation	Definition
ACE	Adverse childhood experiences
AHC	After housing costs
ASD	Autistic spectrum disorder
BHC	Before housing costs
CAHMS	Child and Adolescent Mental Health Services
CMHI	Common Mental Health Illness
EVALI	E-cigarette/vaping associated lung injury
EET	Education, Employment, or Training
EHCP	Education, Health and Care Plan
EHE	Electively Home Educated
FSM	Free School Meals
GCSE	General Certificate of Secondary Education
NICE	National Institute for Health and Clinical Excellence
HNA	Health Needs Assessment
IMD	Index of Multiple Deprivation
KS4	Key Stage 4
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual. The "+" stands for all of the other identities not encompassed in the short acronym.
LA	Local Authority
MHMS	My Health My School
NHS	National Health Service
NEET	Not in Education, Employment or Training
SMI	Serious Mental Illness
STI	Sexually Transmitted Infections
SEN	Special Educational Needs
SEND	Special Educational Needs and Disability
WHO	The World Health Organisation



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Acknowledgements

This section acknowledges the support of a wide range of people with whom this Health Needs Assessment would not have been possible.

Thanks must go, primarily to all the children and young people who gave their valuable time to share their views and experiences and to the practitioners who helped, shape, support and facilitate engagement sessions with young people. Thanks, must also go to all those organisations who have previously conducted engagement activities with children and young people, which enabled us to build on a wealth of rich information, data

Thank you to the steering group members who guided the process and offered timely support and advice. A list of steering group members can be found in Appendix 3

Final thanks must go to the Children and Families Public Health Team at Leeds City Council for their ongoing support and Kathryn Ingold who led and guided the process right from the start of the project.

Chapter 1. Introduction

1.1 What is an HNA?

The National Institute for Health and Clinical Excellence (NICE) describes a HNA as a "systematic method for reviewing the health needs of a particular population, leading to agreed priorities and resource allocation, which will lead to improved health and reduced health inequalities"[1].

A HNA brings together data and insight around the health and wellbeing for a particular community, highlights specific issues that this group may face and forms conclusions and recommendations of work to address these issues.

1.2 Rationale for undertaking this HNA

The Children and Families Public Health team in Leeds City Council aims to ensure that every child has the 'Best Start in Life' and that all children and young people experience and achieve their best, in terms of health and wellbeing.

In March 2022 the team developed a Children's and Families HNA, using local data and information to look at the health needs of children and their families. One of the recommendations from the report was to complete a HNA focused specifically on the health needs of adolescents.

The WHO defines adolescence as 'the phase of life between childhood and adulthood, from ages 10 to 19'[2]. In Leeds there are 99,876 young people aged between 10 and 19 living in the city making up 12.3% of the total population of Leeds. This HNA will refer to adolescents aged 10-19 as 'young people'.

The health and wellbeing of young people in the UK is worse compared to other similar income countries and these differences in health and wellbeing are further exacerbated for specific groups of young people including those with special educational needs, from ethnically diverse backgrounds, who are part of the LGBTQIA+ community, with caring responsibilities and who are in the care of the local authority[3].

Many health and wellbeing issues emerge during adolescence, including mental health problems, tobacco and alcohol use, living with obesity and physical inactivity. Understanding the barriers to health for young people is critical as there are many opportunities to them to improve outcomes now and in the future[3].

1.3 Scope and focus of this HNA

This health needs assessment considers the health needs of young people aged 11-19 years old who live in Leeds. A wealth of previous engagement has been undertaken with young people in Leeds through a range of different channels and therefore aimed to gain views to inform this HNA from 'seldom heard' groups of young people. The term 'seldom-heard groups' refers to under-represented people who use or might potentially use health or social services and who are less likely to be heard by these service professionals and decision-makers[5].

Information has been gathered from a range of sources including recent reports and literature, local and national data, insight from young people in Leeds and insight from professionals who provide support and care to young people. Limitations or uncertainties surrounding data are described where possible.

1.4 Aim and objectives of the HNA

The overarching aim of this HNA is to bring together data, evidence and local insight to identify factors young people in Leeds experience which impact on their health.

This will provide a greater understanding of the health and wellbeing needs of young people to the wider health and care system in Leeds. This health needs assessment will help to inform local plans, strategies and priorities by identifying current and potential future needs of young people in Leeds. The findings of this HNA will provide system intelligence to support and inform a broad range of partners across the city including public health, health partners children's social care, , play, education, planning, development, leisure, criminal justice, research, policy makers, social media companies, food manufacturers, youth workers and voluntary, community or social enterprise organisations (VCSE).

The main objectives of this health needs assessment are:

- To use data sources, available information and insight from young people and those who work with them to provide new intelligence on the health and wellbeing needs of young people.
- Consider issues relating to availability, accessibility of services, spaces and support and for young people in Leeds.
- Form recommendations for all partners in Leeds to endorse and deliver.

The information included in this HNA represents a snapshot at time of publication.

1. https://www.nice.org.uk/glossary
2. Adolescent health (who.int)
3. https://www.gov.uk/government/publications/establishing-youth-friendly-health-and-care-services/youre-welcome-establishing-youth-friendly-health-and-care-services

Chapter 2 Local and national context

2.1 Funding challenges

The cost-of-living crisis continues to have a significant impact on the lives of children, young people and their families, further widening existing health inequalities. Over recent years there has been a rising demand for services across health and social care systems, statutory services and wider partner services. Alongside increased financial pressures and redirected funding this has led to cuts in service provision for children and young people. The Local Government Association estimate that nationally, cost and demand pressures will add £15 billion (almost 29%) to the cost of delivering council services since 2021/22. In addition to 27% real terms cut in core spending power since 2010. Local Authorities have had to focus spending on meeting statutory obligations which has led to a reduction in spend on preventative services and a greater focus on reactive, demand-led provision. This is despite the growing body of evidence of the financial and social benefits of investing in preventative services (Local Government Association, 2024).

National funding for youth work has fallen by more than 60% in a decade. Recent studies have revealed that from 2011-21, local authority youth provision funding in England fell in real terms from £1,058.2 million to £408.5m, while the number of youth clubs operated by local authorities nearly halved in number (UK Youth, 2024). Like other local authorities Leeds City Council has experienced these challenges, which has led to changes in service delivery.

2.2 Education Provision

In Leeds, there are 221 primary schools, 42 secondary schools, 3 through schools, 2 infant schools, 2 junior schools, 1 14-19 provision (starting in Key stage 4) and a range of providers offering alternative provision or specialist education provision for young people with special educational needs and disabilities (SEND). In terms of further education, there are 28 colleges and sixth form providers. Leeds has four universities, with one of the highest student populations in the UK with over around 70,000 students.

2.3 National Drivers

Nationally, there are several policies and initiatives which focus on the health and wellbeing of young people in the UK. The Early Adolescence: applying All Our Health guidance (PHE, 2019) defines adolescence as a crucial time where children and young people may experience changes or be exposed to situations which may positively or negatively impact on their health and wellbeing. The guidance emphasises the importance of an early intervention approach and key areas where additional support may need to be provided including substance use, mental health, healthy eating, physical activity and oral health. It highlights increasing health inequalities for young people and the impact of issues such as school absence, those Not in Education or Employment (NEET,) teenage pregnancy, homelessness and other Adverse Childhood Experiences (ACEs) and vulnerabilities.

2.4 Healthy Child Programme

The Health and Social Care Act 2012 sets out a local authority's statutory responsibility for commissioning public health services for children and young people aged 0 to 19 years.

Good health, wellbeing and resilience are vital for all our children now and for the future of society. There is good evidence about what is important to achieve this through improving children and young people's public health. This is brought together in the national healthy child programme 0 to 19. The Healthy Child Programme aims to bring together health, education and other main partners to deliver an effective programme for prevention and support.

National evidence recommends the 0 to 5 element of the healthy child programme is led by health visiting services and the 5 to 19 element is led by school nursing services. Together they provide place-based services and work in partnership with education and other providers where needed. The universal reach of the healthy child programme provides an invaluable opportunity from early in a child's life to identify families that may need additional support and children who are at risk of poor outcomes.

The healthy child programme provides a framework to support collaborative work and more integrated delivery. It aims to:

- help parents, carers or guardians develop and sustain a strong bond with children.
- support parents, carers or guardians in keeping children healthy and safe and reaching their full potential.
- protect children from serious disease, through screening and immunisation.
- reduce childhood obesity by promoting healthy eating and physical activity.
- promote oral health.
- support resilience and positive maternal and family mental health.
- support the development of healthy relationships and good sexual and reproductive health.
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner.
- make sure children are prepared for and supported in all childcares, early years and education settings and are especially supported to be 'ready to learn at 2 and ready for school by 5'.

The service model is based on 4 levels of service depending on individual and family need, community, universal, targeted and specialist. In addition high impact areas have been developed to improve outcomes for children, young people and families. They are based on evidence of where these services can have significant impact for all children, young people and families and especially those needing more support. The six areas where school nurses have the highest impact on the health and wellbeing of school aged children aged 5 to 19 years are:

- Resilience and wellbeing.
- Healthy behaviours & reducing risk taking.
- Healthy lifestyles.
- Vulnerable young people & improving health inequalities.
- Complex and additional health and wellbeing needs.

- Self- care and improving health literacy.

In Leeds, the Public Health Children and Families team commission several services to deliver the Healthy Child programme (HCP). This is predominantly delivered by the 0-19 Public Health Integrated Nursing Service (Leeds Community Healthcare) and Leeds City Councils Health and Wellbeing Service. The school nursing offer for children aged 11-19 , focuses on completion of the National Child Measurement Programme (NCMP) and supporting identified young people with issues such as emotional health and wellbeing, weight management and healthy relationships. Targeted support is also offered to Children Looked After, Children in Need and ensuring those with long term illnesses receive any extra support they require. The service also provides the ChatHealth service, which is a confidential text messaging service for young people aged 11-19yeasrs old, which enables them to ask for information and advice on any health issues.

The Leeds Health and Wellbeing service provides further support through their Leeds Healthy Schools offer, which aims to ensures a whole school approach to health and wellbeing. Assessment is based on four core themes including, Personal, Social, Health and Economic education, Healthy Eating, Physical Activity and Social, Emotional and Mental Health. The team also deliver direct to support to young people and families through delivery of their Resilience Programme and 5-12 HENRY Programme.

In addition, several third sector partners (Dance Action Zone Leeds (DAZL), Health for All and LS-TEN) support the delivery of the HCP including the Family Health Living Programme. The Family Health Living Programme aims to deliver services promoting healthy weight for children and families by providing physical activity and healthy eating sessions, along with developing children's and parents' skills and confidence to lead a healthy lifestyle.

2.5 Family Hub and Start for Life

The government's current Family Hubs and Start for Life strategy builds on the existing Healthy Child Programme and aims to join up and enhance services delivered through transformed family hubs in local authority areas, ensuring all families can access the support they need. There are currently plans for 7 multi-disciplinary Family Hubs across Leeds, serving the needs of all communities through delivery of one-to-one interventions and signposting to services. The hubs build on the Leeds, Think Family, Work Family approach and will provide families and practitioners with access to specialist support from practitioners' with expertise in domestic abuse, mental health, substance use and SEND. In addition, there will be a focus on evidence -based parenting support through the delivery of parenting programmes.

2.6 Serious Violence Strategy

The national Serious Violence Strategy, 2018 sets out the government's response to serious violence and recent increases in knife crime, gun crime and homicide. The strategy stresses the importance of early intervention to tackle the root causes of violence and the importance of providing young people with the skills and resilience require, to lead productive lives free from violence.

2.7 Future in Mind Strategy

In September 2014 the government established the Children and Young People's Mental Health and Wellbeing Taskforce. The aim of the taskforce was to consider ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided.

In 2015 the Future in Mind report set out a national ambition focused on:

• Promoting resilience, prevention and early intervention

• Improving access to effective support – a system without tiers

• Care for the most vulnerable

• Accountability and transparency

• Developing the workforce

Local Authorities were tasked with creating Transformation Plans for Children and Young People's Mental Health and Wellbeing, which clearly articulated the local offer. The Leeds Future in Mind Strategy 2021- 2026 details how people will work together, across services in the NHS, Leeds City Council and in the community, to improve children and young people's emotional and mental health in the city. This covers children and young people from birth up to age 25.

2.8 NHS Long Term Plan

Improving children and young people's mental health services was a key commitment within the NHS Long Term Plan, 2019 and committed the NHS to continuing widening access to community-based mental health services, over a 10 year period. This included additional support in schools and colleges delivered via school or college- based mental health support teams.

Other key areas identified by the plan include:

- actions focused on increasing and improving support during pregnancy.
- expanding support for perinatal mental health conditions.
- taking further action on childhood obesity.
- reducing waiting times for autism assessments.
- providing the right care for children with a learning disability.
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

Following the publication of the Darzi review into the NHS, the government has committed to developing a ten-year plan for health and social care with a focus on three main changes:

- From hospital to community services.
- From treating sickness to prevention.
- From analogue to digital.

2.9 Department for Education Statutory Guidance - Relationships Education, Relationships and Sex Education (RSE) and Health Education

In June 2019 the Department for Education issued statutory guidance making Relationships Education compulsory in all primary schools in England and Relationships and Sex Education compulsory in all secondary schools, as well as making Health Education compulsory in all state-funded schools. In Leeds, school and colleges can access support from the Leeds Health and Wellbeing Service. The service provides support with schemes of work, lesson plans and developing policies.

2.10 Labour government policy relating to children

The new government set out manifesto promises relating to creating "the healthiest generation of children ever" with ten commitments:

1. Cut waiting lists for children.
2. Provide mental health support for children in school.
3. Boost preventative mental health services (young future hubs and trained staff).
4. Transform NHS dentistry (more appointments and supervised toothbrushing for 3 to 5-year-olds).
5. Crack down on smoking and vaping.
6. Ban junk food advertising to children.
7. Breakfast clubs for all primary school children.
8. Protect children from the growth of infectious diseases.
9. Ban the sale of energy drinks to under 16s.
10. Stop the targeting of school children by fast food outlets.

There are not yet clear plans of how these will be implemented but potentially provide opportunities to improve the health of and reduce health inequalities for young people in Leeds.

2.11 Local Strategic Plans

The Best City Ambition is the overall vision for the future of Leeds, which aims to tackle poverty and inequality and improve quality of life for everyone who calls Leeds home, by focusing on improving outcomes across the following three pillars:

1. Health and wellbeing
2. Inclusive growth
3. Zero carbon

The three pillars capture actions that will make the biggest difference to improving people's lives in Leeds. Through adopting a 'Team Leeds' approach, the Best City Ambition aims to help partner organisations and local communities across the city, understand and support the valuable contribution everyone can offer to making Leeds the Best City in the UK. Team Leeds is about sharing ideas and learning, working in genuine partnership, being ambitious about collective social and

environmental impact, and organisations sharing their resources and assets to work towards common goals.

The ambition is not a delivery plan, but it is underpinned by a range of important strategies and plans for the city including:

- Health and Wellbeing Strategy, accountable to the Health and Wellbeing Board
- Inclusive Growth Strategy, accountable to the Inclusive Growth partnership
- Third Sector Strategy, accountable to the Third Sector Partnership
- Leeds Children and Young People's Plan 2023 to 2028 accountable to the Leeds Children and Young People Partnership
- Age Friendly Strategy, accountable to the Age Friendly Leeds Board

Additional plans and strategies relevant to children and young people and incorporated into the above include the:

- Best Start Strategy – 2015 -2025
- Leeds Children & Young People Oral Health Plan, 2022 – currently under review
- Leeds Food Strategy
- SEND and Inclusion Strategy 2022 - 2027
- Leeds Play Sufficiency Action Plan, 2024
- Leeds Drug and Alcohol Strategy, 2024 – out for consultation
- Leeds Domestic Violence and Abuse Strategy, 2023 - 2028
- Leeds Community Safety Strategy, 2024
- Child Poverty Strategy, 2024- 2027

2.12 Leeds as a Marmot City

Leeds is also currently working in partnership with the Marmot team based in the Institute of Health Equity (University College London) towards becoming a Marmot City, making a commitment to building a fairer city and reducing inequalities in health and wellbeing.

The recommended actions, covering the main social determinants of health in places are developed in the following areas. These are known as the 'Marmot Eight' principles:

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.
7. Tackle racism, discrimination and their outcomes.
8. Pursue environmental sustainability and health equity together.

(Institute of Health Equity, 2024)

2.13 The Children and Young People's Population Board

The Children and Young People's Population Board led by the Leeds office of the West Yorkshire ICB brings together senior representatives from the main organisations working with children and young people in Leeds, including the NHS, Leeds City Council, Public Health and the voluntary sector. The aim of the board is to work together to create better health and social care support for young people and their families, whilst making more effective use of public resources.

2.14 Local Health Needs Assessments

Prior to this HNA being conducted there have been several other significant HNAs and reports published, relating to young people in Leeds, these include:

- Leeds Children and Families HNA, 2022
- In Our Shoes, Leeds City Council Director of Public Health Annual Report 2022
- Leeds Joint Strategic Assessment, 2024
- Leeds Black, Asian and Minority Ethnic Children and Young People HNA, 2019
- West Yorkshire Violence Reduction - Strategic Needs Assessment, 2024
- Understanding the health needs of children who are looked after in Leeds (pdf available on request)

2.15 Locality reports

- Belle Isle North HNA, 2021
- Stratford Street, Beverley's (Beeston), 2020

2.16 Voice and Influence (National)

2.16.1 Childrens Commissioner

The post of Children's Commissioner was created following a recommendation made by Lord Laming in the Victoria Climbie Inquiry. The role was initially established under the Children Act 2004 which gave the Commissioner responsibility for promoting awareness of the views and interests of children. The Commissioner's statutory remit includes understanding what children and young people think about things that affect them and encouraging decision makers to always take their best interests into account.

The Children and Families Act 2014 further strengthened the remit, powers and independence of the Commissioner, and gave special responsibility for the rights of children who are in or leaving care, living away from home or receiving social care services. The Commissioner also speaks for wider groups of children on non-devolved issues including immigration (for the whole of the UK) and youth justice (for England and Wales).

The Children's Commissioner's office is supported by an advisory group, an audit and risk committee and children's groups, stakeholders, and specialists and has a focus on policy, research, communications, public service innovation and Help at Hand. The Help at Hand service is for children in care, leaving care, living away from home or working with children's services to offer free support, advice, and information. Alongside this, In My Opinion (IMO) is a voice for teenagers in care and for care leavers to share their experiences and stories.

In September 2023, the Commissioner launched the Big Ambition Survey, aimed at hearing directly from children, young people, and parents across the country on what their hopes, dreams, and aspirations were for the future. Over 367,000 children and adults engaged with the survey, which resulted in a paper setting out 32 ambitions to be shared across both local and national government, underpinned by actions to improve the lives of children.

2.16.2 UK Youth Parliament

Biannually, young people aged 11-18 are invited to submit a manifesto to become members for their city. 6 candidates are shortlisted and then campaign to become a member of youth parliament and represent their city both locally, regionally, and nationally at events run by the British Youth Council. Three young people with the highest number of votes are elected by young people across the city aged 11-18. Youth parliament members then work with their local authority representative on the Make Your Mark Campaign (see below).

2.16.3 Make Your Mark ballot

Make Your Mark is the biggest youth ballot in the UK. Young people aged 11-18 are invited to vote on their top issue that they want the youth parliament to campaign on. Traditionally this has been an annual campaign but in 2022 it will be a two-year campaign. Young people can vote individually or via their school or youth group.

2.17 Quality Standards

You're Welcome – Youth Friendly Health and Care Services: The Office for Health Improvement and Disparities (OHID) have recently revised the You're Welcome quality standards to improve the experiences of young people in relation to both access and the quality of health and wellbeing services. The guidance sets out 8 standards and associated quality criteria for youth-friendly services that have been developed in partnership with young people.

2.18 Voice and Influence (Local)

2.18.1 Children and Young People's Voices in Leeds

Leeds has an ambition to be the best city for children and young people to grow up in. To achieve this Leeds aims to be a child friendly city that provides the best start in life.

2.18.2 Voice Influence and Change Team

Leeds City Councils, Voice Influence and Change Team champion the voice of children and young people and provide advice and guidance to teams and services to help improve practice and build confidence and skills of staff. The team also facilitate meaningful engagement between decision makers and children and young people – enabling children and young people to share their issues, priorities, views, and ideas. The team run citywide youth voice groups and programmes including Leeds Youth Council, Leeds Children's Mayor, UK Youth parliament, SEND Youth Forum, Children in care Council (Have a Voice) and the Care Leavers Council. The team support young people to participate in recruitment panels, commissioning panels and training sessions. The team have also developed links with youth groups and youth voice groups and have a network of over 1500 VIC leads in different settings across the city. The team promote the key issues raised by children and young people, voice and influence opportunities and good practice of VIC leads via a quarterly newsletter, social media (@leedsyouthvoice) and via six monthly voice and influence reports that are shared with strategic boards, elected members, and decision makers.

Further information about the role of the team is provided in this One minute guide: Voice and influence (leeds.gov.uk)

2.18.3 Child Friendly Leeds 12 Wishes

The 2022 Child Friendly Leeds Wishes are developed from priorities identified from analysis of data collected from citywide elections, ballots, and consultation work over the last three years (Figure 22). The thematic results of this were then reported to and discussed with youth groups and schools as part of a member checking phase to ensure the wish list aligns with those of children and young people in the city. A summary of the consultation data and key findings 2019-22 is available by contacting vic@leeds.gov.uk

Wish 1. Children and young people know how and where to get support for their mental health and wellbeing if they need it.

Children and young people have a greater understanding of their mental health and emotional wellbeing. They know where to get information and advice and who to speak to, to help them find services and support and it is available to them when they need it.

Wish 2. Children and young people have safe spaces to play, hang out and have fun.

Children and young people have time and opportunities to play, hang out and have fun across the city. They feel safer as there is less crime, vandalism and litter.

Wish 3. Children and young people express their views, feel heard and are involved in decisions that affect their lives.

Children and young people have a greater awareness of the different ways they can share their views and ideas. They know how to influence change within their school and community. They have access to support and training to develop their skills and confidence to enable them to have a voice and influence.

Wish 4. Differences are celebrated in Leeds, so children and young people feel accepted for who they are. They do not experience bullying and discrimination.

People in Leeds have a better understanding of diversity and therefore celebrate differences in abilities, ethnicity, family background, language, religion, sex and opinions. Children and young

people feel accepted, included and valued. They have a greater awareness of their rights not to be bullied or discriminated against and know what to do if it happens.

Wish 5. Everyone takes more action to protect the environment from climate change.

Children and young people have a greater awareness and understanding of what actions are being taken in Leeds to address the climate emergency and protect the environment. They know how they can get involved and make a difference.

Wish 6. Children and young people can travel around the city safely and easily.

Children and young people feel that public transport is safe, reliable, and accessible. They will not experience rising costs.

Wish 7. Children and young people know about different things to do and places to go across the city. They enjoy different cultural experiences including art, music, sport and film.

Children, young people and families feel there is better promotion and communication of fun and particularly free things to do and places to go within the city including events, activities, groups, cultural experiences and days out.

Wish 8. Leeds is a city that reduces the impact of poverty and helps families who need it.

Children, young people and families experiencing the impact of poverty feel they are supported and receive the help they need. They have their basic rights and needs met.

Wish 9. Children and young people have the support and information needed to make healthy choices. They have opportunities for regular physical activity.

Children and young people know about different opportunities to take part in physical activity and are supported and encouraged to join in. They have access to the information they need to make healthy choices and have healthy and safe relationships.

Wish 10. **All children and young people are in learning settings that meet their needs.**

Early years settings, schools and post 16 settings identify and address the barriers that prevent children and young people, particularly those with additional needs, engaging in and enjoying learning.

Wish 11. Young people have access to a wide range of work experience, employment and volunteering opportunities.

Young people know where to get information and advice and are supported to access a wide range of opportunities that meet their needs and aspirations. This includes work experience, employment, training and volunteering.

Wish 12. Leeds is an inclusive city for children and young people with special educational needs and disabilities.

2.19 Annual youth voice ballots and surveys (Local)

2.19.1 Leeds Children's Mayor

Every year, Year 5 children are invited via their schools to produce manifestos outlining what they would want to change or improve if they were the Leeds Children's Mayor. Twelve manifestos are shortlisted and children from across the city then vote on their favourite manifestos. The candidate

with the highest number of votes becomes Leeds Children's Mayor and is supported by the team and partners to develop their campaign based on their manifesto aims.

2.19.2 UK Youth Parliament

Biannually, young people aged 11-18 are invited to submit a manifesto to become Leeds members. 6 candidates are shortlisted and then campaign to become a member of youth parliament and represent their city both locally, regionally, and nationally at events run by the British Youth Council. Three young people with the highest number of votes are elected by young people across the city aged 11-18. Youth parliament members then work with the Leeds Youth Council on the Make Your Mark Campaign.

2.19.3 Make Your Mark ballot

Leeds takes part in this the biggest youth ballot in the UK. Young people aged 11-18 are invited to vote on their top issue that they want the youth parliament to campaign on.

2.19.4 Leeds - My Health, My School survey

The My Health, My School survey (MHMS) is a pupil perception survey aimed at children and young people in years 3, 4, 5, 6, 7, 9 & 11. There are also separate surveys for Post 16 and provision for children with Special Educational Needs and Disabilities. The survey is divided into 8 themes: About Me, Healthy Eating, Physical Activity and Sport, PE in School, Drugs Alcohol & Tobacco, Sexual Health, Social, Emotional & Mental Health (SEMH) and My School/College. The survey has been conducted in Leeds for over 15 years with survey results used to influence key strategic priorities and plans. The MHMS survey for last academic year, was completed by 25,648 pupils across 202 schools in Leeds, this is 22.7% of young people in years 3, 4, 5, 6, 7, 9 & 11.

2.19.5 Youth Watch Leeds

Youth Watch Leeds are a self-led group of about 30 volunteers aged 14-25 that work with Healthwatch Leeds. They listen to the views of children and young people on how services like doctors, dentists and social workers could be made better for them. The group have published several reports, including recommendations on how services can be improved.

2.19.6 Big Leeds Chat

In 2021 Leeds Healthwatch coordinated the 'Big Leeds Chat' which brough senior leaders from across the health and care system together with the public to listen to people's experiences around health and wellbeing, and to find out what mattered to them. Decision makers identified 15 themes for action including one specifically focused on renewing a focus on children and young people which included further sub actions such as:

- Develop more things for children, young people and families to do, and take action to make existing provision feel more accessible.
- Tackle young people's digital exclusion and offer young people the option to interact with professionals in person, rather than remotely.
- Access to mental health support services, especially for young children/ child.

- Provide more preventative and awareness-raising work around mental health.

2.19.7 Leeds Community Healthcare – Youth Board

The Leeds Community Healthcare Youth Board is for young people aged 14-19 and provides young people in Leeds with the opportunity to influence key NHS priorities across the city. The board meets monthly and is involved in staff recruitment, events and various topic-based consultation activities.

2.20 Summary

There are several national drivers shaping the agenda around young peoples' health and wellbeing, which are evident in various local strategies and plans. The 'voice' of children and young people is at the heart of this work and the 'Team Leeds' approach.

Chapter 3: Method

3.1 Introduction

This HNA has been lead and delivered by Leeds City Council Public Health team. Support and valued input from a range of partners has been provided by a steering group made up of colleagues from the Leeds City Council Children's Directorate, public health, the Leeds health and wellbeing service, the voice and influence team, youth work, VCSE organisations and education.

Each chapter is co-authored by the lead authors (Bebhinn Browne and Emma Newton), under the supervision of a Consultant in Public Health (Kathryn Ingold) and supported by the Head of Service for Children and Families Public Health (Anna Ross) and Health Improvement Principals (Michelle Kane, Kerry Swift), Advanced Health Improvement Specialists (Helen Goddard, Deb Lowe) members of the steering group (see appendix 3) and other relevant colleagues from intelligence and policy, health and wellbeing services, voice and influence, education and youth service.

The Child Friendly Leeds ambition is for 'all children and young people to be able to express their views, feel heard and be involved in decisions that affect their lives'. Therefore, young people's voices have been at the centre of this work through engagement work supported by the Voice and Influence Team at Leeds City Council alongside review and utilisation of existing engagement undertaken in Leeds including analysis of MHMS Pupil survey data and results of the 2022 Make Your Mark ballot.

The literature review, epidemiological and corporate needs assessment chapters are structured using the Maternal, Newborn & Child Health and the World Health Organisation (WHO) consensus framework for adolescent well-being for young people aged between 10 and 19 years old (figure 1).

The framework was used as it provides a holistic view of health and wellbeing and enabled the examination of subjective and objective wellbeing in young people. The framework supports exploring the concept of wellbeing using subjective concepts such as feeling happy, having opportunities for growth and feeling fulfilled alongside more objective data sources relating to education, networks and environment.

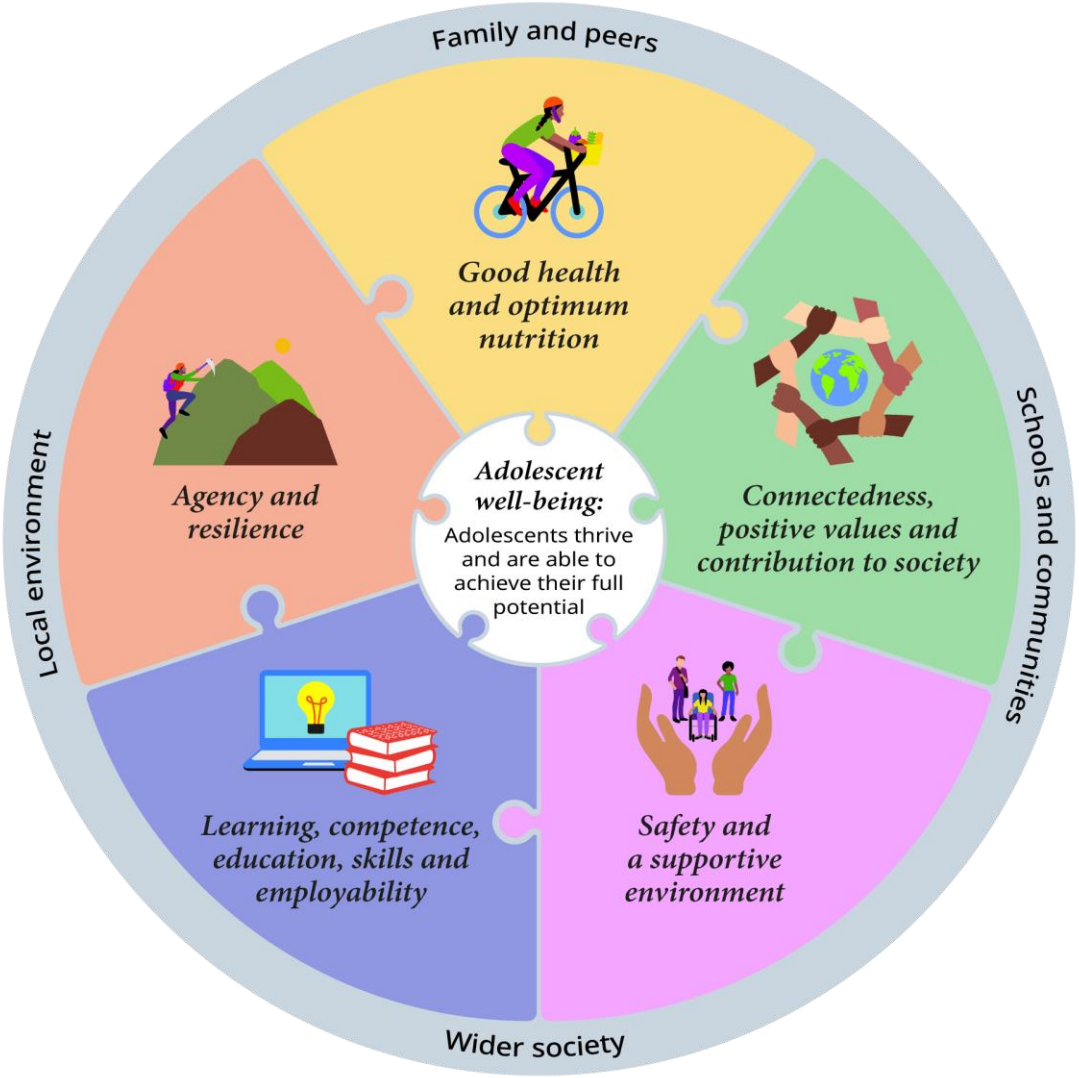


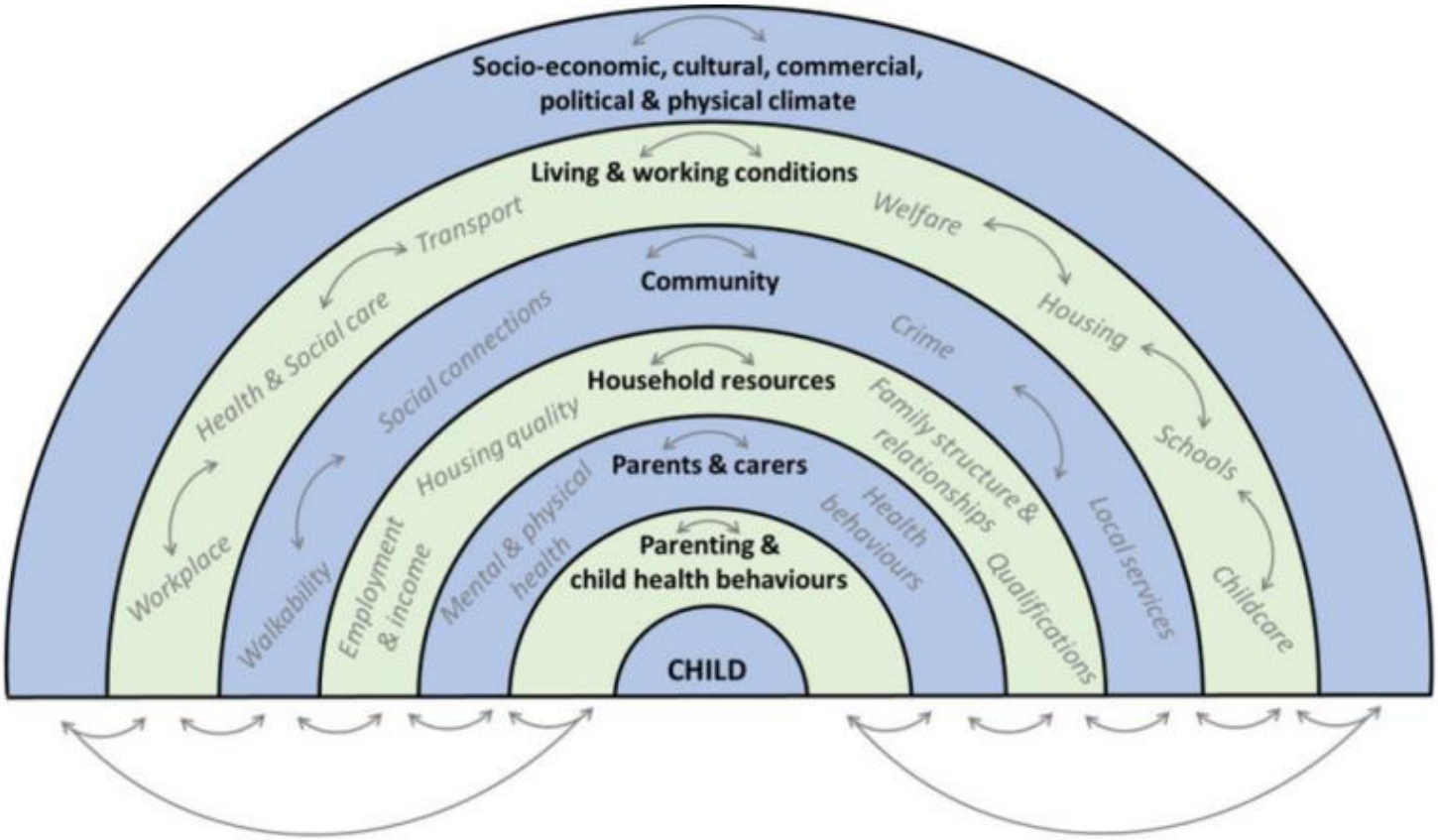
Figure 1: Maternal, Newborn & Child Health and the World Health Organisation (WHO) Consensus Framework

3.2 Health, health needs and health inequalities

The WHO describes health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[1] Health and wellbeing are impacted by a wide range of factors or determinants of health illustrated in the Bronfenbrenner's adaptation of the Dahlgren and Whitehead model[4] (Figure 2).

