

Needs assessment for Children and Young People aged 0-19 years in Trafford

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1 Introduction

This needs assessment has been developed by Trafford's Public Health team to support the commissioning of services for children and young people across Trafford. It presents information on key demographics, determinants of health, and indicators of health and wellbeing in Trafford's 0 to 19 year old population. Where possible, it compares Trafford to a group of authorities which are statistically most similar to Trafford across a range of factors likely to impact on child health. It can be used by commissioners and providers to inform service planning and delivery which will reduce inequalities and support good health and social outcomes for our children and young people.

This 0 to 19 year age band is broad encompassing the ante-natal period through to young people transitioning into adulthood. So this needs assessment is split into three sections to reflect the needs specific to different age groups:

[Early years \(0 to 5 years\)](#)

[Primary school aged children \(6 to 10 years\)](#)

[11 to 19 year olds \(secondary school age and transition to adulthood\)](#)

2 Early years (0 to 5 years)

2.1 Summary for 0 to 5 year olds

2.1.1 Key demographics

- As of mid-2019, an estimated 17,580 children aged 0-5 years live in Trafford. ([ONS,2019](#)).
- Nearly one-third of children in Reception in Trafford schools belong to a Black and Minority Ethnic group as of the January 2018 school census.
- The under 5 population is projected to shrink between 2021 and 2031 ([ONS, 2018](#)).
- Fertility are highest in Trafford's North locality, Bucklow-St-Martin in the West (Partington) and Sale Moor in Central locality ([Local Health, 2016](#)).

2.1.2 Determinants of Health

- One measure suggests that 11.7% of dependent children are living in poverty. ([Child and Maternal Health, 2016](#))
- At the 2011 Census, 7.2% of Trafford households with children were lone parent, ranging more than 3-fold from 3.9% in Timperley ward to 15.2% in Bucklow-St Martins.
- As at 31st March 2018, 336 Trafford 0-5 year olds were assessed as being in need of social care support; the rate in Trafford's 20% most deprived small areas is 2.5 times higher than the Trafford average. (Trafford Social Care, 2018)
- The risk of not being school ready at the end of Reception is higher among children eligible for free school meals, children living in Trafford's North locality, and the most deprived areas of Trafford ([Local Health, 2016](#)).
- Teenage parenthood in Trafford has reduced to a low level, with only 10 babies born to mothers aged under 18 years in 2019 ([Child and Maternal Health, 2019](#)).

2.1.3 Indicators of Health and Wellbeing

- Between 2013 and 2017, more than half of infant deaths in Trafford occurred in the first week of life, with most linked to extreme prematurity. The infant death rate is highest in Trafford's North locality.
- In 2018, 3.4% of Trafford babies born live at term had low birthweight; within Trafford, the proportion is higher in areas with higher child poverty rates. ([Child and Maternal Health, 2018](#)).
- 1 out of 5 (18.8%) Trafford Reception children are overweight or obese. Prevalence of obesity in Trafford Reception children living in areas that rank in the 20% most deprived in England is **more than double** that of children living in areas ranked 20% least deprived ([Child and Maternal Health, 2020](#)).
- Trafford has relatively high levels of hospital use by under 5s. A high proportion of emergency admissions are zero length of stay, and a high proportion of A&E attendances end in discharge without further follow up –

potentially indicative that hospital was not the most appropriate setting for these children ([Child and Maternal Health, 2019](#)).

- About 1 in 5 five year olds have one or more teeth affected by tooth decay, and tooth extraction is a common reason for planned admission to hospital in this age group ([Child and Maternal Health, 2019](#)).

2.2 Key demographics for 0 to 5 year olds

2.2.1 Population size

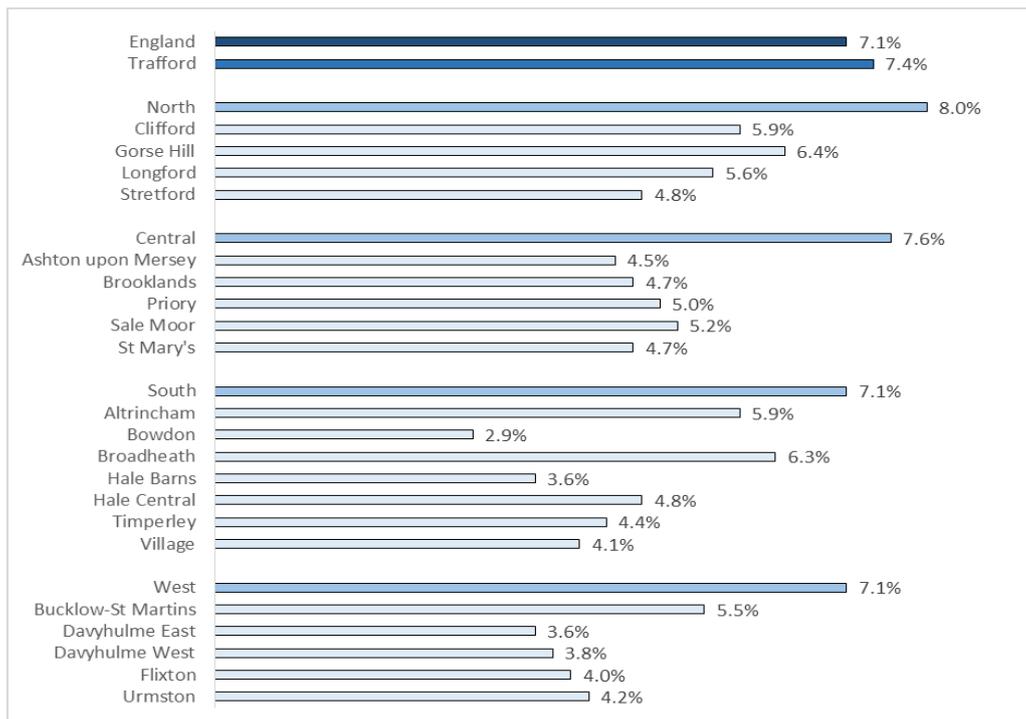
An estimated **17,580** 0 to 5 year olds live in Trafford as of mid-2019, or 7.4% of the total population, similar to England at 7.1% ([ONS, 2019](#)).

TABLE 1: Number of children aged 0-5 years living in Trafford compared with England ([ONS, 2019](#))

| Age (years) | Trafford | | | England | | |
|----------------------------|--------------|--------------|---------------|------------|------------|------------|
| | Males | Females | All | Males | Females | All |
| 0 | 1,284 | 1,310 | 2,594 | 318,032 | 300,826 | 618,858 |
| 1 | 1,417 | 1,299 | 2,716 | 330,498 | 313,558 | 644,056 |
| 2 | 1,435 | 1,485 | 2,920 | 341,237 | 324,359 | 665,596 |
| 3 | 1,565 | 1,539 | 3,104 | 351,961 | 334,174 | 686,135 |
| 4 | 1,550 | 1,437 | 2,987 | 351,485 | 333,507 | 684,992 |
| 5 | 1,656 | 1,603 | 3,259 | 354,203 | 336,919 | 691,122 |
| 0 to 5 years Total | 8,907 | 8,673 | 17,580 | 2,047,416 | 1,943,343 | 3,990,759 |
| All ages Total | 116,078 | 121,276 | 237,354 | 27,827,831 | 28,459,130 | 56,286,961 |
| % aged 0 to 5 years | 7.7 | 7.2 | 7.4 | 7.4 | 6.8 | 7.1 |

Across Trafford wards the percentage of children aged 0-5 years ranges from 2.9% in Bowdon ward to 6.4% in Gorse Hill. ([ONS, 2019](#))

FIGURE 1: Percentage of children aged 0-5 years across Trafford wards ([ONS 2019](#))



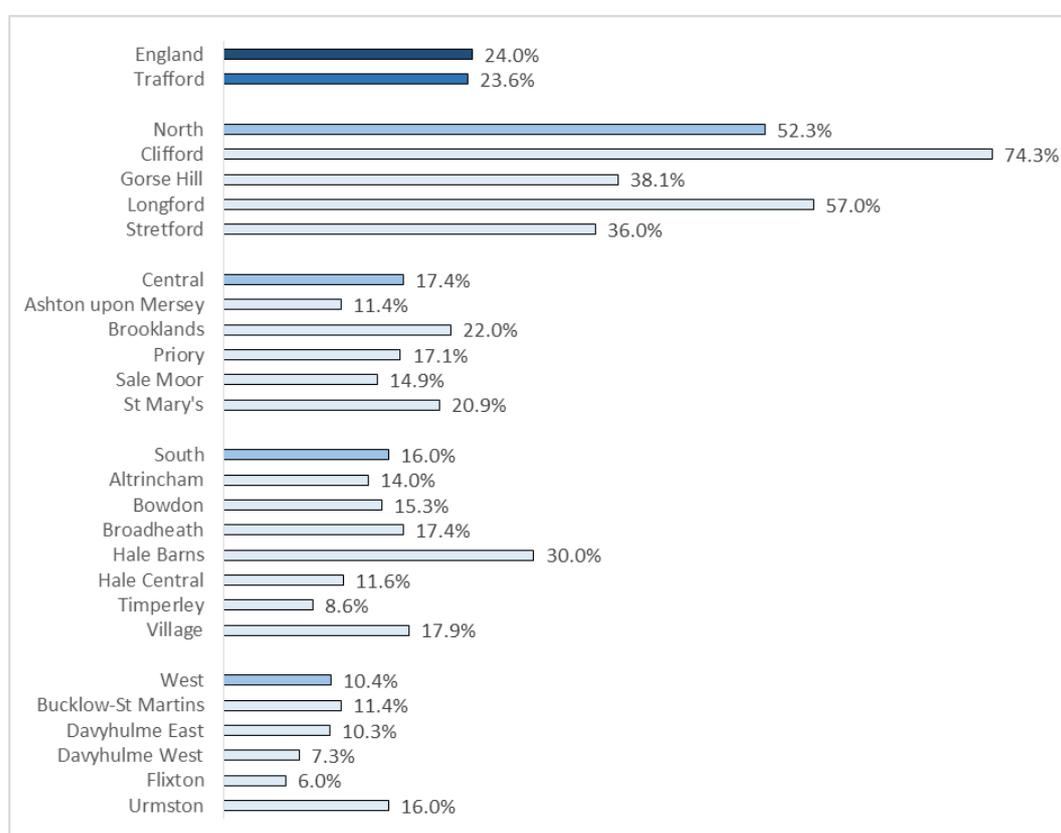
2.2.2 Gender

The gender balance of Trafford 0 to 5 year olds is slightly towards males in mid-2019; an estimated 8,907 (50.7% of total) of 0 to 5 year olds are male and 8,673 (49.3%) female ([ONS, 2019](#)).

2.2.3 Ethnic groups

At the 2011 Census, almost 1 in 4 (24%) of 0-5 year olds living in Trafford reported belonging to a Black and Minority Ethnic (BAME) group. The largest BAME group was Asian (11%) followed by mixed/multiple (8%) and Black (3%). Trafford's BAME population is concentrated in the North locality with more than half of 0 to 5 year olds (52.3%) belonging to a BAME group, and by wards rising to three quarters (74.3%) in Clifford ward.

FIGURE 2: Proportion of children aged 0-5 years belonging to a BAME group; wards & localities in Trafford ([ONS, 2011](#))



More recent data on ethnic groups is available from the school census. In January 2018, almost a third (30.8%) of children in Reception year in state-funded primary schools reported belonging to a BAME group, predominantly Asian (13.3%), mixed/multiple (8.8%). 3.4% belonged to a Black ethnic group, and 5.6% to other ethnic groups (School Census, 2018)

2.2.4 Births

In the years 2015 to 2019 there has been an average of 2,692 live births to mothers living in Trafford. The number during 2019 (2,505) was the lowest over this time period ([ONS, 2019](#)).

TABLE 2: Number of live births in Trafford - 2015 to 2019 ([ONS, 2019](#))

| Year | Number of live births |
|-------------------------|-----------------------|
| 2015 | 2,828 |
| 2016 | 2,813 |
| 2017 | 2,674 |
| 2018 | 2,641 |
| 2019 | 2,505 |
| Average per year | 2,692 |

The General Fertility Rate (GFR) for an area is the number of live births per 1,000 females aged 15 to 44 years. Overall, the Trafford GFR (58.1 per 1,000) is statistically similar to England (57.7) ([Child and Maternal Health, 2019](#)).

2.2.5 Population projections

Over the ten years 2021 to 2031 the estimated number of 0-4 year olds living in Trafford is projected to shrink slightly (by 65 or -0.5%), lower than the projection for England (-2.9%). The number of 5 to 9 year olds is also projected to shrink slightly, compared to growth in 10 to 19 year olds (ONS, 2018).

Table 3: Projected growth in 0 to 19 year olds in Trafford compared with England ([ONS, 2018](#))

| Age Group | Trafford | | | | England | |
|--------------|----------|--------|--------|------|----------|------|
| | Year | | Growth | | Growth | |
| | 2021 | 2031 | Number | % | Number | % |
| 0-4 | 14,052 | 13,987 | -65 | -0.5 | -92,050 | -3 |
| 5-9 | 16,636 | 15,329 | -1,307 | -7.9 | -342,061 | -9.7 |
| 10-14 | 17,370 | 16,496 | -875 | -5 | -148,076 | -4.2 |
| 15-19 | 13,718 | 15,819 | 2,092 | 15.2 | 516,521 | 16.3 |

2.3 Determinants of health for 0 to 5 year olds

2.3.1 Poverty

Poverty can be measured in many ways. Poverty can be measured in many ways. Department for Work and Pensions (DWP) and HM Revenue & Customs (HMRC) publishes [the Children in low-income families local area statistics](#) by Local authorities, wards and LSOAs (small areas with average of 1,500 population and 650 households) to provide a more coherent picture of children in low-income families. Children in low-income families are defined as children in families in receipt of

Universal Credit, Tax Credits or Housing Benefits at any point in the reference year. Latest data is available for the year 2018/19.

