

# Warwickshire JSNA

Joint Strategic Needs Assessment

## Welcome to the **Empowering Futures: Growing Up Well in Warwickshire** Interactive Report

An assessment of the physical health of school-aged children

Use the arrows at the bottom of the page to progress in order **Next** →


Or use the menu to navigate to a particular page



This JSNA is an interactive report. Use this page to understand how you can interact with each page to understand the information and change the data displayed.

### Page context

Read the text in the grey boxes to understand the context for the page and the key messages for the topic.

Hover over an  symbol for more detail, and some can be clicked for an external link.

[External links may also be found with the text.](#)

### Category Slicer:

Selected

On many pages you can change the data or text displayed by changing the option on a slicer to a different category. For example, you might be able to display data for a specific area or age range. The slicer clearly shows which category is currently selected.

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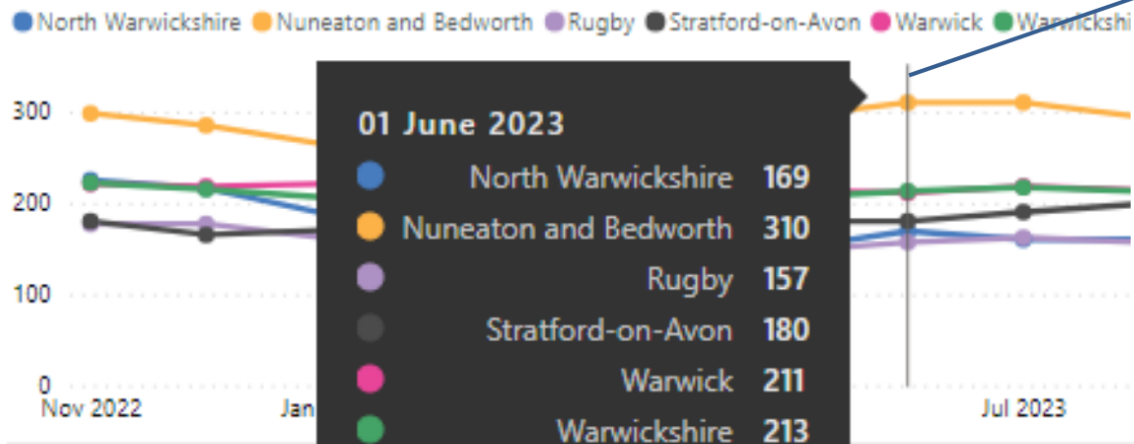
Use the arrows at the bottom to navigate

Next 

or click the MENU at the top left.



### Graph titles highlight key messages



Use the mouse to hover over visuals for more detail or exact numbers

Clicking on a data point may filter other visuals on the page

The purpose of the JSNA programme is to analyse the current and future health and wellbeing needs of the local population to inform the commissioning of health, wellbeing, and social care services. It aims to establish a shared, evidence-based consensus on the key local priorities across health and social care.

The Health and Wellbeing Board is statutorily responsible for developing joint Health and Wellbeing Strategies based on the assessment of need outlined in the JSNA. To find out more about Warwickshire's Health and Wellbeing Board click [here](#).

A JSNA can be used as an evidence base to inform strategic action including commissioning and delivery of services, as well as informing activities such as funding bids and equality impact assessments.



**The different aspects of JSNA can be broken down as the following:**

### Joint

They are carried out jointly by health, local authorities, and community and voluntary organisations to produce a picture of people's needs and to help them work together to find answers to those needs.

### Strategic

They identify the 'big picture' of the health and wellbeing needs and differences across Warwickshire. They do not find out the needs of individual people.

### Needs

They set out to find what people require to help their health and wellbeing and to identify where these requirements are not being met, and recognise the strengths and assets of the population.

### Assessment

Facts and figures, together with people's knowledge, experience and opinions are used to find out what people's current and future needs are. The JSNAs use a wide range of data collected from different sources including the Census, GPs, hospital admissions, social services, housing, police, leisure, education, voluntary and community organisations.

For more information and past JSNAs, please visit the [Warwickshire JSNA page](#).

This JSNA examines the picture of physical health in school-aged children and young people. One of the priorities of the Warwickshire Health and Wellbeing Board is to “Help our children and young people have the best start to life”, and this JSNA completes a set of three JSNAs exploring the physical health and wellbeing of children, having completed a [0-5 JSNA in 2022](#) and a [Mental Health and Wellbeing of Infants, Children, and Young People JSNA in 2023](#). These have informed and will continue to shape the development of the [Children and Young People Making Every Contact Count \(MECC\)](#) training programme.

This JSNA is structured around the six school-aged high impact areas for children's health, which focus on factors that have the greatest potential of improving health outcomes for children, young people, and their families.

Developed in 2014 and updated in 2016, these were established nationally alongside the maternity and early years high impact areas to provide a comprehensive picture of 0-24 services, under the [Healthy Child Programme](#). Locally, this shapes Warwickshire's [School Health and Wellbeing Service](#) and this JSNA dashboard will be used as a key evidence base for future service development.

The 6 school-aged high impact areas for children's health are:

High Impact Area 1: Supporting resilience and wellbeing

High Impact Area 2: Improving health behaviours and reducing risk taking

High Impact Area 3: Supporting healthy lifestyles

High Impact Area 4: Supporting vulnerable young people and improving health inequalities

High Impact Area 5: Supporting complex and additional health needs

High Impact Area 6: Supporting self-care and improving health literacy

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## High Impact Areas

**Supporting Resilience  
and Wellbeing**

**Improving Health  
Behaviours and Reducing  
Risk**

**Supporting Healthy  
Lifestyles**

**Reducing Vulnerabilities  
and Improving Life  
Chances**

**Supporting Additional  
and Complex Health  
Needs**

**Supporting Self-care and  
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# Supporting Resilience and Wellbeing

Nationally, the prevalence of children and young people with a mental health condition has been increasing. Mental health has a direct impact on an individual's ability to thrive, including impacting their education, relationships, and development. Mental health also has a strong link to physical health, with physical health needs such as risky behaviours, long-term conditions or disabilities, and healthy lifestyles all impacting an individual's mental health. Similarly, those experiencing mental health are more likely to undertake risky behaviours and struggle with healthy lifestyles.