Figure 2: Bronfenbrenner's Adaptation of the Dahlgren and Whitehead model

1. Adolescent health (who.int)
1. Pathways to inequalities in child health (bmj.com)



"Health inequalities are avoidable, unfair and systematic differences in health between different groups of people"[5]. Addressing health inequalities for young people requires action within all the layers described in figure 2 rather than a sole focus on individual lifestyle choices of young people.

The process of completing a HNA enables needs to be identified, assessed and prioritised. Health needs can be described as felt or expressed, normative and corporate:

- ***Felt and Expressed Needs:*** Perceptions and expectations of the profiled population and of professionals providing the services.
- ***Normative Needs:*** Perceptions of commissioner/ provider organisations, based on available data about the size and severity of health issues for the profiled population, and inequalities compared with other populations.
- ***Corporate Needs:*** Priorities of the organisations commissioning and managing services for the profiled population, linked to national, regional or local priorities[6].

3.3 Approaches to HNA

Stevens and Raftery describe three approaches to HNA[7].

Epidemiological - This approach considers the epidemiology of the condition, current service provision, and the effectiveness and cost-effectiveness of interventions and services.

Comparative - This approach compares service provision between different populations.

Corporate - This approach is based on obtaining stakeholder views on what services are needed.

This HNA will incorporates elements of both epidemiological and corporate approaches. This needs assessment aims to use a range of data sources and methods to ensure needs and inequalities are assessed from a range of perspectives.

3.4 Epidemiological HNA

An epidemiological HNA was undertaken to gather, analyse and present data relating to the domains of adolescent wellbeing outlined in the consensus framework developed by WHO.

3.5 Corporate HNA

The corporate HNA includes a description of current service provision alongside the views of professionals delivering services for young people in Leeds and the views of young people themselves. Views of stakeholders were collected using a survey and a snowball sampling approach. Engagement was undertaken with seldom heard young people across a range of organisations and groups using a convenience sampling approach.

3.6 Writing up and review

This HNA was conducted between August 2023 and August 2024. A first draft was shared with both the steering group for comment and subject matter experts to ensure the report matches their experiences of working with children and families in Leeds. Following this a final draft of the HNA was shared with key partners including the Children and Families Public Health team, other public health colleagues who have contributed to the HNA and the HNA steering group for comment, addition, or correction. This process enabled sense checking of data interpretations and drew together expertise to identify and explain trends.

3.7 Structure of the HNA

The results from this work are presented in the following chapters:

- Literature Review
- Epidemiological Needs Assessment
- Organisational Assets
- Corporate Needs Assessment Views of Professional Partners
- Corporate Needs Assessment Views of Young People
- Discussion
- Recommendations

2. https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/health-inequalities-nutshell#:~:text=Health%20inequalities%20are%20experienced%20between,groups%20(for%20example%2C%20people%20who
3. https://ihub.scot/media/1841/health_needs_assessment_a_practical_guide.pdf
4. The uses of epidemiology and other methods in defining health service needs and in policy development | Health Knowledge

Chapter 4: Literature review

This section includes evidence relating to the health and wellbeing of young people. This evidence has been collected both formally and informally. A formal literature search was conducted by Leeds Health Libraries in November 2023, using the following search 'the views and experiences of young people regarding what they need to be healthy'. The information below details the search strategy used in MEDLINE and other data bases.

The search returned 218 papers, the abstracts of these papers were screened and 10 were included for review. It is worth noting when studies were narrowed down to qualitative research completed with young people in the UK, of the 10 studies that met these criteria 7 studies researched the topic of mental health, 1 studied healthy weight and diet, 1 studied sexual health and 1 studied the healthcare needs of trafficked young people.

Further evidence has also been collected by searching grey literature including relevant journals and publications, reference lists of other research studies, news articles, opinion pieces from both scientific publications and mainstream media outlets and other work published by the wider health and social care sector including health needs assessments, guidance and policy documents. Additionally, recommendations from colleagues working with young people were sought. The findings are presented under the following categories aligned to the Adolescent Well-being Framework shown in Figure 1.

A further literature review is being completed in the same time frame by the Association of Directors of Public Health Advanced Practitioner Fellow (Life Chances for Children & Young People) for Yorkshire and Humber focusing on the protective and risk factors that facilitate or hinder wellbeing in adolescence and the interventions/activities that facilitate wellbeing in adolescence. The search results and thematic groupings for this are details in appendix 1 and references in appendix 2. Systematic reviews returned in this search were screened and used to understand the wider context of the health and wellbeing of young people.

4.1 Domain 1: Good health (physical and mental) & optimum nutrition

Health risk behaviours such as smoking, alcohol consumption, physical inactivity and unhealthy eating are prevalent during adolescence. These behaviours are strongly associated, some causally, with adverse health outcomes in later life, including chronic health conditions, morbidity and premature mortality[4].

To ensure young people are enabled to develop the capabilities required for a productive, healthy, and satisfying life it is critical to create a supportive environment for young people to develop positive, healthy behaviours[5].

4.1.1 Diet and physical activity

A study by Cadorna et al. 2023 explored young people's attitudes, preferences and perceived behaviours regarding healthy eating. The study found that of young people who had a positive

attitude towards food and health less than half felt that they managed to eat healthy. Taste and availability of healthy products were reported to be the most important factors to increase the willingness to eat healthier, whilst increased knowledge of healthier foods was considered the least important factor.

Girls reported a higher health interest than their male counterparts. Young people who expressed a higher level of interest in their health reported a perceived healthier diet across both genders. The study found that that learning about food and health may stimulate healthier eating to an extent. The study was completed in Sweden and had a small sample size of 1,178 however the results show good potential to improve dietary habits amongst young people by focusing on their attitudes and preferences[6].

The experiences of young people living with obesity on trying to reach a healthy weight was explored using semi-structured interviews. The results found the experience of trying to reach a healthy weight is difficult because it requires a lot of physical effort. Young people found trying to reach a healthy weight particularly challenging without the support of parents and because of the availability of food with low nutritional value in their environment. Participants also pointed out that it is difficult due to the negative feelings that young people experience while performing the activities to lose weight[7].

Physical activity has many benefits including development of positive lifestyle factors, management of mental health conditions and supporting the reduction of chronic disease in adulthood. Despite the benefits many young people do not continue with sport into their adolescent years. Young people recognised participating in sport provided opportunity for socialization however changes in society, such as the use of social media and smartphones challenges their willingness to participate in sport[8].

4.1.2 Long term conditions

Many chronic illness that are prevalent in adults for example heart disease, stroke, and type 2 diabetes can be avoided through primary preventative behaviours which can be implemented during childhood and adolescence such as physical activity, eating a healthy diet and avoiding smoking. However, some young people live with a long-term condition that is not preventable for example epilepsy, type 1 diabetes and cancer. Some of the challenges young people living with a long-term condition face include stress, social disruption, stigma and expectations. Risk-taking behaviour often associated with adolescence can include poor adherence to treatment of long term conditions however poor compliance could also be linked to capacity and empowerment for self-management[9].

It is recommended that young people should be involved in and supported to make informed decisions about their healthcare. However, a systematic review by Jordan et al. (2018) found that young peoples' desire to be involved in decisions varied depending on a number of factors including type of treatment, how unwell they felt at the time a decision needed to be made and how well they could understand the information they were given[10]. Furthermore, a qualitative study by Crawford et al. (2022) advocates for health professionals to work in collaboration across paediatric and adult services to manage long term conditions particularly when a young person is approaching transition

age. This study highlighted the challenge in moving from paediatric to adult services and the role parents or care givers play in this[11].

4.1.3 Sexual health and teenage pregnancy

Sexual health is not merely the absence of disease, dysfunction or infirmity it also includes relationships, pleasure and safety as well as experiences, free of coercion, discrimination and violence[12].

Young people are particularly vulnerable to poor sexual health outcomes, such as sexually transmitted infections (STIs) and unwanted pregnancy. This can be attributed to higher risk sexual behaviours, increased number of sexual partners, poor levels of contraception and a bias against accessing health care, either through lack of appropriate services or difficulty in accessing services provided[13]. Overall, young people have higher rates STIs than any other age groups. The rate of STIs in this age groups has increased between 2021 and 2022 and was largely due to a sharp rise in gonorrhoea diagnoses with the rate almost doubling for 15-to-24-years-olds [14].

Teenage pregnancy is often a cause and consequence of education and health inequality for young parents and their children. Teenagers have the highest rate of unplanned pregnancy and around 50.0% of under-18 conceptions and 60.0% of under-16 conceptions end in abortion. Teenage mothers have higher rates of poor mental health for up to one year after the birth of their child[15]. Pregnancy, whether intended or not, puts young people at risk of death and injury with very young mothers being the most likely to experience complications and die of pregnancy related causes[16].

Children born to teenage mothers have a 60.0% higher rate of infant mortality, a 30.0% higher rate of low birth weight and a 63.0% higher risk of living in poverty. Mothers under 20 have a 30.0% higher risk of mental illness 2 years after giving birth, with young mothers up to age 25 also experiencing poorer mental health. This can affect their own wellbeing and their ability to form a secure attachment with their baby, recognised as a key foundation stone for positive child outcomes[15].

An estimated 12.0% of the number of young women aged 16 to 17 who are not in education, employment or training, are teenage mothers; and by the age of 30, teenage mothers are 22.0% more likely to be living in poverty than mothers giving birth aged 24 or over. Young fathers are twice as likely to be unemployed aged 30, even after taking account of deprivation[17].

4.1.4 Smoking and vaping

Electronic cigarettes (e-cigarettes) and their use known as ‘vaping’ is an increasing concern for young people despite it being illegal to sell them to anyone under the age of 18 in the UK. E-cigarettes heat a solution containing a psychoactive compound, most commonly nicotine or tetrahydrocannabinol (THC), along with flavourings and other additives to a vapor, which users inhale. The effects of vaping can include e-cigarette/vaping associated lung injury (EVALI) and extrapulmonary effects including cardiovascular, immunologic and neuro-developmental effects.
Young people are not commonly using e-cigarettes for smoking cessation and more and more young people who have never smoked traditional cigarettes using e-cigarettes[18].

E-cigarettes are available in a range of bright colours and flavours designed to appeal to children and young people including sweets. In a survey undertaken by the BBC in 2023 of 2000 young people

aged between 13 and 18 it was reported that 641 respondents had tried vaping and 70.0% of those who have vaped said they would be less likely to if the flavours were less appealing[19].

The second largest seller of e-cigarettes in the UK sold more than 30 million e-cigarettes in 2022[20]. A study of young people who vaped e-cigarettes in nontraditional flavours, compared with those who exclusively vaped tobacco-flavoured, mint- or menthol-flavoured, or flavourless e-cigarettes found that they were more likely to continue vaping and take more puffs per vaping occasion 6 months later[21].

There has been a decrease in the prevalence of smoking cigarettes nationally in young people with 12.0% of pupils had ever smoked (compared to 16.0% in 2018) however there has been an increase in e-cigarette use (vaping) has increased to 9.0% (up from 6.0% in 2018) with 1 in 5 15-year old girls being e-cigarette users [24].

4.1.5 Alcohol and drug use

Young people may misuse substances for many different reasons including peer influence, to conform, for pleasure and to relieve feelings of sadness and worry. Cannabis is the most commonly used substance among young people, followed by alcohol and then benzodiazepines[22]. Substance misuse is common in young people and has increased in recent years[23]. Up to half of 17-year-olds having engaged in binge-drinking, 1 in 3 having tried cannabis and 1 in 10 having tried harder drugs, such as cocaine, ecstasy and ketamine[22].

There was a fall in prevalence of lifetime and recent illicit drug use with 18.0% of pupils reporting they had ever taken drugs compared to 24.0% in 2018[24]. Data from the Smoking, Drinking and Drug Use Survey undertaken by NHS England in 2021 identified that 40.0% of pupils said they had ever had an alcoholic drink. A small number of pupils (6.0%) said they usually drank alcohol at least once per week, this was the same as in 2018[24].

A government report found that 80% of young people undertaking drug or alcohol treatment started using substances before the age of 15. Nationally around half of young people in treatment (46.0%) said they had problems with alcohol, 8.0% had problems with ecstasy and 8.0% reported powder cocaine problems[25].

Alcohol and substance use have been associated with lower academic attainment, reduced school attendance, changes in affect and behaviours leading to impairments in relationships with family and friends[17]. Young females who used substances reported more vulnerabilities than boys in relation to self-harming behaviour (46.0% compared with 17.0%) and sexual exploitation (10.0% compared with 1.5%). Additionally young people who have smoked, drank alcohol and taken drugs are more likely to report low levels of life satisfaction compared to pupils who have only done one of these, and those who have done none of these[24].

4.1.6 Mental health

Mental disorders among children are described as serious changes in the way children typically learn, behave, or handle their emotions, which cause distress and problems getting through the day. Many children occasionally experience fears and worries or display disruptive behaviours. If symptoms are

serious and persistent and interfere with school, home, or play activities, the child may be diagnosed with a mental disorder.

Mental health is not simply the absence of a mental disorder. Children who don't have a mental disorder might differ in how well they are doing, and children who have the same diagnosed mental disorder might differ in their strengths and weaknesses in how they are developing and coping, and in their quality of life. Mental health as a continuum and the identification of specific mental disorders are both ways to understand how well children are doing. The prevalence of mental health disorders in children and young people is high and increasing[26]. Despite this, young people are a group who may not seek help as frequently as adults. National data shows that over half of all mental health problems are established by age 14 and 75.0% by age 24[17]. Although the demand for mental health services is high and services have struggled to keep up with demand, resulting in high levels of unmet need[27]. In the absence of timely support, young people often do not access support until reaching crisis point[28].

When accessing services young people report a lack of understanding around the range of Child and Adolescent Mental Health Services and what they offer[29]. Despite this young people felt that reducing low mood was the most highly valued treatment outcome for young people but they also felt improved coping and self-management skills and making sense of past and current experiences were important[30].

Young people have experienced increases in anxiety, depression, and stress during the COVID-19 pandemic[31]. The pandemic caused major and profound disruptions to young people at a critical period of psychosocial development. A cross-sectional study explored the perceived negative and positive impacts of the COVID-19 pandemic on young people's mental health and wellbeing using both qualitative and quantitative methods. The study involved 593 young people with and without CMHI and the findings demonstrated high levels of clinical depression (48.0%), anxiety (51.0%), and loneliness in both groups[32].

4.2 Domain 2: Connectedness, positive values and contribution to society

Young people who reported feeling connected to home or school at ages 12-17 years were less likely to experience health risk behaviours related to sexual health, substance use, and violence and went on to have better mental health in adulthood than less connected peers.

Connectedness is 'a sense of being cared for, supported, belonging, and closeness with others that comes from protective and sustained relationships within families, schools, and communities. Connections with friends, peers, education, community and family are vital to support young peoples' wellbeing[33].

4.2.1 Family, peer and school connections

Family connectedness has been shown to have protective associations for emotional distress, violence, multiple sex partners, STI diagnosis and substance use indicators in young people [33].

Supportive relationships with family, care givers and peers have been shown to be protective factors that support young peoples' mental health and wellbeing. However in an average class of 30 students aged 15; 10 are likely to have separated parents, 7 are likely to have been bullied and one could have experienced the death of a parent[34].

Young people who were connected with school experienced protective effects in terms of emotional distress, suicidal ideation, physical violence victimization and perpetration, multiple sex partners, STI diagnosis, prescription drug misuse, and other illicit drug use[33].

Relationships with peers are an important factor in development and socialisation and have been shown to be strongly associated with young peoples' wellbeing. Research suggests that peer influences on behaviour tend to be greater for those under 14 years of age than for those aged 14 to 18. Young people who have strong peer relationships have better social and emotional functioning than more isolated people of the same age[33]. A report from the University of Manchester suggested social isolation was experienced by 15.0% of under-20 year olds and 11.0% of 20 to 24 year olds who died by suicide[35]. This was supported by qualitative research undertaken by the Samaritans which found loneliness played a significant role in young people's suicidal thoughts or feelings'[36].

4.2.2 Community connections

Community connection is often measured by young people's perceptions of the extent to which people look out for each other, report vandalism and crime, and create a sense of belonging for young people. For young people such community connectedness is influenced by the quality of youth-adult interactions, opportunities for meaningful input into community affairs, a sense of safety in the community, and being welcome in public spaces[37].

Young people who are socially connected for example those who engage with activities such as volunteering are less likely to engage in risk taking behaviour and are more likely to have increased positive health behaviours[38].

4.2.3 Romantic relationships

Romantic relationships may also have a significant impact on young peoples' health and wellbeing. Due to lack of experience and social/emotional development young people may not always have a clear understanding of what constitutes a healthy romantic relationship placing some young people at risk for dating violence. A survey found that some young people struggled to understand and interpret unhealthy relationship behaviour including jealousy and possessiveness. Noteworthily the sample was mostly made up by female participants from ethnically diverse backgrounds[39].

4.2.4 Online connections

The digital age has altered the way in which young people connect with the world around them resulting in both positive and negative effects on wellbeing[40].

Research shows that in the United Kingdom most young people now own devices that give them instant access to the web and negative experiences on the web such as cyberbullying have been linked to poor mental health outcomes.

The same elements that characterise in-person relationships can often be found in online friendships[40] however a large study on loneliness in young people using data from the Programme for International Student Assessment (PISA) which included over a million 15 and 16 year olds, found a direct relation between increases in reported loneliness and the use of smart phones and the internet[41].

4.2.5 The impact of being online

In a study by Rifkin-Kybutz et al. (2023) young people reported that their experiences on the web affected their mental health negatively and this was more commonly reported in young women than men. The study also found that LGB+ young people were more likely to feel that social media could be helpful which supports previous findings that web space is especially important for LGB+ individuals to find others who may be going through similar experiences and therefore able to support each other. It is worth nothing the sample size for this study was small and therefore limiting generalisability[42].

The Big Ambition Survey (2024) found that 75.0% of children surveyed said that they felt safe when they went online however adults responding on behalf of children were less likely to agree. In age breakdown 11-year-olds were the most likely to agree with the statement 'You feel safe when you go online' and those who attended school or college were more likely to agree they felt safe when they went online (71.0%) than children in home education (56.0%) and children not in education (53.0%). Additionally boys were more likely to agree they felt safe when they went online (75.0%) than girls (67.0%)[43].

In young men surveyed as part of a BBC poll more than a third of 1,000 responses reveal they have watched videos of Andrew Tate, an influencer who shares misogynistic views, with some respondents stating that his ideology is 'persuasive'. Of the 629 teenage boys and girls who said they had watched videos of Tate, 38.0% said they liked them. Additionally, 58.0% of young women surveyed reported they follow influencers online, of which more than a third said influencers make them feel they need to change the way they look[19].

A guardian reporter interviewed approximately 10,000 children and young people aged across the UK aged between six and 22 about the impact of pornography on their lives between 2016 and 2022. The young people reported concerns about consent, addiction, gender stereotypes and expectations[44]. A review by Peter and Valkenberg looked at the implications of young peoples' use of pornography which included more permissive sexual attitudes, stronger gender-stereotypical sexual beliefs, greater experience with casual sex behaviour and more sexual aggression. The findings of this review however need to be taken in context of various methodological and theoretical shortcomings, as well as several biases in the literature, which currently precludes internally valid causal conclusions about effects of pornography on young people[45].

A report focusing on young people and pornography by the Children's Commissioner was published in 2023 and included research from focus groups with teenagers aged 13-19 and a survey of 1,000 young people aged 16-21. The report stated that 27.0% of young people had seen pornography by age 11 and half of children who had seen pornography had seen it by age 13. The report also found that young people are frequently exposed to violent pornography, depicting coercive, degrading or pain-inducing sex acts; 79.0% had encountered violent pornography before the age of 18. Furthermore many young people had accessed this content via social media including twitter, Instagram and Snapchat rather than via adult sites[46].

4.2.6 Seldom heard groups

Particular groups of children have significantly worse outcomes such as young carers, those with lower socioeconomic status, those from diverse ethnic backgrounds, those not in school based education, those with a physical or learning disability, those with special educational needs and disabilities, those who identify as a sexual orientation other than heterosexual, those who are looked after and those in contact with the youth justice system[47].

Homelessness can place significant stress and emotional burden on young people with stress, anxiety, depression and other mental health problems are common in young people and families that are homeless regardless of the circumstances[29].

A German study found that young people who had caring responsibilities had significantly lower levels of well-being and higher levels of perceived stress compared with young people who did not. The study concluded that poorer mental health outcomes among young people with a caring role can result from both the challenges of the caring role and the context in which caring occurs[47].

During the COVID-19 pandemic a study by Stabler et al. found that many young people in care settings felt that home did not feel like a safe place. In this study, the lack of private space within the home during the pandemic exacerbated how these young people were able to access confidential support. This was a particular issue when the young person required support with issues related to their care experience and living situation[48].

4.3 Domain 3: Safety and supportive environment

Over 85.0% of a young person's waking hours are spent outside of school and formal education. Recreational and educational leisure-time activities provided during those hours can have a significant effect on young people's development and well-being[49].

4.3.1 Feeling safe

When asked 66.0% of 12 to 18-year-olds said that they feel safe and protected in their local area, compared to 80.0% of 6 to 11-year-olds. Children whose ethnicity was mixed, or other, were the least likely (both 69.0%) to agree that they feel safe and protected in their local area, while children whose ethnicity was white or Asian/Asian British were the (both 73.0%)[43].

Furthermore 74.0% of children in less deprived schools felt safe and protected, compared to 69.0% of children in more deprived schools, 48.0% of children who were not in education agreed that they felt safe, compared to 73.0% of children who attended school or college. 55.0% of children in Alternative Provision agreed they felt safe, compared to 74.0% in state-funded mainstream schools and 82.0% of those in independent mainstream schools.

4.3.2 Sexual violence

From adolescence females are more likely to experience sexual violence, including abuse, assault, and harassment. Young women are five times more likely to experience sexual assault than their male peers. Sexual violence causes physical, mental, reproductive harm to individuals and has significant tangible and intangible impacts on society[50]. An American study found that young people who had been a victim of sexual violence were more likely to report health related risk taking behaviour and that these associations were often stronger among male students[51].

In a survey of 2,000 young people aged 13-18 undertaken by the BBC, more than a quarter of girls (27.0%) said they had experienced sexual harassment in some form. Some 44.0% also said they do not feel safe while walking alone on the street compared to 24.0% of boys[19]. Additionally young women have been found to experience sexual harassment in the school for example sexual jokes, being shown unwanted sexual material and/or hurtfully described as gay or lesbian. Some young women also experience 'more serious behaviours such as sexual touching and being pressured to send naked or sexual pictures of themselves. This type of violence and harassment of this type is more likely among mid- or older teenagers and those whose sexual orientation is not heterosexual[52].

Sexual violence in mid-adolescence (between 14 and 18) has an impact on mental health with a study by Bentivenga and Patalay (2022) reporting worse mental health outcomes in young people who reported experiencing sexual violence after accounting for confounders[53].

4.3.3 Domestic violence

Young people's exposure to violence can occur through witnessing violence, hearing but not observing the violence, observing the aftermath, becoming aware of the violence and living in a household in which violence occurs but not being aware of it. The likelihood of a child being abused increase in households where abuse between adult partners already occurs. Exposure may impact a child's physical and emotional development. Specifically in young people this could result in behaviour changes, substance use, poor academic attainment and increased risk-taking behaviour[54].

4.3.4 Gambling

For young people gambling can have a number of harmful consequences including poor mental and physical health, relationship problems including familial relationships, poor educational attainment, and legal issues[55].

Young people have grown up in the digital age which has made gambling more accessible[56]. The Gambling Commission survey (2019) found that more young males reported participating in any gambling activity than young females. The survey also found that participation was higher in children aged 14 to 16 years (12.0%) compared to those aged 11 to 13 years (9.0%). Electronic gaming (fruit and slot) machines were often identified as the first experiences of gambling among children and young people although National Lottery, scratch cards, and placing private bets with friends were the most common forms of gambling reported[57]. One moderate quantitative study showed that a higher level of gambling participation at age 14 did not predict decreased academic performance at age 17 when other factors were taken into consideration (such as family and individual characteristics)[58]. There is increasing evidence of the relationship between harmful gambling and suicide, including in younger people. Although reasons for suicide can be complex, we do know that gambling can be a dominant factor without which the suicide may not have occurred[58].

The extent of gambling among young people aged 11 to 16 is lower than drinking alcohol but higher than using e-cigarettes, smoking tobacco cigarettes, or taking illegal drugs. Compared with children who have not gambled, those who have spent their own money on gambling are more likely to have consumed alcohol, taken drugs, or smoked either a tobacco cigarette or an e-cigarette[57].

4.3.5 Youth violence

After a decade of declines, homicide, knife and gun crime, and robbery began rising in 2014 and in 2018 reached their highest point for more than a decade[58].These increases were accompanied by a shift towards younger victims and perpetrators of violent crimes. The Serious Violence Strategy blames rising youth violence on 'county lines' drugs gangs and social media, which glamorises gang life, escalates gang tensions, and normalises weapon carrying[58]. However increasing violence could also be linked to a number of other things including lack of safe and supportive environments for children and young people and cuts to police numbers and budgets[59].

County lines drug dealing is a new and rapidly evolving illicit drug supply model which sees urban drug dealers cross police borders to exploit provincial drug markets[60]. Young people may be initially drawn to county lines by financial and social incentives, yet experience more coercive control once embedded within these networks making them vulnerable victims of exploitation[58].

A systematic review by Haylock et al explored the drivers that influence violent crime in the UK and found that multiple risk factors including a challenging or unstable home, community or societal environment are all key drivers for involvement in weapon-related crime although. It is important to note the study looked at young people ages 10-24, not just young people aged 11-18[61].

4.4 Domain 4: Learning, competence, skills and employability

4.4.1 Educational attainment and school attendance

Successful completion of compulsory education is important to an individual's well-being and lifelong opportunities and is associated with increased life satisfaction. Those with lower educational attainment are likely to have poor physical and mental health outcomes as well as reduced employment opportunities and earning potential[4].

Health risk behaviours in young people have been linked to lower educational attainment and conversely those with a higher level of educational attainment are more engage in health protective behaviours for example exercising, not smoking and eating a healthy diet. The study found that in the unadjusted models, for every additional risk behaviour a young person engaged in, the capped GCSE score decreased on average 9.17 points (95%CI −10.25 to –8.10) [4].

School absence and persistent school absence have been linked to income with statistics showing that young people who are eligible for free school meals have a higher rate of school absence than those who are not eligible for free school meals (23.0% compared to 9.1%)[63]. Pupils with a statement of SEN and pupils with an EHCP were more likely to be absent (with a rate of 7.5%) when compared to their peers without (a rate of 4.4%).

A report published in 2011 (prior to the new GCSE grading system being established) demonstrated that persistent absence from school regardless of cause have lower educational attainment than their peers who are not absent. For example; of pupils who miss more than 50.0% of school, only 3.0% achieve five A* to Cs including English and maths compared to pupils who miss less than five per cent of school, in this group 73.0% achieve five A* to Cs including English and maths[64].

4.4.2 NEET

The term NEET refers to a young person between the ages of 16 and 24 who is not receiving education, in employment, or undertaking vocational training. As of December 2022, 11.5% of all young people in the United Kingdom were NEET. The NEET rate for those aged 16-17 years was 4.0%. There are demographic differences in NEET rates for ethnicity, disability, and socio-economic. backgrounds[65]Young people NEET face many other disadvantages and are more likely to be young parents, eligible for free school meals, from a lower income household, have a disability and or have been excluded or suspended from school[66].

Being NEET can have a negative impact on a young person's life, including future earnings and the likelihood of being unemployed as an adult. Furthermore being NEET has been linked to engaging in unhealthy behaviours such as drug and alcohol misuse and youth crime[65]. National figures published in 2024 showed that 41.6% of 16-24 year olds were not in education or training and there was an increase in the employment rate from 69.9% to 71.5% of those aged 16-24 not in education and training[67].

Young people who are NEET are more likely to have poor physical and mental health. A systematic review by Gariepy et al. (2022) found that NEET status was associated with mental ill-health (OR 1.28, CI 1.06–1.54)[68]. And a study by Tanton et al. found that young people of both sexes who were NEET reported poorer health profiles in terms of physical and mental health than students or workers and were more likely to have a longstanding illness and or disability than those who are not NEET[69].

4.5 Domain 5: Agency and resilience

Agency is defined as the "personal ability to act and make free and informed choices to pursue a specific goal"[70]. Resilience refers to the ability to cope with and adapt to difficult circumstances and learn from them. In young people this is often linked to social skills, positive habits, self-respect and compassion[71].

Young peoples' agency and resilience can be shaped by a range of aspects, including their belief in their capacities, self-worth, previous experiences and feelings of connectedness[33]. These aspects are influenced by age, sex, socioeconomic status, education level, race, religion, ethnicity, sexual orientation, gender identity, disability, and where they live—all of which overlap and intersect with one another to either constrain or strengthen agency[72].

4.5.1 Risk taking behaviour

The adolescent brain develops rapidly and as a result young people can be more vulnerable to risk taking behaviour due to reward sensitivity and ability to rationalise information[73]. However, changes in the brain during adolescence also result in improved ability to learn, process information, critically reason and plan ahead instead of acting impulsively[74].

This susceptibility to risk taking can result in behaviour in young people that impacts health such as low levels of physical activity, unhealthy diet, smoking, substance abuse and engaging in risky sexual behaviours therefore making health promotion for young people of vital impoartance[75]. Brooks et al. found that young people are influenced by a sense of belonging, autonomy and control and social networks[76].

Studies have shown that risk taking behaviours in young people vary according to gender; for example, antisocial and criminal behaviours, cannabis use, and vehicle-related risk behaviours are more prevalent among males, while tobacco smoking, self-harm and physical inactivity are more prevalent among females. However, despite the gendered patterning of single risk behaviours, females and males engaged in a similar number of risk behaviours[4].

4.5.2 Gender and sexual identity

Erik Erikson (1968) argued that during adolescence young people develop a coherent, integrated, and stable sense of themselves. He also argued that a failure to do this may make the transition to adult roles and responsibilities more difficult[77]. Studies of youth across the span of adolescence show that, for many young people, the sense of self and identity become more integrated, coherent, and stable over time[78].

Physical development of individuals who identify as a gender other than the one they were assigned at birth and who may identify as transgender, genderqueer, gender-fluid, gender-expansive, or nonbinary[79] can be extremely challenging. Fear of development of secondary sexual characteristics can destabilizing[80] and as a result some may take medications that block puberty. Although puberty blockers have the potential to ease the process of transitioning, the long-term health effects of these drugs are not yet known[81].