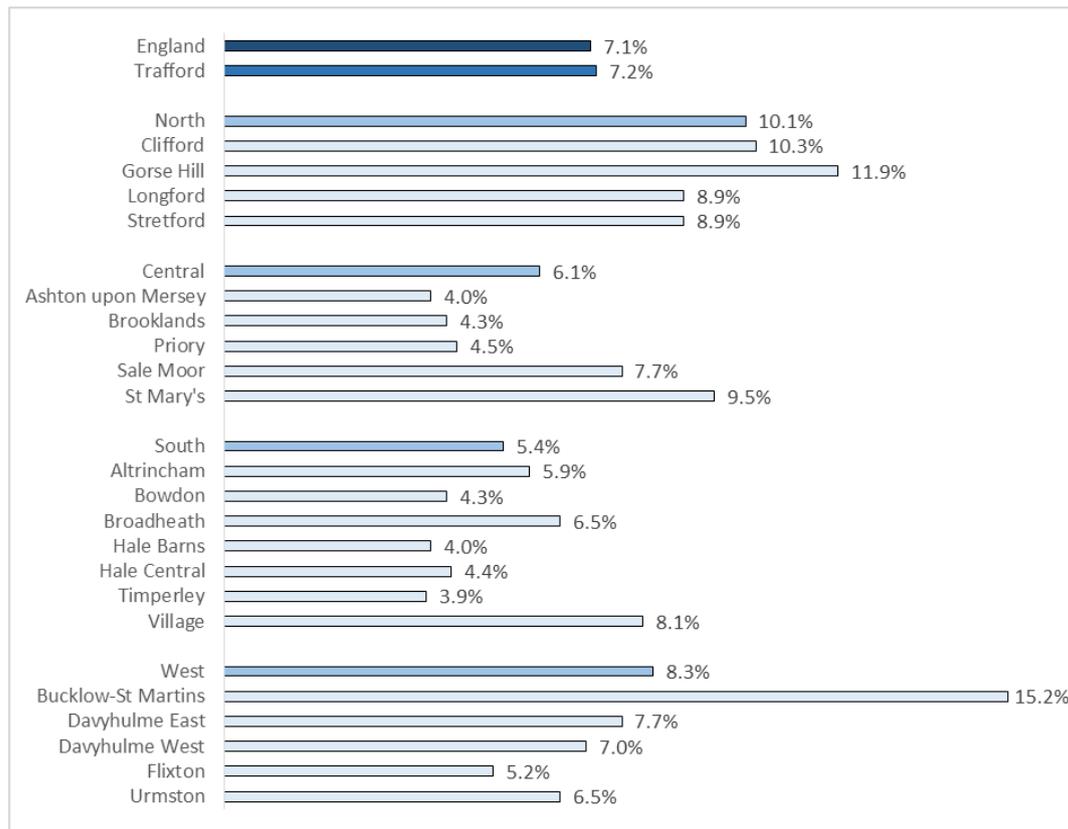
On the Children in Low Income Families Local Measure in 2018/19:

- 6,473 (12.8%) of Trafford under 16s are living in poverty, lower than UK average (18.4%). This is an increase from the 2014/15 rate (11.1%) of 1.7%
- Two-thirds (39.5%) of these children are in lone parent families
- There is a wide variation across wards with 3.3% children in low-income families in Hale Central in the South, to 30.8% in Clifford in the North.
- LSOA level data highlights even wider variation (<5 children to 218 children) and some pockets of child poverty dispersed more widely across the borough. This arguably provides a measure of the distribution of child poverty across the borough than a definitive measure of the actual number of children affected

National analysis has shown that children in lone parent families have twice the risk of living in poverty than those in couple families. Children in lone parent and step-families have been found to have worse physical health than families with both natural parents, but these differences are explained by the fact that these families tend to be poorer. However, children's mental well-being has been found to be worse in families where there had been disruption even after taking account of their increased risk of disadvantage ([CPRU, 2016](#)).

As at the 2011 Census, the proportion of Trafford households with dependent children which were lone parent was 7.2%, similar to England (7.1%), but ranging more than 3-fold from 3.9% in Timperley ward to 15.2% in Bucklow-St Martins ([ONS, 2011](#)).

FIGURE 3: Lone parent families; wards & localities in Trafford (ONS, 2011)



2.3.2 Children in need

A 'child in need' is one who has been assessed to be in need of social care services and subsequently referred. A child can have more than episode of need through the year, but the figures below relate to a "snap shot" of cases open in Trafford as at 31st March 2018:

- There were 1,413 cases open of which 336 (24%) were children aged 0 to 5 years.
- In children aged 0-5, 'Abuse or neglect' was the primary need in half of cases (proportionally higher than for children aged over 5), followed by 'Family in acute stress' and 'Family dysfunction'.

Table 4: Children in need in Trafford by age group and primary need (Trafford, 2018)

| Primary need category | 0-5 years | | 6 to 10 years | | 11 to 19 years | | 0 to 19 Total | |
|------------------------|------------|---------------|---------------|---------------|----------------|---------------|---------------|---------------|
| | No. | % of Total | No. | % of Total | No. | % of Total | No. | % of Total |
| Abuse or neglect | 171 | 50.9% | 176 | 50.6% | 265 | 36.4% | 612 | 43.3% |
| Family in acute stress | 86 | 25.6% | 80 | 23.0% | 198 | 27.2% | 364 | 25.8% |
| Family dysfunction | 63 | 18.8% | 55 | 15.8% | 110 | 15.1% | 228 | 16.1% |
| Child's Disability | 8 | 2.4% | 32 | 9.2% | 60 | 8.2% | 100 | 7.1% |
| Other | 8 | 2.4% | 5 | 1.4% | 96 | 13.2% | 109 | 7.7% |
| Total | 336 | 100.0% | 348 | 100.0% | 729 | 100.0% | 1413 | 100.0% |

The number and rate of 0-5 year olds who are in need is concentrated in Trafford's North locality.

FIGURE 4: Rate of children aged 0-5 years in need by locality of residence (Trafford, 2018)

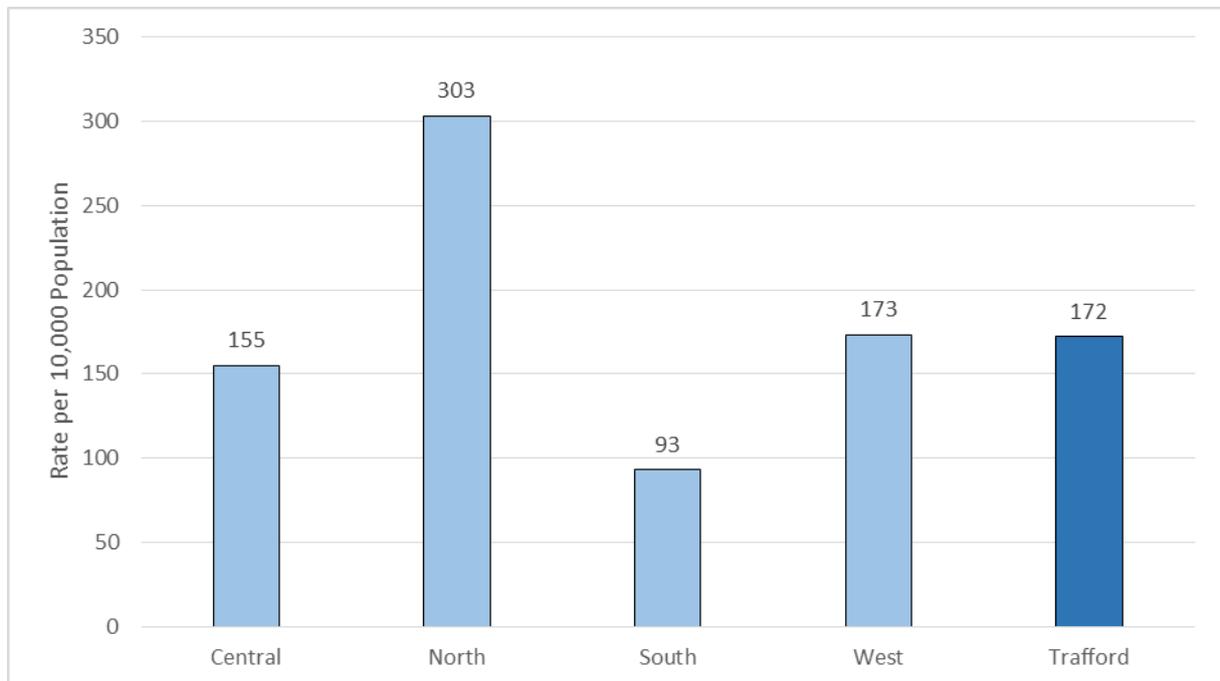
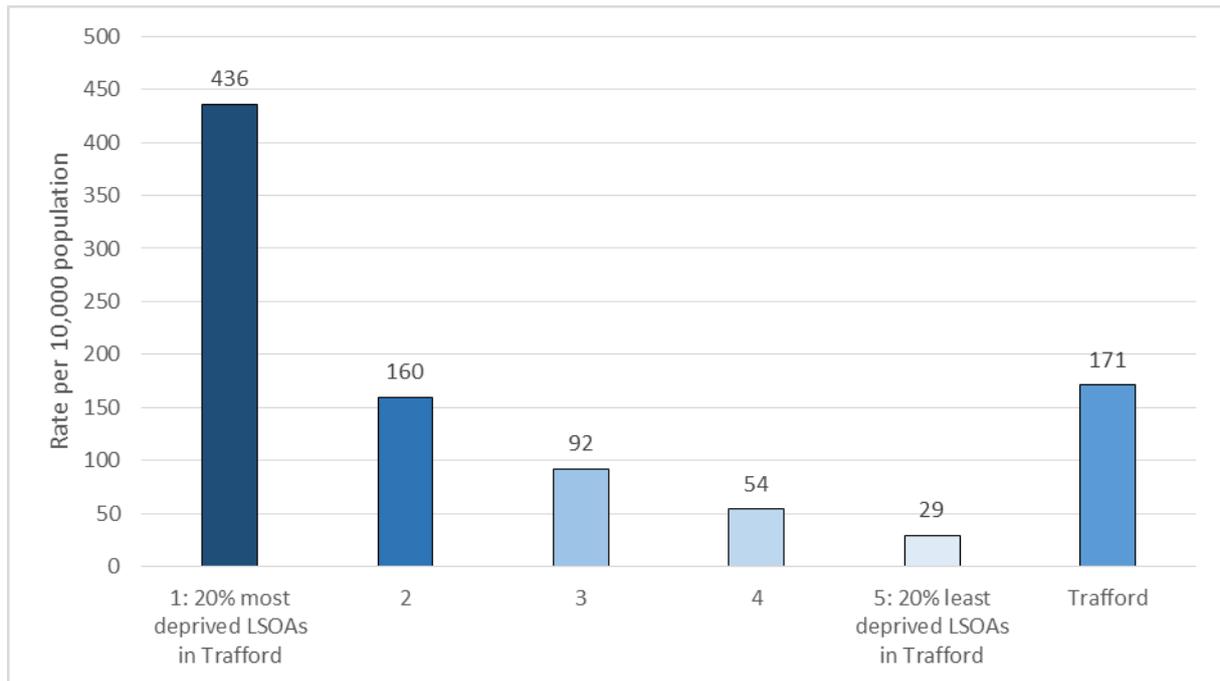


Figure 5 below shows a strong social gradient with the rate among children living in Trafford's most deprived 20% of small areas 2.5 times higher than the Trafford average.

FIGURE 5: Rate of children aged 0-5 years in need by deprivation (Trafford, 2018)



2.3.3 Children and young people who are looked after

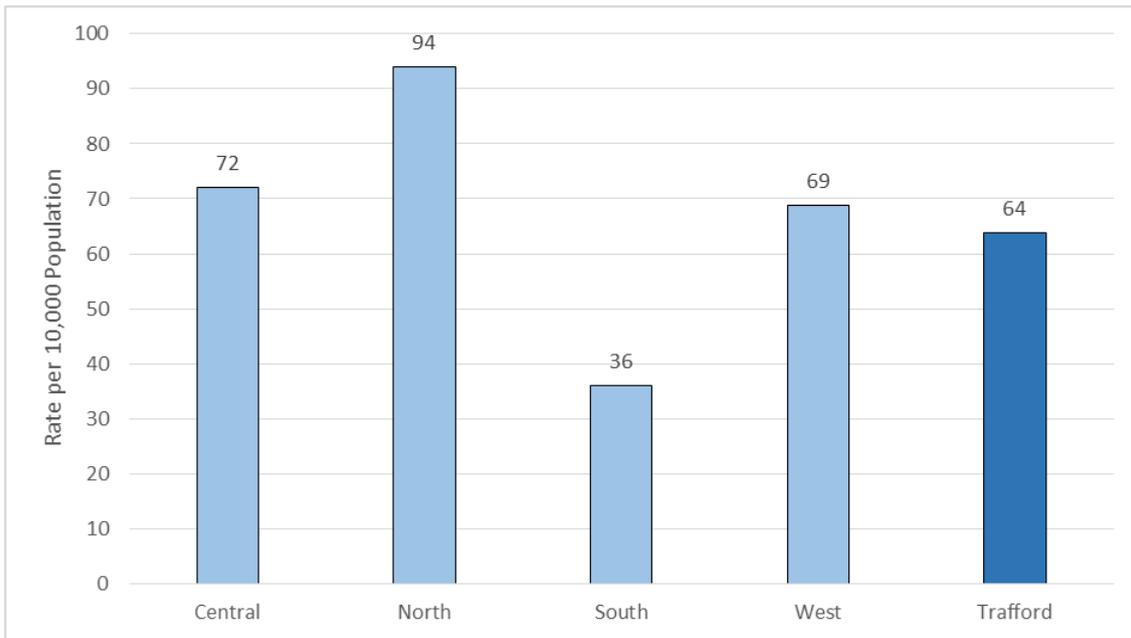
Children and young people in care are among the most socially excluded children in England. There are significant inequalities in health and social outcomes compared with all children, and these contribute to poor health and social exclusion of care leavers later in life.