In 2022 Warwickshire County Council completed a Mental Health and Wellbeing of Infants, Children and Young People JSNA which looked at the mental health needs of the 0-25 year old population in Warwickshire. This can be seen in more detail here - [Mental Health and Wellbeing of Infants, Children and Young People](#)

## Key Findings:

-

A range of people working or volunteering with children and young people were engaged with in winter 2023 through the Empowering Futures survey. One of the survey's aims was to better understand how people recognise the link between mental and physical health.

The 2023 Mental Health and Wellbeing of Infants, Children, and Young People JSNA highlighted the interplay between mental and physical health and the need to approach both together in a holistic way to ensure the best outcomes for children and young people.

Professionals and practitioners therefore need confidence with health promotion messaging that includes support for both physical and mental health.

Explore this page to see a summary of results from this engagement.

**82%** of respondents said they had used physical health interventions with the aim of also supporting mental health and wellbeing.

**79%** of respondents said they consider physical health when supporting mental health needs all or most of the time.

## The Empowering Futures JSNA survey asked people who work or volunteer with children or young people whether they agreed or disagreed with statements related to physical and mental health.

Select a statement:

**I am confident in offering general advice and guidance to children and young people about their:**

**I feel confident talking to children and young people about their:**

**I have a good knowledge of resources and services available to support children and young people's:**



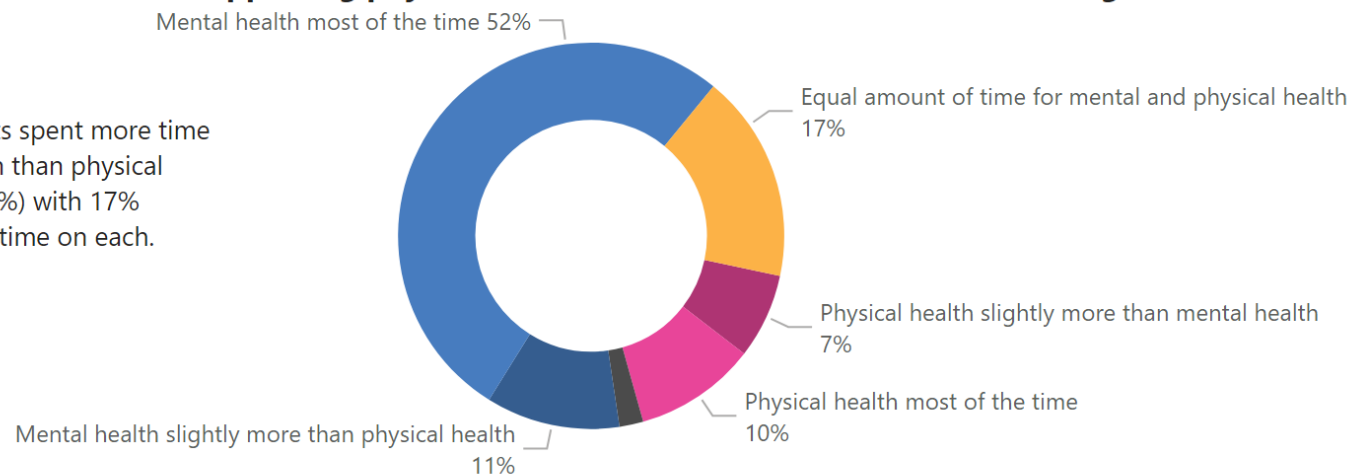
Category: Agree or strongly agree (blue), Disagree or strongly disagree (pink), Neither agree nor disagree (orange), Not answered (grey)

Respondents were more confident talking and giving advice about mental health than physical health.

When asked whether they knew about resources and services related to physical health, fewer respondents agreed than for mental health (56% vs. 72%)

## What is your work balance between supporting physical health needs and mental health/wellbeing needs?

A majority of respondents spent more time supporting mental health than physical health needs (63% vs. 17%) with 17% saying they spend equal time on each.





# Improving Health Behaviours & Reducing Risk Taking

As children and young people grow and develop they will seek out new experiences, and some experimentation is healthy and normal. However, risky behaviours can expose a child or young person to harm or impact their development. This can be influenced by peer pressure, social media, friends, family, and the wider community.

This section includes sexual health, conceptions, smoking & vaping, alcohol & drugs, and injuries.

## Key findings:

- Warwickshire HPV vaccination rates are above the national average.
- Chlamydia screening rates in 15-24 year olds are low. Improving this will help prevent hidden infections that can have serious reproductive health consequences.
- Whilst under-18 conception rates have been falling across Warwickshire, there is variation in rates across the county.
- Whilst smoking rates have been falling, more can still be done to support smoke-free homes.
- In recent years the number of children and young people who vape has become a growing concern. Vapes are not risk free, with illegal vapes becoming more dangerous as illicit substances are added with no regulation. If you don't smoke, you shouldn't start to vape.



The data presented on this page show, per month, the average number of visits to A&E in the previous 12 months. This helps to smooth out monthly fluctuations, allowing trends to be seen more clearly. A visit is counted where alcohol or drugs was a contributing factor, for example a fracture but the patient is under the influence. These rates are then split by area and age.