The Millenium Cohort Study reported responses from young people about their sexual attraction. The study reported 6.0% (629) of the cohort were identified as sexual minorities and 94.0% (9256) identified as heterosexual. The study found that young people who identified as a sexual minority were more likely to experience high depressive symptoms (odds ratio [OR] 5·43, 95% CI 4·32–6·83; p<0·0001), self-harm (5·80, 4·55–7·41; p<0·0001), lower life satisfaction (3·66, 2·92–4·58; p<0·0001), lower self-esteem (β 1·83, 95% CI 1·47–2·19; p<0·0001), and all forms of bullying and victimisation[82].

Young people who identified as a sexual orientation other than heterosexual in the Millenium Cohort Study were more likely to have tried alcohol (OR 1·85, 95% CI 1·47–2·33; p<0·0001), smoking (2·41, 1·92 −3·03; p<0·0001), and cannabis (3·22, 2·24–4·61; p<0·0001)1[82].

4.5.3 Adverse experiences

Adverse childhood experiences (ACEs) is a term first used by researchers in the United States to describe 10 difficult and potentially traumatic experiences or circumstances that might occur before the age of 18 [83]. Children who have had an ACE are more likely to have difficulties learning and engaging with others and are more likely to go on to experience mental health problems. And 18.0% of 11 to 15 year olds report having experienced some form of bullying via online platforms[84].

A UK based cohort study found that exposure to at least one ACE was associated with lower educational attainment and worse health and health-related behaviours. The study found no evidence that higher socioeconomic position acted as a buffer to the adverse effects of ACEs; associations between ACEs and both educational and health outcomes were similar in young people with parents from manual and nonmanual occupational social classes and for young people with low and high levels of maternal education. However, the study recognised that young people from a lower socioeconomic backgrounds may be more likely to experience ACEs[85].

4.6 Conclusion

The formal literature search did not return many papers, published in the United Kingdom which explored young peoples' thoughts and views on their health and wellbeing. Leeds is a child-friendly city and central to that are the voices and views of young people therefore listening to and engaging with young people to understand their views and experiences regarding what they need to be is critical in informing this health needs assessment. As a result, this health needs assessment sought to engage with young people, focusing on seldom heard young people, across the city to ensure their voices are heard.

Chapter 5: Epidemiological needs assessment

5.1 Data sources

There are a range of data sources that enable us to build a picture of the demographics and epidemiology of the adolescent population in Leeds. This section has been written using data from:

- The 2022 Children and Families Health Needs Assessment.
- The 2021 Leeds Joint Strategic Needs Assessment.
- 2021 Census data for Leeds City Council.
- Department of Health data.
- Leeds GP data.
- OHID data including data from the Public Health Outcomes Framework.
- MHMS Survey Data N.B. for some areas of this epidemiological needs assessment MHMS data has been used which draws from a very small sample size therefore affecting the validity of this data.
- A data pack produced to inform the refresh of the Leeds Future in Mind strategy.
- Office for National Statistics data.
- Everyone's included: the Leeds SEND and Inclusion Strategy 2022 to 2027.
- 2023 Report of Understanding the Needs of Children who are Looked After in Leeds
- School Census.
- Leeds Serious Violence Strategic Needs Assessment January 2024.
- 2022-2023 Attainment Learning Outcomes Dashboard Summary.
- 2022-23 KS4 Pupil Group Attainment.
- 2024 JSA text Outcomes19 2022/23 Tracking duty/NEET & local info on EHE.
- 2022-23 Attendance and Exclusions Learning Outcomes Dashboard.
- Destination 2022 Key points revised data v2.
- Children in Need Census 2022-23.
- Children Looked After Sufficiency Strategy Report.
- Reoffending data from 117 Final YDS for England and Wales April 2023 to Dec 2023.

5.1 Demographics

Leeds is the second largest local authority out of a total of 317 in England. According to the 2021 census there are 812 000 people residing in Leeds, an increase of 8.1% from 2011. In 2022 there were 172, 651 people aged under 18 years old living in Leeds and 99,876 (12.3%) of the total population of Leeds was aged between 10 and 19 years old. Of the population aged between 10 and 19 years old 50,453 are male and 49,558 are female[8]. There has been an 8-year plateau of 10,000 births per annum between 2010 and 17 followed by a decrease in number of births by 18.0% to 8,305 in 2023.

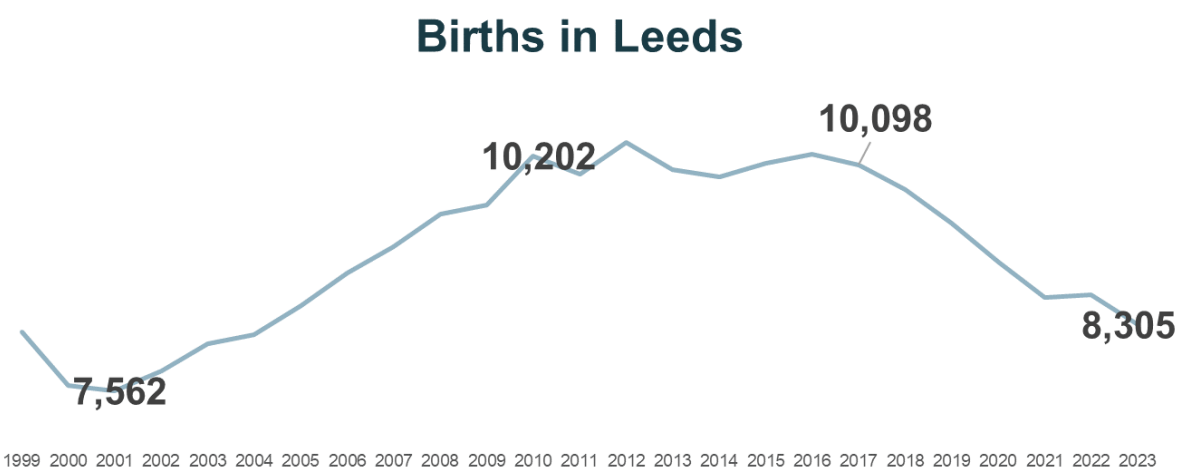


Figure 3: Births in Leeds Between 1999 and 2023

Previous high birth rates between 2010 and 2017 have resulted in a larger cohort of children now completing the transition from primary school than in previous years. Figure 3 demonstrates the numbers of children who are primary, secondary and post-16 age by year and demonstrates that there will be 5,000 more secondary school pupils will be expected in Leeds by 2030 when comparing the 2023 figure of 47,461 to the projected 2030 figure of 52,486. This may have potentially significant mid-term implication for post-16 support and opportunities beyond[9]. The child population is concentrated in areas of Leeds and communities most likely to experience deprivation.

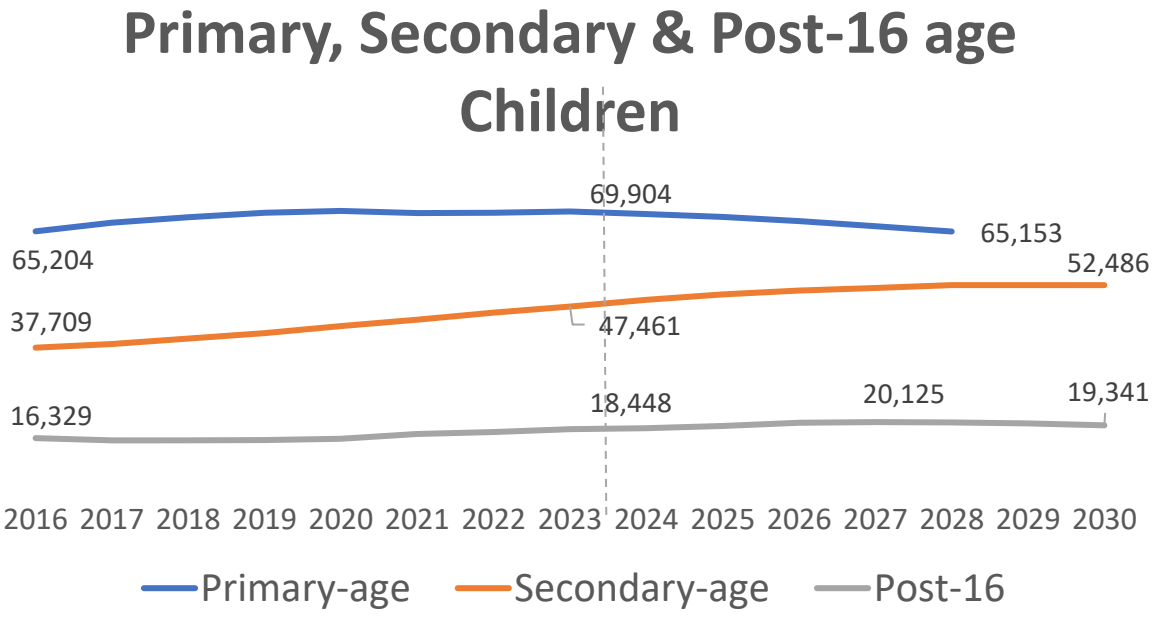


Figure 4: Numbers of children who are primary, secondary and post-16 age by year.

Source: Leeds Observatory. Graphs taken from A Changing City: Population Trends, 2021

5. Leeds Observatory – Welcome to the Leeds Observatory – Census 2021
6. A Changing City: Population Trends (arcgis.com)

5.2 Domain 1: Good health (physical and mental) & optimum nutrition

This section will cover epidemiological data on the physical and mental health of the adolescent population of Leeds including data on key health issues including sexual health, smoking, vaping, drug and alcohol use, long term conditions, healthy weight and mental health.

5.2.1 Healthy weight, healthy eating and physical activity

According to 2021 figures in Leeds there was a similar prevalence of overweight young people aged 10-11 years old (37.4%) compared to England (36.6%) but a higher percentage of obese adults (65.0%) than the figure for England (63.8%)[10].

Each year, school children in Reception (4-5 years old) and Year 6 (10-11 years old) are weighed and measured across England as part of the National Child Measurement Programme (NCMP). Although this data is not measured in the adolescent population of Leeds the 2022/23 NCMP shows trends of increasing obesity rates, obesity prevalence increasing with age, a strong relationship between obesity and deprivation and which are still relevant to this group:

- The obesity rate has decreased in both reception and year 6 school year groups compared to last year in line with the national trend.
- One in three 10–11-year-old children in Leeds are living with excess weight.
- The rate of Year 6 school children living with obesity remains more than double the rate for Reception children both locally and nationally.
- In both school year groups, there are a slightly larger number of boys living with obesity than girls, particularly in Year 6, where the difference was statistically significant.
- The five-year aggregated obesity data for children living in the most deprived fifth of Leeds showed that for both school years it rose slightly which is in line with regional and national trends.
- Five-year aggregated obesity data show that children identified as Black in Reception and Year 6 remain significantly above Leeds average.
- There is a strong relationship between obesity and deprivation. Children living in the most deprived areas have significantly higher obesity levels for both school age groups[11].

The Healthy Eating survey was completed by 8344 Secondary pupils and 345 Post 16 students as part of the 2023 MHMS.

The survey found that there had been an increase in the number of secondary and post 16 students who ate 5 or more portions of fruit and vegetables each day. However there had also been an increase in the number of secondary and post 16 students who eat 5 or more portions of snacks each day and the number of secondary and post 16 students who drank 5 or more sweetened drinks daily. 83.5% of secondary school respondents reported that they knew where to go to get help or advice for eating healthily[12].

7. Fingertips | Department of Health and Social Care (phe.org.uk)
8. National Child Measurement Programme, England, 2022/23 School Year - NHS England Digital
9. 22/23 Healthy Eating Annual Report (schoolwellbeing.co.uk)

Furthermore, the survey found:

- 23.7% of secondary pupils and 22.6% of post 16 students said they rarely/never have breakfast.
- 4.9% of secondary pupils and 3.8% of post 16 students reported they rarely/never have lunch.
- 1.9% of secondary pupils and 0.6% post 16 students said rarely/never have dinner.
- There has been a decrease in the number of post 16 students who brush their teeth twice a day or more.

In Leeds there was a slightly higher percentage of physically active children and young people (49.1%) compared to England as a whole (47.0%)[13].

The physical activity and sport section of the MHMS survey was completed by 8344 Secondary pupils and 345 Post 16 students in 2023. The survey found there was an increase in post 16 students who are physically active for 30 minutes or more 14 or more times in a week.

When asked 'what stops you from being physically active?' secondary pupils responded:

- Nothing stops me, I do take part in physical activity (14.3%).
- I have no one to go with (9.3%).
- I don't have the time (8.1%) Too much school/college work (7.9%).
- I don't have the confidence (7.8%)[14].

5.2.2 Long term conditions

- In Leeds in 2021-22, 51 girls and 85 boys aged between 10 and 19 had a diagnosis of cancer, combined this accounts for 0.17% of the total population of young people aged 10-19.
- in Leeds in 2021-22, 19 girls and 30 boys aged between 10 and 19 had a diagnosis of hypertension, this accounts for 0.05% of the total population of young people aged 10-19.
- In Leeds in 2021-22, 4327 girls and 5923 boys aged between 10 and 19 had a diagnosis of asthma, this accounts for 10.3% of the total population of young people aged 10-19.
- In Leeds in 2021-22, 26 girls and 23 boys aged between 10 and 19 had a diagnosis of serious mental illness, this accounts for 0.05% of the total population of young people aged 10-19.
- In Leeds in 2021-22, 10 girls and 18 boys aged between 10 and 19 had a diagnosis of stroke/TIA, this accounts for 0.03% of the total population of young people aged 10-19.
- Leeds in 2021-22, 188 girls and 191 boys aged between 10 and 19 had a diagnosis of diabetes, this accounts for 1.1% of the total population of young people aged 10-19.

10. Physical Activity | Fingertips | Department of Health and Social Care (phe.org.uk)
11. 22/23 Physical Activity, Sport and PE (schoolwellbeing.co.uk)
12. 22/23 Healthy Eating Annual Report (schoolwellbeing.co.uk)

5.2.3 Sexual Health and Teenage Pregnancy

The MHMS Survey Annual Report for 2022/23 focusing on sexual health section of the survey was completed by 8689 pupils in Secondary (Y7, 9, 11) and Post 16 settings.

The largest increases in those who did not use protection the last time they had sex was seen in female respondents (16.4%) and respondents who describe their gender in another way (9.1%). Transgender respondents reported a 37.5% decrease[16].

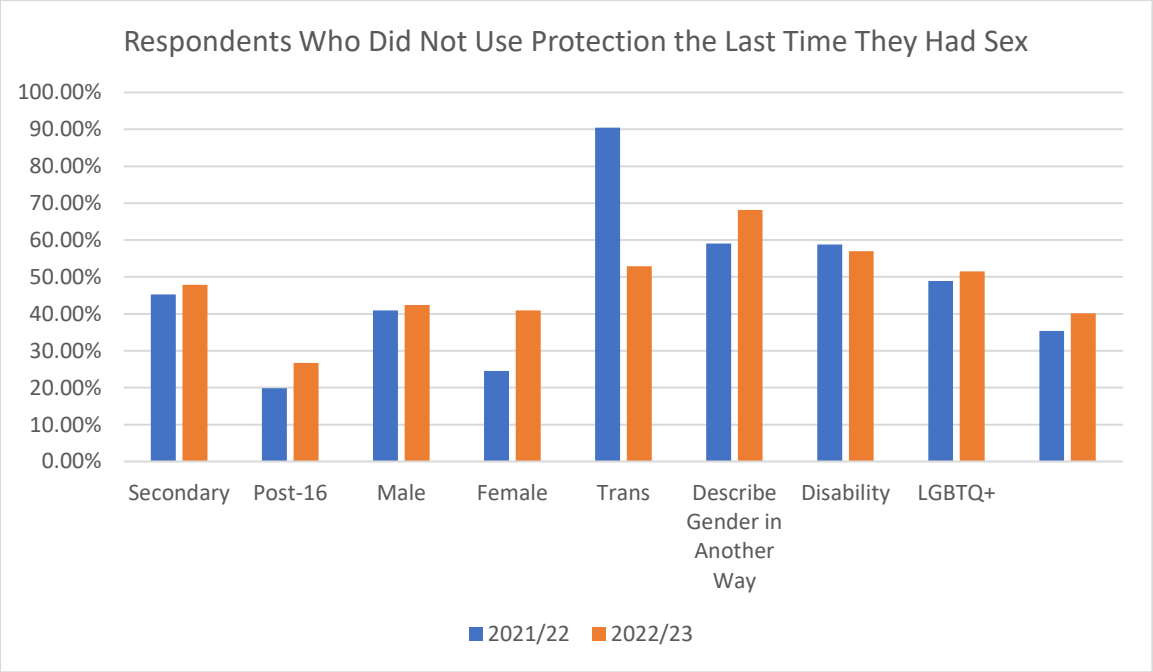


Figure 5: Graph Demonstrating 2022/23 MHMS Survey Respondents Who Did Not Use Protection the Lat Time They Had Sex

Source: MHMS 22/23 Sexual Health Survey

According to June 2022 figures there were 77 conceptions to women aged under 18 in Leeds, this was the highest figure recorded since March 2018 (80). There were 422 77 conceptions to women aged under 18 in the Yorkshire and Humber region and 3,408 in England as a whole[17].

Leeds had a higher under 18s conception rate per 1,000 than the rate for England and the Yorkshire and Humber region with the Leeds rate being 19.7 per 1000, the England rate being 13.9 per 1000 and the regional rate being 17.9 per 1000 (2022 figures). The rate in Leeds has have decreased slightly from June 2021 when it was 20.2 per 1000. The rate in Leeds has followed a similar trend to national figures where the rate has decreased steadily since 2015[18].

13. 22/23 MHMS Sexual Health (schoolwellbeing.co.uk)
14. Quarterly conceptions to women aged under 18 years, England and Wales: January to March 2022 and April to June 2022 - Office for National Statistics
15. Fingertips | Department of Health and Social Care (phe.org.uk)

According to 2022/23 MHMS survey data when asked 'have you ever had sexual intercourse?' 9.3% of secondary school respondents stated that they had; in 2021/22 this figure was 9.3%, in 2020/21 10.3% and in 2019/20 the figure was 12.5%.

Of the respondents who had had sexual intercourse 47.5% reported they or their partner had used a condom and another form of contraception or used a condom only and 47.9% reported they did not use any form of contraception. The percentage of secondary school respondents who have had intercourse reporting they did not use any form of contraception has steadily increased since reporting began in 2007/09 with latest figures showing in 34.8% in 2019/2020, 49.1% in 2020/21 and 45.3% in 2021/22[16].

According to 2023 figures Leeds had a higher chlamydia detection rate per 100,000 in both males and females aged 15 to 24 than the rate for England. The rate in females was 3,167 per 100,000 compared to 1,962 for England and the rate in males was 1,474 per 100,000 compared to the England rate of 1,042 per 100,000. as demonstrated in figure 6[19].

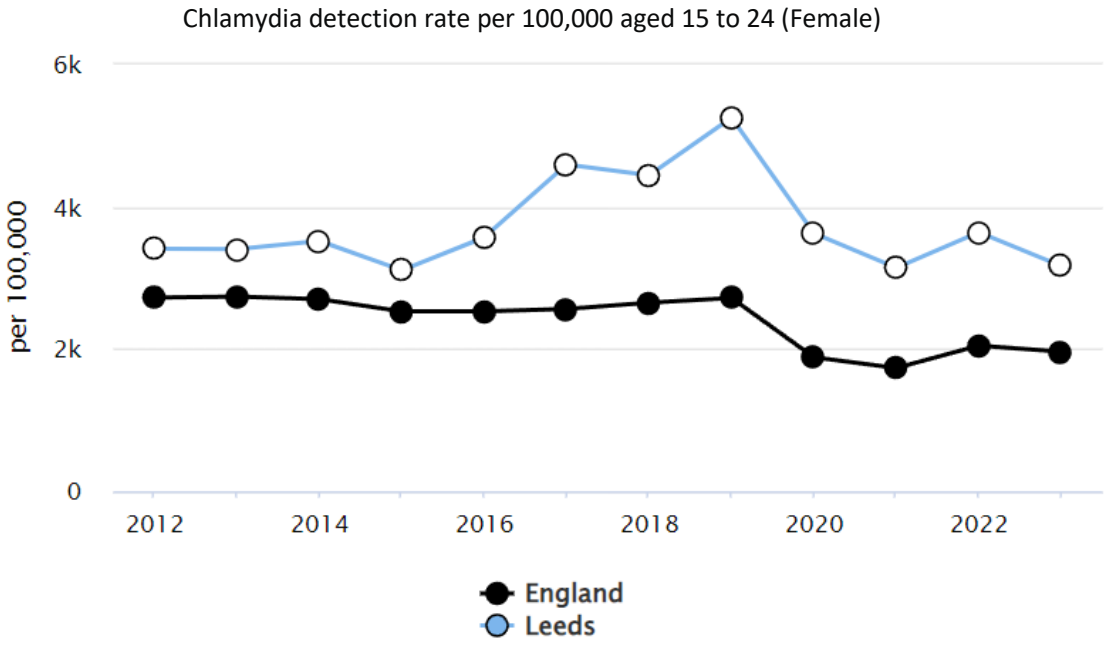


Figure 6: Chlamydia Detection Rate for Leeds Compared to England in Females aged 15-24 (2012-2022)

Source: Fingertips Public Health Profiles

These findings may be due to a higher screening rate in females (30.2%) aged 15-24 than the rates for England (20.4%).

16. Fingertips | Department of Health and Social Care (phe.org.uk)

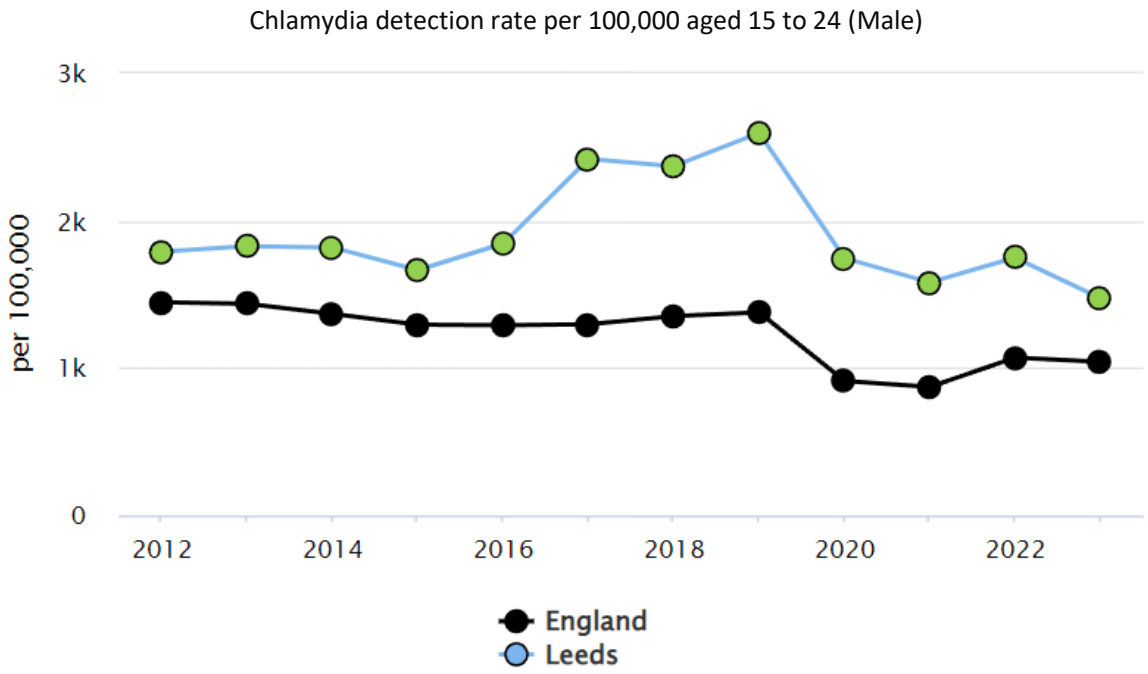


Figure 7: Chlamydia Detection Rate for Leeds Compared to England in Males aged 15-24 (2012-2022)

Source: Fingertips Public Health Profiles

Leeds had a similar rate of detection per 100,000 of new sexually transmitted infections in people aged under 25 (excluding chlamydia) with the rate in Leeds in 2022 being 484 per 100,000 compared to 480 per 100,000 in England as shown in figure 8. This could be attributable to Leeds having a higher testing rate of 4,208 per 100,000 compared to 4,110.7 per 100,000 for England. Nationally gonorrhoea diagnoses are increasing across all age groups however the rates almost doubled for 15-to-24-years-olds between 2021 and 2022 (a 91.7% increase, from 16,191 to 31,037)[19].

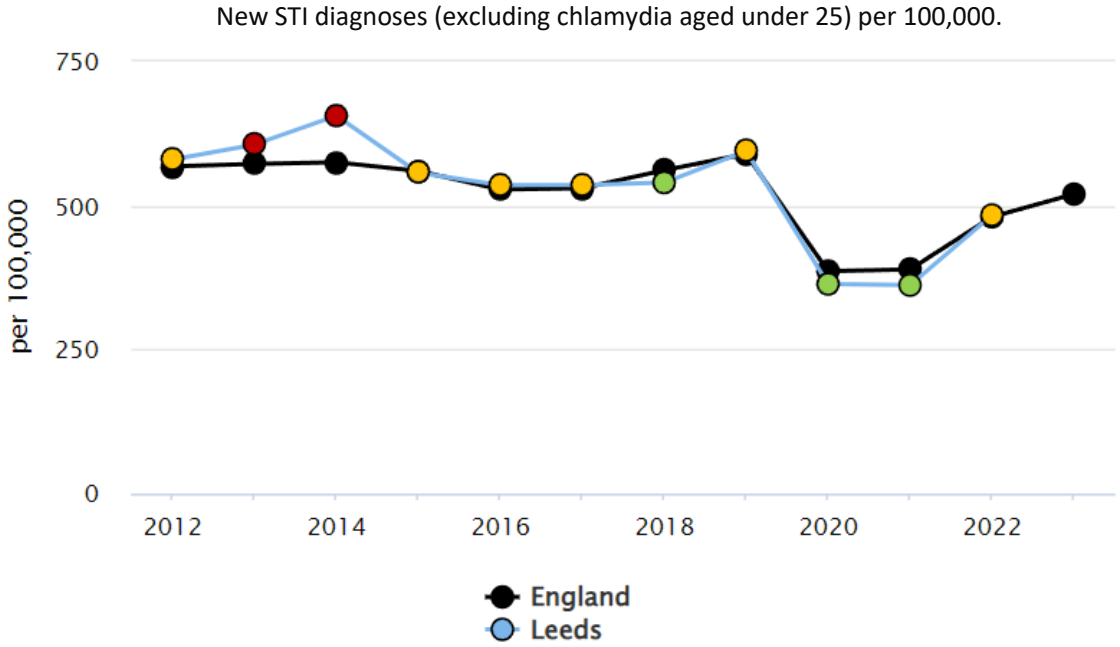


Figure 8: New STI Diagnosis (excl chlamydia) in those aged under 25 in Leeds Compared to England (2012-2022)

5.2.4 Smoking and vaping

Across all PCN footprints in Leeds in 2021-22, 1264 girls and 850 boys aged between 10 and 19 were recorded by their GP as smoking. In 2022-23, 36.0% of children aged 10-19 recorded as smoking by their GP lived in the most deprived decile in Leeds and 3.0% lived in the last deprived decile.

Leeds Student Medical Practice and the Light Primary Care Network (PCN) had the highest count (511) of children aged between 0-19 who smoked followed by Burmantofts, Harehills and Richmond Hill PCN (200), Woodsley PCN (156), West Leeds PCN (144) and Middleton and Hunslet PCN (142)[20].

Data has been collected in Leeds since 2018 via the MHMS Survey. In 2022 the Leeds prevalence of occasional and regular users of vapes among secondary school aged pupils was 6.4% compared with 4.6% nationally, however the national figure excludes 16-year-olds, so the comparable age range is likely to be similar.

The 2022/23 MHMS survey data showed that when asked 'have you ever smoked a cigarette' 97.7% of secondary school respondents responded 'No'. When asked 'how often do you smoke' 0.8% of secondary school respondents responded '10 or more cigarettes per day' compared to 4.5% in 2008/09.

The prevalence of those who report 'experimenting' with vaping has been consistently higher in Leeds (double the rate of the national prevalence)[21].

17. Source; Leeds GP Dashboard
18. 22/23 Drugs, Alcohol and Tobacco Annual Report (schoolwellbeing.co.uk)

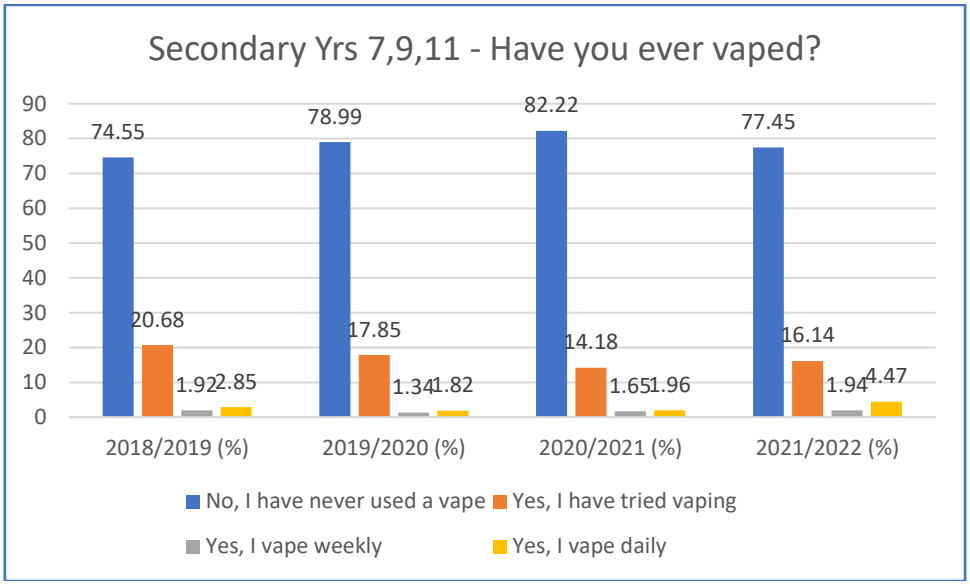


Figure 9: Prevalence of vaping amongst young people in Leeds Years 7,9,11 combined (My Health My School)

Source: MHMS 22/23 Drugs, Alcohol and tobacco report

The Action on Smoking and Health Survey (2023) provides further information on vaping in the adolescent population nationally. From the ASH 2022 survey, overwhelmingly, the primary reason for vaping is experimental with 40% of respondents stating they vape 'Just to give it a try' the next main reasons are peer pressure (19%) and 'I like the flavours' (14%)

- From the 2022 survey the most frequently used vape flavouring for young people is 'fruit flavour' chosen by 56.7% of current vape users. The next most popular flavour is from the 'other flavour' category (a wide variety including 'chocolate, desserts, sweet, or candy, alcoholic drink, energy drink and soft drink flavour') chosen by 16.2%, followed by 'menthol/mint flavour', chosen by 9.2%.
- Tobacco flavour is less popular now than in the past, with only 7.6% of young people who use vapes choosing this flavour in 2022 compared with 24.5% in 2015[22].

5.2.5 Substance misuse

In 2022/23 the MHMS survey results for 2022/23 showed that there had been a small increase in the number of secondary school and post 16 students who had never been drunk compared to 21/22 results.

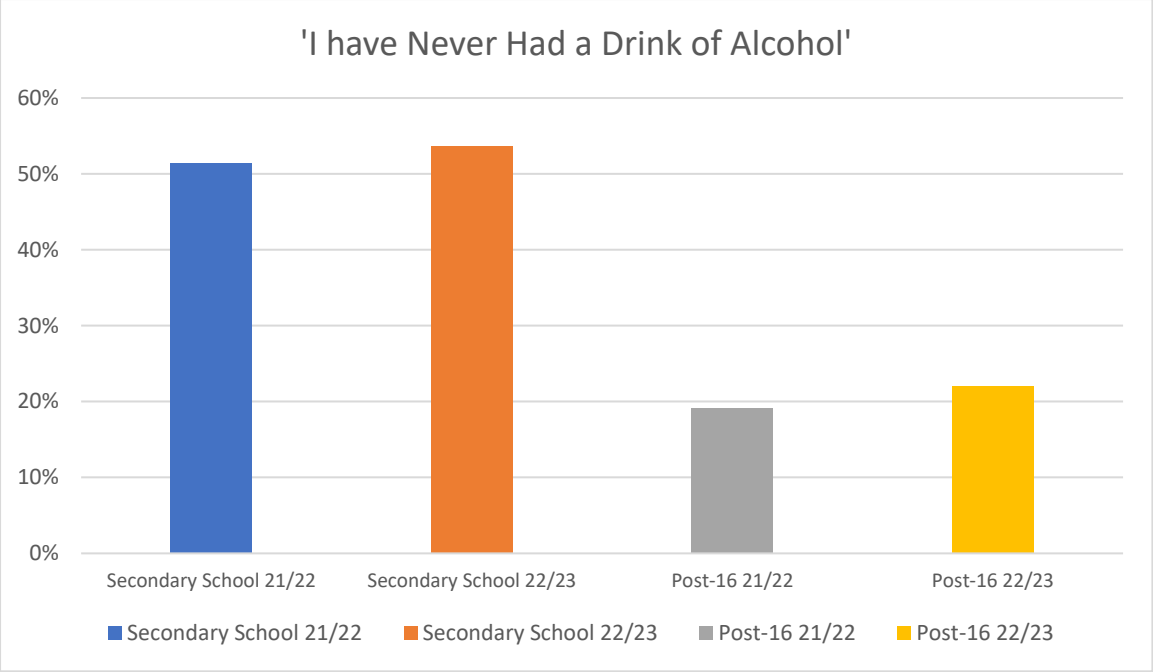


Figure 10: Frequency of Alcohol Consumption in MHMS Respondents

Source: MHMS 22/23 Drugs, Alcohol and tobacco

According to 2022/23 MHMS survey data when asked 'which of these descries you best?' 4.5% of secondary school respondents who drink alcohol responded that they drink to get drunk[21]. Additionally, 4.6% of secondary school respondents reported that they had used illegal drugs or glues, gases and solvents as drugs[21].