The number of children in care in Trafford increased from 265 in 2011 to 415 in 2019 (i.e. by 150 or 57%). The rate for Trafford was 74 per 10,000 population, statistically higher than England (65 per 10,000) and is 6th highest among 15 other statistically similar authorities ([Child and Maternal Health, 2019](#))

Of the 380 under 18s who were Looked After by Trafford as at 31st March 2018, 70 (18%) were aged 0-5 years.

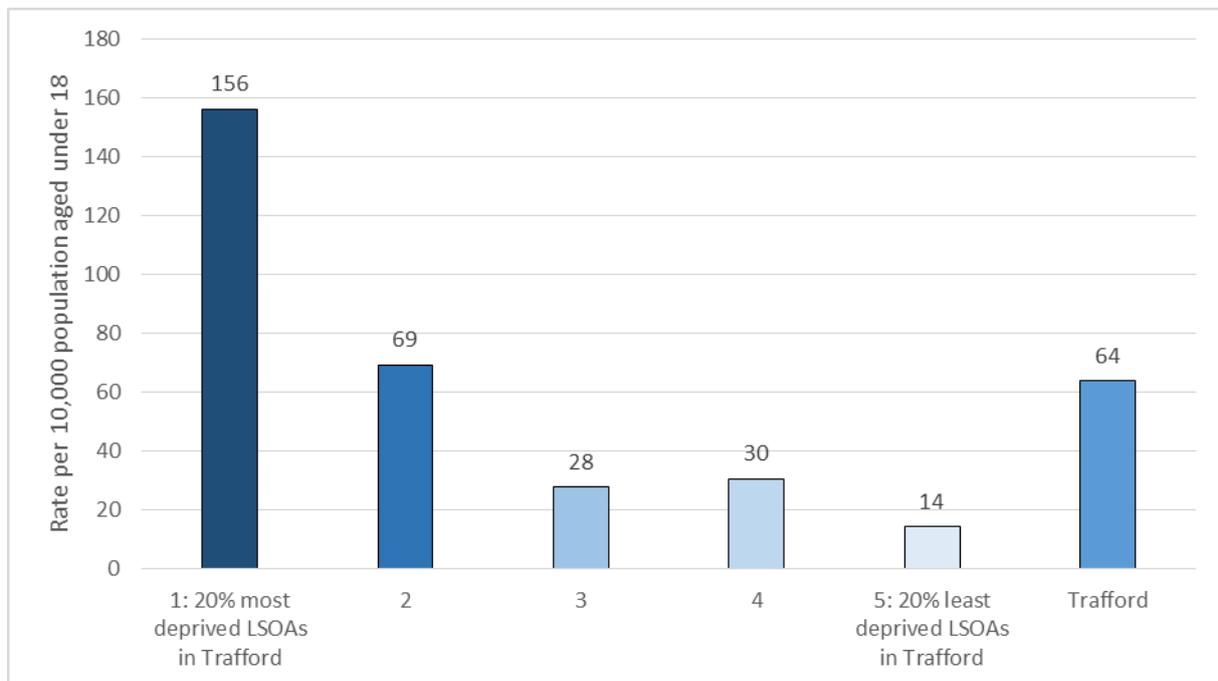
North locality has the highest number and rate of looked after children, and South the lowest. The confidence limit bars indicate that the South locality has a rate which is statistically significantly lower than the Trafford average, and the North statistically significantly higher. Central and West locality are not statistically significantly different to the Trafford average (See Figure 6 below).

FIGURE 6: Rate of Looked After Children according to locality of child's birth family (Trafford, 2018)



There is evidence of a strong social gradient in the rate of children who are looked after: the rate in the 20% most deprived small areas in Trafford is more than ten times that of the least deprived 20% of small areas. It should be noted however that the count includes some sibling groups from the same birth family address, which arguably can exaggerate this gradient.

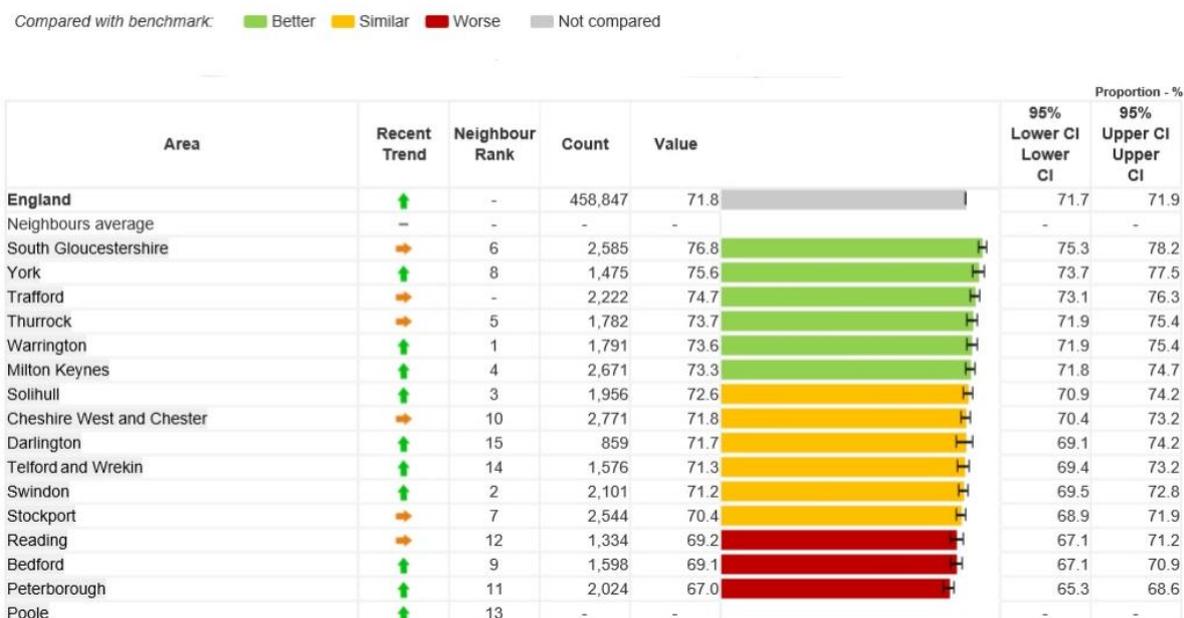
FIGURE 7: Rate of Looked After Children according to deprivation quintile (within Trafford) of the child's birth family (Trafford, 2018)



2.3.4 School readiness

In the 2018/19 school year, three quarters (74.7%) of Trafford children were school ready (i.e. achieved a good level of development at the end of reception). This is statistically significantly better than the England average (71.8%), the best in the North West and 5th best among a group of 10 other similar authorities ([Child and Maternal Health, 2019](#)). However certain groups within Trafford fare less well. For example, school readiness among Trafford children who are eligible for free school meals (56.0%) is much lower than for all children and ranks fifth highest among statistical neighbours ([Child and Maternal Health, 2019](#)).

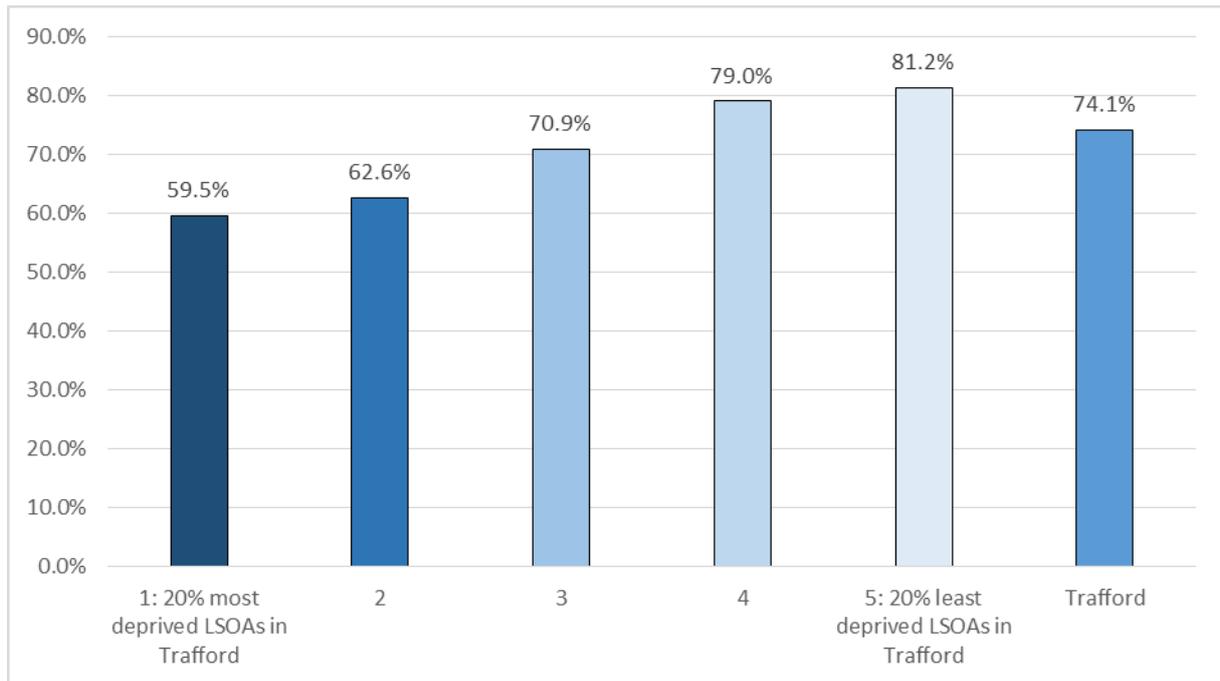
FIGURE 8: School readiness: percentage of children achieving a good level of development at the end of Reception- Trafford and its statistical neighbours ([Child and Maternal Health, 2019](#)).



Data for school readiness is not available at neighbourhood level for 2019. However, the year 2017 data has suggests that:

- School readiness was lowest among children living in Trafford’s North locality (62.5% compared to a Trafford average of 74%). However, among those children eligible for free school meals, school readiness was lowest in the West locality (39% compared to a 47% Trafford average)
- There is a strong social gradient in school readiness: 60% of children living in the 20% of areas in England with the highest rates of child poverty were school ready compared to 81% of children living in areas ranked in the 20% with lowest rates of child poverty.

FIGURE 9: School readiness by Income Deprivation Affecting Children index (Trafford, 2017)



Other factors that were linked to school readiness included:

- Gender – higher levels among girls compared to boys
- Term of birth – higher levels in older children (i.e. born in the Autumn compared to Summer term)
- Language – lower levels among children whose first language was not English

2.3.5 Housing and homelessness

Children from homeless households are often the most vulnerable in society. Homelessness is associated with severe poverty and is a social determinant of health. The [section on 11 to 19 year olds](#) includes information on homeless households in Trafford.

Living in overcrowded households can have impacts on both physical and mental health of young people. The [section on 11 to 19 year olds](#) includes information on overcrowded households in Trafford.

2.3.6 Teenage parenthood

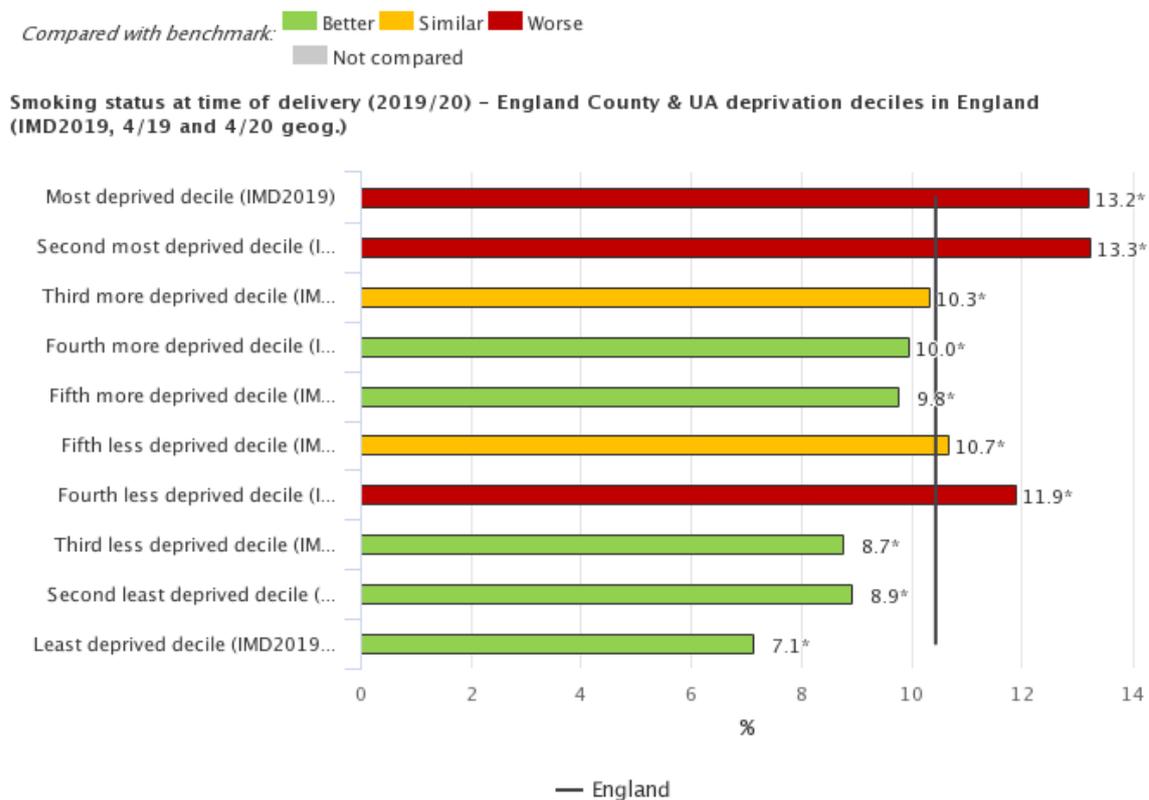
See the [11 to 19 years section](#) for information on teenage conceptions and parenthood.

2.3.7 Maternal smoking

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. Both locally and nationally, smoking during pregnancy has been reducing. In 2020, 109 (4.6%) of mothers living in Trafford were known to be smokers at the time of delivery. This is statistically significantly lower than the average for England (10.4%) and the lowest among the

group of 10 other similar authorities to Trafford ([Child and Maternal Health, 2020](#)). Data at Trafford level is not available by deprivation. Analysis across England shows that there is a social gradient in smoking status at time of delivery ranging from 7.1% among mothers living in the least deprived 10% of small areas in England, compared to 13.2% in the most deprived 10% of small areas (See Figure 10 below) ([Child and Maternal Health, 2020](#)).