**Over time excessive alcohol use can lead to the development of chronic diseases and other serious problems including high blood pressure, liver disease, cancer and a weakened immune system.**

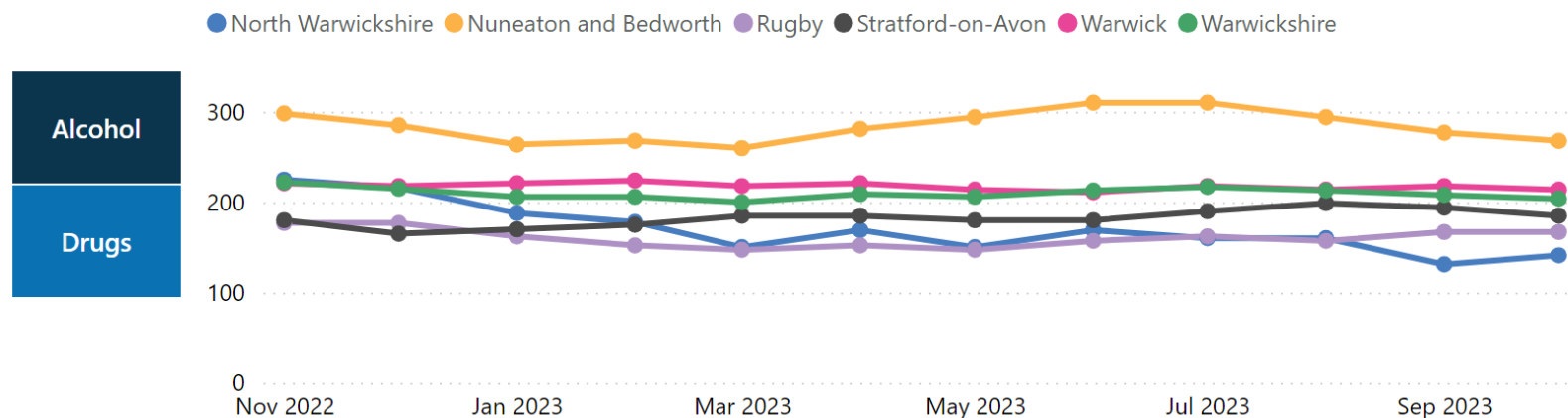
“Binge drinking” – consuming a lot of alcohol in a short space of time – can be extremely dangerous and stop your body from working properly. This puts you at greater risk of accidents, alcohol poisoning and other short and long-term health issues.

**Recreational drug use comes with risks. Some drugs are highly addictive and can significantly impact your health.** [Support is available for anyone in Warwickshire affected by alcohol and/or drugs.](#)

Overdoses of opioid drugs can be reversed using a Naloxone kit which are available at some local services. Contact the [Warwickshire Drug & Alcohol Service - Change Grow Live](#) for more information.

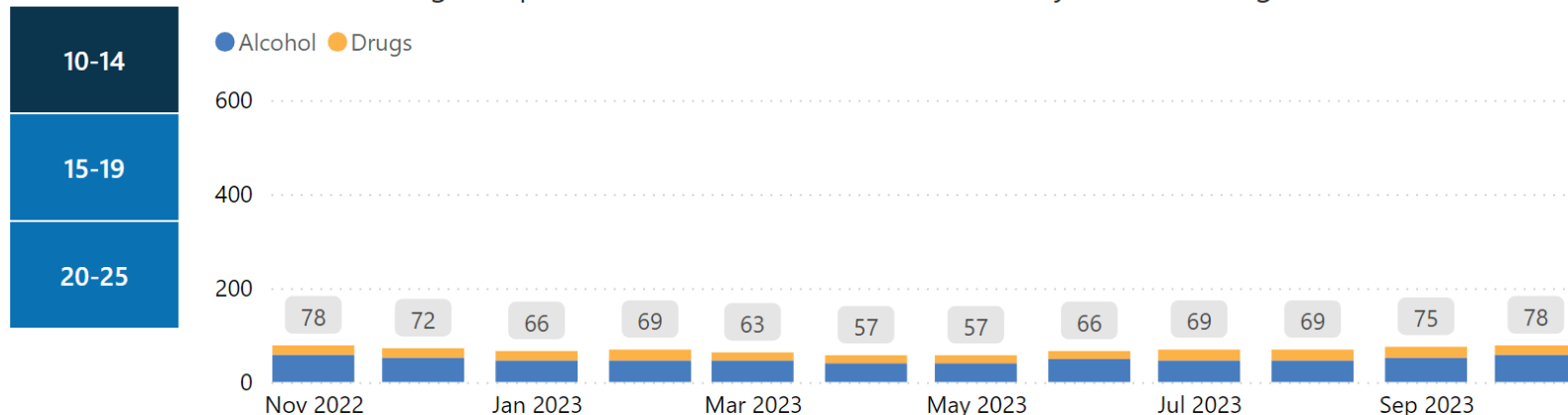
**Alcohol-related A&E attendances rates are highest in Nuneaton & Bedworth. Drug-related attendances are much lower, with recent data showing a decrease in Warwick and a slight increase in Nuneaton & Bedworth**

12-month rolling rate per 100,000 A&E attendances by reason



**In Warwickshire overall, both alcohol and drug-related A&E attendances are highest in the 15-19 age group. There is a consistent demand on A&E throughout the year in all age groups**

12-month rolling rate per 100,000 of CYP A&E attendances by reason and age



## Injuries are major causes of ill health and disability in children and young people.

Unintentional injuries are injuries where there is no evidence of intention to cause harm, while intentional injuries are those that are purposefully inflicted. Unintentional injuries in Warwickshire vastly outnumber intentional injuries.

The data presented on this page shows, per month, the average number of visits to A&E in the previous 12 months. This helps to smooth out monthly fluctuations, allowing trends to be spotted more clearly. These rates are then split by area and age.