Nationally the Young People's Drug Misuse Treatment Statistics from 2022 to 2023 explored trends in drug use in 12–17-year-olds and found that cannabis remains the most common substance (87.0%) that young people come to treatment for. Around half of young people in treatment (44.0%) said they had problems with alcohol, 7.0% had problems with ecstasy and 9.0% reported powder cocaine problems. Leeds figures from April-December 2023 show that 85% of young people in substance misuse services had problems with cannabis, 30.0% had problems with alcohol, 8.0% had problems with ecstasy and 8.0% had problems with solvents. Other substances young people reported issues with included cocaine, opiates and nicotine. This was reflective of national figures[24].

Nationally the proportion of young people seeking help for codeine has fallen over the last 2 years by 0.4 percentage points whereas the number of young people in treatment for solvent misuse had increased by 2.2 percentage points. Additionally, there was a rise in the number of people reporting problems with ketamine[24].

19. Headline-results-ASH-Smokefree-GB-adults-and-youth-survey-results-2023.pdf
20. 22/23 Drugs, Alcohol and Tobacco Annual Report (schoolwellbeing.co.uk)
21. Young people's substance misuse treatment statistics 2022 to 2023: report - GOV.UK (www.gov.uk)

In Leeds there are approximately 200 young people in specialist substance misuse services monthly (ranging from 188 to 210). In 2023 there were 37 new presentations to specialist substance misuse services. In 2023 Leeds the highest number of referrals came from education services (46 referrals), followed by youth justice services (17), children and family services (12), family friends and self (16) and finally health and mental health services (14)[24].

The number of boys (61.0%) in substance misuse treatment is higher than the number of girls (39.0%). Additionally in Leeds 19.0% of those using substance misuse treatment services were aged 17, 26.0% were aged 16, 30.0% were aged 15, 21.0% were aged 13-14 and 3.0% were under 13 years old.

Between April and December 2023 77.0% (120) of young people in substance misuse treatment attended alternative education provision, 1.0% (1) were in mainstream education, 10.0% (16) were temporarily excluded, 2.0% (3) were employed and 3.0% (4) were not in education, employment or training. It is worth noting that the total number of young people engaged in treatment is small (155 total) which may impact the validity of the data.

These follow a similar trend to national figures where 61.0% of young people in substance misuse treatment nationally attended alternative education provision, 2.0% were in mainstream education, 16.0% were temporarily excluded, 2.0% were employed and 3.0% were NEET.

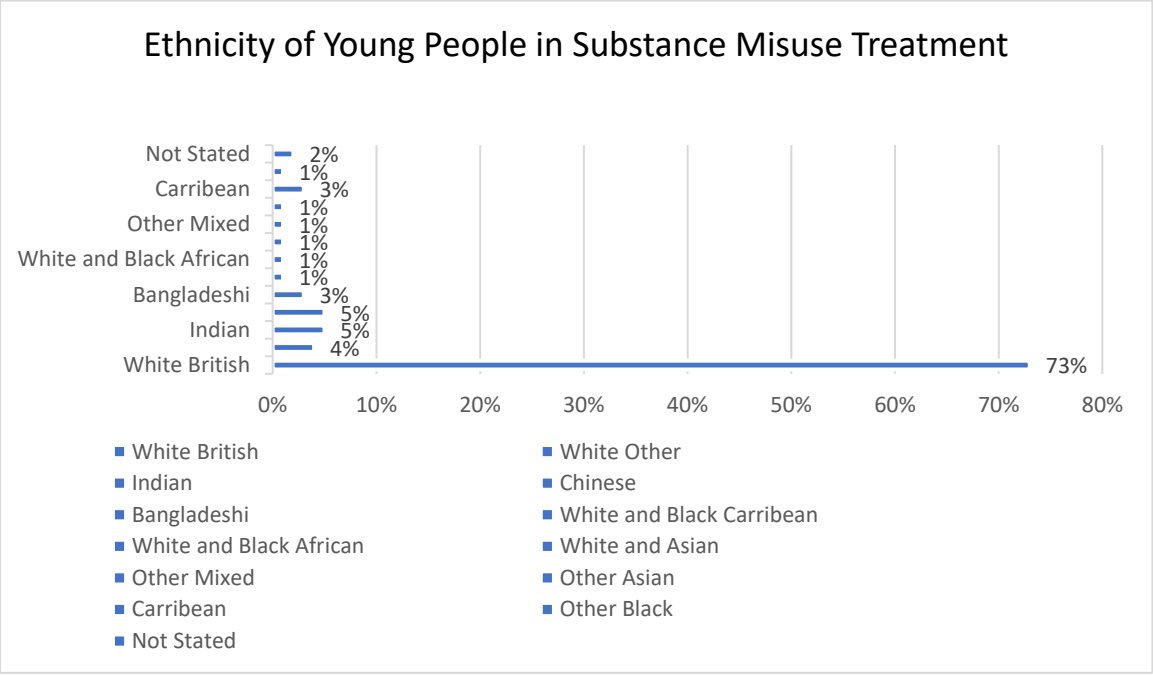


Figure 11: Ethnicity of Young People in Substance Misuse Treatment in Leeds

Source; Specialist Substance Misuse Services Quarterly Report for Leeds up- to 31/12/2023

Between April and December 2023 34.0% of young people who exited substance misuse services completed their treatment and were drug dree and 52.0% completed their treatment and became an occasional user. Of those who had an unplanned exit from services 1.0% declined input and 12.0% dropped out.

Nationally more boys than girls were in treatment in all age bands ranging from under 12 to 17. However, of those in treatment, girls reported more self-harming behaviours (51.0% compared with 17.0%) and sexual exploitation (11.0% compared with 1.5%). Whereas boys reported more antisocial behaviour (37.0% compared with 17.0%), criminal exploitation (12.0% compared with 5.0%) and gang involvement (9.0% compared with 2.0%)[24].

For the period 2018/19 – 2020/21, the national average for substance misuse hospital admissions for young people aged 15-24 years was 81.2 admissions per 100,000 people. Admissions in Bradford were significantly higher than the national average with 109.5 admissions per 100,000 people. Calderdale and Wakefield were also above the national average, the difference much lower with 92.1 and 86 admissions per 100,000. Kirklees and Leeds show lower than average rates of hospital admissions (76 and 71 per 100,000).

5.2.6 Vaccines

Three vaccines are routinely offered to young people as part of a long-standing programme to protect them from serious preventable diseases:

- the HPV vaccine, which helps protect against cancers caused by the human papillomavirus (HPV) virus.
- the MenACWY vaccine, which helps protect against meningococcal groups A, C, W and Y, which can cause meningitis and septicaemia.
- the 3 in 1 teenage booster (Td/IPV), which protects against tetanus, diphtheria and polio.

The measles, mumps and rubella (MMR) vaccine is also offered as a catch-up programme to young people if they have missed any doses when they were younger. Vaccine uptake in adolescents has dropped since pre COVID-19 however is starting to improve as shown in figure 12.

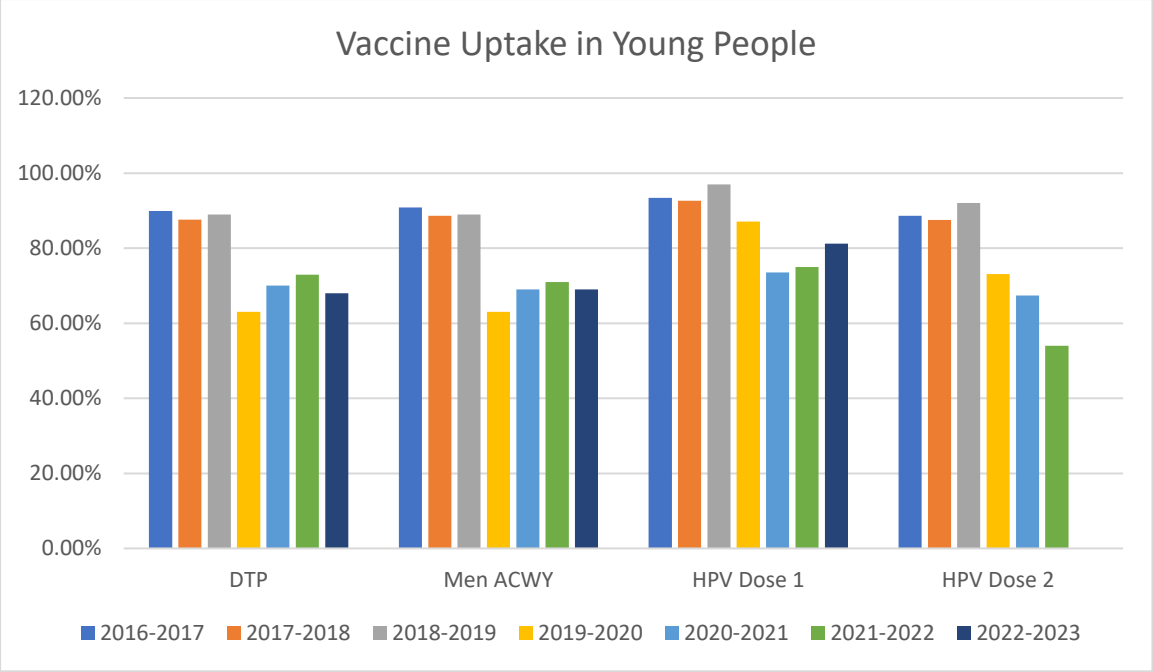


Figure 12: Vaccine Uptake in Adolescent Cohort in Leeds

Source: School leaver booster (Td/IPV): vaccine coverage estimates

5.2.7 Mental health

National and local data show a trend of worsening mental health over time. According to the 2022/23 MHMS survey results 54.1% of secondary school respondents reported that they felt happy most days whereas 32.2% reported that they felt stressed or anxious most days. Additionally, only approximately two thirds (64.9%) of secondary school respondents reported they had not been bullied in or around school[25].

NHS Digital's 'Mental Health of Children and Young People in England (2023) survey sought to identify trends in mental health nationally amongst children and young people. The 2023 data showed:

- Eating disorders were identified in 12.5% of 17- to 19-year-olds, with rates 4 times higher in young women (20.8%) than young men (5.1%).
- 2.6% of 11- to 16-year-olds were identified with eating disorders, with rates 4 times higher in girls (4.3%) than boys (1.0%).
- q2% of 11-16 years olds had a possible mental health disorder, this was higher in boys (14.6%) that in girls (11%)
- 22% of 11-16 years olds had a probable mental health disorder, this similar in girls (22.9%) and boys (22.3%)
- 15.3% of 17–19-year-olds had a possible mental health disorder; this was higher in young girls (16.0%) than boys (14.7%)
- The likelihood of a probable mental health disorder increases with age with 23.3% of 17–19-year-olds having a probable mental health disorder, this was significantly higher in young girls (31.0%) than boys (15.4%)

Following the COVID-19 pandemic in Leeds there was an increase Child and Adolescent Mental Health Services (CAHMS) crisis calls in Children who are Looked After aged 16-18 presenting more frequently. These presentations follow national trends[26].

The prevalence rates for the 4 main categories of mental disorder, split by age and sex, were modelled onto the Leeds population to give an indication of the number of children and young people in each age category estimated to experience each disorder. The standout finding in this was the increasing modelled prevalence of anxiety amongst girls as they grow older. These modelled figures show[26]:

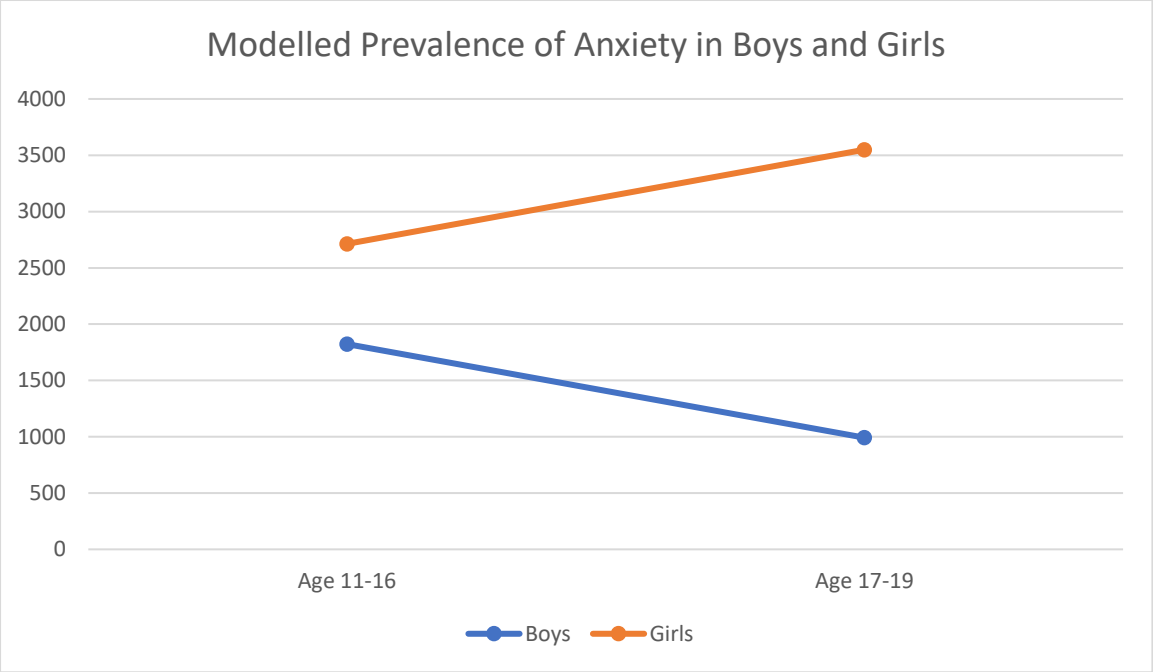


Figure 13: National Modelled Anxiety Prevalence Extrapolated to Leeds Population

Source: Future in Mind 2021-26 Data Pack

Analysis of the MHMS survey (2022/23) found that positively:

- The number of post 16 students, Black pupils and pupils from other ethnic backgrounds who feel stressed/anxious everyday/most days had reduced.
- There has been a reduction in the number of post 16 students and pupils who describe their gender in some other way who do not cope well with feeling stressed/anxious.
- Less post 16 students, LGBTQ+ pupils and pupils who describe their gender in some other way who do not cope well with feeling lonely than in 2021/22.
- The number of post 16 students who have ever thought about ending their own life had reduced.

22. Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey - NHS England Digital
23. Future-in-Mind-Leeds-2021-26-Data-Pack-1.pdf (mindmate.org.uk)
24. 22/23 MHMS SEMH Annual report (schoolwellbeing.co.uk)

- The 22/23 results showed that 6.7% of secondary school respondents rarely/never felt happy, a 0.5% decrease from 2021/22[27].

However negatively the survey found that:

- More post 16 students felt bad tempered/angry everyday/most days.
- 4.32% of post 16 respondents stated they rarely/never felt happy, this was a 1.0% increase from 2021/22.
- The survey found that approximately one fifth of secondary and post 16 respondents felt upset every/most days.
- Of respondents across all age groups who reported feeling upset every/most days 59.4% of them were transgender, 44.0% described their gender as other, 20.0% were female and 11.6% were male[27].

N.B. the MHMS survey data relating to transgender young people and those who describe their gender in another way relates to a very small sample of young people which may impact validity.

The 22/23 results showed that 6.7% of secondary school respondents and 4.32% of post 16 respondents rarely/never felt happy, a 0.49% and 1.0% decrease respectively from 2021/22[27].

When asked about what they have worried about in the last 12 months secondary, and post 16 respondents said the following:

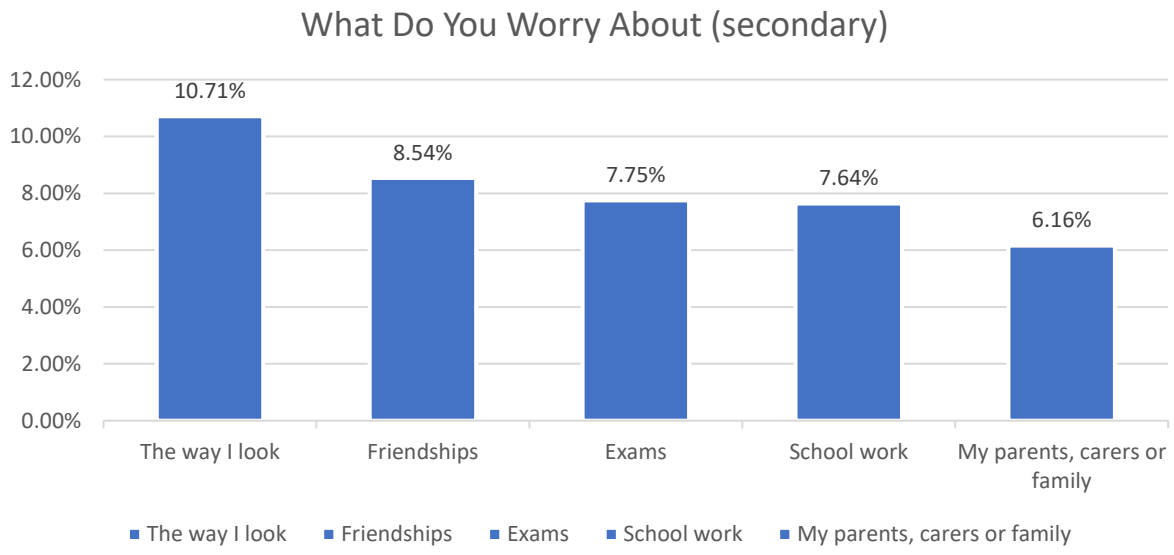


Figure 14: What do Secondary School Age Young People Worry About (My Health My School)

Source: 22/23 Social, Emotional and Mental Health Annual Report (MHMS)

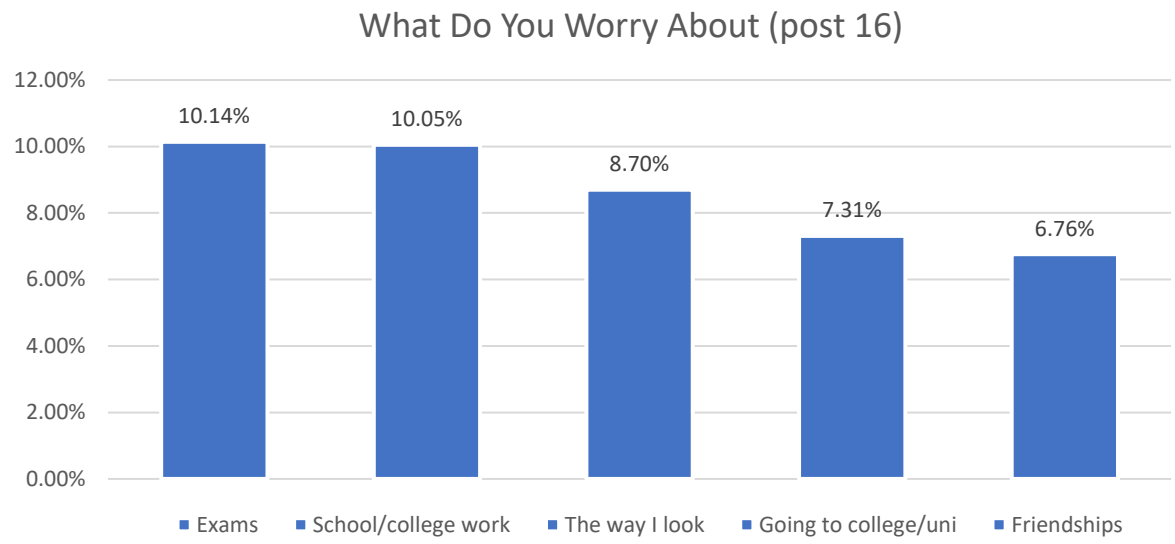


Figure 15: What do Post-16 Age Young People Worry About (My Health My School)

Source: 22/23 Social, Emotional and Mental Health Annual Report (MHMS)

The following data is taken from the MHMS social, emotional and mental health annual report for 2022/23. This was completed by 8344 Secondary pupils from Years 7,9 and 11 and 345 post-16 students.

- 6.7% (558) of secondary pupils reported they rarely/never felt happy, (a 0.5% decrease from 2021/22).
- 4.3% (15) of post 16 students reported they rarely/never felt happy, (a 1% increase from 2021/22).

The survey asked, 'If you are worried feel sad, angry or lonely about something, do you have someone you can talk to?' 82.4% of secondary pupils said yes and 86.9% of post 16 students said yes.

Secondary school respondents reported when they felt worried, feel sad, angry or lonely about something, they got advice and support from:

- parent(s)/carer(s) (26.1%)
- friends (20.9%)
- I do not need any advice or support (15.5%)

Post 16 respondents reported when they felt worried, feel sad, angry or lonely about something, they got advice and support from:

- parent(s)/carer(s) (27.4%)
- friends (25.3%)
- I do not need any advice or support (14.7%)

When asked if they had ever self-harmed:

- 23.5% of secondary respondents said yes.
- 26.3% of post 16 respondents, a 5.8% increase from 2021/22.

When asked if they had ever thought about ending their own life:

- 22.4% (1867) of secondary pupils said yes, a 2.66% decrease from 2021/22.
- 22.1% (76) of post 16 students said yes, a 6.3% decrease from 2021/22.

When asked if they had ever thought about ending their own life the following groups of young people said yes:

Disability:

- 38.7% (506) of pupils who have a disability said yes, a 2.3% decrease from 2021/22.

Sexual Identity:

- 45.8% (526) of LGBTQ+ pupils said yes, a 6.4% decrease from 2021/22.

Gender:

- 15.0% (681) of boys said yes, a 3.7% decrease from 2021/22.
- 25.9% (1037) of girls said yes, a 2.1% increase from 2021/22.
- 70.6% (72) of transgender pupils said yes, a 3.5% increase from 2021/22.
- 59.1% (97) of pupils who describe their gender in some other way said yes, a 1.8% decrease from 2021/22

Ethnicity:

- 22.5% (1327) of White pupils said yes, a 2.6% decrease from 2021/22.
- 16.3% (164) of Asian pupils said yes, a 4.5% decrease from 2021/22.
- 25.4% (152) of Black pupils said yes, a 3.5% decrease from 2021/22.
- 26.1% (169) of pupils of mixed ethnicity said yes, a 2.0% decrease from 2021/22.
- 19.9% (43) of pupils from other ethnic groups said yes, a 6.2% decrease from 2021/22.

When asked if they had ever tried to end their own life (this question was only asked to those who said they had experienced suicidal thoughts):

- 24.2% of secondary school respondents said yes compared to 24.1 in 2021/22 (a 0.1% decrease).
- 18.3% of post-16 respondents said yes compared to 14.7% in 2021/22 (a 3.6% increase).
- 35.4% of respondents with a disability said yes compared to 36.0% in 2021/22 (a 0.6% decrease).
- 35.3% of LGBTQ+ respondents said yes compared to 31.1% in 2021/22 (a 4.2% increase).
- 19.9% of boys said yes compared to 321.7% in 2021/22 (a 1.3% decrease).
- 23.7% of girls said yes compared to 22.9% in 2021/22 (a 0.8% increase).
- 56.4% of transgender respondents said yes compared to 47.15 in 2021/22 (a 5% increase).
- 23.1% of White pupils said yes compared to 21.6% in 2021/22 (a 1.6% increase).
- 18.7% of Asian pupils said yes compared to 22.2% in 2021/22 (a 3.4% decrease).
- 31.9% of Black pupils said yes compared to 31.9% in 2021/22 (no change).
- 24.1% of pupils of Mixed Ethnicity said yes compared to 25.9 in 2021/22 (a 1.8% decrease).

- 28.2% of pupils from other ethnic groups said yes compared to 36.8% in 2021/22 (an 8.5% decrease).

Secondary and post 16 students who reported that they had had suicidal thoughts or had tried to end their own life were asked if their school or college had supported them. The results showed that 8.2% of secondary school respondents (249) and 6.1% of post 16 respondents (7) had reported they received no support[27].

N.B. the MHMS survey data relating to transgender young people relates to a very small sample of young people which may impact validity.

According to 20223/23 data there were 60 hospital admissions due to self-harm in 10–14-year-olds in Leeds and 155 in 15–19-year-olds. These figures have improved from 2020 in both age groups in line with national trends[28].

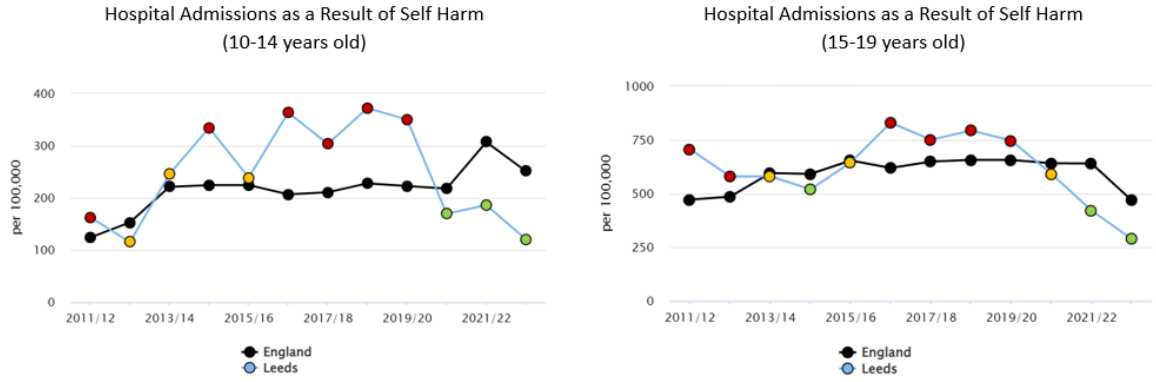


Figure 16 & 17: Hospital Admissions and a Result of Self-Harm Comparing Leeds to England

Source: Fingertips public health profiles

25. Fingertips | Department of Health and Social Care (phe.org.uk)

5.3 Domain 2: Connectedness, positive values and contribution to society

5.3.1 Ethnicity

According to the 2021 census[8]:

- 5.6% of Leeds residents identified their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African".
- 79.0% of Leeds residents identified their ethnic group within the "White" category.
- 9.7% of Leeds residents identified their ethnic group within the "Asian, Asian British or Asian Welsh" category.
- 2.6% of Leeds residents identified their ethnic group within the "Mixed or Multiple" category.

According to the school census 2024 in Leeds there are 119,616 young people attending a state education provider in Leeds. This data relates to secondary school years 7-11 (young people aged 11-16) between only in state schools in Leeds and does not include children in other education settings including private/home/no education. This accounts for 69% of people aged under 18 living in Leeds.

Figure 18 demonstrates the breakdown of ethnicities of young people in year 7-11 attending a state school in Leeds which follow a similar trend to that of the 2021 Census data for Leeds.

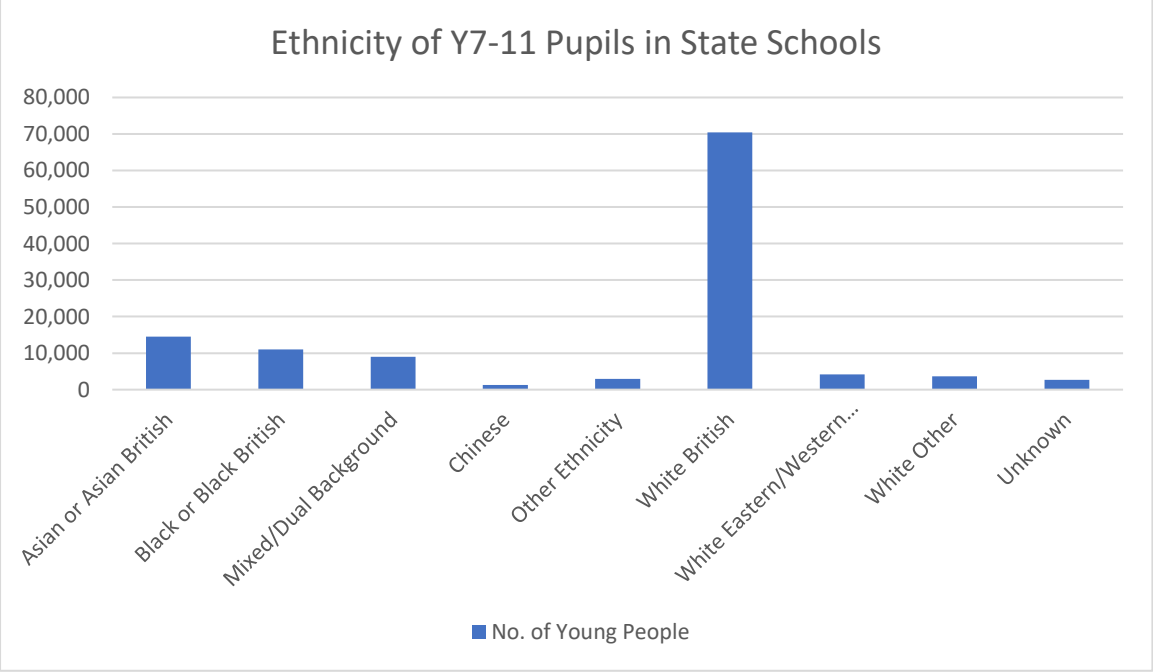


Figure 18: Ethnicity of young people in year 7-11 attending a state school in Leeds

Source: School Census 2024

Of the total number of young people in years 7-11 (119,616):

- 10,101 young people in state secondary schools spoke English as an additional language this accounts for 21% of the total number of young people on the register (48,405).
- 46,524 young people (38.9%) were ethnically diverse[29].

According to GP data for Leeds ethnicity for people aged 11-16 is broken down as:

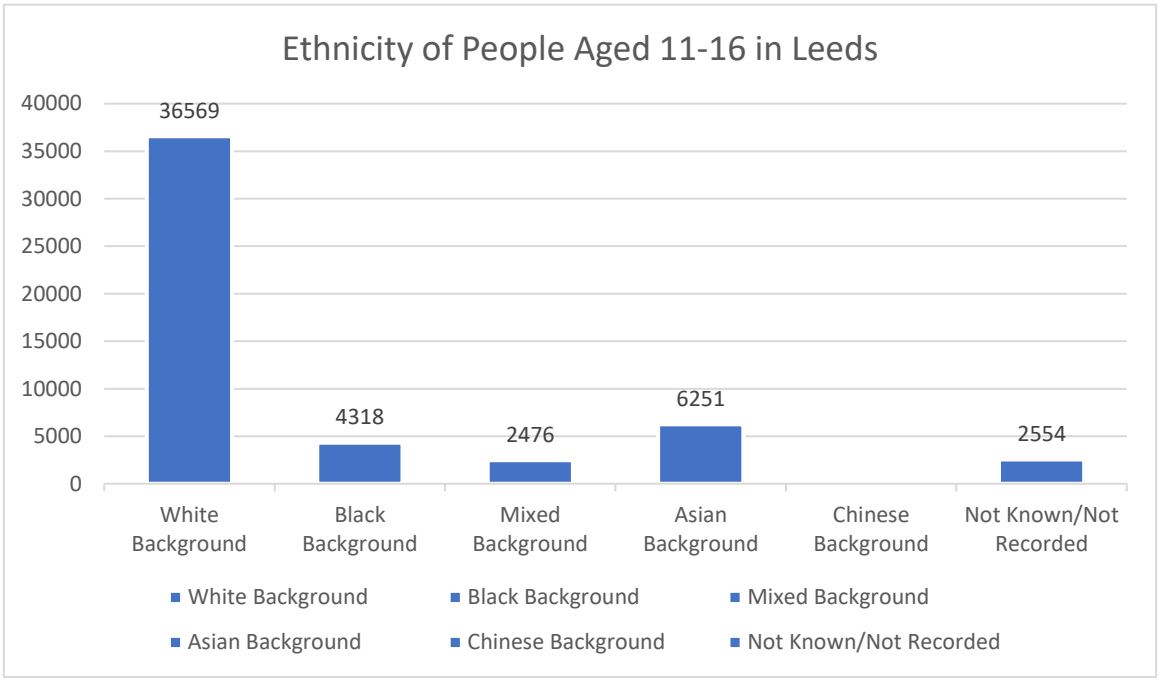


Figure 19: Ethnicity of People aged 11-16 in Leeds according to GP data.