FIGURE 10: Smoking status at time of delivery according to Index of Multiple Deprivation deciles within England ([Child and Maternal Health, 2020](#))



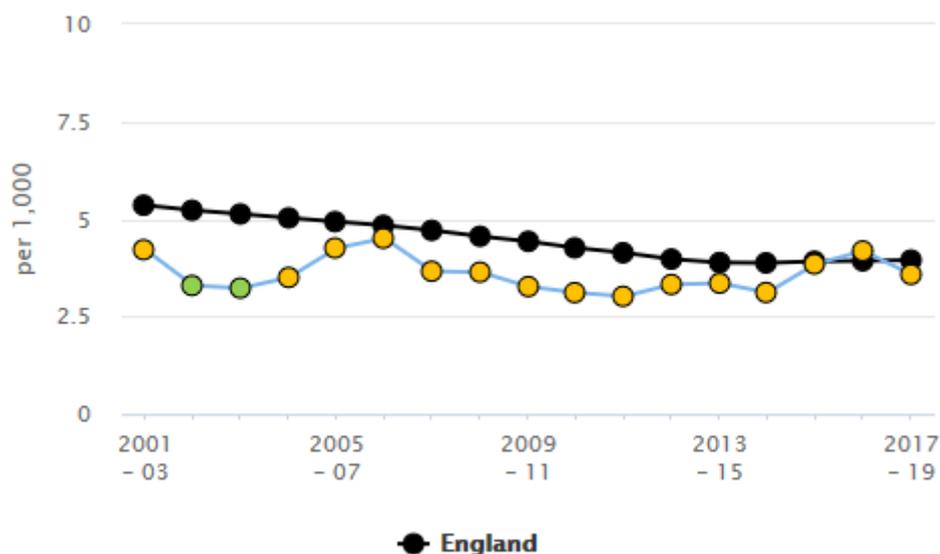
2.4 Indicators of Health & Wellbeing for 0 to 5 year olds

2.4.1 Infant and child mortality rates

The infant mortality rate (IMR) is defined as the number of deaths under the age of one year per 1,000 live births. The IMR for Trafford for 2017-19 pooled was 3.6 per 1,000, statistically similar to the England average (3.9 per 1,000), the lowest in Greater Manchester, and middle ranking among a group of 10 other statistically similar authorities ([Maternal and Child Health, 2019](#)).

Across England as a whole the gradual improvement in the IMR has remained stable in recent years, with the rate remaining the same for the last 3 time periods. The Trafford rate has tended to fluctuate, reflecting the relatively small number of deaths, but overall there has been no clear trend either upward or downward (See Figure 11 below).

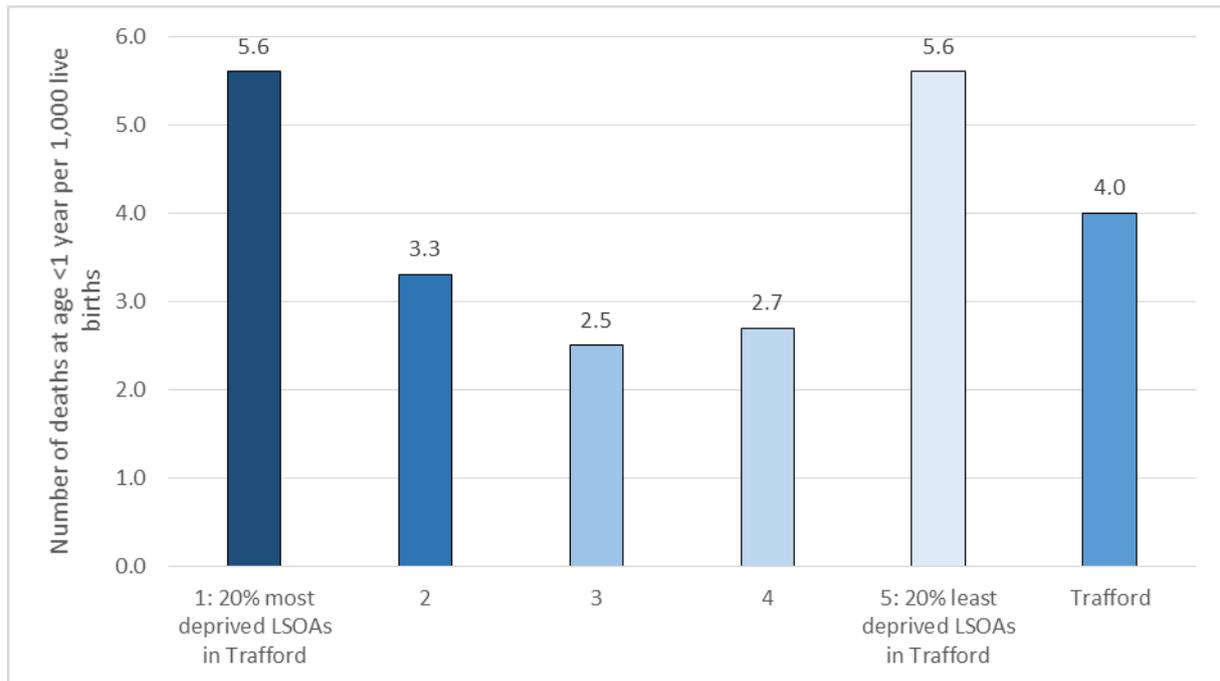
FIGURE 11: Trend in infant mortality rate – Trafford compared to England
(Child and Maternal Health, 2019)



Locally held data from the Primary Care Mortality Database on deaths registered during the five year period 2013-2017 shows that:

- There were a total of 55 infant deaths (i.e. an average of 11 per year)
- 33 (60%) infant deaths were of boys
- 44 (80%) of infant deaths occurred within the neonatal period (i.e. within the first 28 days of life); more than half (30 or 55%) occurred within the first week of life and extreme prematurity was the cause of most of these deaths
- The highest number and rate of deaths was among infants whose mother lived in Trafford’s North locality and the lowest in Central. However, reflecting the relatively small number of deaths at locality level, the 95% Confidence Limits around the rates indicate that no locality has a rate which is statistically significantly different from the Trafford average.
- Nationally, infant mortality shows a clear socioeconomic gradient, with higher rates in more deprived local authorities. However in Trafford the relationship is less clear. This in part reflects the level of uncertainty around the rates due to the relatively small number of deaths in each quintile, but also may mean that other risks factors (e.g. age of mother, ethnicity) are at play in Trafford’s more affluent areas.
- There were 19 deaths of children aged 1 to 5 years (i.e. an average of 3.8 per year), with this relatively small number making any meaningful analysis for categories within Trafford difficult.

FIGURE 12: Social inequalities in infant mortality in Trafford; 2013 to 2017 pooled data



2.4.2 Low birth weight

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. In 2018, 3.4% of babies born live at term to mums living in Trafford were of low birth weight (i.e. <2500g), similar to the England average (2.9%) and second highest among a group of 10 other statistical neighbours ([Child and Maternal Health, 2018](#)).

Data for localities within Trafford show that low birth weight is concentrated in parts of the North and West of the borough, and these difference are linked to levels of child poverty: as child poverty increases, low birth weight increases with the variation between wards in low birth weight explained by differences between wards in child poverty.

2.4.3 Dental health

Dental health is a good proxy measure of diet and overall child health. The rate of hospital admissions of Trafford under 10s for extraction of decayed teeth was 421.9 per 100,000 resident population. This was the most common reason for planned admissions in this age group ([NHS Digital, 2019](#)). About 1 in 4 (26%) of five year olds have one or more decayed teeth ([Child and Maternal Health, 2019](#)). Data for localities within Trafford (2015) show that this proportion rises to 40% among children living in the North locality.

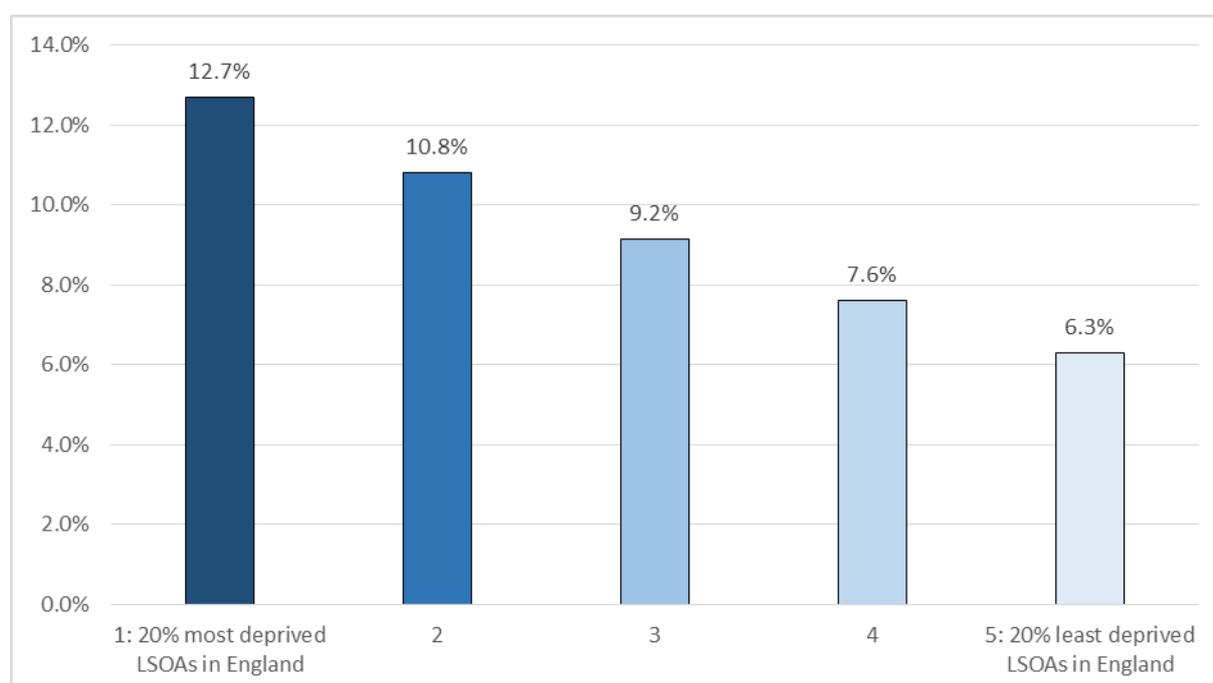
2.4.4 Excess weight

Data from 2020 suggests that 1 out of 5 (18.8%) Trafford Reception children were overweight or obese, 7.2% were obese (including severe obesity), and 1.3% severely obese ([Obesity Profile, 2020](#)).

Whilst these figures are all statistically better than England averages, this still represents a critical public health issue locally.

Deprivation data is available for the year 2019 (NCMP, 2019). Prevalence of obesity in Trafford Reception children living in areas that rank in the 20% most deprived in England is **more than double** that of children living in areas ranked 20% least deprived.

FIGURE 13: Prevalence of obesity in Reception children by Deprivation quintile (NCMP, 2019)



2.4.5 Hospitalisation

In 2018/19, there were 3,149 emergency admissions of 0-4 year olds, with the rate (213.9 per 1,000) statistically significantly higher than the average for England (167.6 per 1,000), and rising over time ([Child and Maternal Health, 2019](#)).

Over the same period, there were 8,245 A&E attendances by 0-4 year olds, with the rate (560.9 per 1,000 population) statistically better than the average for England (655.3 per 1,000) and 4th highest among the group of 10 other statistically similar authorities ([Child and Maternal Health, 2019](#)).

Further local analysis has highlighted that:

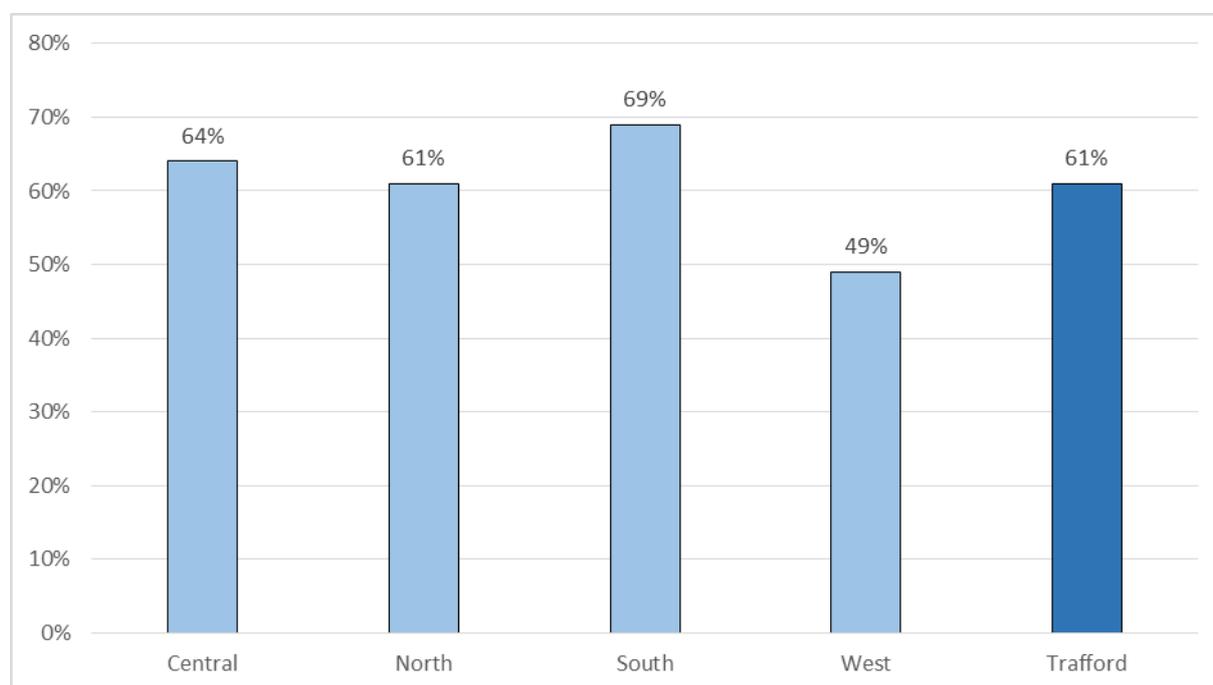
- Respiratory infections, feeding related conditions (e.g. gastroenteritis and jaundice) and injuries are the most common reasons for emergency admission of under 5s.
- The most common reasons for planned admissions are congenital defects and extraction of decayed teeth.
- There is a strong social gradient in A&E attendances, with the highest rates in most deprived areas.
- The coding of underlying reason for A&E attendances is incomplete.
- There is a high proportion of “zero length of stay” for emergency admissions, and “discharged from A&E without further follow up” which suggests that hospital may not have been the most appropriate setting for these children.