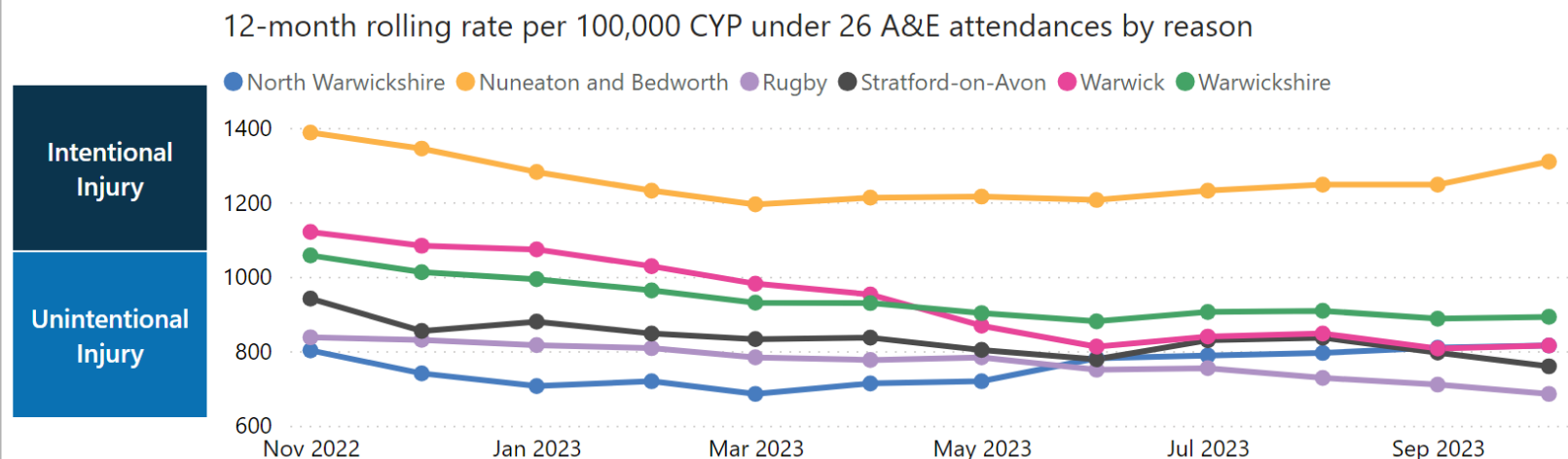
In 2022/23, the 5 highest reasons for A&E visits in those aged under 26 in Warwickshire for unintentional injuries were:



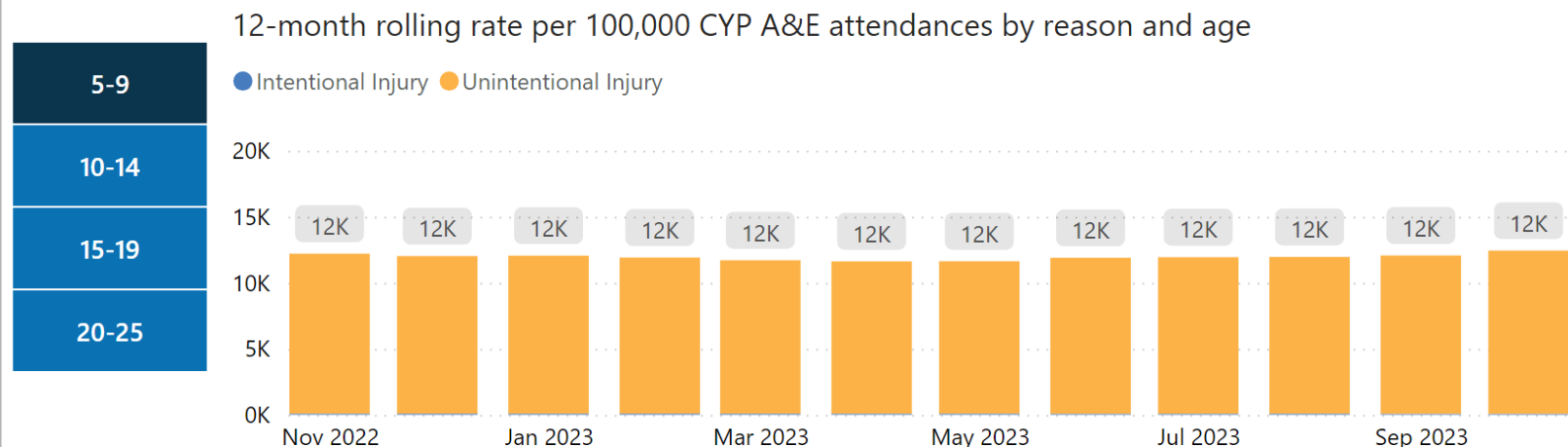
- Injury of upper extremity
- Injury of lower extremity
- Head injury
- Laceration (deep cut or tear in the skin)
- Facial injury

For intentional injuries, the main reasons for A&E visits were poisoning, self-injurious behaviour, and substance misuse.

**Over 1 in 10 young people attend A&E per year for injuries, with unintentional rates ten times those of intentional. There is a downward trend for intentional injuries in Warwickshire but areas in the north have been rising**



**At a Warwickshire level, total injuries are highest in the 10-14 age group but intentional injuries are highest in those aged 15-19. Rates of intentional injury have decreased the most in those aged 10-14 and 15-19**



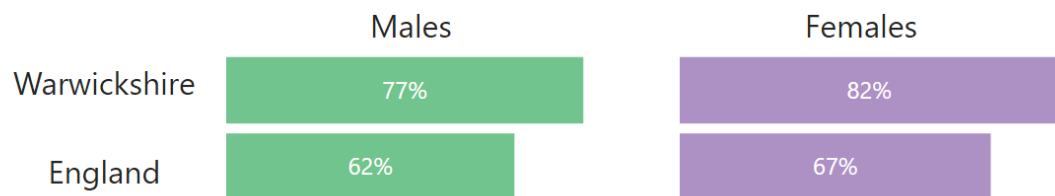
**Good sexual health can have a positive impact on physical and reproductive health and wellbeing, but also interpersonal, educational, and financial wellbeing.**

The Human Papilloma Virus (HPV) vaccine can protect children and young people from being infected with HPV which is known to increase the risk of developing some cancers later in life. The national HPV vaccination programme for 12-13 year-olds (year 8) began in 2008 and was initially offered to girls only. In 2019, the offer was extended to boys, and in 2023 moved from a two-dose course to a single dose vaccination offered to both boys and girls.