Source: Leeds GP Dashboard

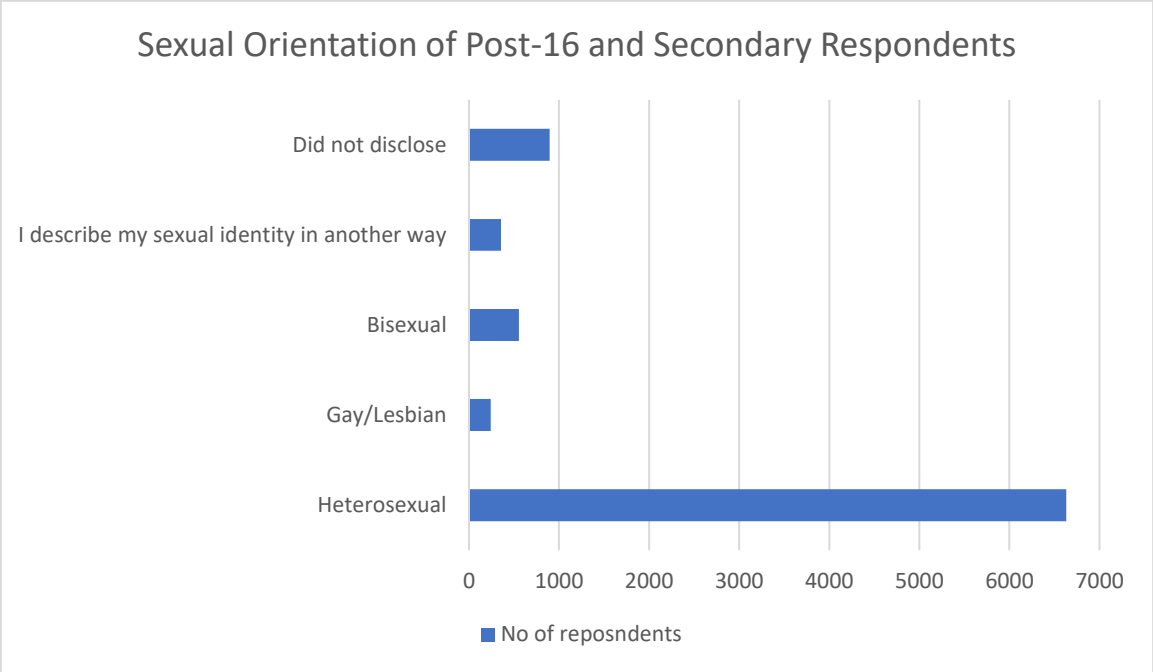
The adolescent population of Leeds is diverse and growing. The proportion of pupils that are ethnically diverse has continued to grow to 36% in 2021. And while, other than White British, the largest broad ethnic groups are Asian, Black, Mixed and White Other; proportional growth has been highest in White Other. Between 2010 and 2020 there has been a large amount of growth of White Eastern European and Gypsy Roma categories[1].

The number of children and young people with English as an additional language (EAL) has increased from 13.0% in 2010 to 20.0% in 2021. After English, the main languages spoken are Urdu, followed by Romanian and Polish. Altogether nearly 200 languages are spoken by children studying in Leeds schools. The proportion of school pupils who are eligible for, and claim, Free School Meals has significantly increased since 2018, from 16.0% to 25.0% in 2021[29]. Meanwhile the number of pupils who have an Education Health and Care Plan has more than tripled from 824 in 2016 to 3,013 in 2021.

26. School Census for Leeds 2024

5.3.2 Sexuality

The MHMS survey asked secondary education and post-16 students about their sexual identity with



the majority of respondents identifying as heterosexual and the next largest groups of respondents choosing not to disclose their sexuality.

Source: MHMS 22/23 Sexual Health Survey

5.3.3 Loneliness

NHS Digital's 'Mental Health of Children and Young People in England (2023) survey found that nationally found that a third (33.4%) of all surveyed 11-16 years olds felt lonely occasionally and 5.5% always felt lonely. These figures have decreased since 2020 but increased since 2022.

The percentage of boys aged 11-16 who felt lonely occasionally (32.7%) was higher than in girls (34.1%) however the percentage of girls who always felt lonely (7.0%) was almost twice as high as boys who always felt lonely (4.2%).

Figure 20: Sexual Orientation of Post-16 and Secondary MHMS Respondents

For 11-16 year olds with a probable mental health disorder

27. Mental Health of Children and Young People in England 2023 - wave 4 follow up to the 2017 survey: Data tables - NHS England Digital
28. 22/23 Physical Activity, Sport and PE (schoolwellbeing.co.uk)

the rate of those who felt lonely was higher compared to those who did not have a mental health disorder; 57.7% reported feeling lonely occasionally and 16.6% reported always feeling lonely compared to less than a quarter (23.6%) of those without a mental health disorder reporting occasionally feeling lonely and less than 1.0% (0.8%) of those without a mental health disorder who reported always feeling lonely[30].

5.3.4 Community participation

According to the 'Mental Health of Children and Young People in England (2023) survey 55.3% of all 11–16-year-olds surveyed took part in groups, clubs or organisations outside of school time 1-3 times per week compared to 33.0% who did not take part in any clubs or organisations. In 17–19-year-olds the number of all young people surveyed who take part in clubs or organisations 1-3 times a week decreased to 32.1% and the number of young people who did not take part in any clubs or organisations increased to 59.7%. Those with mental health disorders were less likely to participate in clubs or activities than those without a mental health disorder across both age groups and in the 17-19 year old groups boys were more likely to participate in clubs or activities than girls[30].

According to 2023 MHMS survey data 59.3% of secondary school respondents had attended an afterschool club in the last 12 months. When asked what after school clubs would you like your school to offer secondary school pupils responded:

- I am not interested in any sports club(s) my school offers (8.5%).
- Football (8.1%).
- Dodgeball (7.3%).
- Other (6.1.
- I am happy with the sport club(s) my school offers (6.1%)[31].

5.3.5 Respect and difference

When asked how much useful information and learning have you had to help you understand about respect for others?

- 9.2% of secondary pupils said they need better learning and information, a 0.2% increase from 2021/22.
- 7.8% of post 16 students said they need better learning and information a 4.2% decrease from 2021/22.

Additionally 8.6% of secondary school respondents and 5.5% of post 16 respondents said they need better learning and information to help them understand that other people have different faiths and beliefs, a 0.4% and 5.7% decrease respectively from 2021/22[32].

29. 22/23 MHMS questions linked with CFL Wishes (schoolwellbeing.co.uk)

5.4 Domain 3: Safety and supportive environment

5.4.1 Deprivation, income and child poverty

The Index of Multiple Deprivation (IMD) is a relative measure of deprivation. This means it can tell you if one area is more deprived than another. Although the IMD is based on small areas and is designed to identify pockets of deprivation, the government also publish summary measures for larger areas like local authorities. In 2019 Leeds had an IMD score of 27.3 which was higher than the England average of 21.7[33]. In Leeds 26% of the population (an estimated 226,000 people) and 34% of children and young people (estimated 60,000 people aged 0-18 years) live within the 10% most deprived areas nationally[34].

Relative child poverty measures the number and proportion of children who are from households with incomes below 60.0% of the median average in that year; this equates to £373/week before housing costs (BHC) are deducted and £327/week after housing costs (AHC) are deducted.

Nationally in March 2024 the DWP estimate that during there are approximately 3.2 million children in relative poverty which equates to 22.0% of children in the UK; this figure has increased from 2021/22 when the figure was approximately 2.8 million children.

Absolute child poverty measures the number and proportion of children who are from households with incomes below 60.0% of the median average in 2010/11, adjusted for inflation which equates to £347/week BHC and £299/week AHC. Nationally in March 2024 the DWP estimate that during there are approximately 2.6 million children in absolute poverty which equates to 18.0% of children in the UK; this figure has increased from 2021/22 when the figure was approximately 2.2 million children.

The number and proportion of children under 16 impacted by relative poverty BHC in Leeds follow national trends and are as follows:

- 33,482 children live in relative child poverty BHC which equals approximately 22.0% of children under 16.
- 27,751 children live in absolute child poverty BHC which equals approximately 18.0% of children under 16.

N.B. The data for 2022/23 has undergone extensive quality assurance prior to publication, however DWP and HMRC recommend that users exercise additional caution when using the data for 2021/22 and 2022/2023, particularly when making comparisons with previous years and when comparing Leeds to the UK.

30. Leeds Observatory – Deprivation
31. Healthy-Leeds-Plan-Document-070923.pdf (healthandcareleeds.org)

Data is not available for the adolescent population specifically however the End Child Poverty Coalition, together with the Centre for Research in Social Policy at Loughborough University publishes data on the number of people aged 20 and under living in relative poverty after housing costs are deducted from income, for each Local Authority across the UK. The number and proportion of people aged under 20 impacted by relative poverty AHC in Leeds are as follows[34];

- 55,780 people aged under 20 live in relative child poverty AHC which equals approximately 31.3%.

N.B. This after housing cost measure is not published for local areas by Government as an official measure because there is no way of directly looking at AHC incomes from information held by the tax and benefit authorities, since only some people (notably those claiming Housing Benefit or the rent element of Universal Credit) need to report housing costs).

In 2023 20.1% of secondary school pupils were eligible for and claiming free school meals compared to 17.3% in England as a whole. In Leeds 20.7% of children and young people live in the most deprived Index IMD decile and 42.7% live in the three most deprived IMD deciles[34].

5.4.2 Violence (youth, sexual and domestic violence)

5.4.2.1 Serious violence

In Leeds for the period 2022/23 there were 44,758 reported incidents of violent crime (violence offences) at a rate of 55.8 per 1,000 population and 3,083 reported incidents of violent crime (sexual offences) at a rate of 3.8 per 1,000 population. Both indicators have seen an increase in the past decade and are higher than the average for England however what is not clear from the data is if this is due to an increase in occurrence, an increase in reporting by victims or a change in recording by police officers[35].

Violent Crime – Violence Offences

32. Fingertips | Department of Health and Social Care (phe.org.uk)

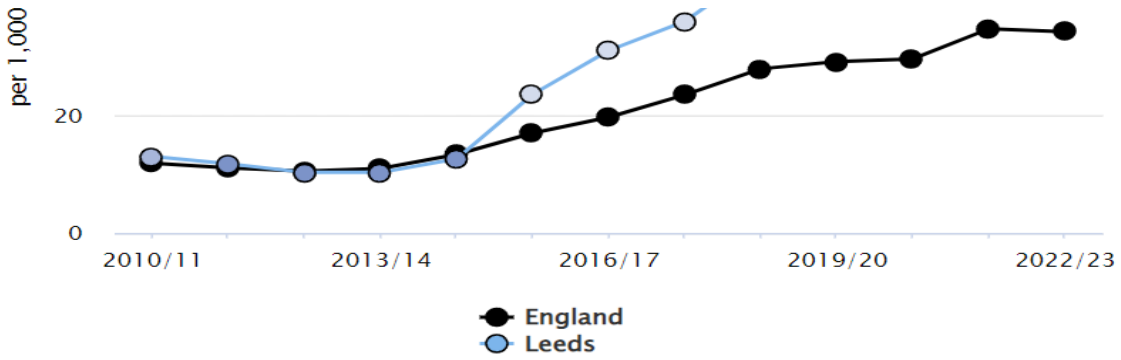


Figure 21: Violent Crime Rates Comparing Leeds to England (2010-2023)

Source: Fingertips public health profiles

According to the Serious Violence Strategic Needs Assessment (2024) in Leeds there were:

- Significant increases in robberies and knife crime against children.
- Increases in assaults with intent to cause serious harm with a child victim, this trend was echoed across Wets Yorkshire.
- 17 was a key age for boys who were assaulted; this was 14 for girls but numbers were very small.
- The proportion of children who had offended also increased in serious violence, knife crime and robbery, although numbers of these crimes committed by children did reduce in the last year.
- 2 in every 1,000 children living in Leeds committed violent crime; this figure is less for the more serious offence such as assaults and robbery.
- When children do commit violent crime, it can start as young as 10 and offending concentrated between the ages of 13 to 17.
- 15 and 16 were key ages for assaults and robbery[36].

33. VRP Needs Assessment & Response Strategy - West Yorkshire Combined Authority (westyorks-ca.gov.uk)

5.4.2.2 Sexual violence

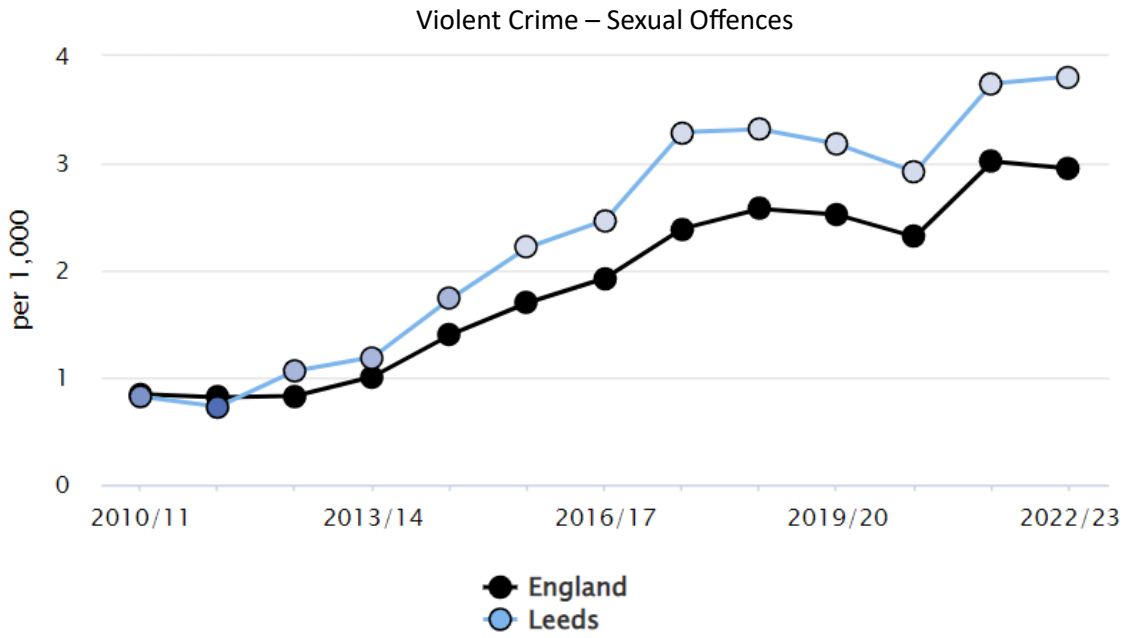


Figure 22: Sexual Offence Rates Comparing Leeds to England (2010-2023)

Data for the year July 2022 to June 2023 showed there were 3,176 sexual offences recorded crimes in Leeds made up of 1,199 reports of rape and 1,977 reports of other sexual violence[35]. In 43.5% of these total recorded sexual offences the victim was under the age of 18. 30.6% of victims of rape that were recorded in this year were under 18 and 51.3% of victims of other recorded sexual offences were under 18[36].

The MHMS Survey Sexual Health Report for 2023 found that:

- Female pupils are 1.7 times more likely to have sent nude pictures or videos compared to male pupils because they felt pressured to do so.
- LGBTQ+ pupils are 3.3 times more likely have sent nude pictures or videos compared to those who are heterosexual because they felt pressured to do so.
- Disabled pupils are 2.1 times more likely have sent nude pictures or videos compared to pupils who do not have a disability because they felt pressured to do so [16].

The survey also found that there has been a decrease in the number of:

- Disabled pupils who have ever felt pressured into having sex.

- Post 16 students; transgender pupils and those pupils who described their gender in another way; disabled pupils who have felt pressured into sexual activity.
- Post 16 students and disabled pupils who have ever had sex involving penetration.
- Transgender pupils who have felt pressured into having sex and sexual activity[16].

N.B. the MHMS survey data relating to transgender young people relates to a very small sample of young people which may impact validity.

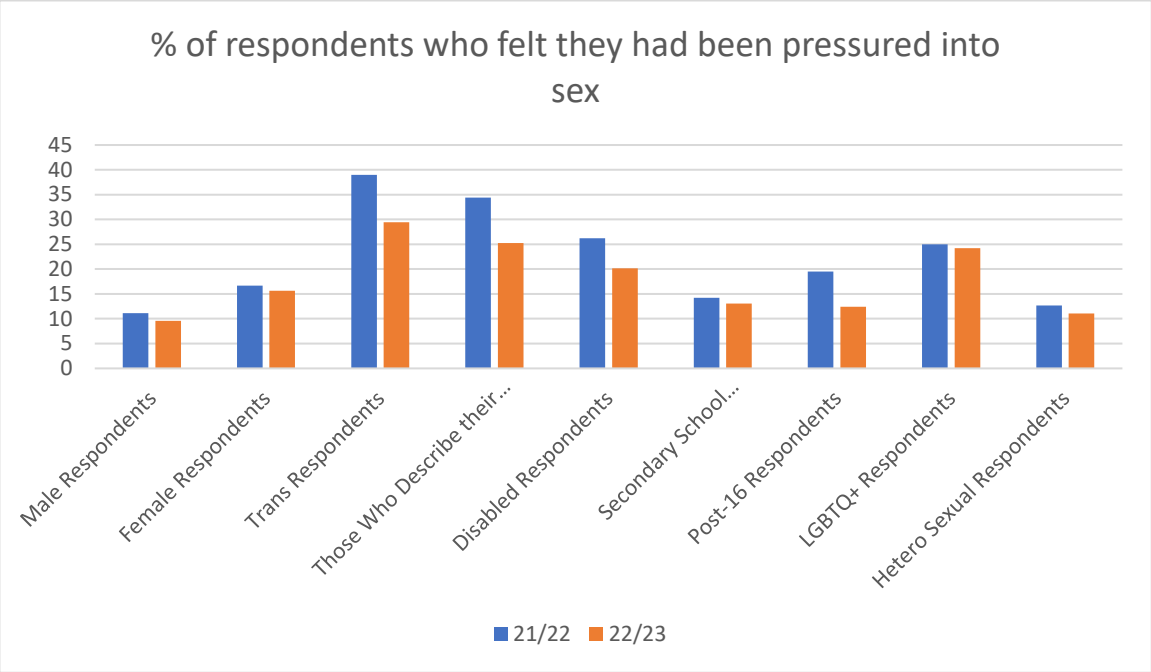


Figure 23: Percentage of Young People who Felt Pressured into Having Sex (My Health My School)

Source: 22/23 MHMS Sexual health annual report

5.4.2.3 Other Violence

The Domestic Abuse Act (2021) ensures that a child who sees or hears, or experiences the effects of, domestic violence and abuse and is related to the person being abused or the perpetrator is also to be regarded as a victim of domestic violence and abuse[53]. National figures from estimate that 1 in 7 children and young people under the age of 18 will have lived with domestic violence at some point in their childhood[54].

The topic of social media and youth violence has attracted increasing academic and professional interest in recent years, with increasing evidence further strengthening the relationship that exists between the two. Locally, research conducted in 2020 by the University of Huddersfield and the five Youth Offending Teams of West Yorkshire found strong evidence that some young people's problematic social media activity – such as displaying and provoking hostility and violence – acts as a driver for some 'in real life' violent offending in West Yorkshire.

34. Domestic Abuse Statutory Guidance (publishing.service.gov.uk)
35. Microsoft Word - Annual Audit - Early Release - Final version (womensaid.org.uk).

The researchers found that nearly 1 in 4 (23.4%) cases in the study were directly related to a young person's prior social media use. Of the cases identified as related to social media use, the majority were related to acts of violence. Typically, disputes online were found to escalate to the point where physical fights would occur.

5.4.3 Youth Justice

- In the period April 2023 to March 2024, Leeds FTE (First Time Entrant) rate per 100,000 of 10-17 population reduced by 7.1% which is slightly higher reduction then the England of 6.9% figure for the same period.
- From a core city perspective, Leeds had the second highest no. of FTEs with 184 after Manchester with 196 FTEs during this period.
- Leeds use of custody per 1,000 of 10-17 population almost doubled during the period April 2023 to March 2024 when compared to the same period the year before (0.18 to 0.32)
- From a West Yorkshire perspective, Leeds had the highest number of custodial disposals (25) and the highest rate per 100,00 (0.49) for this period compared to the four other West Yorkshire cities. Disposal is an umbrella term referring both to sentences given by the court and pre-court decisions made by the police. Disposals may be divided into four separate categories of increasing seriousness starting with pre-court disposals then moving into first tier and community-based penalties through to custodial sentences.
- Leeds reoffences per reoffender dropped to 4.29 during this period from 5.16 for the same cohort the previous year. This was a 16.9% reduction. The Leeds figure of 4.29 is lower than the England figure 4.45 and the regional figure of 4.74 but is slightly higher than the West Yorkshire Police and Crime Commissioner Area figure of 4.23 for the same period.
- Leeds reoffences per reoffender reduced by 3.0% in this period from 5.07 to 4.94 however the Leeds figure was higher than the England figure (4.23) and the figure for the West Yorkshire PCC Area figure (4.76) but slightly lower than the Region figure (4.98) for the same period[37].

5.4.4 Unintended Injuries

For 2021/22 the rate per 10,000 of hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years) was 73.8 in Leeds compared to 118.4 for England[38].

In Leeds in 2021/22 there were 11,534 attendances to Accident and Emergency departments of people aged between 11 and 19 years old. More of these were in males (6,800) than females (4,734). Data were not available for 2022/23 however in 2023/24 this trend continues with a total of 9,102 attendances to Accident and Emergency departments across the city with males accounting for 5,494

attendances and females for 3,608 attendances. Obtaining an injury during a leisure activity was reported the most commonly reported activity status at time of injury.

36. Youth Justice Application Framework for England and Wales – Data Summary for April 2023 to March 2024
37. Fingertips | Department of Health and Social Care (phe.org.uk)

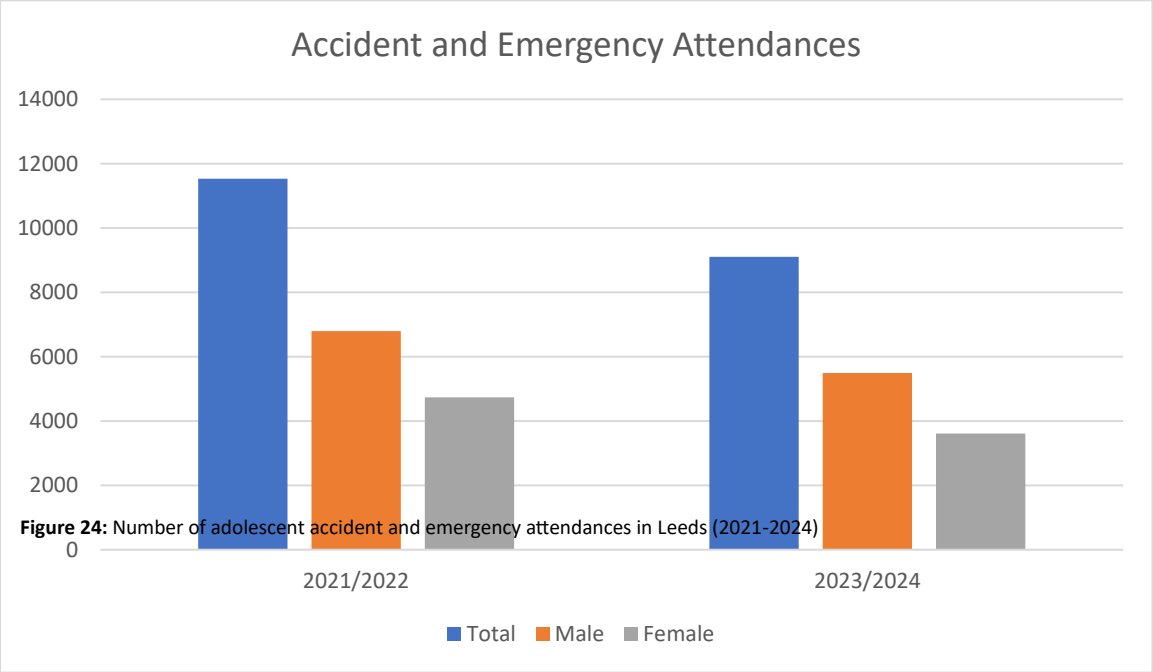


Figure 24: Number of adolescent accident and emergency attendances in Leeds (2021-2024)

Source: Leeds A&E data 2021-2024

In 2023/24 data, tripping was the most common mechanism of injury (1,466) followed by blunt injury (982), slipping (863) and assault by striking with a blunt object (539). A large number of mechanisms of injury were recorded as null (2,695) and a further 816 young people declined to provide information on the cause of injury – this was evenly distributed between males and females.

Several mechanisms of injury were reported more frequently in males than females.

38. Leeds A and E data compiled by Public Health Information

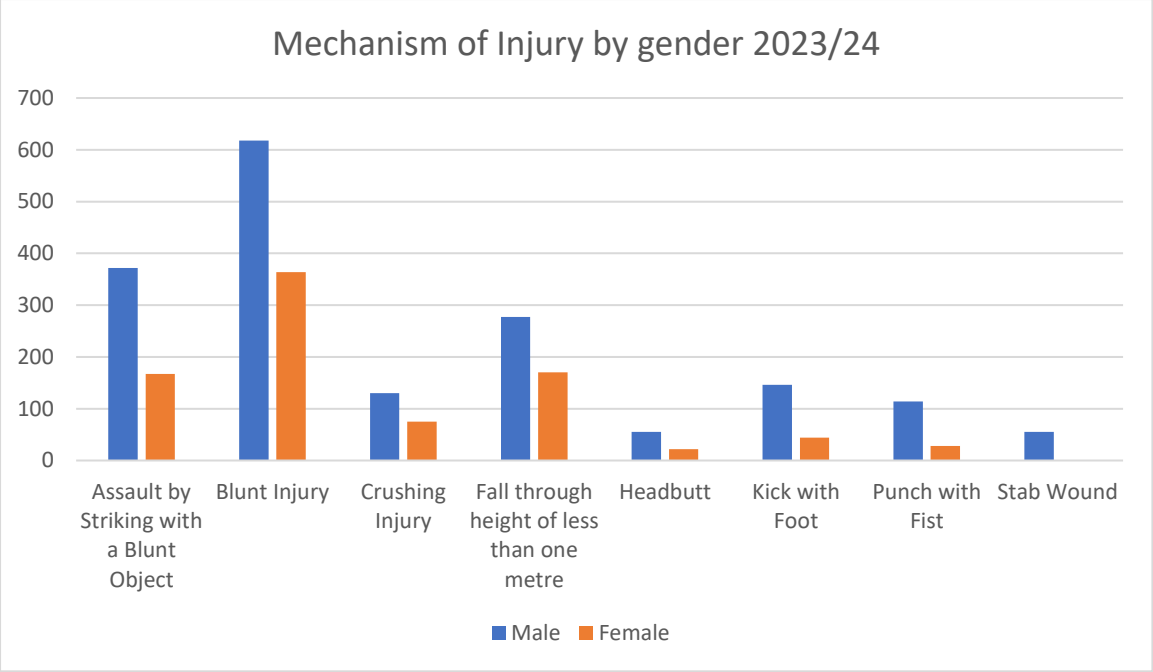


Figure 25: Mechanism of injury recorded for all adolescent accident and emergency attendances in Leeds by gender (2023-2024)

Source: Leeds A&E data 2021-2024

5.4.5 Hospital admissions

For the year 2021/22 in Leeds there were 272 total hospital admissions for young people aged 11-19, there were more admissions of males (185) than females (87).

The total admissions can be broken down into 92 road traffic accident-related admissions, this was made up of 27 females and 65 males, and 180 other admissions made up of 60 females and 120 males.

Injuries to the elbow and forearm and injuries to the knee and lower leg were the most common diagnosis in admission across both genders[39].

5.4.6 Gambling

For young people gambling can have a number of harmful consequences including poor mental and physical health, relationship problems including familial relationships, poor educational attainment, and legal issues[52].

Young people have grown up in the digital age which has made gambling more accessible. The Leeds MHMS Survey 2022/2023 found that:

- 26.2% of secondary pupils and 27% of post 16 pupils had taken part in some gambling activity over a 12-month period.
- Despite differing sample size across the last three years, the gambling rates amongst secondary pupils have remained similar with the 2018/19 secondary rate at 24%, the 2019/20 at 26% and 2020/21 at 23%.
- Gambling rates were higher for males at 28.1%, compared to 23.5% for females.
- Of the secondary aged pupils that had gambled; 63.9% did so with their parent/carer's knowledge[40].

The most popular forms of gambling in the last 12 months were bingo (21.4%), placing a bet on a sporting event (20.6%), purchasing coins to move up a level (20.4%) and placing a private bet for money (20.4%).

Nationally, one quantitative study showed that a higher level of gambling participation at age 14 did not predict decreased academic performance at age 17 when other factors were taken into consideration (such as family and individual characteristics)[55]. There is increasing evidence of the relationship between harmful gambling and suicide, including in younger people. Although reasons for suicide can be complex, we do know that gambling can be a dominant factor without which the suicide may not have occurred[55].'

By undertaking a comprehensive examination of 53 studies in 2021, Public Health England were able to identify and establish some of the key harms associated with gambling. Some of these correlate with other risk and protective factors for involvement in violence. The relationship between problem gambling and criminal behaviour has been examined extensively. Research shows problem gambling is positively related to a range of criminal behaviours and problem gamblers had significantly higher odds of receiving violence charges than non-problem gamblers[41].

5.4.7 Asthma and pollution

Air quality in Leeds has improved significantly in recent years with lower levels of nitrogen dioxide pollutants than before the COVID-19 pandemic. Five pollution hotspots in Leeds have been removed from an action list after improvements in air quality. Changing travel behaviours, a rise in the use of electric vehicles and major highways improvements were among factors likely to have contributed to the city's healthier air.[42]

There are two pollutants of concern for Leeds which the UK Air Quality Objective sets a limit of that should be measured at each location and averaged over a one-year period:

39. Gambling Harms Leeds Dashboard - Power BI
40. Microsoft Word - 22-23 Strategic Needs Assessment v2 (westyorks-ca.gov.uk)
41. Air quality improves at city's pollution hotspots - BBC News

- Nitrogen dioxide (NO2) of which the main source is vehicle emissions and the burning of other fossil fuels.
- Particulate matter (PM10 and PM2.5) of which a third of is from sources outside of the UK and a half comes from domestic wood burning or transport emissions[43].

For children, there is evidence that exposure to air pollution can result in asthma[44]. In Leeds in 2021-22, 4327 girls and 5923 boys aged between 10 and 19 had a diagnosis of asthma[43]. The Leeds Director of Public Health report showed that 60.4% of Leeds residents who live in areas with the highest air pollution levels of nitrogen dioxide lived in an area ranking in the 10.0% most deprived nationally.

5.4.8 Trauma and vulnerability

According to modelled figures from the Children's Commissioner local vulnerability profile:

- 19.8% (33,580 children) of the Leeds population of 0–17-year-olds estimated to live in in households with any of the so called 'toxic trio' (i.e. domestic violence, parental mental health and parental substance abuse).
- 1.2% (1,994 children) of the Leeds population of 0 –17 year olds estimated to live in in households with all 3 of the so called 'toxic trio'[45].

Locally collated data correct as of March 2024 showed:

- At the end of May 2024 there were 1578 children looked after in Leeds – this number has increased month on month since March 2018.
- There were 718 children with child protection plans, this is the highest number recorded since 2018.
- Children in care rose by 7.0% in 2023/24, care staters exceeded leavers in 9 out of the preceding 13 months.
- Children aged 10-17 make up 62.0% of the looked after population in Leeds.
- Children from mixed ethnic background are over-represented in the care population in Leeds.
- The number of Unaccompanied Asylum-Seeking Children in care increased in 2023 and has sustained at around a hundred children. These children represent a quarter of the growth in children in care over the last year[45].

42. CMT23-065-Air-Quality-Needs-Assessment-summary-FINAL.pdf (leeds.gov.uk)
43. Air Pollution and Asthma | AAFA.org
44. cco-local-vulnerability-profiles.xlsx - Microsoft Excel Online (live.com)

5.5 Domain 4: Learning, competence, skills and employability

5.5.1 School attendance and absence

According to the school census data for 2022/2023 in Leeds there were:

- 3,173 young people aged between 10 and 19 at independent schools.
- 56 young people aged between 10 and 19 at non maintained special schools.
- 2 young people aged between 10 and 19 at state funded alternative provision schools.
- 53,766 young people aged between 10 and 19 at state funded secondary schools.
- 1,498 young people aged between 10 and 19 at state funded special schools.
- 217 boys and 78 girls were in alternative provision[29].

Attendance and Exclusions Learning Outcomes for Leeds follow similar trends in national data and show that since 2018 there has been:

- A trend of decreasing attendance in secondary schools which has accelerated following COVID-19 (Figure 27)
- A trend of increasing authorised and unauthorised absence in secondary schools since pre COVID-19 however in the last 12 months the % of authorised absences has decreased and the % of unauthorised absences has increased (Figure 28)
- An increase in percentage of enrolments classified as persistently and severely absent in secondary schools (Figure 29)
- Permanent exclusions rates have remained steady between 2018 and 2023 (Figure 30)
- Suspensions rates dropped initially following COVID-19 but have now increased to a higher rate than before COVID-19 (Figure 30)
- These trends occurred similarly in special schools[46].