2.4.6 Breastfeeding

The proportion of new mothers living in Trafford who are still breastfeeding at the 6-8 weeks after birth is 58%, statistically significantly higher than the average for all local authorities in England who submitted data (43%). There is no proportion available for 2018/19, but has a count of 1,401 ([Child and Maternal Health, 2018](#)).

Local data for the first 3 quarters of 2018/19 shows variation according to the locality of the health visiting clinic; breast feeding prevalence at 6-8 weeks ranges from 49% in West locality to 69% in South.

FIGURE 14: Breastfeeding prevalence at 6-8 week check by locality of health visiting clinic (Trafford, 2019)



2.4.7 Vaccination coverage

The proportion children who have received two doses of the MMR vaccine by their 5th birthday reached 92% in Trafford in 2019/20. This is slightly lower than the 2016/17 figures, but statistically similar to the average for England, and third highest

among the group of 10 other statistically similar authorities ([Child and Maternal Health, 2020](#)).

Local analysis has shown wide variation in coverage between GP practices in Trafford.

3 Primary school aged children (6 to 10 year olds)

3.1 Summary for 6 to 10 year olds

3.1.1 Key demographics

- As of mid-2019 it is estimated that **16,888** 6 to 10 year olds live in Trafford ([ONS, 2019](#)).
- Almost a third of children in in state-funded primary schools reported belonging to a BME group. (School Census, 2018)
- Over the 10 years 2021 to 2031, the 5 to 9 years population is projected to shrink ([ONS, 2018](#)).

3.1.2 Determinants of Health

- Of the 5,980 dependent children living in low income families, **1,955** (33%) were aged 5 to 10 years ([Child and Maternal Health, 2016](#)).
- 348 6 to 10 year olds were assessed as in need of social care support, with the rate of children in need in the most deprived 20% of small areas in Trafford more than 7-fold higher than the least. (Trafford Social Care, 2018)
- Of the 380 under 18s who were Looked After by Trafford as at 31st March 2018, 97 (26%) were aged 6 to 10 years (Trafford Social Care, 2018).
- There were 161 fixed term exclusions of 70 pupils in Trafford primary schools ([Child and Maternal Health, 2016](#)).

3.1.3 Indicators of Health and Wellbeing

- Extraction of decayed teeth is the most common reason for planned admissions to hospital in this age group. ([NHS Digital, 2019](#))
- Nearly one third of Trafford Year 6 children are overweight or obese (32.2%), with the prevalence of obesity two folds greater than in Reception year. ([Maternal and Child Health, 2020](#))
- As at the January 2018 school Census, 5,195 (12.6%) Trafford school pupils were identified as having a special education need. More than half of these were in primary schools. The most common needs were learning difficulty, speech & language, and social/emotional & mental health ([Maternal and Child Health, 2018](#)).

3.2 Key demographics for 6 to 10 year olds

3.2.1 Population size

An estimated **16,888** 6 to 10 year olds live in Trafford, or 7.1% of the total population, proportionally slightly higher than England at 6.2% ([ONS, 2019](#)).

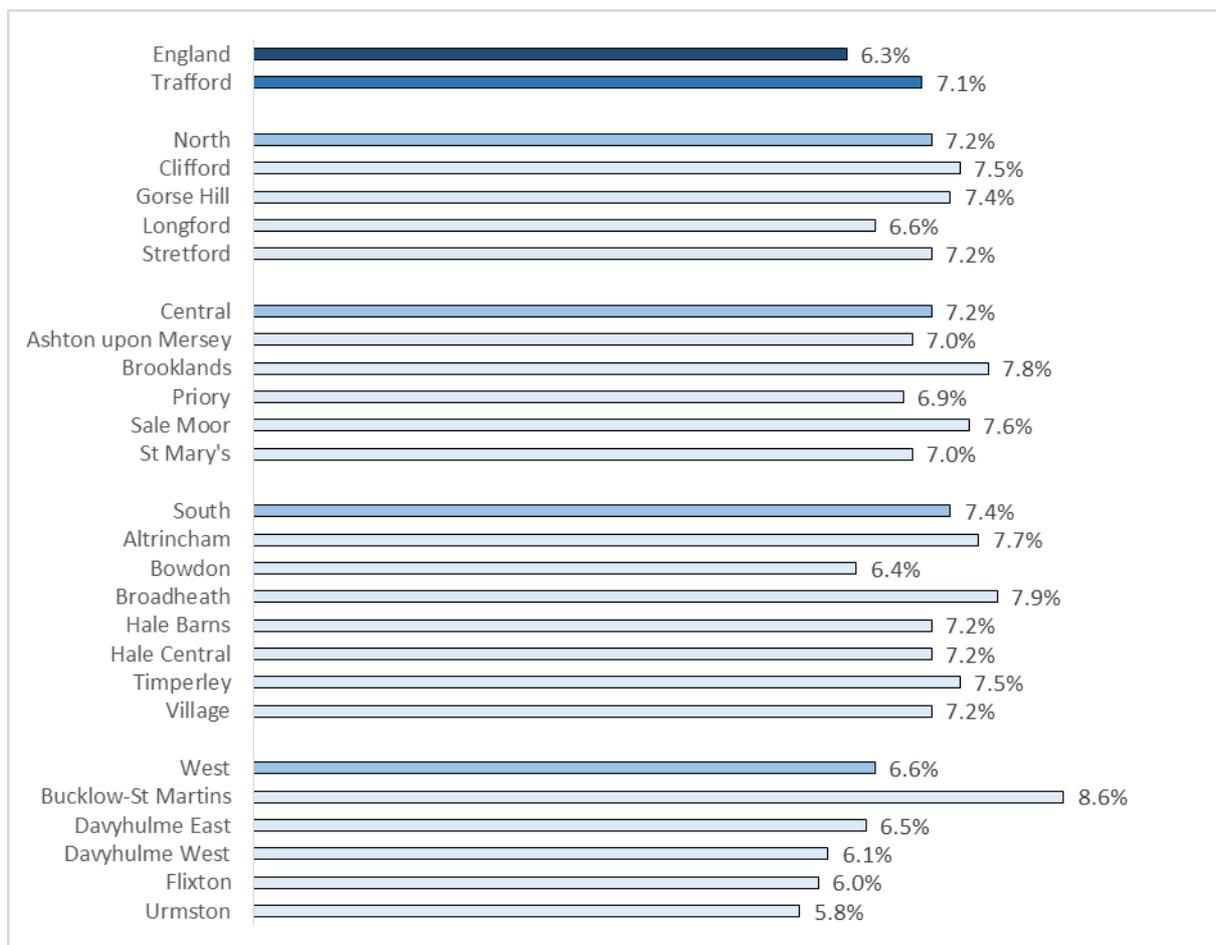


TABLE 5: Number of children aged 6 to 10 years living in Trafford ([ONS, 2019](#))

| Age (years) | Males | Females | Persons |
|-----------------------------|--------------|--------------|---------------|
| 6 | 1,641 | 1,535 | 3,176 |
| 7 | 1,828 | 1,613 | 3,441 |
| 8 | 1,770 | 1,729 | 3,499 |
| 9 | 1,704 | 1,685 | 3,389 |
| 10 | 1,710 | 1,673 | 3,383 |
| 6 to 10 years total | 8,653 | 8,235 | 16,888 |
| All ages total | 116,078 | 121,276 | 237,354 |
| % aged 6 to 10 years | 7.5% | 6.8% | 7.1% |

Across Traffords wards, the proportion of total population aged 6-10 years ranges from 5.8% in Urmston ward to 8.6% in Bucklow-St-Martin ([ONS, 2019](#)).

FIGURE 15: Proportion of total population aged 6 to 10 years; Trafford wards and localities ([ONS, 2019](#))



3.2.2 Gender

In 2019, the gender balance of Trafford 6 to 10 year olds is estimated to be very slightly towards males; an estimated 8,653 (51.2% of total) are male and 8,182 (48.8%) female ([ONS, 2019](#)).

3.2.3 Ethnic groups

At the time of the 2011 Census, almost 1 in 4 (23%) of 5 to 9 year olds living in Trafford reported belonging to a Black and Minority Ethnic (BME) group. The largest BME group was Asian (12.1%) followed by mixed/multiple (6.5%) and Black (3.1%). Trafford's BME population is concentrated in the North locality with more than half of 5 to 9 year olds (54%) belonging to a BME group, and by ward rising to more than three quarters (77%) in Clifford ward ([ONS, 2011](#)).

More recent data on the ethnic group breakdown of Trafford children is available from the school census. In the January 2019 School Census, almost a third (30.6%) of children in in state-funded primary schools reported belonging to a BME group, predominantly Asian (14.2%), mixed/multiple (8.3%) and Black (3.6%) (School Census, 2019).

3.2.4 Population projections

Over the ten years 2021 to 2031 the estimated number of 5 to 9 year olds living in Trafford is projected to shrink (by 1,307 or -7.9%), similar to the projection for England in this age group (-9.7%). This compares to growth projected in 10 to 19 year olds ([ONS, 2018](#)).

Table 6: Projected growth in the child population in Trafford compared with England - 2021 to 2031 ([ONS, 2018](#))

| AGE GROUP | TRAFFORD | | | | ENGLAND | |
|------------|---------------|---------------|---------------|--------------|-----------------|--------------|
| | 2021 | 2031 | Growth | | Growth | |
| | | | Number | % | Number | % |
| 0-4 | 14,052 | 13,987 | -65 | -0.5% | -92,050 | -2.9% |
| 5-9 | 16,636 | 15,329 | -1,307 | -7.9% | -342,061 | -9.7% |
| 10-14 | 17,370 | 16,496 | -875 | -5.0% | -148,076 | -4.2% |
| 15-19 | 13,718 | 15,810 | 2,092 | 15.2% | 516,521 | 16.3% |

3.3 Determinants of health for 6 to 10 year olds

3.3.1 Poverty

Of the 5,980 dependent children living in low income families in Trafford, **1,955** (33%) were aged 5 to 10 years. See the [Early Years section](#) for more detail.

3.3.2 Family structure

See the [Early Years section](#).

3.3.3 Children in need

A child in need is one who has been referred to children’s social care services, and who has been assessed to be in need of social care services. A child can have more than episode of need through the year, but the figures below relate to a “snap shot” of cases open on 31st March 2018 (Trafford Social Care, 2018):

- There were 1,413 cases open of children and young people aged 0-19 years; of these, 348 (25%) were aged 6 to 10 years.
- In children aged 6 to 10, ‘Abuse or neglect’ was the primary need in half of cases (proportionally similar to 0-5 year olds, but higher than for 11 to 19 year olds), followed by ‘Family in acute stress’ and ‘Family dysfunction’. ‘Child disability’ is proportionally more important as a primary need in 6 to 10 year olds compared to 0 to 5 year olds.
- The rate of children in need (per 10,000 population) is higher than the Trafford average in 6 to 10 year olds living in Trafford’s North and West localities. The rate for South locality is lower than average, and Central similar to Trafford average.
- There is a strong social gradient with the rate of 6 to 10 year olds in need almost 7-fold higher among those living in the most deprived 20% of small areas in Trafford than those living in the least deprived 20%.

FIGURE 16: Rate of children aged 6-10 years in need by locality of residence (Trafford Social Care, 2018)