The chlamydia detection rate in 2022 for persons aged 15 to 24 Warwickshire was 1,397, lower than both the England average (1,680) and the national target of 3,250. Variation in rates of chlamydia detection may represent difference in prevalence but are influenced by screening coverage and whether most at risk populations are being reached. Since chlamydia often shows no symptoms, a high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences.

Screening in Warwickshire can be undertaken by attending the Integrated Sexual Health service, or by requesting a test kit to be posted from the online provider [SH:UK](https://www.sh.uk).

**Warwickshire has a higher HPV vaccine (2-dose) coverage in year 9 students than England, but still below the 90% coverage goal**



North Warwickshire	Nuneaton and Bedworth	Rugby
Stratford-on-Avon	Warwick	Warwickshire

**Chlamydia screening rates are low:**

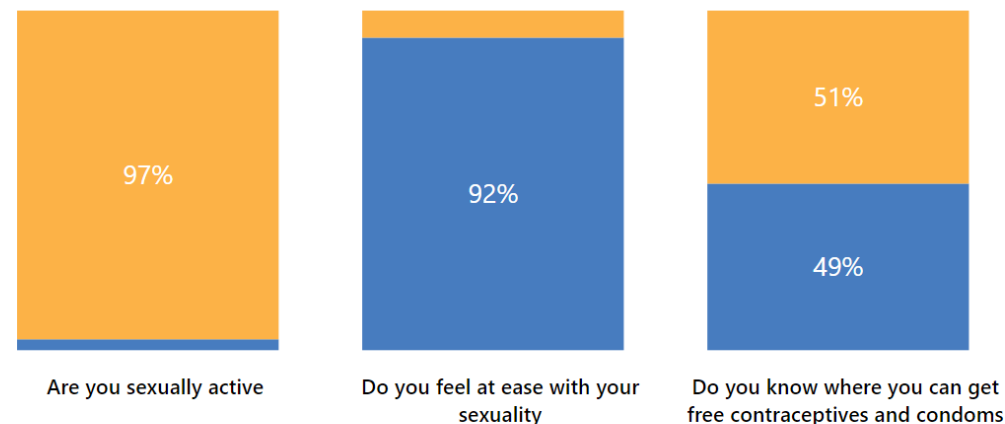
In **2022** there were **900** cases of chlamydia found through screening **12.4%** of 15 - 24 year olds in **Warwickshire**.

It is estimated that there were around **4,285** cases of chlamydia for this age group in **Warwickshire**, showing an estimated **3,385** missed cases in **2022**.

**In Warwickshire secondary schools, Year 9 pupils (aged 13 to 14) were asked about sexuality and contraception as part of the Health Needs Assessment.**

During the 2022/23 school year, respondents from Warwickshire answered:

Answer ● Yes ● No



**Tobacco is the single most important risk factor for preventing ill health, disability, and death in the UK.**

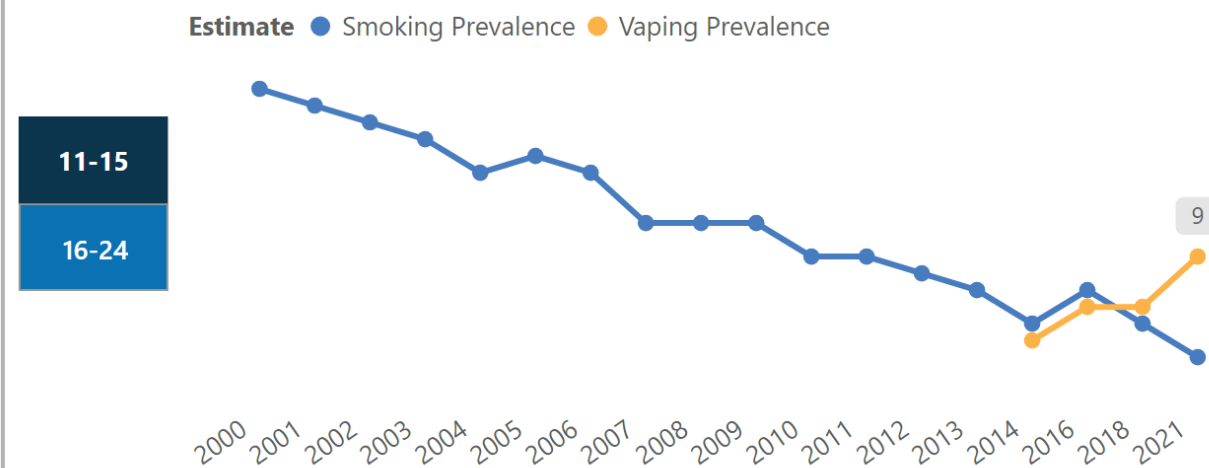
It is illegal to sell tobacco products and nicotine vaping products to anyone under 18, or for adults to buy them on behalf of under-18s. If you smoke or vape, [support is available](#)

**Don't smoke? Don't start to vape.** Vaping is not risk free. [NICE](#) recommends that vaping should be discouraged in children and young people. It is much less harmful than smoking and is an effective quitting aid for adult smokers.

Vapes are becoming more dangerous as illicit substances are being added to vapes with no regulation. Vapes should only be bought from regulated premises.

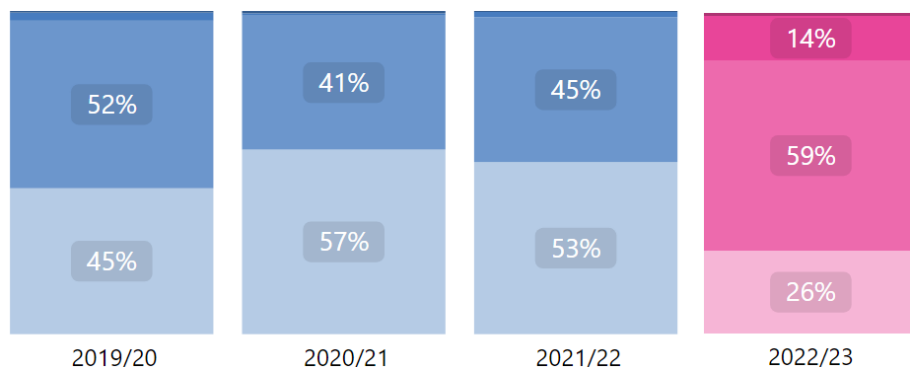
Sales of vapes has been linked to county lines drug trafficking, if an individual is in vape-related debt or being pressured into selling vapes support is available [here](#).