45. Attendance and Exclusions - Learning Outcomes Dashboards Summary 2023

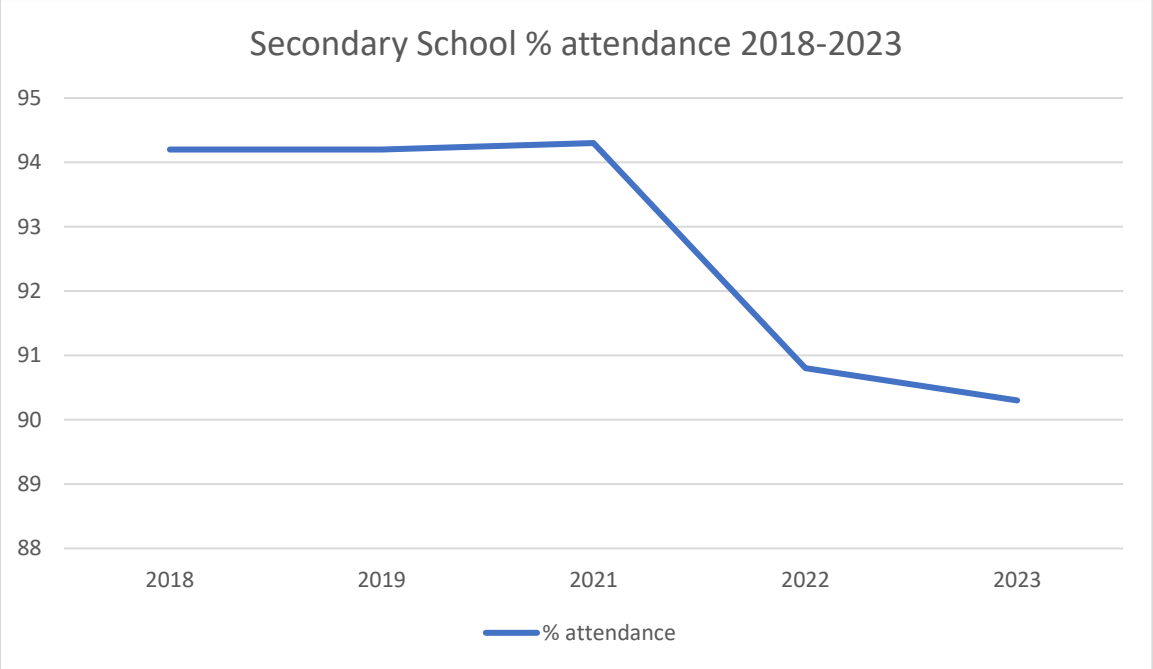


Figure 26: Secondary School Attendance % 2018-2023

Source: Attendance and Exclusions - Learning Outcomes Dashboards Summary

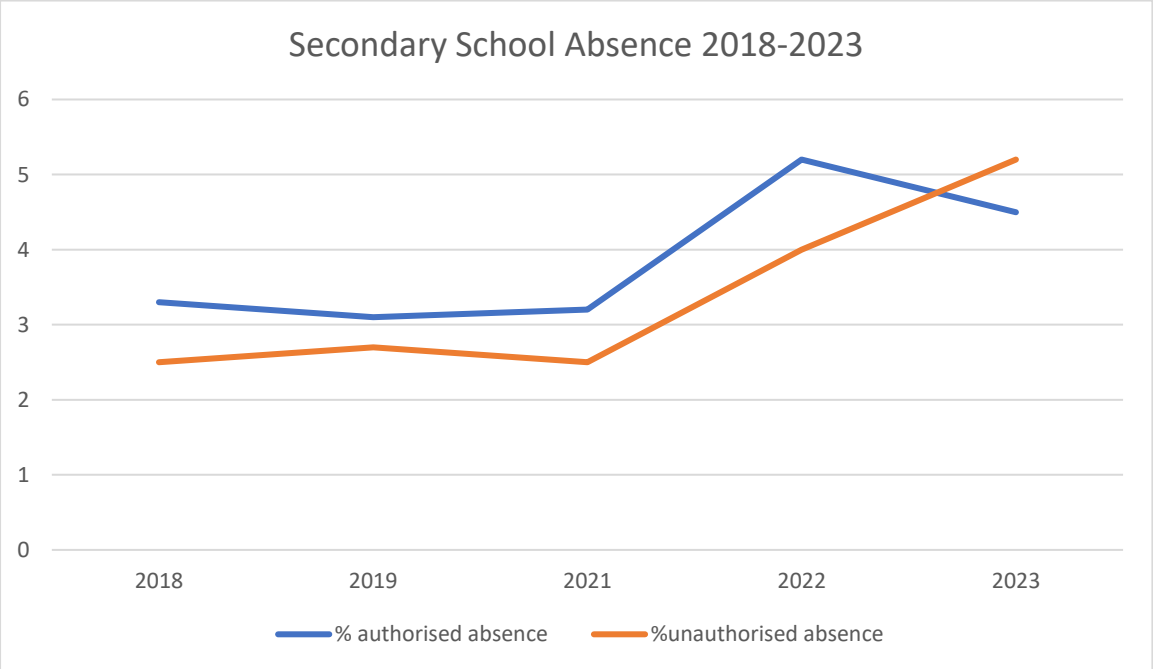


Figure 27: Secondary School Absence 2018-2023

Source: Attendance and Exclusions - Learning Outcomes Dashboards Summary

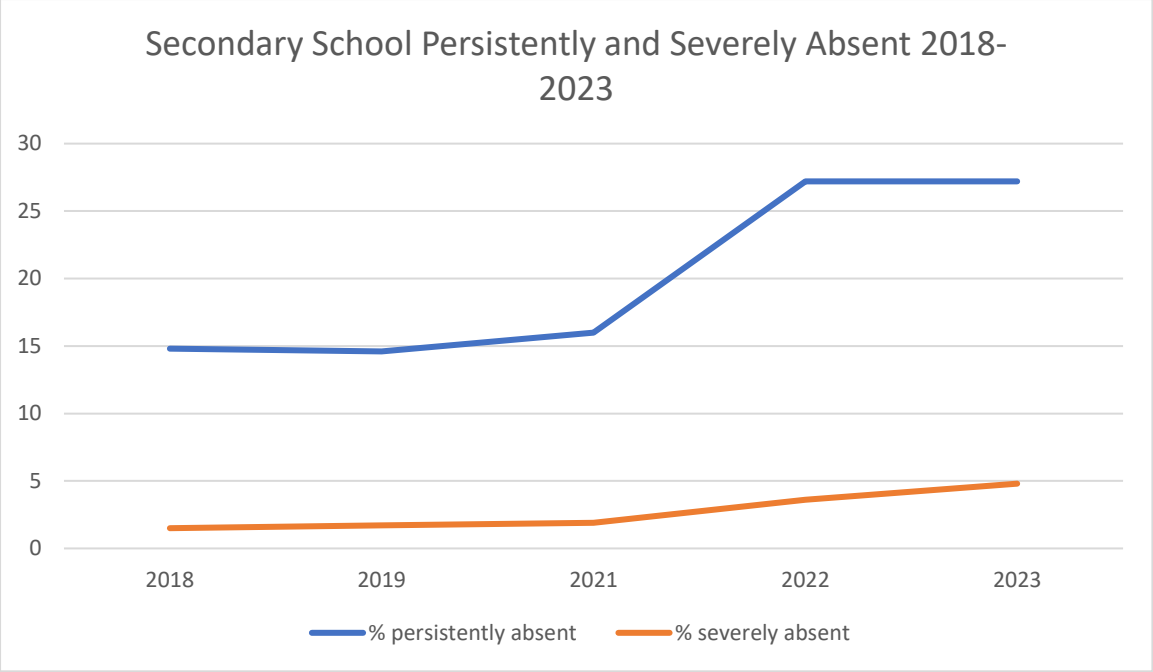


Figure 28: Secondary School % of Persistently and Severely Absent 2018-2023

Source: Attendance and Exclusions - Learning Outcomes Dashboards Summary .

N.B. persistent absence relates is when a student misses 10% or more of the possible school sessions in a year. Severe absence is when a student misses 50% or more of possible school sessions in a year

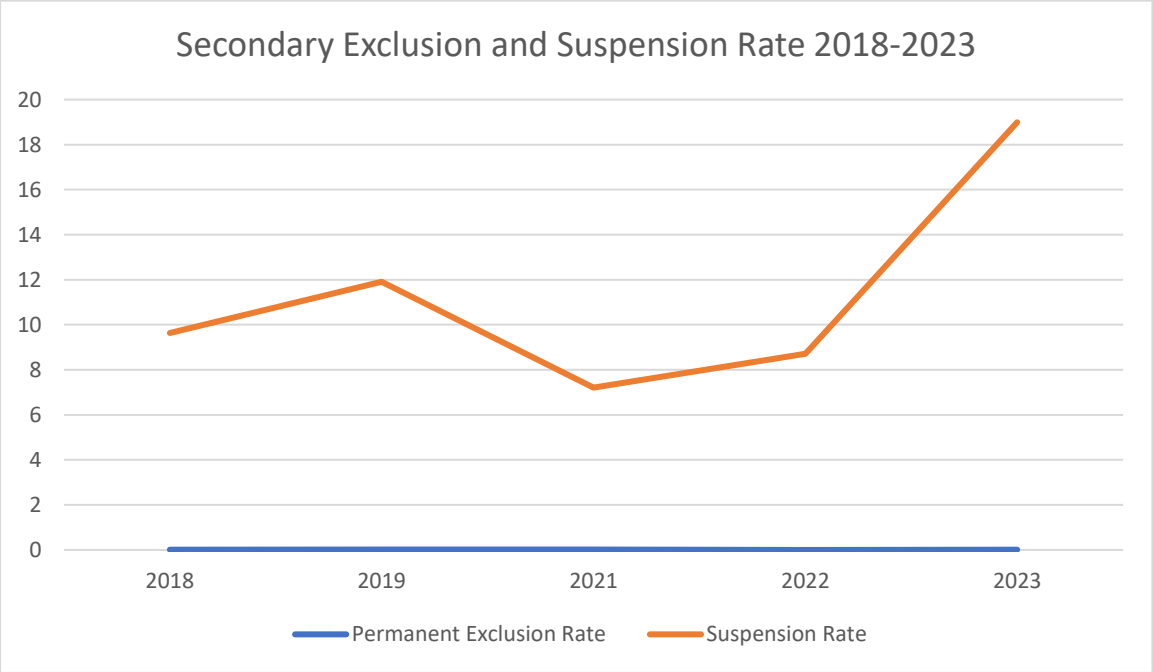


Figure 29: Secondary Exclusion and Suspension Rate 2018-2023

Source: Attendance and Exclusions - Learning Outcomes Dashboards Summary

5.5.2 Not in employment, education or training

In 2022/23 in Leeds 9.2% of 16 and 17 years olds were NEET[47] this has increased from 2021/22 (7.8%) as has the rate for England however the rate in Leeds remains higher than the rate for England (5.2%).

	2018/19	2019/20	2020/21	2021/22	2022/23
Leeds	9.90	7.20	7.90	7.80	9.20
Yorkshire & Humber	6.00	5.60	6.30	5.30	6.50
DFE Statistical Neighbours	5.30	4.64	5.27	4.57	4.75
England	5.50	5.50	5.50	4.70	5.20

Figure 30: Percentage of resident young people ages 16 and 17 (in school years 12 and 13) not in education employment or training, or whose learning status is not known.

Source: DfE Local Authority Interactive Tool

Key stage 4 destination measures follow pupils who were at the end of key stage 4 study (GCSE and equivalent qualifications) in 2020/21 and reports their destinations in the following academic year (2021/22). They show the percentage of young people going to an education, apprenticeship, or employment destination[48].

The data for Leeds were revised in February 2024 and records activity in the first two terms of the 2021/22 academic year (the data were affected by the COVID-19 pandemic disruption to the economy and education settings). The data showed:

- The proportion of young people who have gone onto a sustained education, employment, or training (EET) destination has decreased from 92.0% to 91.9%; this is below the National (93.8%) and Yorkshire and Humber (92.7%) figures.
- The percentage of young people who attended a Sixth Form College and went onto a sustained destination increased from 12.5% to 14.4%; this is 1.6 percentage points higher than the national figure of 12.8%.
- The proportion of Leeds young people who did not have a sustained destination recorded in the year after key stage 4 was 6.8%; this has increased by almost one percentage point since the previous year and remains above national figure of 5.2%.
- The proportion of Leeds young people whose destination was unknown has decreased by 0.9 percentage points to 1.3%; this is slightly higher than the national figure of 1%.
- The proportion of disadvantaged young people in Leeds who went onto a sustained EET destination has decreased to 84.7%; this remains below the national figure 87.8%.
- The gap between Leeds disadvantage and non-disadvantaged young people has increased from 8.1 percentage points in 2021 to 10.6 percentage points in 2022 and is the largest in the last five years and bigger than the gap of 8.2 percentage points seen nationally[48].

46. https://observatory.leeds.gov.uk/children-and-young-people/#/view-report/07853ccb32274062987962b7d4e602b3/ iaFirstFeature/G3
47. Learning Outcomes Dashboard Key Stage 4 Pupil Group Analysis

- Leeds has a ranking position of equal 127 out of 150 local authorities and is in quartile Band D for performance.
- The proportion of young people eligible for Free School Meals (FSM) who went on to a sustained destination fell slightly to 83.9%, slightly narrowing the gap between Leeds and national to three percentage points.
- Sustained destinations for Leeds young people who have been recorded as SEN Support has decreased by almost one percentage points to 83.7% – this is similar to the national trend.
- Sustained destinations for young people who have a Statement/EHCP-has decreased from 89.5% to 88.7% in 2022. Nationally this figure has also decreased though not as much as it has in Leeds, from 90.5% to 90.2% in 2022[48].

The number of children electively home educated (EHE) in Leeds has increased steadily since 2019.

- 1,473 children are EHE approaching the end of the 2023/24 school year – this has increased by 29.3 per cent since July 2023.
- At the beginning of July 2024 there are 999 children of secondary school key stage 3 and 4 (compulsory education Year 7-11) recorded as home educated.
- 25.0% were eligible for free school meals at the point home education started.
- 73.0% of those with a known ethnicity are from white backgrounds with 27.0% from diverse backgrounds[49].

5.5.3 Educational Attainment

KS4 is taught to students aged 14 to 16 in School Years 10 to 11. This is the final stage of the school curriculum. The assessment for KS4 involves GCSE examinations or other national qualifications. The Attainment 8 score is the average measure of an individual student's progress across their 8 best performing subjects taken at GCSE level[50]. In Leeds:

48. Directorate performance report April 2024
49. Learning Outcomes Dashboard Attainment Analysis

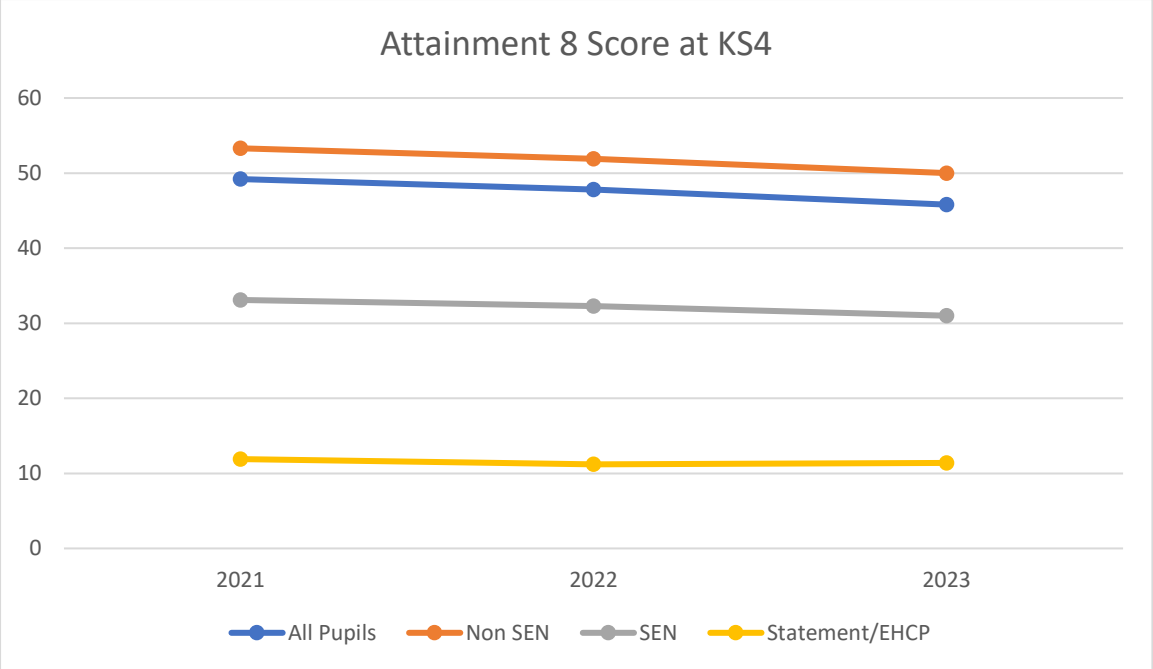


Figure 31: Attainment Score at KS4 2021-2023

Source: Attainment - Learning Outcomes Dashboards Summary

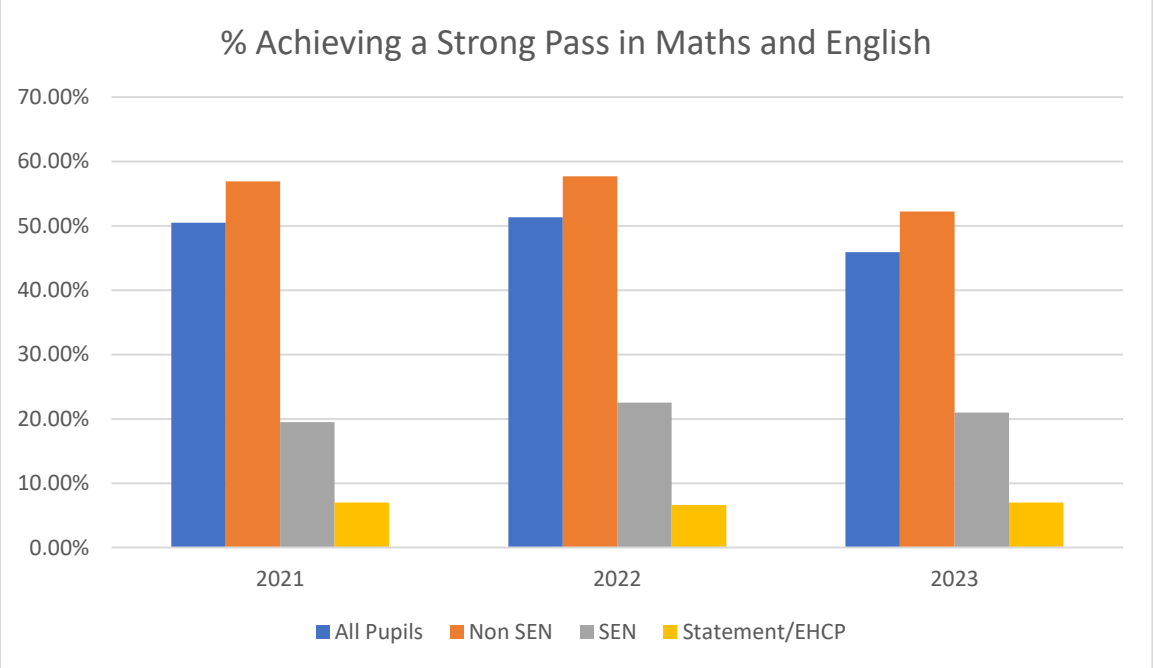


Figure 32: % of Pupils Achieving a Strong Pass in Maths and English 2021-2023

Source: Attainment - Learning Outcomes Dashboards Summary

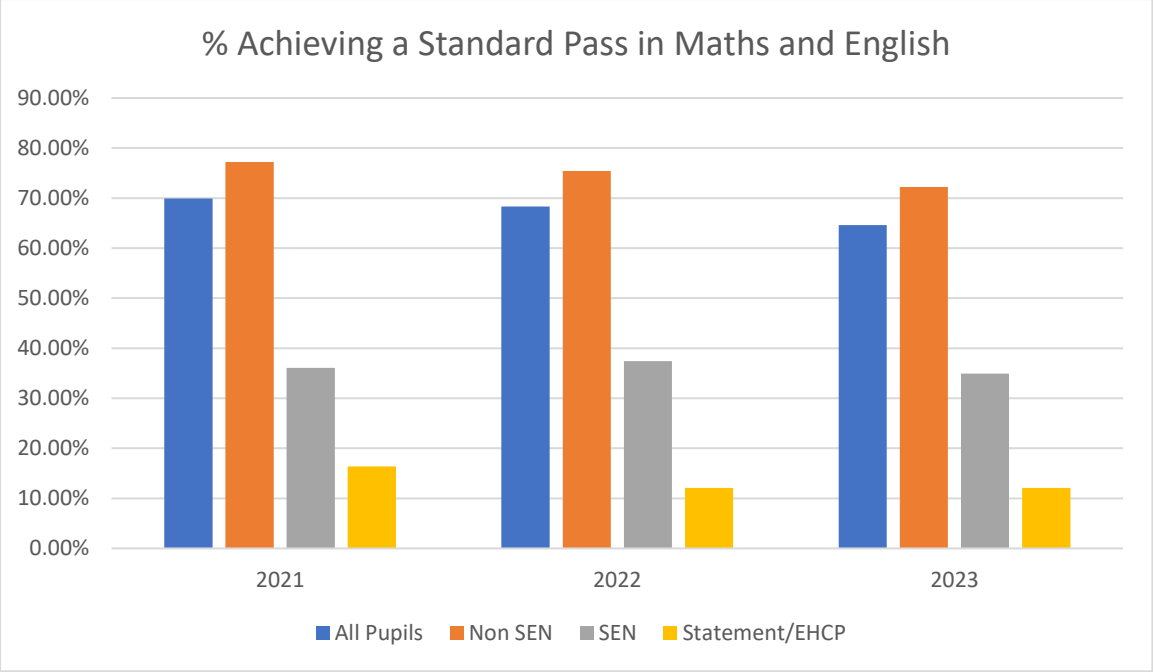


Figure 33: % of Pupils Achieving a Standard Pass in Maths and English 2021-2023

Source: Attainment - Learning Outcomes Dashboards Summary

At KS4 for non-SEN pupils and pupils with SEN support academic attainment has decreased since 2021 however in pupils with a statement/EHCP educational attainment has improved slightly or been sustained. In all domains at KS4 Leeds followed the tends in national data. An EHCP is a legal document for an individual child or young person aged 0-25 years with special educational needs and disabilities (SEND), which sets out a description of their educational, health and social care needs and the provision that must be implemented in order to help them achieve key life outcomes.

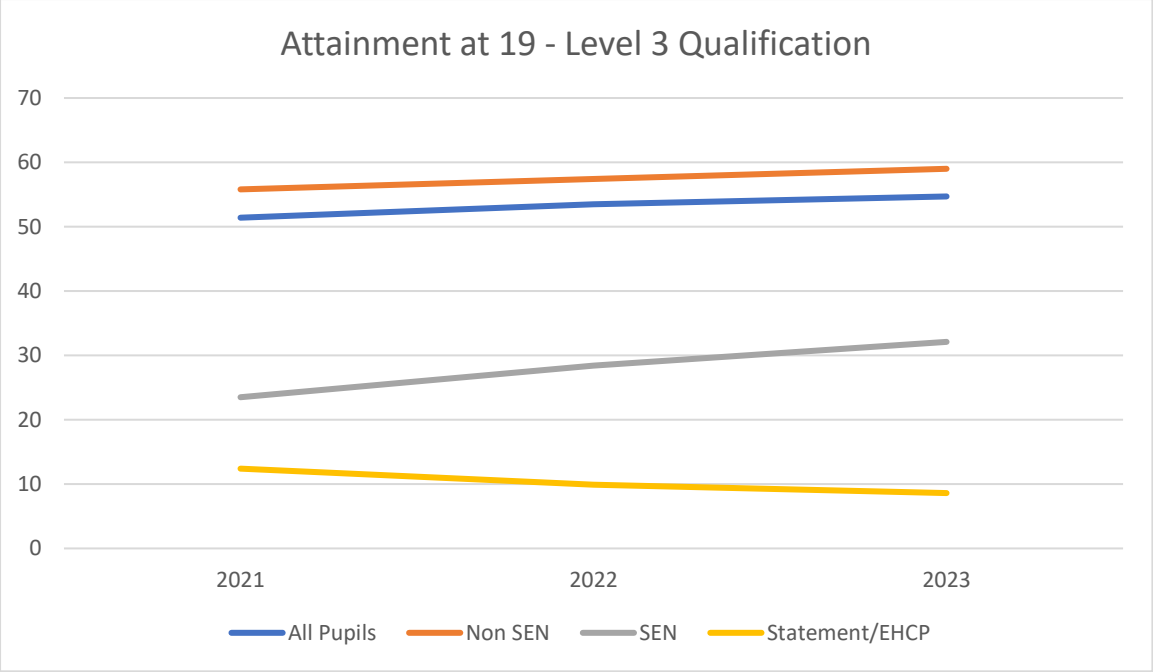


Figure 34: Attainment at 19 (Level 3 qualification) 2020-2022

Source: Attainment - Learning Outcomes Dashboards Summary

In Leeds at KS5 for non-SEN pupils' academic attainment has maintained, for pupils with SEN support academic attainment has improved since 2020 and for pupils with a statement/EHCP educational attainment has worsened. In all domains at KS5 Leeds had a lower level of attainment than the latest national data.

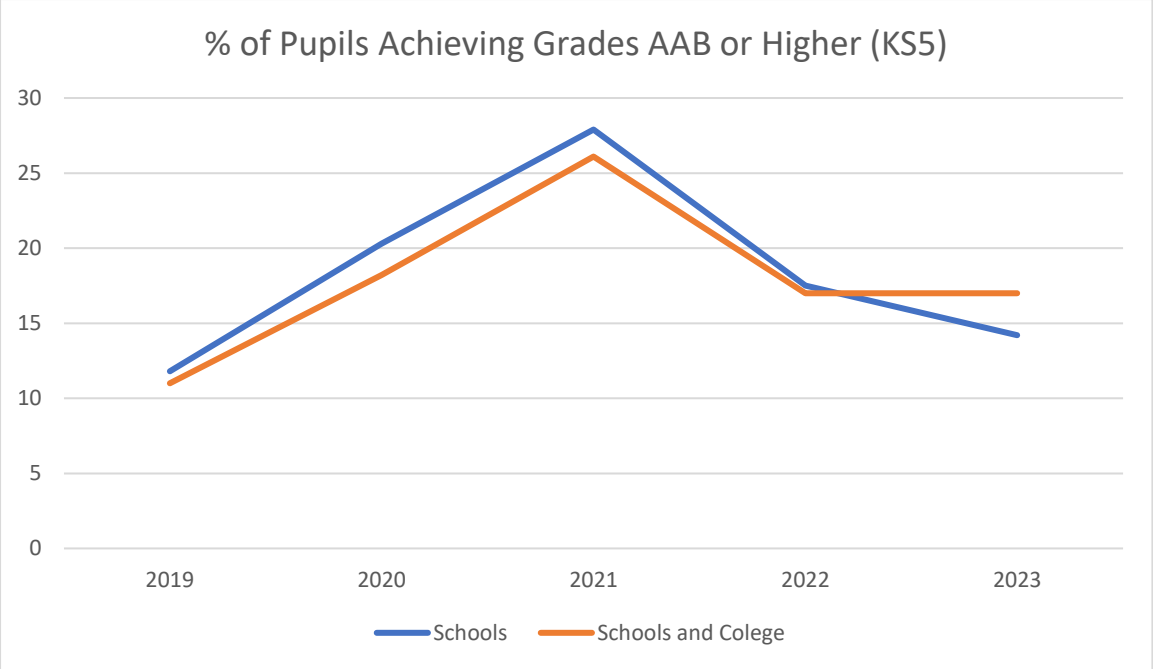


Figure 35: % of Pupils Achieving Grades AAB or Higher at KS5 2019-2023

Source: Attainment - Learning Outcomes Dashboards Summary

In Leeds at KS5 the percentage of pupils achieving grades AAB or higher peaked in 2021 and has declined since. This was in keeping with the latest national data.

5.5.4 Special Educational Needs (SEN) Support

In Leeds across all school age groups 25,199 pupils had a special educational need in 2023/24, 33.0% higher than 18, 944 pupils in 2018/19. Over the same period the pupil population grew by 6.0% from 129,591 to 136,799. 18.4% of the pupil population now has SEN, broadly in-line with statistical neighbours and England and lower than the Core Cities average of 19.4%[51].

In 2023/24, of all children and young people in Leeds schools with SEN:

- 3864 pupils in Leeds schools' have an EHCP this equates to 2.8% of all pupils in Leeds, lower than England (4.8%), Core Cities (4.3%) and DFE Statistical Neighbours (5.0%).
- The majority of children and young people with an EHCP are of compulsory school age and predominantly male[51].

50. Leeds JSA: Leeds children and young people and special educational needs and disability.

- 21,335 pupils in Leeds schools' have SEN support, 15.6% of all pupils in Leeds, a similar proportion to the Core Cities average of 15.6% and higher than England and Statistical Neighbours (13.6% in England, 13.7% Statistical Neighbours).
- The most prevalent primary needs are speech, language and communication (SLCN), social emotional and mental health (SEMH) and moderate learning difficulty (MLD). The prevalence of SEMH is higher than other needs in secondary school.
- The primary need of autistic spectrum disorder (ASD) has tripled since 2018, from 902 children in 2018 to 3299 in 2024[51].

5.6 Domain 5: Agency and Resilience

5.6.1 Caring Responsibilities

The 2023 MHMS survey asked do you help look after someone in your family because they:

	Have a mental health problem	**Have a problem with drugs/alcohol**
Secondary Respondents	7.9%	3.6%
Post 16 respondents	5.5%	1.8%

Figure 36: Reported reasons for caring responsibilities in post-16 and secondary respondents (My Health My School)

The results showed that almost 8.0% of secondary respondents looked after someone in their family because they have a mental health problem and 3.6% of secondary respondents looked after someone in their family because they have a problem with drugs/alcohol[27].

Source: 22/23 Social, Emotional and Mental Health Annual Report (MHMS)

School Census data for the years 2022/23 and 2023/24 demonstrated that the majority of young carers attended a state secondary school, that the number of young carers increased between 2022/23 and 2023/24 however remained lower in both years than the figure for England as shown in Table 4[29]:

		2022/2023		2023/2024	
		No of Pupils	**%**	**No of Pupils**	**%**
Total	**Leeds**	67	0.1	96	0.1
	England	38,983	0.5	53,975	0.6

Figure 37: Number of young carers in Leeds (School Census)

Source: School Census 2024

5.6.2 Adverse experiences and challenging events

ACEs are "highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity.[52]"

ACES can include:

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Physical neglect
5. Emotional neglect
6. Mental illness
7. Incarcerated relative.
8. Mother treated violently.
9. Substance use
10. Divorce

Although data are not available for the full range of ACEs young people can experience these and other negative or challenging events during adolescence that have a significant impact on their physical and mental health and wellbeing.

The MHMS survey 2023 asked respondents if in the last 12 months anyone close to them had died. In secondary school respondents 43.6% said yes and 29.6% of post 16 respondents said yes. When asked if they had received support from their school or college to help them deal with the death 7.4% of secondary respondents said they had no support and 3.9% of post 16 respondents said they had no support.

In the 2023 MHMS survey approximately 60.0% of secondary school respondents stated they had not been bullied in the last 12 months and approximately 80.0% of post 16 respondents stated they had not been bullied[27].

Of the young people that reported in the survey that they had been bullied when asked what they thought the cause of the bullying was they responded as follows:

51. Adverse Childhood Experiences (ACEs) and Attachment - Royal Manchester Children's Hospital (mft.nhs.uk)

	Cause of Bullying
Secondary School	• Appearance (19.2%) • Other/don't know (17.6%) • Weight (10.4%) • No reason (9.5%) • Height (8.9%)
Post 16	• Appearance (19.8%) • Weight (16.7%) • Other/don't know (15.6%) • Height (7.3%) • Homophobia (7.3%)

Figure 38: Reported causes of bullying in post-16 and secondary respondents (My Health My School)

Source: 22/23 Social, Emotional and Mental Health Annual Report (MHMS)

The most recent MHMS survey results demonstrated that there has been an increase in the number of secondary pupils who know where to go to get help and advice about:

- how to cope with a death.
- how to cope with a separation.
- relationships and sex.
- pressure/encouragement to commit a crime.
- pressure to be in a gang.
- pupils carrying knives/weapons.
- radicalisation/extremism.
- female genital mutilation and forced marriage.

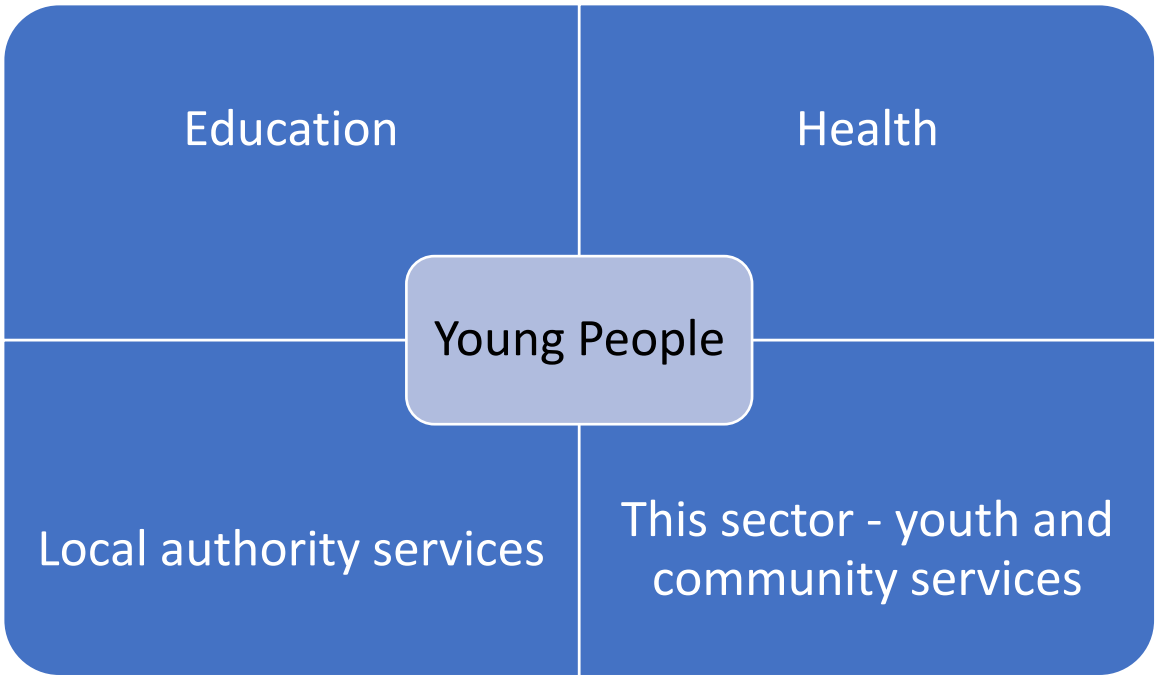
There had also been an increase in the number of post-16 students who knew where to get help and advice about:

- bi-phobic bullying and ways to stop it.
- homophobic bullying and ways to stop it.
- how to cope with a death.
- how to cope with a separation.
- problems in school/college; problems out of school/college.
- self-harm.
- transphobic bullying and ways to stop it.
- gambling (mine/family members); money problems.
- domestic violence and abuse.
- something you saw on the internet which upsets you.
- honour based violence.
- pressure/encouragement to commit a crime.
- pressure to be in a gang.
- pupils carrying knives/weapons.