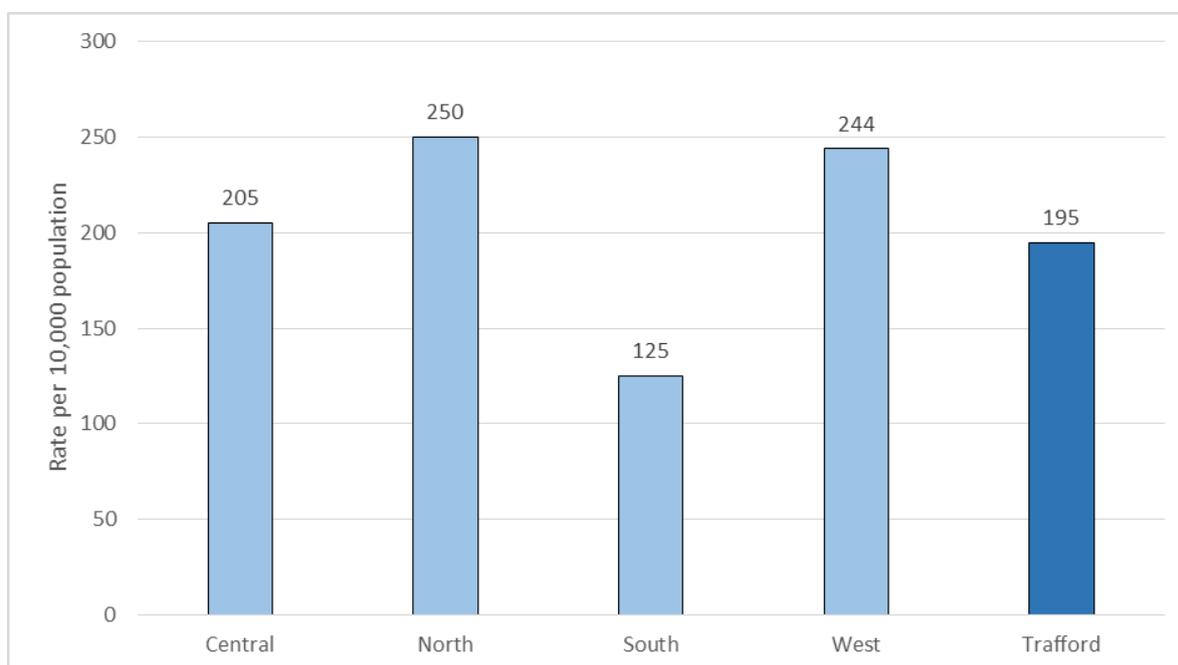
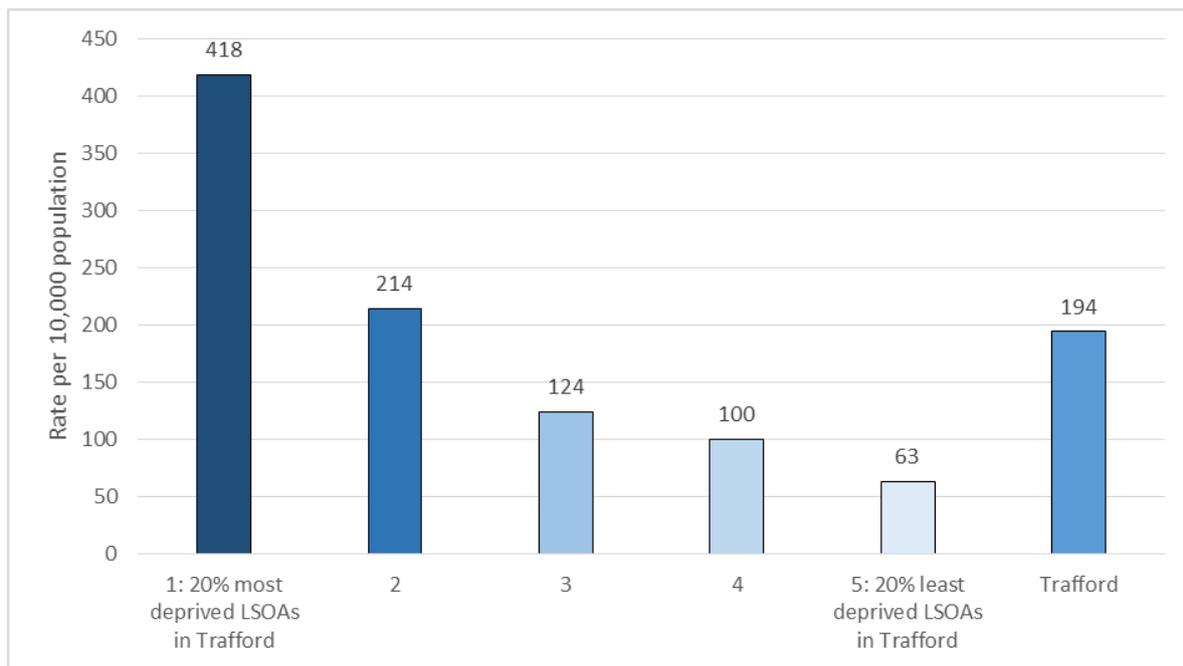


FIGURE 17: Rate of children aged 6-10 years in need by deprivation (Trafford, 2018)



3.3.4 Children and young people who are looked after

Of the 380 under 18s who were Looked After by Trafford as at 31st March 2018, 97 (26%) were aged 6 to 10 years. [The Early Years section](#) includes further analysis of variation in the rate of looked after children by locality and deprivation.

3.3.5 School readiness

The [Early Years section](#) includes information about school readiness at the end of Reception.

3.3.6 Persistent absentees and exclusion from school

Being excluded or persistently absent from school can have a profound and detrimental effect on the life chances of young people. Evidence suggests that disruptive behaviour may be a sign of an underlying mental health problem. During 2016/17, there were 161 fixed term exclusions in Trafford primary schools, representing 0.71% of pupils, lower than the England average (1.37%) and lowest among statistical neighbours ([Child and Maternal Health, 2016](#)). The 161 fixed term exclusions were of **70** pupils (i.e. an average of 1.55 exclusions per pupil) with each losing an average of 3.5 school days. There were **4** permanent exclusions from Trafford primary schools.

3.3.7 Housing and homelessness

Children from homeless households are often the most vulnerable in society. Homelessness is associated with severe poverty and is a social determinant of health.

Living in overcrowded households can have impacts on both physical and mental health of young people. [The 11-19 years section](#) includes information on homeless households and overcrowded households in Trafford.

3.4 Indicators of Health & Wellbeing for 6 to 10 year olds

3.4.1 Dental health

Dental health is a good proxy measure of child health and diet. During 2017/18, the rate of hospital admissions of Trafford under 10s for extraction of decayed teeth was 421.9 per 1,000. This was the most common reason for planned admissions in this age group. (Source: [NHS Digital](#))

[The Early Years section](#) includes information on the dental health of 5 year olds.

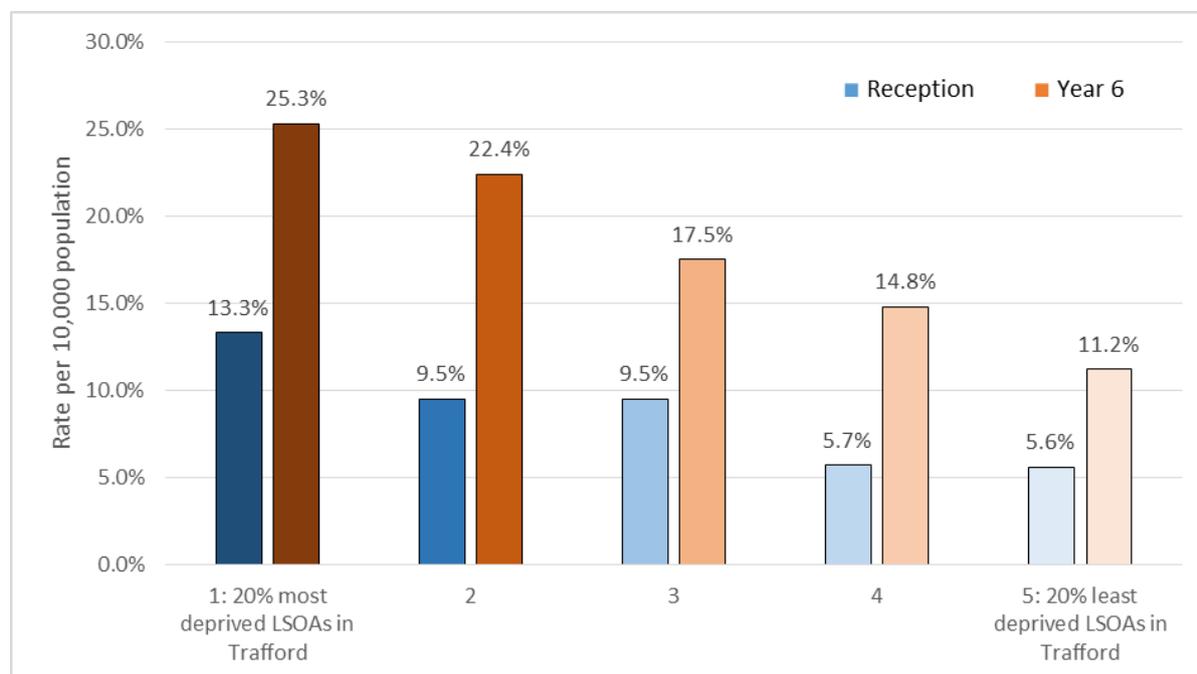
3.4.2 Excess weight

Data from the year 2019/2020 suggests ([Child and Maternal Health, 2020](#)):

- One third (32.2%) of Year 6 children living in Trafford were overweight or obese.
- Year 6 obesity prevalence (17.8%) is more than double that for Reception year (7.2%).
- 90 (3.1%) of Year 6 children were “severely obese”.

Latest Data on Prevalence of obesity by Deprivation is present for the year 2018, where Trafford children living in areas that rank in the 20% most deprived in England is **more than double** that of children living in areas ranked 20% least deprived.

FIGURE 18: Prevalence of obesity in Reception and Year 6 according to deprivation



[The Early Years section](#) year olds includes some further information on excess weight among children in Reception year.

3.4.3 Hospitalisation

During 2016/17¹:

- There were 5,169 A&E attendances by children aged 5-9 years living in Trafford. The Trafford rate per 1,000 children in that age group was statistically significantly higher than the England average, 2nd highest among a group of 10 other similar authorities, and increasing significantly over time.
- There were 866 elective (planned) admissions of 5-9 year olds, but again with the Trafford rate (52.9 per 1,000) statistically significantly higher than the England average, 2nd highest among the group of similar authorities, but showing a significant decrease over that time.
- 709 emergency admissions of 5-9 year olds with the rate (43.3 per 1,000) statistically similar to England (41.0 per 1,000) and ranked 4th highest among the group of similar authorities, but showing a significant increase over time.

3.4.4 Long term conditions

During 2018/19 there were:

- 20 emergency admissions of 0-9 year olds with epilepsy, with the rate similar to the England average and showing no significant change in trend over time ([Child and Maternal Health, 2019](#)).
- 10 emergency admissions for diabetes for 0-9 year olds, with the rate similar to the England average. There is no current trend for the data ([Child and Maternal Health, 2019](#)).

3.4.5 Injuries

During 2019/20, there were 455 emergency hospital admissions of Trafford 0 to 14 years with injuries. The Trafford rate is similar to England average and showing no significant trend over time ([Child and Maternal Health, 2020](#)).

3.4.6 Vaccination coverage

[The Early Years section](#) includes information on coverage of MMR vaccine.

3.4.7 Children with other complex needs

As at January 2018 Census, **5,195** Trafford school pupils were identified as having a special educational need (SEN). This represents about 1 in 8 (12.6%) of all school pupils in state-maintained schools, statistically significantly lower than the average for England (14.4%), lowest in GM, lower than the average for the 15 most similar authorities to Trafford (14.5%) and lower than it was for Trafford pupils in 2014 (15.6%) ([Maternal and Child Health, 2018](#)).

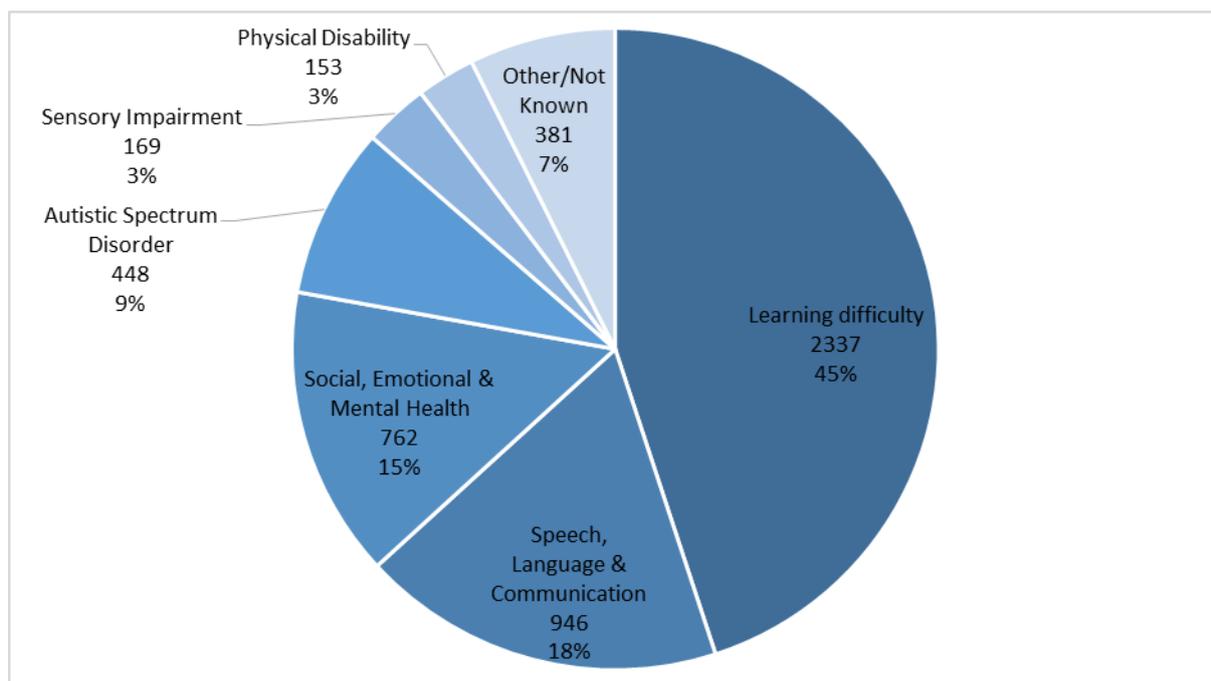
Of the 5,195 Trafford pupils with a SEN, more than half (2,725 or 52%) are in primary schools, a third (1,722 or 33%) in secondary schools and the remainder (748 or 14%) in Special schools.

¹ Please note that these indicators have been discontinued after the release of the 2016/17 data. ([Child health profiles and indicators; Summary of feedback exercise and Public Health England Response](#))

The figure below shows the breakdown of Trafford CYP with a SEN by the primary type of need.

- 45% are for a learning difficulty
- 18% for speech language and communication needs
- 15% for Social, emotional and mental health needs.

FIGURE 19: Trafford pupils with special educational needs by primary type of need - 2018



4 11 to 19 year olds

4.1 Summary for 11 to 19 year olds

4.1.1 Key demographics

- It is estimated that **26,488** 11 to 19 year olds live in Trafford as of mid-2019. ([ONS, 2019](#)).
- In the January 2018 school census, almost a third (31.2%) of children in state-funded secondary schools belonged to Black and Minority Ethnic (BME) groups.
- Over the 10 years 2021 to 2031, the 10-19 population is projected to grow by 1,217 (3.9%), similar to the projected growth for England as a whole (5.5%). ([ONS, 2018](#)).

4.1.2 Determinants of Health

- Almost 11.7% of dependent under 20s in Trafford are living in poverty, but this varies from 1.7% in Timperley to 29.9% in Bucklow-St-Martins; Of the 5,980 dependent children under 20 living in low income families, **2,425** (41%) were aged 11 to 19 years ([Child and Maternal Health, 2019](#)).