**National estimates of smoking prevalence have decreased sharply in both 11-15 and 16-24 age groups. Recent data shows a fast rise in e-cigarette use, particularly in females aged 16-24**

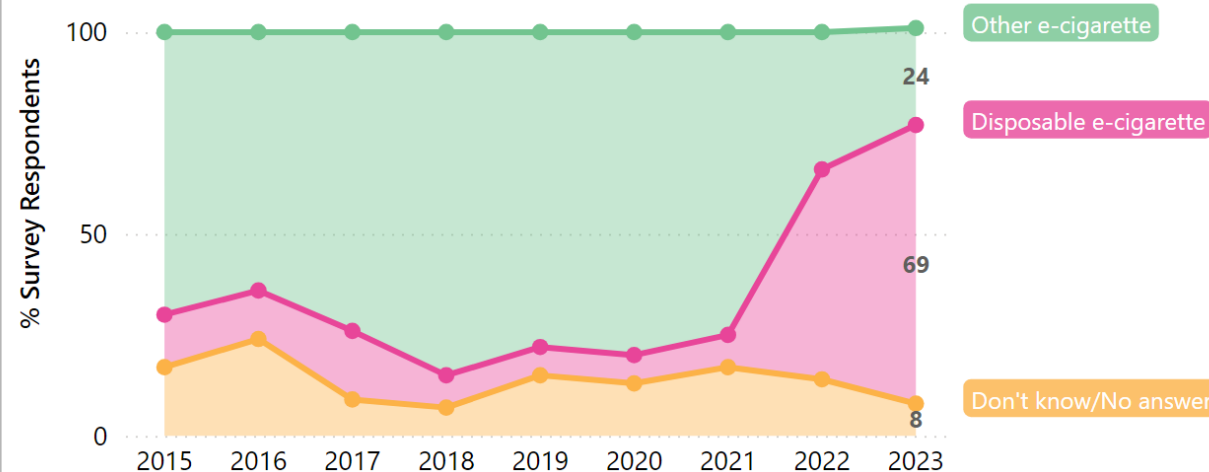


**In Warwickshire, year 9 students were asked what proportion of their class smoked cigarettes. In 2022/23, the question was updated to include e-cigarettes. With the updated question, the 'none' category shrunk from 53% to 26%.**

● None ● Some ● Most ● All



**In 2021, disposable vapes flooded the market and quickly became the preferred e-cigarette amongst an increasing group of young people aged 11-17 who vape, England**



**Teenage pregnancy is associated with poorer outcomes for young women and their children.** For mothers, there is a higher risk of poor educational attainment, social isolation and poorer mental and physical health, whilst their children are more likely to be born preterm or with low birthweight.

The Office for National Statistics (ONS) uses the following definitions:

**Conception** – a pregnancy that leads either to a maternity or an abortion.

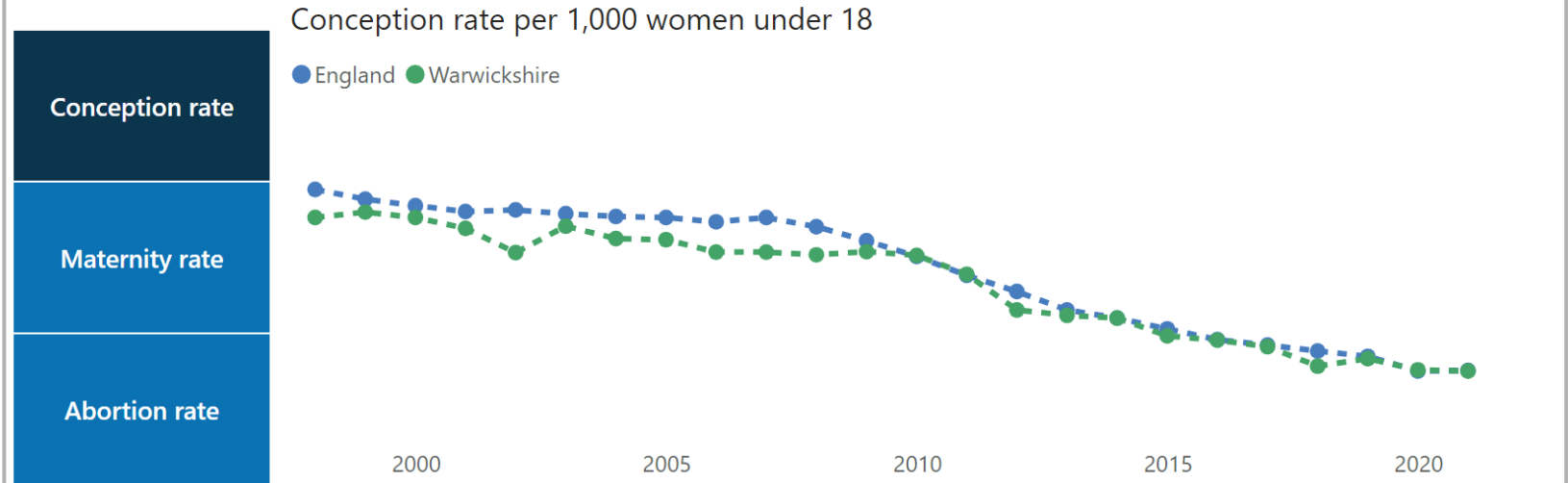
**Maternity** – refers to a pregnancy resulting in the birth of one or more live-born or stillborn children. The number of maternities represents the number of women giving birth rather than the number of babies born (live-born and stillborn).