- racism and what to do about it.
- radicalisation/extremism.
- female genital mutilation.
- forced marriage.
- housing and child sexual exploitation.
- transphobic bullying and ways to stop it. [27]

Chapter 6: Organisational assets

Services for young people in Leeds are provided by a range of partners. These can be grouped into four main categories: education, health, local authority services and third sector services. These services are underpinned by support provided by family, friends and the broader community both in person and online.



Local Authority - Leeds Youth Offer One minute guide: Youth Offer (leeds.gov.uk)

- Youth Service (Localities)
- Youth Service (Projects) – Return Interviews, Pathways Support Team, Life Coaching Service, City Centre Youth Work Team
- Youth Service Activity Centres

Leeds Youth Alliance Leeds Youth Alliance

The Leeds Youth Alliance is a consortia of Leeds VCS organisations that will provide a programme of activities across East, West and South Leeds focused on the most disadvantaged areas of the city. The partners are:

Barca-Leeds,
LS-TEN
The Cardigan Centre
Chapeltown Youth Development Centre
Dance Action Zone Leeds (DAZL)
Getaway Girls
Hamara
LS14 Trust
New Wortley Community Centre
Re:establish
The Youth Association
Leeds City Council - Voice Influence & Change Team

Local Authority Support Services

Early Help Hubs

Restorative Early Support Teams

Cluster Working

Family Group Conferencing

Multi-Systemic Therapy

Care Leavers Service

Leeds Youth Justice Service

GRT Outreach and Inclusion Team

Health & Wellbeing Service including delivery of Leeds Resilience Programme and HENRY 5 – 12 HENRY 5-12 Programme

Local Authority Activity Provision

Healthy Holidays Leeds

Breeze Leeds

Active Leeds

Positive Futures

Activity Centres

Education & Training

Education & Training Provision

Leeds Secondary schools

Post 16 providers

Further education and employment options for young people with SEND

Local Authority Education Support Services

Learning and Skills Service including Learning Improvement, Learning Inclusion Service, Young people and skills and Virtual school

Health & Wellbeing Service including Healthy Schools Healthy Schools

Leeds SENDIASS

Education & Training

Education & Training Provision

Leeds Secondary schools

Post 16 providers

Further education and employment options for young people with SEND

Local Authority Education Support Services

Learning and Skills Service including Learning Improvement, Learning Inclusion Service, Young people and skills and Virtual school

Health & Wellbeing Service including Healthy Schools Healthy Schools

Leeds SENDIASS

Health

Primary Care

GP services - Leeds Health and Care Partnership (healthandcareleeds.org)

SEND

Leeds SEND Local Offer - Health Services in Leeds

Leeds Community Healthcare

Leeds Community Health Care provide a number of health services including:

0-19 Public Health Integrated Nursing Service and Children and Young People's Mental Health Services (CYPMHS) .

Chat Health

Sexual Health Services

Leeds Sexual Health

For a full list of services provided for children and young people, please click the following link

Social Emotional and Mental Health

MindMate SPAMental Health Support in Schools

Leeds CAMHS

Leeds Therapeutic Social Work Team

Teen Connect

Safe Zone Leeds

Here For You, Leeds

Kooth Online Counselling

MindMate - Emotional wellbeing and mental health

West Yorkshire Night OWLS Helpline

Connect Together

Calm Harm app
CBUK Leeds Bereavement Service
Youth in Mind

The Children's Society, Leeds - Time for young people

Additional Third Sector Partners

Health For All

CATCH Leeds

St Luke's Cares Charity, Leeds

Black Health Initiative (BHI)

The Market Place

GIPSIL

The Hunslet Club

Banardos (Leeds)

Shantona

Third Sector – Specialist

Substance mis-use

Forward Leeds, Family Plus Service

Forward Leeds Young Peoples Service

Sexual Exploitation

BASIS, Young People, Leeds

Domestic Violence

Leeds Domestic Violence Service

Karma Nirvana - Honour Based Abuse

Chapter 7: Corporate needs assessment: views of stakeholders

A list of key stakeholders was agreed by the HNA steering group and the Children and Families Public Health team. A digital survey was developed using the Smart Survey platform and shared via email with the identified stakeholders list. A snowball sampling approach to sharing the survey was used with recipients being encouraged to share the survey link with colleagues. The survey was open between the 25th of April and the 17th of May 2024, stakeholders were sent a reminder request to complete the survey on the 13th of May. A copy of the survey can be viewed in appendix 3.

The survey had 33 complete responses and 47 partial responses. Job titles of the 33 respondents who completed the survey in full included:

- Service Manager.
- Team manager.
- Mental health practitioner.
- Practice manager.
- Young peoples' peer support worker.
- Administrator.
- 0-19 Specialist Community Public Health Nurse.
- Head of Virtual School.
- Director.
- Volunteer.
- Occupational Therapist.
- Project Manager.
- Clinical Lead.
- Baby Steps Coordinator.
- Youth and Community Dance Manager.
- Youth development worker.

7.1 Headline results

- Over 60.0% of the respondents worked across Leeds.
- Youth workers and mental health support workers were the most commonly reported professions.
- Respondents felt the main issues in terms of young people's health included: mental health, diet and physical activity, SEND assessments/neurodiversity waiting lists, access to mental health services and vaping.
- Respondents felt that digital services, support in education, multiagency working, 3rd sector support, cluster support and mental health support in schools were all working well in Leeds to keep young people healthy.
- Over three quarters of respondents felt confident supporting young people with their physical and mental health.
- Two thirds of respondents felt confident supporting young people with their relationships and in supporting young people to feel safe both when out and about and when online.
- Over 80.0% of respondents felt confident in supporting young people with their educational needs.
- Approximately three quarters of respondents felt confident in supporting young people to build their self-esteem and resilience.

- Supporting young people with their educational needs, including exploring opportunities to learn new skills was the area where most survey respondents felt confident. Supporting young people to feel safe out and about and online was the area where the least survey respondents felt confident.
- Training was listed as a main reason for feeling confident supporting young people in domains 1 (physical and mental health) and 2 (connectedness, positive values and contribution to society) whereas in domain 3 (safety), 4 (learning and competence) and 5 (agency and resilience) a lack of training was identified as a reason for not feeling confident.

7.2 Domain 1: Good health (physical and mental) & optimum nutrition

This domain focuses on physical health and capacities, mental health and capacities, optimal nutritional status and diet. In this domain almost 80.0% of the survey respondents felt confidents supporting young people.

When respondents reported not feeling confident it was due to there being limited services to signpost young people to. Respondents stated that services being reduced, decommissioned, oversubscribed or closing down were a key factor influencing this. Additionally, respondents were concerned that even when there was a service available to signpost to that rigid referral criteria and long waiting times impacted their ability to support young people.

Furthermore, respondents felt that long waiting times and lack of services particularly for young people with Attention-deficit/hyperactivity disorder (ADHD) and autistic spectrum disorder (ASD) was a concern and that they had not necessarily had the training to be able to support them while they awaited access to these services.

7.3 Domain 2: Connectedness, positive values and contribution to society

This domain focuses on social and cultural networks, interpersonal skills and relationships with others, feeling valued and respected by others and being accepted as part of the community. In this domain almost three quarters of the survey respondents felt confident supporting young people with their relationships with others.

For many respondents they felt confident because they had had training relating to this domain or they knew what services and resources they could signpost young people to. However, when respondents stated they didn't feel confident supporting young people in this domain they stated again a lack of services to signpost or refer on to as the cause again specifically mentioning services for young people who have SEND.

7.4 Domain 3: Safety and supportive environment

This domain focuses on physical and emotional safety online and in person considering things like being treated fairly, discrimination, privacy and having enriching opportunities available to them. In this domain approximately two thirds of the survey respondents felt confident supporting young people to feel safe both out and about and online. Less respondents felt confident in this domain than in the other four domains.

For this domain when respondents stated they didn't feel confident the most common reason was because they hadn't had training on this topic and that they didn't specialise in this field of work with approximately 60.0% of the respondents selecting these options. However, respondents had a particular focus on safety in person rather than online stating concerns around youth violence and a lack of safe spaces for young people to access. Respondents also indicated that young people and their families are worried about knife crime even if they have not been directly impacted by it.

7.5 Domain 4: Learning, competence, skills and employability

This domain focuses on not only educational opportunities and attainment but also skills acquisition for adult life including creative, business and technical skills. This was the domain where most respondents felt confident (80.0%).

Although only 20.0% of respondents stated they didn't feel confident in this domain, of that 20.0% three quarters stated it was because they hadn't had any training in this area. Additionally, respondents felt that managing difficult behaviour, a lack of support for young people outside of school and a lack of SEND specific support were concerns.

7.6 Domain 5: Agency and resilience

This domain relates to self-esteem, purpose, empowerment and having the capacity for self-expression and self-direction relating to their identity(s), including their physical, cultural, social, sexual, and gender identity. Additionally, this domain considers young peoples' ability to handle adversity.

Approximately three quarters of respondents felt confident supporting young people in this domain. Of respondents who didn't feel confident over half felt they hadn't had training on the topic, half didn't know what services were available and how to signpost to them and some stated that you could refer to services, but it does nothing.

7.7 Emerging Issues and other concerns

Respondents were asked if there was anything else they wanted to discuss in relation to keeping young people healthy. Common themes in these responses included:

- Access and inclusion.
- Information, education and awareness for young people and their parents.
- Lack of spaces and low-cost activities for young people.
- Lack of support for those who are not supported through CAHMs due to eligibility or waiting lists.
- Lack of investment in young people and services for them.

7.8 Conclusion

There was a theme throughout the survey responses from respondents across a range of services and roles that there are not enough services available for young people whether this was due to services being cut, decommissioned or not funded. Respondents were concerned about a lack of availability of services, long wait times to access services that do exist and limited ability to support young people while they were waiting to access services. A lack of SEND specific support and resources was a concern raised by survey respondents that impacted their ability to confidently support young people. Finally concerns surrounding youth violence and a lack of safe spaces and activities for young people to access impacted how confident survey respondents felt in keeping young people safe.

Chapter 8: Corporate needs assessment; views of young people

8.1 Seldom heard young people who contributed

A list of groups of young people to involve in engagement was developed by the HNA steering group and the Children and Families Public Health team (appendix 4). Face to face engagement sessions were arranged where possible with groups that consented to participate, and an additional digital survey was shared with groups who wished to engage but it was not possible to do this in a face-to-face setting. A copy of the survey can be viewed in appendix 3 and a copy of the structure used for face-to-face engagement sessions can be viewed in appendix 6.

A total of 47 young people participated in engagement. The groups of young people who participated in engagement sessions included:

- SEND Youth Council – 6 participants.
- Leeds Youth Council – 12 participants.
- MindMate Ambassadors – 5 participants.
- Young People in Alternative Provision – 6 participants.
- Young Carers – 1 participant.
- Care Experienced young people – 7 participants.
- LGBTQ+ Youth Group – 10 participants.

Although every effort was made to carry out engagement with all groups identified by the HNA Steering Group and the Children and Families public health team, due to time and resource constraints it was not possible to engage with all identified groups.

8.2 Domain 1: Physical health and optimum Nutrition - headline results

Young people were asked what things they did to keep their body and mind healthy, what things they thought they needed to keep their body and mind healthy and what helped/or stopped them from doing these things.

A range of topics were discussed by young people and the key themes included physical activity, diet, alone time, social connections, music, being able to talk to someone, academic pressure, vaping and sleep.

All groups of young people felt that diet and physical activity were extremely important to keep their body and mind healthy with these being the most frequently reported responses however the types of physical activity undertaken by young people varied greatly with some undertaking extracurricular sports such as boxing and dance and some young people only accessing physical activity opportunities that were free or available in school.

Finances, access to safe spaces and access so outdoors space including parks with working equipment were discussed as barriers to physical activity and finances were discussed as a barrier to eating a healthy diet with young people not always eating 3 meals a day due to finances or feeling they were unable to make healthy food choices for themselves due to cost.

Young people felt alone time was important to support their mental health and discussed a range of activities they did when they were alone including journalling, mindfulness and listening to music. Social connections were also important to young people including relationships with friends, parents, support workers, therapists and siblings all highlighted as people young people spoke to about their health and wellbeing. Most groups discussed how having someone to talk to was important in maintaining good mental health.

Vaping was another key issue discussed in several groups with some young people stating they had started vaping as an alternative to smoking but some young people stating they never smoked but had taken up vaping. How vaping impacted their ability to stay fit and active was discussed with young people recognising that it was unhealthy and made them short of breath which in turn prevented them from exercising.

Some young people discussed how accessing services made them feel and the impact of working with services that they didn't feel like were 'teen friendly'. They discussed a want and need to be involved in decision making about their health and wellbeing however often experienced professionals who treated them like small children and did not engage with them instead choosing to focus on their parents or care givers, their thoughts and choices. Young people discussed how this made them feel powerless and less likely to trust and engage with services. Young people felt that people needed training specifically on working with young people and felt this was really important to help them get the help and support that they needed.

Direct quotes from young people:

'I vape to get through the day'.

'it's important to talk about mental health so you don't kill yourself or self-harm'.

Referencing talking about feelings; *''boys don't'.*

''a vape is cheaper than an ice cream nowadays' and lasts longer. Ice creams are too expensive, I'd rather have a vape.'

'Autism makes keeping healthy difficult'.

'They treat you like a child'.

'it's better when they speak to you like a person'.

8.3 Domain 2: Connectedness, positive values and contribution to society - headline results

Young people were asked what relationships they needed to be healthy and to consider things they did to keep their body and mind healthy, what things helped them or stopped them from making new friends, forming and maintaining relationships and being part of their community.

A range of topics were discussed by young people and key themes that were identified included having positive relationships with friends, family, and teachers/lecturers. All groups discussed feeling themes about feeling safe, secure, respected, confident, insecure, wanted, and accepted and the impact these had on developing and maintaining relationships.

All groups of young people identified people that they had relationships and why they felt they were important although there was difference across the groups regarding who those relationships were with; some groups discussed family and friends, others focused on support workers and teaching staff. Several groups talked about support from people who were not friends, family, or teachers and how this had benefits for example being able to speak to a counsellor or youth worker.

Feeling insecure, judged, mental health challenges and past adverse experiences were discussed in various groups as challenges to forming and maintaining relationships with some young people discussing how triggers, trust issues and anger can make feeling connected difficult. Conversely feeling accepted, supported, loved, listened to and confident were all identified as things which had a positive impact on developing and maintaining relationships.

All groups discussed how important relationships were to their life in different ways with some focusing on positive experiences like having shared interests, someone to do things with and benefits of friendship like physical affection and hugs. Furthermore, all groups talked about how connections were important in helping them navigate life as a young person whether that was through providing support, a safe place to share feelings or building confidence. Some young people discussed how it was vital to have self-confidence and a good relationship with yourself to have good relationships with other people but at times this could be challenging due to social media and insecurity.

Direct quotes from young people:

‘I’d speak to my friends if I was having problems’.

'Don’t talk about our needs as didn't know who would help them’?

'I want a 'fresh start' but feel 'nervous about meeting new people.'

‘Surround yourself with people who support you to be who you are’.

'Relationships need to be not one sided, safe, understanding, supportive, secure’.

‘I need to be able to trust people’.

‘If you don’t trust your worker then you won’t tell them anything, then they can’t help you’.

8.4 Domain 3: Safety and a supportive environment - headline results

Young people were asked what they needed to be safe in real life and online. They were asked to consider what helps them feel safe and what stops them from feeling safe.

Key themes identified when talking about not feeling safe included not feeling they lived in a safe area, a lack of police presence, road safety, violence and knife crime were all discussed. When speaking about things they needed to feel safe key themes identified by young people included

police presence, having people to support you including going out with groups of friends, going to familiar areas, and using physical aids including things like sunflower lanyards, fully charged mobile phone and noise cancelling headphones.

Many young people talked about not feeling safe for numerous reasons; these included things like not living in a safe area and not feeling safe at home – some young people talked about things like having a dog at home that helped them to feel safe or having police presence in the area they lived and how that helped them to feel safe. Most of the discussion across all groups focused on feeling safe in person rather than online although some recognition was given to online safety measures such as not sharing your passwords, not giving out personal information online and apps having age restrictions.

Some young people talked about not feeling safe when they went to the city centre and discussed how there was a lack of accessible, teenage friendly spaces both in the city centre and in their local community for them to access. All groups of young people discussed going out to familiar places and with groups of friends as being key to them feeling safe. They also discussed how being able to leave and area if they wanted to or knowing how to access help if they needed it was important.

Some groups of young people – particularly those with mental health and/or SEND needs identified physical aids as being important in helping them to feel safe. Sunflower lanyards, earphones to listen to music and noise cancelling headphones were all discussed as useful items to have with you when you go out. Sunflower lanyards particularly were discussed as a helpful thing to have to highlight to other people that you may need space or support. These groups and others identified having a charged, mobile phone were important to have too.

Knife crime, violence and sexual harassment were discussed by some groups with many young people feeling that these things were inevitable and just the way things were. Some young people felt that youth work presence and having access to spaces and activities would help them to be safer but that these things either weren't available where they lived locally or weren't accessible to them due to location and cost (or the activity or travel to it).

Direct quotes from young people:

'Just the way things are.'

'It's nice to feel safe.'

'I just deal with it on my own.'

'I deal with it by myself'.

8.5 Domain 4: Learning, competence, education, skills and employment - headline results

Young people were asked about what opportunities they got to learn new skills and what opportunities they got for education in school at home or somewhere else.

The key themes identified by young people included extracurricular activities/hobbies and volunteering with these being the most reported answers across all groups. Other themes included learning life skills such as cooking, cleaning, managing bills and shopping, part time jobs, learning from family, vocational pathways of learning, social media and attending youth clubs.

All groups of young people identified that having different hobbies and access to extracurricular activities including scouts, sports clubs and music lessons were all positive places to learn new skills however several of the groups recognised that these may not be accessible to everyone, and that more free extracurricular activities would be beneficial for young people in Leeds. Most of the groups discussed opportunities to learn life skills whether this was from friends, family or clubs and groups. Young people in several groups also talked about learning life skills off social media for example watching cooking videos or learning cleaning hacks.

Young people across different groups talked about different opportunities available to them and felt it was good that there were options outside of GCSE and A-Levels that enabled them to learn skills for the future – learning trades, vocational skills pathways, sports qualifications and working with charities were all discussed in a positive way however some young people felt they had less opportunity than others due to things like SEND diagnoses or lack of options available to them in settings such as alternative provision.

Direct quotes from young people:

''I don't get the same opportunities as other people, having ADHD holds you back, I can't do certain jobs.

'I get the opportunity to study the things I want to at school'.

'We weren't prepared for job opportunities in college'.

8.6 Domain 5: Agency and Resilience

Young people were asked what they needed to be confident and have good self-esteem. They were also asked if they felt they were able to make choices about their own life and future.

Having a good support system, being able to spend time reflecting on things and taking time to self-care were all commonly cited as things which helped young people develop their agency and resilience. Young people also felt that knowing what options were available to them and having clear values really helped them to manage and make choices about their future.

Young people felt the main thing that impacted their agency, and resilience was their mental health and wellbeing – when they were struggling with their mental health for any reason, they felt that their resilience dipped, and they needed strategies to build it back up again.

Young people talked about societal and personal expectations on them and how this impacted their confidence, self-esteem, and resilience. Societal expectations were discussed in terms of academic achievements, appearance, being good at sports and peer influence and how these impacted young people in different ways. Some young people talked about personal expectations and putting pressure on themselves to achieve good grades, to look a certain way or to have a large social network both in person and online. Most of the young people discussed positive and negative aspects of both societal and personal expectations and the pros and cons of these.

Young people talked about judgement and peer influence and in some groups the expectations to participate in certain activities to fit in; these ranged from joining clubs, participating in sport, drinking alcohol, and using drugs. Young people discussed how other people's perceptions of them were important and influenced how they felt about themselves.

Direct Quotes from Young People:

'I feel 'crappy' inside.'

'Social media is a massive detriment to mental health and self-esteem.'

''I tend to, especially if I am getting quite stressed about something or getting quite anxious, tend to sort of bundle up and a million thoughts are going through my head.'

'I look back at my past and I just remember how much of a shitty past I had and how bad it went and how it could have gone. To now just thinking now I'm in some sort of a stable place in my life…I'm quite lucky to just still be here'.

'Mental state and disabilities can make making choices about my life and future challenging.'

'Don't be ugly'.

'Social media makes me feel bad about myself'.

Chapter 9: Discussion, conclusion and recommendations

9.1.1 Introduction

This HNA has provided an opportunity to analyse the literature, data and professionals' views of the health needs of young people and map services for young people in Leeds; but most importantly it has given the opportunity to record what young people themselves think is working well and what could be improved in terms of their health and wellbeing.

9.1.2 Strengths of the HNA

The strengths of the HNA are that it is embedded strategically, has clear dissemination plans, and has a clear overarching aim of to support decision makers to further understand the health needs of young people and identify future priorities for all services working with and for young people. It has been steered by a group of partners working with young people and all data has been discussed with subject matter experts. This health needs assessment aligns with the strategic context of the Child Friendly 12 Wishes and the Child Friendly Leeds ambition is for 'all children and young people to be able to express their views, feel heard and be involved in decisions that affect their lives'.

This health needs assessment was undertaken in a short timescale and includes information from data, views of stakeholders and views of young people. This enables conclusions to be triangulated and quantified. The HNA had a clear plan which was agreed by key stakeholders but also developed iteratively, e.g. additional groups of young people to engage with were identified as the work progressed. The HNA is comprehensive and pragmatic with all included data having been thoroughly checked.

9.1.3 Weaknesses of the HNA

There are also weaknesses, which have been accepted to meet the publication deadline and deliver the HNA within resource constraints. Ideally more groups of young people and a wider selection of stakeholders would have been included in engagement sessions and surveys. The section on evidence has been compiled in a pragmatic way however if there was more resource each domain of health and wellbeing relevant to the HNA could have been explored in greater depth.

Engagement questions were general and there are some areas that are a known need that are not explored in the depth they could have been such as vaping and violence. Furthermore, it was not possible to engage with all identified groups of young people due to time and resource constrains within the team developing the HNA and in teams and organisations supporting young people however a key recommendation of this HNA relates to listening to these groups in future work. The HNA did not focus specifically, in the stakeholder survey, on the confidence of stakeholders in supporting young people from ethnically diverse communities or those with additional needs although some detail regarding this was drawn out in the free text responses of the survey.

9.2 Domain 1: Good health (physical and mental) & optimum nutrition

The first domain of wellbeing detailed in the adolescent wellbeing framework[1] focuses on good health and optimum nutrition and covers the subdomains of:

- physical health and the ability to perform physical tasks.
- mental health and ability to perform mental tasks.
- optimal nutritional status and diet.

The literature identified physical activity and diet as a key component of good health and optimum nutrition: it focused on how a healthy diet and regular physical activity in young people had positive impacts on both physical and mental wellbeing.

The epidemiological element of the HNA demonstrates that Leeds has a similar level of obesity and physical activity compared to England, however the number of young people aged 10-11 years old in Leeds who are obese is high (over 1 in 3) and rates being higher in young people who lived in more deprived areas across the city.

Diet and physical activity were the second most frequently reported response in the stakeholder survey when asked ‘‘What do you currently think are the main issues in terms of young people’s health?’. Additionally it was not given as a response in the stakeholder survey when asked ‘What is working well in Leeds that contributes to keeping young people healthy?’ although green space and activities were mentioned by one respondent.

Across all groups of young people who participated in engagement, both in face-to-face groups and online, physical activity and a healthy diet were cited as things young people felt they needed to be healthy. This highlighted an awareness in young people that these are pivotal components to maintaining their physical and mental health and wellbeing.

Some groups of young people felt that money and lack of access to a range of accessible, free physical activity options limited their ability to be healthy. In addition to this lack of money was cited as a barrier to eating a healthy diet. Many young people across all groups discussed a range of physical activities they undertook for their health and wellbeing. Responses ranged from free and accessible activities such as physical activity in school and walking to and from school or college to a range of paid for physical activity in the form of classes and lessons such as boxing and swimming. Some young people who were care experienced or in alternative provision discussed what limited them from being able to access different opportunities for physical activity; for these young people in

addition to money being a concern they also felt that breathlessness because of vaping and a lack of motivation prevented them from undertaking physical activity. Young people who were in alternative provision also discussed not eating outside of a school environment with some stating that the lunch they ate at school could be the last meal they ate that day.

These responses were not reflected in the MHMS survey results where young people cited reasons such as a lack of time (this could be due to too much schoolwork, having a job or other reasons) as the main reason for not participating however the Youth Council Forum did cite lack of time specifically due to schoolwork pressures as something which limited their ability to undertake physical activity.

Long term conditions, although present in the data and in the literature review elements of this HNA were not specifically discussed by either stakeholders or young people during engagement. This may be reflective of the relatively small number of young people who have long term conditions compared to the number of young people aged 11-19 years old in Leeds.

In relation to sexual Health and teenage pregnancy the literature highlights that young people are particularly vulnerable to poor sexual health outcomes, such as sexually transmitted infections (STIs) and unwanted pregnancy and the impacts of these on the young person's health and wellbeing. The epidemiological chapter of the HNA demonstrated that Leeds has a higher under 18 conception rate than the rate for England, a higher chlamydia infection rate than the rate for England and approximately 10.0.% of secondary school pupils who completed the MHMS survey had had intercourse of which almost 50.0% had used a condom last time they had sex.

Respondents to the stakeholder survey felt that support for young parents was working well in Leeds to keep young people healthy and sexual health was a frequently reported issue in terms of young people's health by stakeholders. Conversely sexual health and teenage pregnancy were not discussed in any of the engagement sessions with young people however this could be due to stigma or lack of confidence in discussing the topic rather than lack of relevance to young people's health and wellbeing. Young people gave greater detail regarding their sexual health in the MHMS survey covered in the epidemiological chapter of the HNA; this may be due to the survey being undertaken in anonymous, online format.

There was limited literature regarding vaping in the literature review element of the HNA however this was a topic that both stakeholders and young people felt was a concern in relation to physical health. The data for Leeds demonstrated a link between young people aged 10-19 smoking and living in areas of deprivation and that the prevalence of those who report 'experimenting' with vaping has been consistently higher in Leeds than in England.

Stakeholders felt it was a key issue relating to young people's health and wellbeing however didn't identify any current work or services in Leeds that they felt was working well to address this. The domain that focused on physical and mental health was one most stakeholders felt confident supporting young people in but those who reported they did not feel confident supporting young people with their physical wellbeing didn't cite smoking and vaping as the reason for this.

Responses from young people regarding vaping varied across different groups with some groups of young people not discussing it at all and some groups having a much clearer focus on vaping and the impact on their health and wellbeing. In multiple engagement groups several young people reported using vapes and having started using a vape as an alternative to smoking however other members of the group had just started to use a vape with no previous history of smoking cigarettes. Some young people who did use a vape identified it as a reason to reduce physical activity due to shortness of breath, other young people identified having their vape as a physical comfort when they are out in public as it gave them something to do.

The literature discussed how young people may use alcohol and drugs due to peer influence with many engaging in binge drinking and trying cannabis and identified a general trend that this was decreasing in secondary school age pupils. This aligned with the local MHMS survey results which identified there had been an increase in the number of post 16 students who had never been drunk.

The engagement undertaken with young people did identify that they felt pressure to conform with their friends and for some young people this did include drinking alcohol and or taking drugs but not for all. In some of the engagement groups alcohol was discussed in the context of safety and it was highlighted by both male and female participants that being under the influence of alcohol would impact their ability to stay safe when they are out.

Young people who were undertaking drug or alcohol treatment often started drug and alcohol use as a younger teenager (before the age of 15) and young women who used substances had more vulnerabilities to other adverse experiences than boys. For those in treatment alcohol was a much more commonly used substance than drugs. Local data also identified that many young people who were accessing drug and alcohol treatment were also attending alternative provision for their education and that there were more boys in treatment than girls.

In the literature there was evidence of how drug and alcohol use impacted young people's lives in a myriad of different ways including lower academic attainment, reduced school attendance and difficulty maintaining relationships with family and friends. The stakeholder survey included feedback that young people needed more education about drinking alcohol and taking drugs and substance misuse was identified as a main issue in terms of young peoples' health and wellbeing, but it was not identified by stakeholders as an area they specifically felt confident or not confident in supporting young people with.

The literature identified that the prevalence of mental health issues in young people is increasing with over half of all mental health problems established by age 14. Additionally, the evidence demonstrated how the need for mental health services for young people often outstripped demand resulting in high levels of unmet need and a lack of timely intervention before crisis point.

Youth mental health has declined in the last few years with one in six children aged 5-16 are likely to have a mental health problem. This figure has gone up by 50% in the last three years. Between 2021 and 2022 alone, the proportion of older young people aged 17-19 in England with a probable mental health disorder jumped from one in six to one in four[55].

Mental health was the most frequently reported response by stakeholders when asked what they thought the main issues in young peoples' health and wellbeing were. Many stakeholder survey respondents were concerned about a lack of mental health services, long waiting times and nowhere to signpost to while young people awaited mental health intervention. This was echoed by young people in several engagements groups with some young people stating that it was better not be referred to mental health services at all as they didn't help.

Young people were able to identify many activities that helped them to manage their emotional and mental health and wellbeing – these ranged from informal activities such as journalling, mindfulness and reflection to activities and interventions such as autism support and counselling. Stakeholders fed back that they at times did not feel confident supporting young people while they awaited specific mental health support however young people were able to identify many accessible interventions, they thought were helpful.

A key component young people identified as important to having good mental health was having someone to talk to – although many young people identified friends and family as key people to talk to, many young people talked about the importance of being able to access services like counselling to manage their mental health. This is challenging as if stakeholders are concerned that the services do not exist or cannot accept referrals in a timely manner, but young people feel that those services are what they need then this creates a disjoint between what is needed and what is available.

Finally young people identified a need to feel supported and listened to by services and professionals they worked with. Although the stakeholder survey identified that most stakeholders felt confident supporting young people in this domain, young people felt that they were often spoken to or treated like children who were unable to make decisions about their health and wellbeing. Young people felt that it would be beneficial to professional sand services to have specific training on working with young people which recognised that their needs were different to that of children and adults.

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9.3 Domain 2: Connectedness, positive values and contribution to society

The second domain of wellbeing detailed in the adolescent wellbeing framework focuses on connectedness, positive values and contribution to society and covers the subdomains of:

- Being part of positive social and cultural networks.
- Having positive, meaningful relationships with others.
- Being valued and respected by others.
- Being accepted as part of the community.

These subdomains include developing the attitudes, activities and social skills to achieve the subdomains listed above.

The literature identified the range and importance of relationships and connections in adolescence and the protective impact they have on health and wellbeing however national data shows that a

third (33.4%) of all surveyed 11-16 years olds felt lonely occasionally, this was higher in boys than girls. Relationships and connections with family, friends and school were highlighted to be important. This was echoed by young people in engagement with them identifying a range of support networks and relationships they had access to which mainly focused on friends, family and teachers or lecturers.

Most stakeholders felt confident supporting young people with their relationships with others as they had had training relating to this domain and/or knew what services and resources they could signpost young people to. This was not the case when supporting young people with SEND as stakeholders felt there was a lack of services for this cohort of young people.

Additionally, the literature highlighted the benefit of young people being connected to their community and how this community connectedness is influenced by the quality of youth-adult interactions, opportunities for meaningful input into community affairs, a sense of safety in the community, and being welcome in public spaces. Both young people and stakeholders identified a lack of 'young people friendly' activities and spaces across the city and the challenge of accessing activities for young people due to financial barriers and safety. The youth service was highlighted across most groups of young people who participated in engagement as something that they found beneficial but young people expressed concerns that there wasn't as much youth service availability as there has been in previous year; this was also echoed by stakeholders.

Data for Leeds showed that young people participated in a range of activities with 59.3% of secondary school respondents had attended an afterschool club in the last 12 months however during engagement sessions young people discussed accessing a range of activities that were linked to school but also paid for privately for example sports clubs, gyms and music lessons. These were highly regarded by young people who could access them, but many felt that activities like this were not something they could financially participate in.

Research shows that most young people now own devices that give them access to the internet and some experiences such as cyberbullying have been linked to poor mental health outcomes. Young people discussed being online in both positive and negative ways – all young people recognised that they had networks and connections online and, in some respects, this enabled them to connect with their friends and with people who have similar interests however young people discussed the drawbacks of being online with issues such as online bullying and the impact on self-esteem being areas of concern.

The literature highlighted that particular groups of children have significantly worse outcomes such as young carers, those with lower socioeconomic status, those from diverse ethnic backgrounds, those with a physical or learning disability, those with special educational needs and disabilities, those who identify as a sexual orientation other than heterosexual, those who are looked after and those in contact with the youth justice system. The National Institute for Mental Health in England highlighted that LGBTQ+ youth find themselves facing greater challenges as they navigate heteronormative school environments and societal structures as well as increased rates of bullying, homophobia/biphobia/transphobia and heterosexism. During engagement young people discussed

judgement, discrimination and judgement as things which made it hard for them to form connections and relationships.