- 7.2% of Trafford households with children are lone parent, but ranging more than 3-fold from 3.9% in Timperley ward to 15.2% in Bucklow-St Martins. (ONS, 2011)
- The rate of children in care in Trafford is higher than the England average and high among a group of 10 other similar authorities. There is a strong social gradient in the rate of children in care, and educational outcomes for these children are worse than the average for all children ([Child and Maternal Health, 2019](#)).
- Teenage parenthood in Trafford has reduced to a low level, with 10 babies born to mothers aged under 18 years in 2018/19 ([Child and Maternal Health, 2019](#)).
- Educational attainment in Trafford is good overall, but there are wide inequalities between certain groups and geographical areas within Trafford. The proportion of Trafford 16 and 17 year olds were either not in education, employment or training (NEET) or their activity was not known is at 5% and ranks highest amongst a group of 10 other similar authorities ([Child and Maternal Health, 2019](#)).
- Young males and looked after children are overrepresented in the Youth Offending Service. There is also evidence that children and young people belonging to mixed ethnic groups are over represented ([Child and Maternal Health, 2016](#)).
- Analysis from the [Longitudinal Study of Young People in England](#) demonstrates that young people tend to experience more than one disadvantage.
 - Young people who are socially excluded and who are involved in risky behaviours are the most disadvantaged, and early intervention could make a significant impact on these young people's lives
 - Key risk factors common to many of the disadvantaged groups include being bullied at school, and poor attitudes to school.
 - The most vulnerable young people may require a coordinated and tailored policy response.

4.1.3 Indicators of health and wellbeing

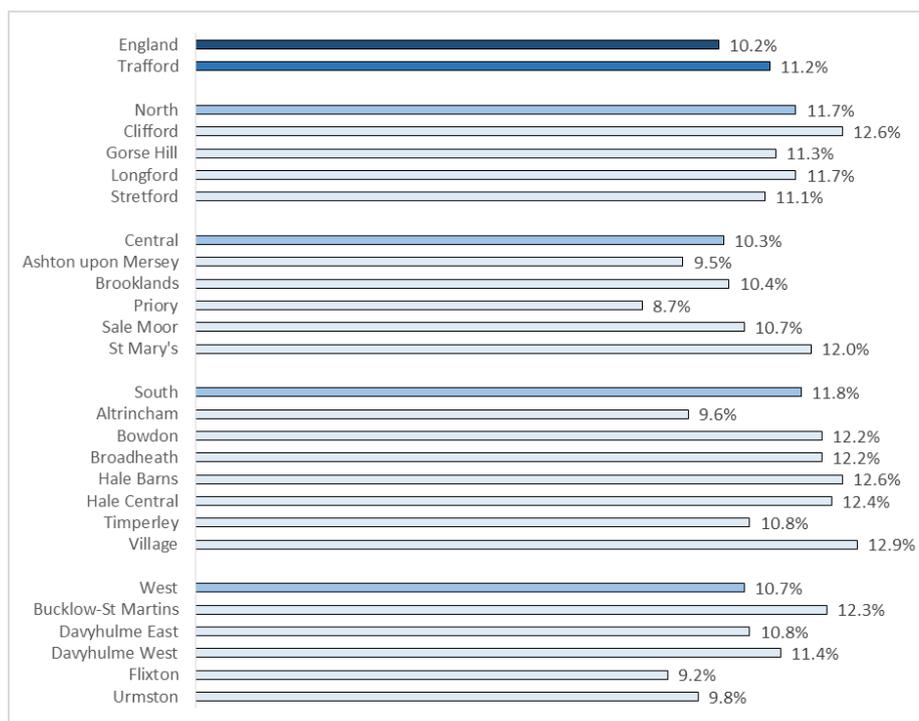
- As at January 2018, **272** (1.5%) of pupils in Trafford secondary schools had a special educational need where the primary type of need was social, emotional and mental health. (School Census, 2018)
- Approaching one third (32.2%) of Year 6 children living in Trafford are overweight or obese ([Child and Maternal Health, 2020](#)).
- The rate of hospital admissions of under 18s for “alcohol specific conditions” (i.e. conditions that are wholly caused by alcohol misuse) for 2017/18 to 2019/20 is worse than the England average. However, the number of admissions is relatively small ([Child and Maternal Health, 2020](#)).

4.2 Key demographics for 11 to 19 year olds

4.2.1 Population size and age structure

An estimated **26,488** 11 to 19 year olds live in Trafford, or about 1 in 10 (11.2%) of the total population, similar to England at 10.2% (ONS, 2019), but ranging from 8.7% in Priory ward in Central locality to 12.9% in Village ward in South locality ([ONS, 2019](#)).

FIGURE 15: Proportion of total population aged 11 to 19 years; Trafford wards and localities ([ONS, 2019](#))



4.2.2 Gender

The gender balance of Trafford 11 to 19 year olds is slightly towards males; an estimated 13,540 (51.1% of total) are male and 12,948 (48.9%) female ([ONS, 2019](#)).

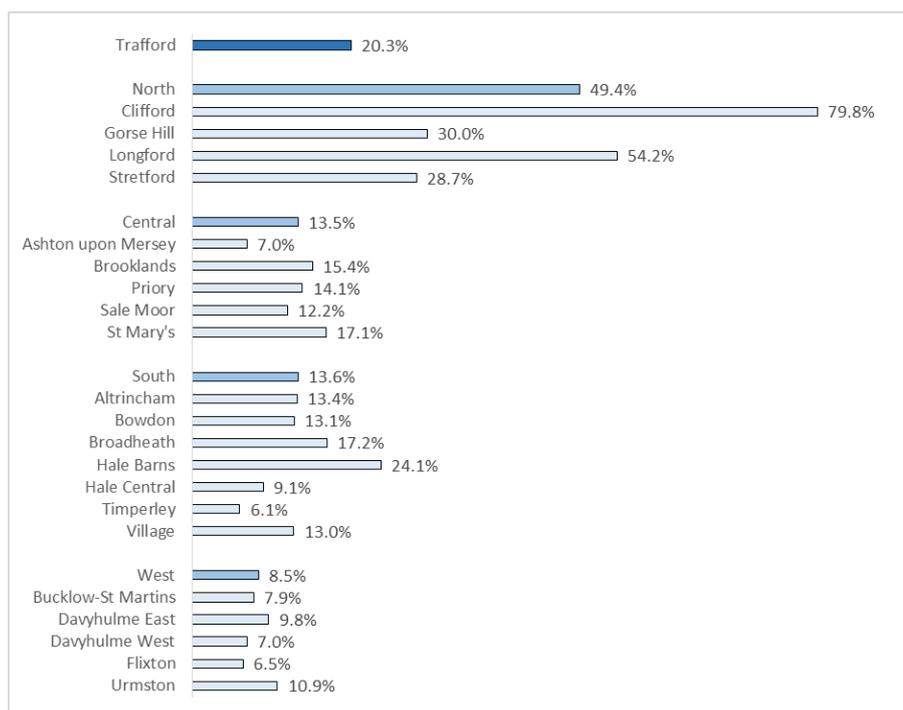
TABLE 7: Number of children & young people aged 11 to 19 years living in Trafford ([ONS, 2019](#))

| Age | Males | Females | Persons |
|------------------------|----------------|----------------|----------------|
| 11 | 1,819 | 1,705 | 3,524 |
| 12 | 1,648 | 1,627 | 3,275 |
| 13 | 1,670 | 1,589 | 3,259 |
| 14 | 1,653 | 1,523 | 3,176 |
| 15 | 1,500 | 1,470 | 2,970 |
| 16 | 1,510 | 1,432 | 2,942 |
| 17 | 1,440 | 1,457 | 2,897 |
| 18 | 1,301 | 1,278 | 2,579 |
| 19 | 999 | 867 | 1,866 |
| 11 to 19 total | 13,540 | 12,948 | 26,488 |
| All ages total | 116,078 | 121,276 | 237,354 |
| % aged 11 to 19 | 11.7% | 10.6% | 11.2% |

4.2.3 Ethnic groups

At the 2011 Census, one in five (20%) of 10 to 19 year olds living in Trafford reported belonging to a Black and Minority Ethnic (BME) group. The largest BME group was Asian (10%) and, within this, Pakistani (4.5%) and Indian (3.2%). Trafford's BME population is concentrated in the North locality; in 2011 almost half (49%) of 10 to 19 year olds living in Trafford's North locality reported belonging to a BME group, rising to 80% in Clifford ward (See Figure 16 below) ([ONS, 2011](#)).

FIGURE 16: Proportion of 10-19 year olds belonging to a Black & Minority Ethnic Group; electoral wards and localities in Trafford ([ONS, 2011](#))



4.2.4 Projections

Over the ten years 2021 to 2031 the estimated number of 10 to 19 year olds living in Trafford is projected to grow by 1,21 (3.9%), similar to the projected growth for England as a whole (5.5%) ([ONS, 2018](#)).

TABLE 8: Projected growth in 10 to 19 year olds in Trafford compared with England ([ONS, 2018](#))

| AGE GROUP | TRAFFORD | | | | ENGLAND | |
|-----------------|---------------|---------------|--------------|-------------|-------------|--------|
| | 2021 | 2031 | Growth | | | Growth |
| | | | Number | % | | |
| 10 to 14 | 17,370 | 16,496 | -875 | -5.0% | -4.2% | |
| 15 to 19 | 13,718 | 15,810 | 2,092 | 15.2% | 16.3% | |
| 10 to 19 | 31,089 | 32,306 | 1,217 | 3.9% | 5.5% | |
| All ages | 240,057 | 249,131 | 9,074 | 3.8% | 4.2% | |

4.3 Determinants of health for 11 to 19 year olds

4.3.1 Poverty

Of the 5,980 dependent children living in low income families, **2,425** (41%) were aged 11 to 19 years. [See the relevant section in the 0-5 needs assessment](#) for further information.

Free school meal status provides another proxy measure of the extent of child poverty locally. As at January 2018, 1,400 (7.9%) of children in Trafford state-funded secondary schools were eligible for free school meals. This is lower than the England average (12.4%), lowest in Greater Manchester and middle ranking among a group of statistically similar authorities ([Child and Maternal Health, 2018](#)).

4.3.2 Family structure

[See the Early Years section](#) for information on family structure.

4.3.3 Children in need

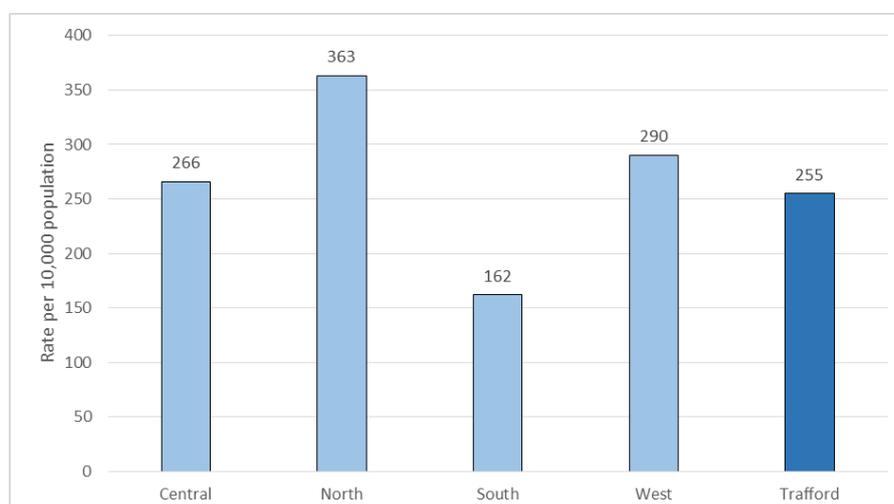
A child in need is one who has been referred to children’s social care services, and who has been assessed to be in need of social care services. A child can have more than episode of need through the year, but the figures below relate to a “snap shot” of cases open on 31st March 2018 (Trafford Social Care, 2018):

There were 1,413 cases open of children and young people aged 0-19 years; of these, 729 (52%) were aged 11 to 19 years.

In children and young people aged 11 to 19, ‘Abuse or neglect’ was the primary need in more than a third (36.4%) of cases (proportionally higher than in 0 to 9 year olds), followed by ‘Family in acute stress’ and ‘Family dysfunction’. ‘Child disability’ is proportionally more important as a primary need in 11 to 19 year olds compared to 0-5 year olds.

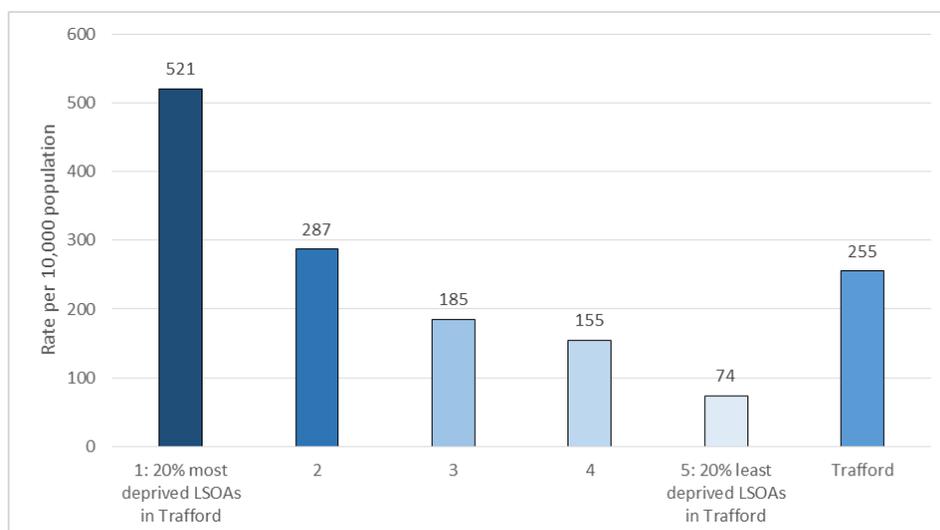
The rate of children in need (per 10,000 population) in 11 to 19 year olds is highest in Trafford’s North locality.