**Abortion** - the legal termination of a pregnancy under the 1967 Abortion Act.

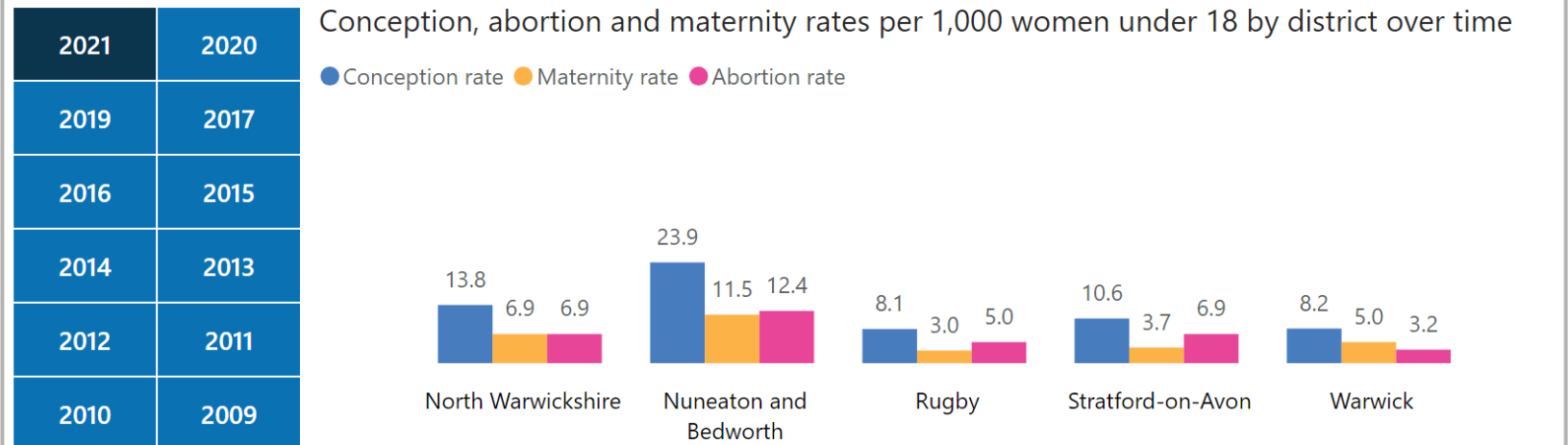
Between 1998 and 2021 there has been a 69% decrease in the under-18 conception rate which is now 13 per 1,000 females. This equates to 125 conceptions in Warwickshire in 2021.

Prompt access to abortion lowers the risk of complications. In Warwickshire, the percentage of NHS-funded abortions that were under 10 weeks was 88.2% in 2021, similar to the percentage in England of 88.6%.

**The under-18 conception rate in Warwickshire has more than halved in the last twenty years to 13 per 1,000**



**All districts have also seen a fall in under-18 conceptions, but with more fluctuation year-to-year. Districts in the North generally have higher rates than those in the South.**



# Supporting Healthy Lifestyles



Supporting healthy lifestyles such as physical activity, maintaining a healthy weight, good diet, and oral health, helps enable children and young people to maintain good health.

In England, people living in the least deprived areas live around 20 years longer in good health than people in the most deprived areas. Targeting support around healthy lifestyles in areas of deprivation can have a significant impact.

This section consists of healthy lifestyle indicators mapped across the county to understand variation and help better target areas of focus.

## Key Findings:

- Across all healthy lifestyles indicators there is variation in, and within, District and Boroughs.
- There is a difference in uptake of Health Needs Assessments (HNA) between schools, which informs our analysis. Increasing this uptake will help to improve our view of children's health.
- There are differences in the HNA between parental (reception) and child (year 6 and 9) responses in terms of themes of concern.

This page displays modelled data on four health themes. The results are generated using responses to the annual Health Needs Assessment for three of the themes and the National Child Measurement Programme for the obesity theme.

**What this page can tell you:**

- Results per JSNA area and school year where possible, that indicate the rate of flagged health behaviours or levels of obesity.
- Insights below highlight the key information per health theme.
- Darker colours on the map indicate higher % of flagged responses.

**A healthy balanced diet including daily fruit and vegetables supports healthy weight. Reducing the intake of sugar in food and drink reduces the risk of obesity and tooth decay.**

Across Warwickshire, 1 in 7 children recorded flagged responses to Nutrition questions. At JSNA level this ranged from 1 in 6 (Nuneaton Common and West JSNA) to 1 in 10 children (Kenilworth JSNA and Cubbington, Lillington and Warwick District East JSNA).

Warwick and Stratford-on-Avon Districts recorded a lower proportion of flagged nutrition responses with 1 in 9 children. Comparatively, Nuneaton & Bedworth and North Warwickshire Boroughs had a higher proportion of around 1 in 6.

Reception-aged children had around half as many flagged responses compared to Year 6 and Year 9 children. This difference may be due to parent/caregivers providing responses for reception-aged children whilst Year 6 and Year 9 students respond independently.

1) Select a health theme:

**Nutrition**

Oral Health

Activity

Obesity

2) Explore how the rate of flagged responses varies across the county

3) Filter by district to see variation within an area.