Local data shows that the youth population of Leeds is diverse and growing. Less than 10.0% of young people in secondary or post-16 education in Leeds who participated in the MHMS survey indicated that they need better learning and information about respect and difference and better learning and information to help them understand that other people have different faiths and beliefs.

9.4 Domain 3: Safety and supportive environment

The third domain of wellbeing detailed in the adolescent wellbeing framework focuses on safety and the presence of a supportive environment and covers the subdomains of:

- Emotional and physical safety.
- Having material conditions in the physical environment met.
- Being treated fairly and have an equal chance in life.
- Experiencing equal distribution of power, resources, rights, and opportunities for all.
- Non-discrimination.
- Privacy.
- Having enrichment opportunities available.

The literature relating to this domain focused on feeling safe, sexual violence, youth violence and gambling. Nationally research showed that 66.0% of 12 to 18-year-olds said that they feel safe and protected in their local area, compared to 80.0% of 6 to 11-year-olds when asked as part of a study. The study also identified trends with the proportion of children who felt safe decreasing as they attended schools in more deprived areas. As of 2019 Leeds had an Indices of Multiple Deprivation (IMD) score of 27.3 which was higher than the England average of 21.7 and according to 2016 figures and data for Leeds showed that many young people in the city live in relative poverty.

Survey findings from the MHMS survey 2023 found that less than 4.0% of secondary school respondents felt unsafe at home and this figure was less than 2.0% for those who were post 16 respondents. The most frequently reported concern by young people in this domain was not living in a safe area, with young people discussing their experiences of living in a place where they don't feel safe. Some young people discussed things like hearing what they thought were gunshots at night and having a dog at home to make them feel their house was protected.

Safety was discussed across all engagements however safety concerns of young people varied depending on the setting. Children who were in alternative provision settings and/or care experienced were concerned about violence including knife crime whereas this was not discussed in groups such as the Youth Council or MindMate ambassadors however concerns such as street lighting and road safety were raised in these groups. Stakeholders were also concerned about violence, gangs and knife crime when asked about supporting young people to be safe. Both young

people and stakeholders discussed a lack of safe and accessible spaces for them with some young people stating that there were places they felt unwelcome especially if they were in large groups.

Serious violence data for Leeds highlights that when children do commit violent crime, this can start as young as age 10 however offending concentrated between the ages of 13 to 17. The data showed that young people were most often involved in knife crime and robberies. Additionally, children who committed crimes were often the victim of crimes themselves.

The literature identified gambling as a concern for young people with significant harms to their health and wellbeing and the data for Leeds indicated that over a quarter of young people in secondary and post-16 settings had taken part in some gambling activity over a 12-month period. However, it was not discussed by any of the engagement groups across any of the domains or raised as a concern by stakeholders.

The rate of violent and sexual crime in Leeds has increased in the last decade and is higher than the national average. Research highlighted that increasing youth violence nationally could be linked to a lack of safe and supportive environments for children and young people and cuts to police numbers and budgets. This was echoed by both young people, who stated that not having safe and accessible places to go was a concern for them, and stakeholders who felt that there were fewer safe spaces and activities available to divert young people from antisocial behaviour. Young people discussed police presence and felt that a police presence was reassuring and helped them to feel safe however noted that they did not always see or feel a police presence when they wanted to.

Young people in all groups discussed a range of things they needed to feel safe, with most young people identifying physical aids which helped them to feel safe - for example having a charged mobile phone and earphones to wear. For young people with SEND and those with experience of mental health concerns having and being able to use sunflower lanyards was highlighted as being important to them as it indicated to others that they may have additional needs. Young people felt that when in the city centre it was important to them to be in groups and have support of their friends, family or another trusted adult. The majority of young people noted across all groups that they felt safer and more confident being in a large group of friends than they would on their own especially in an unfamiliar area. Finally, most young people felt that more youth provision, safe 'youth friendly' spaces and better equipment and activities were vital things they needed to feel safe and supported in their environment.

9.5 Domain 4: Learning, competence, skills and employability

The fourth domain of wellbeing detailed in the adolescent wellbeing framework focuses on learning, competence, skills and employability and covers the subdomains of:

- Learning.

- Education.
- Resources, life skills, and competencies.
- Acquisition of technical, vocational, business, and creative skills.
- Employability.
- Confidence that they can do things well.

The literature relating to this domain stated that those with lower educational attainment are likely to have poor physical and mental health outcomes as well as reduced employment opportunities and earning potential. Academic attainment has decreased since 2021 for most groups of young people in Leeds at KS4 and KS5 – this is coupled with a decrease in secondary school attendance, an increase in secondary school absence, an increase in both persistent and severe absence at secondary school and an increase in the suspension rate. Stakeholders felt the most confident supporting young people in this domain compared to others with 80.0% of stakeholders feeling confident however respondents also shared that managing difficult behaviour was a challenge which may offer some insight to the increasing level of suspensions in secondary school.

Young people across different groups talked about different opportunities available to them and felt it was good that there were options outside of GCSE and A-Levels that enabled them to learn skills for the future. Learning trades, vocational skills pathways, sports qualifications and working with charities were all discussed in a positive way however some young people felt they had less opportunity than others due to things like SEND diagnoses or lack of options available to them in settings such as alternative provision.

Stakeholders felt in this domain a lack of SEND specific support was concerning; this is particularly challenging as Leeds data shows the primary need of autistic spectrum disorder (ASD) has tripled since 2018, from 902 children in 2018 to 3299 in 2024. Data for Leeds showed that academic attainment was worsening for young people with SEND and that there was a reduction in sustained destinations for young people who have SEN support and those with a statement/EHCP.

During engagement some young people felt they had less opportunity than others. Data showed that proportion of disadvantaged young people in Leeds who went onto a sustained EET destination has decreased to 84.7%, demonstrating that the gap between Leeds disadvantage and non-disadvantaged young people has increased.

In addition to this the literature highlighted that young people who are NEET are more likely to have poor physical and mental health, lower future earnings than their peers and an increased likelihood of being unemployed as an adult. Furthermore, being NEET has been linked to engaging in unhealthy behaviours such as drugs and alcohol misuse and to youth crime. Concerningly the percentage of 16 and 17 years old who were NEET in Leeds that is higher than the percentage nationally. Young people who are NEET face many other disadvantages and are more likely to be young parents, eligible for free school meals, from a lower income household, have a disability and or have been excluded or suspended from school.

The most prevalent primary need for secondary school age children is social emotional and mental health (SEMH) according to data for Leeds and many young people during engagement discussed the importance of education and the relationships they formed with teachers or lecturers. Although most young people in Leeds attend school or college the number of children electively home educated (EHE) in Leeds has increased steadily since 2019. As it was not possible to engage EHE young people as part of this HNA it is not clear if these young people feel they have the same relationships and academic opportunities as their peers who are not EHE.

In Leeds the % of pupils obtaining a strong pass in maths and English has reduced year on year from 2021 (50.50%) to 2023 (45.9%) and now is lower than the national average of 49.8%. The reduction in attainment is most significant in non-SEND pupils where it has dropped by 4.7 percentage points. Attainment regarding a strong pass in maths and English has improved in SEN pupils from 19.5% in 2021 to 21% in 2023, for pupils with a statement/EHCP attainment has remained almost unchanged in the same time period. Nationally 20.3% of SEN pupils achieve a strong pass in maths and English and 5.7% of pupils with a statement/EHCP. For both groups of young people, attainment is higher in Leeds.

The data for Leeds indicated an increase in the percentage of young people who were persistently and severely absent, an increase in authorised and unauthorised absence and a decrease in attendance. In the literature school absence and persistent school absence have been linked to income with statistics showing that young people who are eligible for free school meals have a higher rate of school absence than those who are not eligible for free school meals. Pupils with a statement of SEN and pupils with an EHCP were more likely to be absent when compared to their peers without. This again highlights that the gap between advantaged and disadvantaged young people may be growing.

9.6 Domain 5: Agency and resilience

The fifth domain of wellbeing detailed in the adolescent wellbeing framework focuses on agency and resilience and covers the subdomains of:

- Agency including self-esteem, agency and of being empowered to make meaningful choices.
- Feeling comfortable in their own self and identity.
- Having a sense of purpose, desire to succeed, and optimism about the future.
- Being resilient and equipped to handle adversities both now and in the future.
- Feeling that they are fulfilling their potential.

Many young people discussed the strategies and support networks they had which made them feel confident and self-assured. They focused on self-directed activities such as reflection and self-care and the positive impact this has on their self-esteem and resilience. The main challenge highlighted by young people, across most groups was the impact of mental health and wellbeing. Young people discussed how their mental health could significantly impact their resilience and confidence. Some of

this discussion related to diagnosed mental health conditions while some young people focused on mental health and wellbeing in a wider context for example having worried and concerns or feeling stressed. This again brings to light the challenge around accessing mental health services for young people in a timely way - as discussed in previous domains some stakeholders felt that even if you did refer to services it wouldn't be effective or waiting times would be long.

Many young people talked about feeling under pressure including peer influence, academic pressure, pressure from families to meet expectations, pressure from friends to fit in and pressure from themselves to meet their own goals and expectations. Young people talked about judgement and peer influence and in some groups the expectations to participate in certain activities to fit in; these ranged from joining clubs, participating in sport, drinking alcohol and using drugs. Young people discussed how other people's perceptions of them were important and influenced how they felt about themselves.

This domain highlighted a strong feeling from young people about how their physical appearance impacts their confidence and self-esteem with many of them citing social media as a negative influence on their confidence and self-esteem. Data for Leeds from the MHMS survey showed that approximately 60.0% of secondary school respondents stated they had not been bullied in the last 12 months and approximately 80.0% of post 16 respondents stated they had not been bullied. The survey identified reasons for bullying with the most common reason being bullying relating to appearance in both secondary school and post 16 settings. Young people discussed how they wanted to fit in and having access to things such as clothes and makeup that their peers liked or used. Many young people talked about the positives of social media in the context of being able to connect with their friends and peers but the negatives regarding influencer culture and feeling not good enough when they compared themselves to people they see online.

The majority of stakeholders felt confident supporting young people in this domain and when they did not, they cited reasons such as lack of training, not knowing what services were available and how to signpost to them. Young people fed back that to feel confident and able to make choices about their future it was really important to them to know what options were available to them. This highlights a need of young people that stakeholders may have felt they couldn't meet.

9.7 Conclusion and recommendations

The current picture of health and wellbeing for young people is varied in Leeds. This HNA has reported that there are many positive aspects of being a young person in Leeds such as having positive relationships, access to services such as youth work and opportunities to achieve both academically and in work opportunities. These positive elements of health and wellbeing however are not universally experienced by young people in Leeds. This HNA has identified areas where data, stakeholder views and the voices of young people have highlighted concerns and challenges which need to be an area of focus for many partners across the city for example: vaping, violence and

crime, poor mental health and wellbeing including and access to timely mental health support. Many of these challenges to health and wellbeing are concerns for all young people living in Leeds however the impact of some of these challenges are felt disproportionally by young people who experience disadvantage already.

It is a challenging time to be a young person in Leeds with increasing levels of child poverty, increasing levels of crime, reducing academic attainment and decreasing numbers of young people going on to a sustained education, employment, or training destinations however there is a wealth of work already happening across the city focused on making changes to the health and wellbeing of young people both now and for their future. Examples of this include the child friendly Leeds 12 wishes, the best city ambition, the serious violence review, the 3 As strategy and the commitment to be a Marmot city.

Partners across the city need to continue to work together on recommendations made in this HNA to improve the health and wellbeing of young people in Leeds and address the challenges identified in a targeted way. The following high-level recommendations suggest activity which draw together the findings from across all chapters of this report. Although particular departments, services, and teams may take a lead role on some or all aspects of a recommendation, every recommendation requires a multi-agency partnership approach to responding to the key issues highlighted by both the data and the intelligence gathered during engagement, presented in the HNA. Draft recommendations were presented and discussed by the Children and Families Public Health Team and stakeholders in August 2023.

1. Ensure services in Leeds are 'young people friendly'.
2. Ensure voices of ALL young people are heard.
3. Support investment in young people's services/spaces.
4. Consider impact of waiting for access to services and how services can better support young people who are waiting.
5. Encourage services to have meaningful performance indicators related to the health and wellbeing of young people.
6. Reduce the number of young people in Leeds who smoke and or vape.
7. Ensure young people have the information, choice and opportunity to eat a healthy diet and undertake physical activity.
8. Ensure the workforce has the skills to support young people with their sexual health needs.
9. Ensure young parents are adequately supported pre-conception, during pregnancy and post-partum.
10. Improve the mental health of young people.
11. Focus targeted information and support about drugs towards vulnerable young people.
12. Reduce social isolation and provide opportunities for connection.
13. Support the reduction of child poverty.
14. Reduce gambling in the adolescent population.
15. Reduction of serious/sexual violence involving or towards young people.
16. Improve school attendance.
17. Consider the impact of academic attainment on the health and wellbeing of young people and focus on closing the gap for disadvantaged young people.

18. Gain a better understanding of the barriers to education for young people who are not in mainstream education and the support they need.
19. Improve support available for young people with SEND.
20. Work collaboratively to ensure education, employment and training opportunities are available to all young people considering those who face barriers/inequalities.
21. Ensure services are trauma informed and support young people to be resilient.
22. Consider the negative impact of being online.
23. Reduce bullying.

Further detail on specific activity to deliver these recommendations including supporting existing agendas which address some of the specific needs of young people in Leeds – these are covered in more detail in appendix 7.

Appendix 1: Literature Review Search

Ovid MEDLINE(R) ALL <1946 to November 10, 2023>

1	((adolescen* or teen* or "young person*" or "young people") adj2 (attitude* or opinion* or "point of view*" or insight* or perspective* or feel* or belie* or experien*)).ab,ti.	10495
2	(health* adj2 (need* or want* or essential* or opinion* or feeling* or view* or insight* or feel*)).ab,ti.	56708
3	"Health need* ".ab,ti.	23
4	healthy.ti.	128141
5	2 or 3 or 4	184200
6	1 and 5	299
7	limit 6 to (English language and yr="2013 -Current")	218

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Appendix 3: Steering Group Members

Name	Role	Organisation
Bebhinn Browne	Public Health Specialty Registrar – Yorkshire and the Humber	Leeds City Council, Public Health Children and Families Team
Emma Newton	Health Improvement Principal	Leeds City Council, Public Health Children and Families Team
Kathryn Ingold	Consultant in Public Health	Leeds City Council, Public Health Children and Families Team
Holly Ellis-Jackson	Health Improvement Specialist	Leeds City Council, Public Health Children and Families Team
Helen Hart	Chief Executive Officer	BARCA Leeds
Saira Mumtaz- Jones	Health & Wellbeing Lead	Leeds City Council – Health & Wellbeing Service
Shaun Macklin	Youth Service Manager	Leeds City Council – Children & Families
Rebecca Mc Cormack	Head of Service Vulnerable Learners Lead	Leeds City Council – Children & Families
Hannah Lamplugh	Children's Strategy & influence Lead	Leeds City Council – Children & Families
Jhardine Farrell	0-19 Senior Consultant	Leeds City Council – Children & Families
Kirsty Jamieson	Community Development Officer	Leeds City Council - Communities

Appendix 4: Stakeholder Survey

Stakeholder survey Adolescent Health Ne

Appendix 4 – List of Planned Engagement Groups

Group	Forum/Organisation	Progress
Young People	Leeds Youth Council	Complete
SEND	Leeds Youth SEND Council	Complete
Mental Health	Mind Mate	Complete
Care Experienced	Care Leavers Council and Children in Care council	Complete
Young Carers	Leeds Young Carers Support Service	Completing Online Survey
Young People in Alternative Provision	Pennington Centre	Completed
LGBTQ+	Youth Service	Completed
Young People Involved with Criminal Justice	Leeds Youth Justice Service	Unable to Accommodate
Asylum Seekers and Refugees	Leeds Resettlement Team/PAFRAS	Unable to Accommodate
Home Educated	EHE Lead - Learning Inclusion Team	Unable to Accommodate
Gypsy, Roma, Traveller	Leeds Gate	Unable to Accommodate
NEET	CMOOE Team	Unable to Accommodate
Young Parents	Baby Steps	Unable to Accommodate
Ethnically Diverse Young People	Supplementary Education Youthwork Pathways	Unable to Accommodate

Appendix 5 – Young People Engagement Survey

21.2.24 young people survey.docx

Appendix 6 – Young People Engagement Brief for Face to Face Sessions

02.02.24UpdatedDiscussion Brief - Health N

Appendix 7 – Full List of Recommendations

Recommendation 1: Ensure services in Leeds are 'young people friendly'	
Recommendations for Future Work	
1	Consider the formation of a working group with a specific focus on young peoples' health and wellbeing to maintain momentum on the recommendations and key issues highlighted in the HNA.
	Take HNA findings and recommendations to relevant forums e.g. health and wellbeing board, specialist team meetings and working groups to discuss next steps
2	Encourage services who support young people to ensure You're Welcome Standards are implemented.
3	Encourage services to complete the self-assessment and verification steps of the You're Welcome standards
	Work with colleagues to encourage a greater focus on young people within current and future 'Child Friendly Leeds' work
4	Consider future commissioning of training to support those working with young people with a focus on brain development.
5	Encourage services to seek feedback from young people e.g. feedback surveys, engagement
6	Consider opportunities to map gaps in services across Leeds for more vulnerable groups of young people
Recommendation 2: Ensure voices of ALL young people are heard	
Current Areas of Strategic Focus	
7	Continue to support child friendly wish 3 that 'Children and young people express their views, feel heard and are involved in decisions that affect their lives'.
8	Support the delivery of the '3Is': 3 broad outcomes for an inclusive child-friendly Leeds (Individualisation); Children and young people's individual needs, circumstances, goals, and identities are respected. Support plans reflect the individual and services are personalised as much as possible.
Recommendations for Future Work	
9	Build on existing VIC work to reach 'seldom heard' groups e.g. NEET, EHE, asylums seeking young people, GRT, youth justice. Seek opportunities to listen to groups of young people that it was not possible to engage in this HNA.
10	Explore and support opportunities to adapt current data collection in young people e.g. MHMS survey in different languages.
11	Consider future HNA for groups of young people who may face greater health inequalities.
12	Establish better links between public health and research colleagues with an interest in the health and wellbeing of young people.
13	Explore opportunities to connect with regional/national colleagues with a focus on the health and wellbeing of young people (SIGs, NHS networks).
Recommendation 3: Support investment in young people's services/spaces	
Current Areas of Strategic Focus	
14	Support the delivery of Parks and Green Space Strategy 2022-2032 which commits to carry out a consultation specifically aimed at young people to find out how we can make our parks and green spaces more teen-friendly.
15	Continue to support child friendly wish 2 'Children and young people have safe spaces to play, hang out and have fun'.

16	Work collaboratively with colleagues to deliver the Leeds Children and Young People's Plan 2023-2028 with a particular focus on priority 8 to ensure children and young people have safe spaces to play, hang out, and have fun. Working to champion a focus on young people in this work.
17	Work collaboratively with colleagues to deliver the Leeds Children and Young People's Plan 2023-2028 with a particular focus on priority 13 to improve access to affordable, safe, and reliable connected transport for young people.
18	Continue to support the delivery of the Play Sufficiency programme.
Recommendations for Future Work	
19	Encourage the provision of youth service for young people.
20	Connect with localities public health teams to understand needs of young people at a local level.
Recommendation 4: Consider impact of waiting for access to service and how services can better support young people who are waiting	
Current Areas of Strategic Focus	
21	Work collaboratively with colleagues to uphold values and behaviours identified in the Everyone's included: the Leeds SEND and Inclusion Strategy 2022 to 2027. • We personalise support and services as much as possible to recognise unique needs, circumstances, identities, and goals. • We work together across agencies to identify the services we need, plan how to deliver them, and use money wisely (joint commissioning) • We use quality data to understand local needs and make sure we are improving outcomes
22	Continue to support Priority 3 of the 3A's Plan; 'Support education settings to meet the needs of children and young people with special educational needs and disabilities (SEND).'
Recommendation 5: Encourage services to have meaningful performance indicators related to the health and wellbeing of young people	
Recommendations for Future Work	
23	Seek opportunities during recommissioning of services to include metrics that are meaningful to the health and wellbeing of young people.
24	Consider the inclusion of health and wellbeing metrics for young people in the review of the healthy schools and resilience programmes of work.

10.2 Domain 1: Recommendations: Good Health and Optimum Nutrition

Recommendation 1: Reduce the number of young people in Leeds who smoke and or vape	
Current Areas of Strategic Focus	
25	Support the delivery of recommendations relating to young people in the Tobacco and Vapes Bill (2024).
Recommendations for Future Work	
26	Work with colleagues in the healthy living public health team to implement local approaches for young people including; delivery of Pol-Ed https://www.pol-ed.co.uk/ lesson plans for KS1, KS2 and secondary settings (97.0% of schools in Leeds are registered for Pol-Ed) and use of local comms campaigns for parents, children and retailers.
Recommendation 2: Ensure young people have the information, choice and opportunity to eat a healthy diet and undertake physical activity	
Current Areas of Strategic Focus	

27	Continue to support child friendly wish 9 that 'Children and young people have the support and information needed to make healthy choices. They have opportunities for regular physical activity'.
28	Encourage the implementation of the Leeds Food Strategy Missions with a specific focus on young people.
29	As obesity rates are higher in young people who live in areas of deprivation, we will continue to support child friendly wish 8 that 'Leeds is a city that reduces the impact of poverty and helps families who need it'.
30	Continue to support the delivery of the Leeds Health and Wellbeing strategy, specifically priority 1 and the focus on: • Building on pre-pandemic progress in reducing childhood obesity.
31	Continue to support the delivery of the Leeds Health and Wellbeing strategy, specifically priority 5 and the focus on: • Creating more opportunities for active play. • Continuing to create the right conditions that enable a radical shift towards increased physical activity.
32	Work collaboratively with colleagues to deliver the Leeds Children and Young People's Plan 2023-2028 with a particular focus on priority 9 to promote and enable physical activity and healthy eating. Champion a focus on young people within this work.
Recommendations for Future Work	
33	Continue to support and encourage the delivery of the healthy school's programme
Recommendation 3: Ensure the workforce has the skills to support young people with their sexual health needs	
Recommendations for Future Work	
34	Encourage a more coordinated approach across public health to support the upskilling the young of people's workforce to offer relationships and sexual health guidance, condoms and self-testing in the community and educational settings.
35	Encourage a more coordinated approach across public health and education with a focus on contraception, STI and HIV prevention, and prevention of unplanned teenage pregnancy.
Recommendation 4: Ensure young parents are adequately supported pre-conception, during pregnancy and post-partum	
Current Areas of Strategic Focus	
36	Continue to support the delivery of the Leeds Health and Wellbeing strategy, specifically priority 1 and the focus on: • Improving support and care for parents before, during and after pregnancy and • Building local maternity services tailored to communities' needs. • Supporting parents and babies by reducing stress, promoting positive bonds, and enabling the development of language and communication skills.
Recommendations for Future Work	
37	When commissioning services which support young people who are pregnant or new parents consider accessibility of service e.g. location, frequency, cost of travel etc
38	Continue to commission services which support young people who are pregnant or new parents.
39	Encourage a more coordinated approach across public health and education with a focus on preconception and pregnancy.
Recommendation 5: Improve the mental health of young people	
Current Areas of Strategic Focus	

40	Work collaboratively to deliver the Future in Mind Strategy key priorities including prevention, support, transition, inclusion, impact of trauma, parent career and family support and health inequalities.
41	Work collaboratively with colleagues to deliver the Leeds Children and Young People's Plan 2023-2028 with a particular focus on priority 7 to improve social, emotional, and mental health and wellbeing of children and young people
42	Continue to support child friendly wish 1 that 'Children and young people know how and where to get support for their mental health and wellbeing if they need it'.
43	Continue to support the delivery of the Leeds Health and Wellbeing strategy, specifically priority 12 and the focus on: • Improving mental health outcomes across all ages. • Targeting mental health promotion and prevention within communities most at risk of poor mental health, suicide and self- harm. • Reducing waiting times for access to children's services, neurodiversity and adult services. • Ensuring education, training and employment will be more accessible to people with mental health support needs. • Improving transition support, developing new mental health services for 14–25-year-olds.
44	Continue to support the delivery of the Leeds Health and Wellbeing strategy, specifically priority 1 and the focus on: • Working with the whole family to improve children and young people's mental and emotional health.
Recommendations for Future Work	
45	Explore opportunities to further understand suicide risk factors including gender, disability and sexual orientation.
46	Explore opportunities to undertake HNA with seldom heard groups of young people with a focus on mental health and wellbeing
47	Seek opportunities to roll out commissioned suicide prevention training the wider children and young people's workforce (currently focused on social work and early help).
48	Provide a PH lens and focus on young people to the review of MindMate single point of access.
49	Encourage increased uptake of the Chat Health app as part of the universal offer through working with school nurses to seek opportunities to promote and consider reviewing available information on MindMate website
Recommendation 6: Focus targeted information and support about drugs towards vulnerable young people	
Recommendations for Future Work	
50	Steer prevention focused activity in Children and Young people's drug and alcohol partnership group towards targeted approach in boys and alternative provision settings. Work with S-MAP group to explore development of comms materials to support this.

10.3 Domain 2: Connectedness, positive values and contribution to society

Recommendation 1: Reduce social isolation and provide opportunities for connection	
Current Areas of Strategic Focus	
51	Support the delivery of the '3Is': 3 broad outcomes for an inclusive child-friendly Leeds (Inclusion); children and young people are supported to live, learn, have fun, and be included in their local communities, with their peers, wherever possible.
52	Work with colleagues to support the delivery of the Better Lives Strategy 2022 to 2027 with a focus on connected, thriving communities
Recommendations for Future Work	
53	Consider outcomes of the evaluation of the Barca pilot social prescribing service for young people
54	Encourage the provision of social opportunities for young people
55	Support the development and implementation of parenting programmes/strategies for supporting parents of young people (reducing parental conflict)
56	Support the implementation of trauma informed approaches in services working with young people

10.4 Domain 3: Safety and a supportive environment

Recommendation 2: Support the reduction of child poverty	
Current Areas of Strategic Focus	
57	Continue to support child friendly wish 8 that' Leeds is a city that reduces the impact of poverty and helps families who need it'.
58	Continue to support the delivery of Leeds Best City Ambition
59	Continue to support the Marmot City commitment and seek opportunities for the inclusion of young people priority groups
60	Work with colleagues to support the delivery of the Better Lives Strategy 2022 to 2027 with a focus on tackling poverty and inequality
61	Support the child poverty strategy launch in Autumn 2024
Recommendation 3: Reduce gambling in the adolescent population	
Recommendations for Future Work	
62	Support roll-out of training to schools for youth gambling
63	Continue to monitor annual MHMS reports with a focus on gambling
Recommendation 1: Reduction of serious/sexual violence	
Current Areas of Strategic Focus	
64	Continue to support the delivery of the Leeds Health and Wellbeing strategy, specifically priority 4 and the focus on: Creating an accessible, welcoming city, where people of all ages, needs and communities feel safe and confident to access key services, accommodation and places to relax and play.
Recommendations for Future Work	
65	Support the Serious violence review consultation by working in partnerships to ensure a PH lens on this work
66	Support initiatives providing PH leadership and insight to serious crime reduction
67	Work collaboratively with the VRU to support their work on understanding risk factors for crime, ensuring a PH lens on this work

68	Review previously undertaken HNAs and identify gaps where further insight would be valuable
69	Strengthen research exploring links between social media usage and serious violence including violence against women and girls
70	Continue to participate in VRU steering group, providing PH lens and championing the needs of young people
71	Connect with safer communities PH team to review data and seek opportunities to further understand the picture of youth violence in Leeds

10.5 Domain 4: Learning, competence, education, skills and employment

Recommendation 1: Work to support the improvement of school attendance	
Current Areas of Strategic Focus	
72	Continue to support Priority 2 of the 3A's Plan; 'Support education providers to ensure children and young people regularly attend.'
73	Work collaboratively with colleagues to deliver the Leeds Children and Young People's Plan 2023-2028 with a particular focus on priority 4 to Increase the number of children and young people participating and engaging in learning.
Recommendations for Future Work	
74	Working in collaboration with education colleagues to provide PH lens on school attendance and its impacts on health and wellbeing of young people both while they are young people and as adults
Recommendation 2: Consider the impact of academic attainment on the health and wellbeing of young people and focus on closing the gap for disadvantaged young people	
Current Areas of Strategic Focus	
75	Continue to support child friendly wish 11 that 'Young people have access to a wide range of work experience, employment and volunteering opportunities.
76	Work collaboratively with colleagues to deliver the Leeds Children and Young People's Plan 2023-2028 with a particular focus on priority 5 to improve achievement and attainment for all pupils.
Recommendations for Future Work	
77	Work collaboratively with education colleagues to explore the impact of educational attainment pressure on young people's health and wellbeing in the short to medium term
78	Work collaboratively with education colleagues to provide a public health lens to the impact of educational attainment on inequalities and their health and wellbeing both as young people and in the future as adults
Recommendation 3: Gain a better understanding of the barriers to education for young people who are not in mainstream education and the support they need	
Current Areas of Strategic Focus	
79	Continue to support child friendly wish 10 that 'All children and young people are in learning settings that meet their needs'.
80	Work collaboratively with colleagues to deliver the Leeds Children and Young People's Plan 2023-2028 with a particular focus on priority 11 to help young people into adulthood, to develop life skills, and be ready for work.
Recommendations for Future Work	
81	Consider the completion of a HNA focusing on young people who are NEET, EHE and or in alternative provision

82	Support work of Youth Service to engage and support young people who are NEET or at risk of being NEET including those who are persistently absent
Recommendation 4: Improve support available for young people with SEND	
Current Areas of Strategic Focus	
83	Continue to support child friendly wish 12 that 'Leeds is an inclusive city for children and young people with special educational needs and disabilities.
84	Continue to support the delivery of Everyone's included: the Leeds SEND and Inclusion Strategy 2022 to 2027: • We will promote and support early identification of needs, quality, holistic assessment of needs, and quality planning to meet needs, from the earliest time. • We will continue to build a skilled, confident, resilient workforce able to meet children and young people's educational, social, and emotional needs. • We will increase our focus on children and young people whose circumstances may make them more vulnerable to inequalities in their outcomes.
85	Continue to support the delivery of the Leeds Health and Wellbeing strategy, specifically priority 1 and the focus on: • Working better together to support children and young people with special educational needs and disabilities.
86	Continue to support the delivery of the Leeds Health and Wellbeing strategy, specifically priority 12 and the focus on: • Reducing waiting times for access to children's services, neurodiversity and adult services.
Recommendations for Future Work	
87	Work collaboratively with colleague's city wide to provide a public health lens to the review of the neurodiversity pathway. Encourage colleagues to consider how young people who are awaiting SEND assessments are supported and the impact on their health and wellbeing both now and in the future
Recommendation 5: Work collaboratively to ensure education, employment and training opportunities are available to all young people giving particular consideration to those who face barriers/inequalities	
Current Areas of Strategic Focus	
88	Continue to support the delivery of the Leeds Health and Wellbeing strategy, specifically priority 6 and the focus on: • Ensuring access to education, training, employment and volunteering opportunities is available to all, particularly communities who face existing barriers such as carers, care leavers, migrants, refugees and asylum seekers.
89	Continue to support Priority 5 of the 3A's Plan; 'Ensure all young people in Leeds participate in education, employment and training after statutory school age and progress to a positive destination.'

10.6 Domain 5: Agency and Resilience

Recommendation 1: Ensure services are trauma informed and support young people to be resilient	
Current Areas of Strategic Focus	
90	Continue to support the delivery of the Future in Mind Strategy in particular priority 5 which focuses on the impact of trauma
91	Continue to support the delivery of the Leeds Health and Wellbeing strategy, specifically priority 12 and the focus on:

	• Promoting and strengthening emotional and mental health and nurture resilient infants, children and young people, promote positive mental health and reduce stigma. • Embedding 'Think Family' across all services, so they are equipped to respond to adverse childhood experiences.
92	Continue to support Priority 4 of the 3A's Plan; 'All children and young people and staff in learning settings feel safe and supported with their wellbeing.'
93	Continue to support the use of a public health approach to trauma and adversity detailed in the Compassionate Leeds Strategy
Recommendations for Future Work	
94	Provide a PH lens to the update of the bereavement pathway recognising that due to decommissioning of bereavement services there is likely to be a gap in support available as
95	Provide a PH lens to the complex care needs audit considering underrepresentation in early intervention in specific groups of young people
Recommendation 2: Consider the negative impact of being online	
Current Areas of Strategic Focus	
96	Work collaboratively with colleagues to deliver the Leeds Children and Young People's Plan 2023-2028 with a particular focus on priority 10 to support young people to make good choices and minimise risk taking behaviours
Recommendations for Future Work	
97	Explore opportunities to develop a greater understanding of links between social media use and self esteem
98	Consider how we use social media in innovative ways to connect with young people positively
Recommendation 3: Reduce bullying	
Current Areas of Strategic Focus	
99	Continue to support child friendly wish 4 that 'Differences are celebrated in Leeds, so children and young people feel accepted for who they are. They do not experience bullying and discrimination'.
100	Continue to support child friendly wish 7 that 'Children and young people know about different things to do and places to go across the city. They enjoy different cultural experiences including art, music, sport and film'.
Recommendations for Future Work	
101	Monitor MHMS reports specifically with a focus on bullying and provide PH lens on how this would impact the health and wellbeing of young people.