FIGURE 17: Rate of children aged 11-19 years in need by locality of residence (Trafford Social Care, 2018)



There is a strong social gradient with the rate of 11 to 19 year olds in need twice as high among those living in the most deprived 20% of small areas in Trafford compared to the Trafford average (See Figure 17 below).

FIGURE 19: Rate of children aged 0-5 years in need by deprivation (Trafford Social Care, 2018)



4.3.4 Children and young people who are looked after

Children and young people in care are among the most socially excluded children in England. There are significant inequalities in health and social outcomes compared with all children, and these contribute to poor health and social exclusion of care leavers later in life.

Of the 380 under 18s who were Looked After by Trafford as at 31st March 2018, 213 (56%) were aged 11 to 17 years (Trafford Social Care, 2018). [The Early Years section](#) includes further analysis of variation in the rate of looked after children by locality and deprivation.

Attainment 8 scores measure the achievement of a pupil across 8 qualifications at Key Stage 4 (i.e. when pupils are aged between 14 and 16). The average Attainment 8 score (2018/19) for all children in Trafford was 54.3, higher than the average for England (46.9), and highest among the group of 10 other statistically similar authorities. However, Trafford fares worse for children who have been looked after for at least 12 months: the average score for these children is much lower (19.4), similar to England (19.2) and fifth highest in the group of similar authorities ([Child and Maternal Health, 2019](#)).

4.3.5 Education, Employment and Training

4.3.5.1 Young people who are not in education, employment or training

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood.

In 2019, 270 Trafford 16 and 17 year olds were either not in education, employment or training (NEET) or their activity was not known. The proportion (5%) is similar to the England average (5.5%), but some authorities that are similar to Trafford fare better (e.g. Stockport has a 3.5% NEET rate) (Child and Maternal Health, 201).

The proportion of Trafford 16 and 17 year olds who are NEET or whose activity is unknown is higher in Males (6.9%) than females (3.6%). Across England, the NEET proportion is higher in the 10% most deprived local authorities (6.9%) compared to the least deprived 10% (4.8%).

4.3.5.2 Educational attainment

Overall, educational attainment in Trafford is better than the England average. For instance, in 2015/16, the proportion of young people living in Trafford achieving 5 GCSEs at Grade A* to C including English and Maths (69.2%) was the highest in the North West, significantly higher than the England average (57.8%) and the highest among a group of 15 other similar authorities ([Child and Maternal Health, 2016](#)).

In 2018/19, the average attainment 8 score of Trafford in care (19.4) was much lower than for all other pupils (54.3) ([Child and Maternal Health, 2019](#)).

4.3.5.3 Excluded or persistently absent from school

Being excluded or persistently absent from school can have a profound and detrimental effect on the life chances of young people. Evidence suggests that disruptive behaviour may be a sign of an underlying mental health problem. During 2016/17, there were 902 fixed term exclusions in Trafford secondary schools, representing 5.2% of pupils, lower than the England average (9.4%) and 2nd lowest among statistical neighbours. The 902 fixed term exclusions were of **583** pupils (i.e. an average of 1.55 exclusions per pupil) with each losing an average of 3.5 school days. There were **50** permanent exclusions from Trafford secondary schools. Young men are three times more likely to be excluded compared to young women. Young people eligible for school meals are more likely to be excluded compared to those who are not eligible. Exclusions peak in Year 10 (i.e. age 14/15 years) ([Child and Maternal Health, 2017](#)).

4.3.6 Housing and homelessness

Children from homeless households are often the most vulnerable in society. Homelessness is associated with severe poverty and is a social determinant of health.

In Trafford, during 2017/18, there were **126** homeless families, a rate of 1.3 per 1,000 households, lower than the England average of 1.7 per 1,000, and similar to the average for the group of 10 other similar authorities (1.4 per 1,000). 'Homeless families' are defined as applicant households which are eligible for assistance and in priority need due to including a dependent child or a pregnant woman. The number of 126 is likely to be an underestimate as it includes only those children and families who are known to local authorities. There may be many more 'hidden homeless' for

example because they are staying with friends (or “sofa surfing”) ([Child and Maternal Health, 2018](#)).

Living in overcrowded households can have impacts on both physical and mental health of young people. An overcrowded household has fewer rooms than the number “required” based on the composition of the household and the relationships between the occupants. In practice, this may mean, for example, that young people over the age of 11 of the opposite sex are sharing a bedroom. As at the 2011 Census, 8.5% of Trafford households with dependent children were classified as overcrowded on this definition. However, there is wide variation between wards within Trafford; in Timperley ward 2.8% of households with dependent children were overcrowded but rising to almost a quarter (23%) in Clifford ward in the North of the locality.

4.3.7 Teenage parenthood

Teenage mothers are three times more likely to suffer from post-natal depressions and experience poor mental health for up to three years after the birth. Teenage parents and their children are at increased risk of living in poverty. The under-18 conception rate in Trafford has reduced steadily from 34.0 per 1,000 live births in 1998 to 12.3 per 1,000 in 2017, lower than the England average (16.7 per 1,000) and the 4th lowest among the group of 10 other similar authorities. During 2018/19, 10 babies were born to mothers aged under-18 ([Child and Maternal Health, 2019](#)).

4.3.8 Crime

In 2018 there were 44 first time entrants to the youth justice system (i.e. juveniles receiving their first conviction or caution). This represents a rate of 183.1 per 100,000 children aged 10-17 years, more than half the England rate of 238.5 per 100,000, and ranks in the middle among Trafford’s statistical neighbours ([Child and Maternal Health, 2018](#)).

During 2017/18, 76 individuals were on the Youth Offending Service caseload and among these:

- there were nearly 6-times as many young males (65) as females (11)
- A third (25) were Looked After Children
- 20 (26%) belonged to a BME group, of which 11 (14% of total) were mixed/multiple ethnic groups; this suggests that young people of mixed ethnicity may be over-represented in YOS (in the 2018 school census only 7% of secondary school aged children were of mixed/multiple ethnic groups), but the numbers are small and so this must be interpreted with caution
- The rate of cases was highest in the North locality and lowest in South, with the difference between the North locality and the Trafford average reached statistical significance.

TABLE 9: Number in the Youth Offending Service according to locality of residence (Trafford, 2018)

| Locality of residence | No. in youth offending service | Total population aged 10 to 17 years | Rate per 100,000 population aged 10-17 years | Rate 95% Confidence Limits (Lower) | Rate 95% Confidence Limits (Upper) |
|-----------------------|--------------------------------|--------------------------------------|--|------------------------------------|------------------------------------|
| Central | 16 | 5,121 | 312 | 179 | 507 |
| North | 28 | 5,174 | 541 | 360 | 782 |
| South | 12 | 8,586 | 140 | 72 | 244 |
| West | 10 | 5,145 | 194 | 93 | 357 |
| Trafford Total | 66 | 24,026 | 275 | 213 | 350 |

4.4 Health & Wellbeing for 11 to 19 year olds

4.4.1 Mental health and wellbeing

As at January 2018, **272** (1.5%) of pupils in Trafford secondary schools had a special educational need where the primary type of need was social, emotional and mental health. This is lower than the England average (2.3%) and lowest among a group of statistically similar authorities.

During 2018/19 there were [\(Child and Maternal Health, 2018\)](#):

- 45 hospital admissions of under 18s for mental health conditions
- 135 hospital admissions of 10-24 year olds as a result of self-harm

A survey of 15 year olds conducted in 2014/15 found that more than half (53%) reported having been bullied in the past couple of months [\(Child and Maternal Health, 2015\)](#). The same survey found that less than half (48.9%) thought they were the right size, significantly lower than the average for England (52.4%) [\(Child and Maternal Health, 2015\)](#).

4.4.2 Complex needs

As at January 2018 school census, **5,195** Trafford school pupils were identified as having a special educational need (SEN) A third of these (1,722) were in secondary schools with the most common needs being learning difficulties, speech & language, and social/emotional and mental health needs. See [the 6-10 years section](#) for further information.

4.4.3 Excess weight

The [section on primary school aged children includes](#) information on excess weight among children in Year 6.

4.4.4 Lifestyle behaviours

4.4.4.1 Alcohol and drug use

A 2014/15 survey of 15 year olds found that among children living in Trafford [\(Child and Maternal Health, 2015\)](#):

- About 1 in 20 (5.3%) smoked
- A quarter (24.2%) had tried e-cigarettes, statistically significantly higher than the average for England (18.4%)
- Almost two thirds (61.8%) had had an alcoholic drink, and 7.4% were regular drinkers
- 1 in 10 (10.3%) had tried cannabis with 5.7% haven taken cannabis in the last month, and 1.3% had taken other drugs in the last month

During the three year period 2017/18 to 2019/20 there were 85 hospital admissions of under 18s for “alcohol-specific conditions” (i.e. conditions that are wholly caused by alcohol misuse). The Trafford rate (47.6 per 100,000 population) was worse than England (30.7 per 100,000). The rate is higher in males (52.9 per 100,000) than females (49.0 per 100,000). Compared to a baseline 2006/07 to 2008/09, however, the rate in Trafford has lowered by almost a third ([Child and Maternal Health, 2020](#)).

4.4.4.2 Physical activity

The proportion of 15 year olds who reported being physically active (i.e. at least one hour per day seven days a week) was 11.4%, statistically significantly lower than the average for England (13.9%) and the lowest among the group of 10 other statistically similar authorities ([Child and Maternal Health, 2015](#)).

4.4.5 Multiple disadvantages

This previous sections on health needs of 11 to 19 year olds covers separately a number of risk factors which may place a young person at disadvantage in terms of outcomes in youth and into adulthood. However, in reality, these risk factors are likely to overlap with some young people facing multiple disadvantages. Analysis from the Longitudinal Study of Young People in England identified groups of young people at age 16/17 who were characterised by the combination of disadvantages they experienced. The analysis then looked backwards to risk factors at age 14 for belonging to the group of disadvantage and forwards to outcomes at age 18. **Figure 20 below** summarises the characteristics of each group. The proportion belonging to each group has been applied to the number of young people in Year 11 of Trafford secondary schools as at January 2018 school Census (i.e. 2,884) to give a rough idea of the likely cohort size in Trafford in a single school year. The authors note the policy implications of the analysis which include:

- The socially excluded and risky behaviours groups are the most disadvantaged, and early intervention could make a significant impact on these young people’s lives
- Key risk factors common to many of the disadvantaged groups include being bullied at school, and poor attitudes to school
- The most vulnerable young people may require a coordinated and tailored policy response.

FIGURE 20: Longitudinal Study of Young People in England: Multiple disadvantage model applied to Trafford Year 11 pupils, 2018

| | |
|---|---|
| <p><i>Non vulnerable group</i> Size: 55% of young people (Trafford Year 11=1,586) Average number of disadvantages: None Main disadvantages: None Contact with services: Very little Risk factors at age 14: Positive attitude to school Few difficulties at school Advantaged socio-economic background Outcomes at age 18: 55% in full-time education 30% in full-time work 9% taken drugs in last four weeks 8% receiving benefits</p> | <p><i>Emotional health concerns group</i> Size: 16% of young people (Trafford Year 11=461) Average number of disadvantages: 1.1 Main disadvantages: Emotional health concerns only Contact with services: Very little Risk factors at age 14: Girls Bullied First sexual contact under 16 Outcomes at age 18: 58% in full time education 27% in full-time work 14% taken drugs in last four weeks 12% receiving benefits</p> |
| <p><i>Substance misuse group</i> Size: 8% of young people Trafford Year 11=230 Average number of disadvantages: 1.5 Main disadvantages: Substance misuse. Some risk of low attainment, emotional health concerns Contact with services: Some but low Risk factors at age 14: Girls Disengaged at school Outcomes at age 18: 28% in full time education 15% NEET 27% taken drugs in last four weeks 22% receiving benefits</p> | <p><i>Risky behaviours group</i> Size: 8% of young people Trafford Year 11=230 Average number of disadvantages: 2.2 Main disadvantages: Criminal activity. 50/50 risk of substance misuse. Some risk of low attainment, emotional health concerns. Contact with services: 25% with police Risk factors at age 14: Boys Truancy (including persistent), suspended, bullied Outcomes at age 18: 26% in full time education 18% NEET 38% taken drugs in last four weeks</p> |
| <p><i>Low attainment only group</i> Size: 8% of young people Trafford Year 11=230 Average number of disadvantages: 1.1</p> | <p><i>Socially excluded group</i> Size: 6% of young people Trafford Year 11=173 Average number of disadvantages: 2.2</p> |

| | |
|---|---|
| <p>Main disadvantages: Low attainment only</p> <p>Contact with services: Some but low</p> <p>Risk factors at age 14: Person has Special Educational Need Disadvantaged family Persistent truancy School with high proportion of SEN pupils, deprived area</p> <p>Outcomes at age 18: 30% in full time education 21% NEET 30% receiving benefits</p> | <p>Main disadvantages: NEET. 50/50 chance of low attainment. Some risk of substance misuse, emotional health concerns.</p> <p>Contact with services: Welfare services</p> <p>Risk factors at age 14: Single parent family, poor parental health Aspire to work at 16, truancy Disadvantaged family Persistent truancy School with high proportion of SEN pupils, deprived area</p> <p>Outcomes at age 18: 13% in full time education 42% NEET 21% have a child 52% receiving benefits</p> |
| | |

5 Summary

This needs assessment supports commissioners and providers to better understand the population they are responsible for. Considering how the population varies between places is important for identifying need and supporting prevention and early intervention. Projections of population growth should be used to ensure that the services offered are sustainable and delivered at scale. Variation across characteristics should to be reflected in the service offer to ensure the offer is acceptable, relevant and accessible; this is especially important when considering ethnicity and poverty.

Finally to reduce health and social inequalities, commissioners and providers need to ensure that services are working with those most at risk as early as possible. The evidence presented through the Longitudinal Study of Young People in England identifies a number of key risk factors at 14 years which have been associated with disadvantage at 17 years. Those people working with this group should be aware of these risk factors, irrelevant of the age of the young person they are working with. Providing appropriate intervention to reduce this risk will improve outcomes for the young person and support their transition into adulthood.