District/Borough:

Select all

North Warwickshire

Nuneaton and Bedworth

Rugby

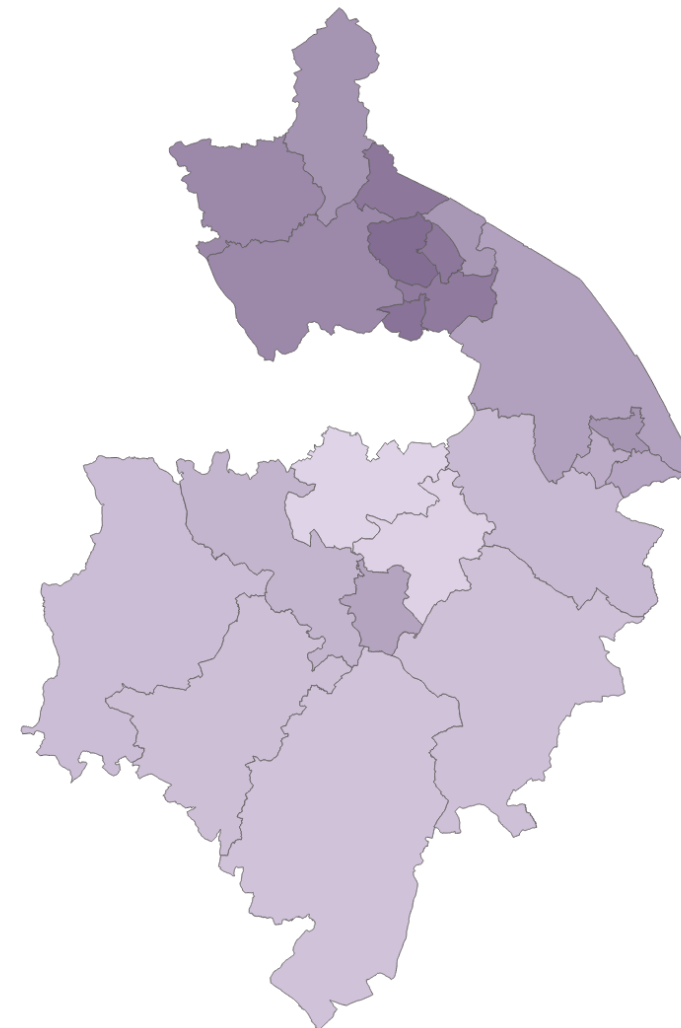
Stratford-on-Avon

Warwick

4) Explore insights and components of each indicator.

**Insight**

Methodology



# Reducing Vulnerabilities and Improving Life Chances



Vulnerable children and young people are those who are at an increased risk of experiencing negative impacts on their physical or mental health and may experience poorer outcomes due to factors in their lives. Reducing inequalities and improving the health and wellbeing of these children and young people is crucial to enable them to reach their full potential.

This section considers the size of the following populations in Warwickshire, what we know about their health, the health inequalities they may experience, and how we can support these populations locally:

- Care experienced young people
- Families at risk of homelessness
- Refugees, asylum seekers, and migrants
- Roma, gypsy, and traveller communities
- Young carers
- Young parents
- Young people working with the Youth Justice service

## Key findings:

- There is a lack of available local data and information on vulnerable populations and their health needs.
- Some children and young people in these vulnerable populations may experience health inequalities which have the potential to impact across their entire lives, not just in childhood.
- A number of specialist teams that support these vulnerable populations were identified. Working with these teams, that have established trust, and developing new links will support children and young people to reach their full potential.



Armed Forces Families

Children open to Social Care

Gypsy, Roma & Traveller

Homelessness

Refugees, Migrants and Asylum Seekers

Young Carers

Youth Justice

Young Mothers

## Children of armed forces families may reside in Warwickshire permanently or temporarily while their family members are posted to the area

They are identified in two ways:

### Service children registered in school census:

Children where at least one parent is serving in the regular armed forces and also pupils whose parent/s is serving in the armed forces of another nation and is formally stationed in England.

There are **446** children across Warwickshire as of **05/10/2023**

### Children with service pupil premium funding:

The pupil premium grant is funding to improve educational outcomes for disadvantaged pupils in state-funded schools in England. This measure includes all service children (above) but also any child who has been recorded as a service child in the last six years and those whose armed forces parent/s have died.

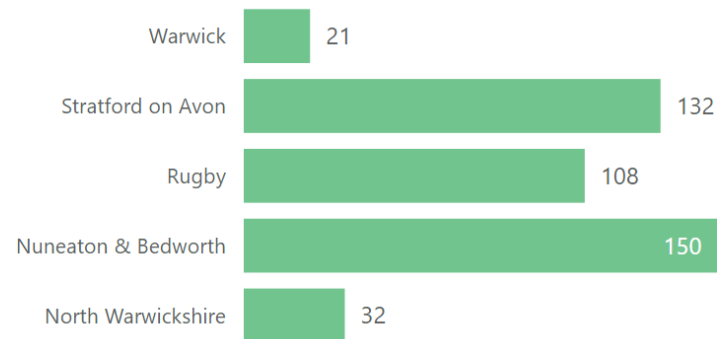
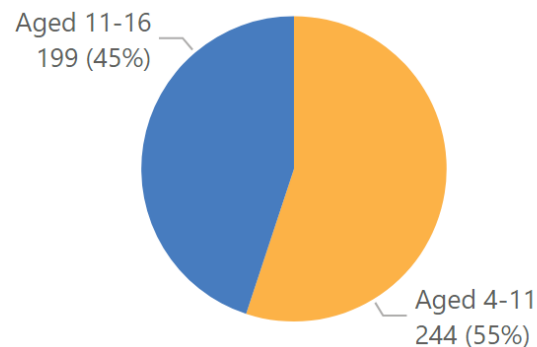
There are **530** children across Warwickshire as of **27/09/2023**

Service children registered in school census

Children with pupil premium funding

## Over 80% of armed forces children and young people live in Nuneaton & Bedworth, Stratford-on-Avon or Rugby and there are more primary school aged children than secondary

Service children registered in school census by age and area, click a segment to see the area breakdown of that group



Children and young people in military families are recognised in the Armed Forces Covenant which Warwickshire County Council signed in 2012. The Armed Forces Covenant is how society recognises the unique obligations of, and sacrifices made by, the Armed Forces and Armed Forces community and provides support to them.

### What do we know about the health of this group?

Children and young people in military families normally attend schools in the same way as non-service children. Many service children thrive, but the following health related disadvantages can arise:

- Mental wellbeing can be affected by a disrupted social experience, by losing access to support structures such as friends and teachers due to re-location, or being unable to be placed in the same new school as their siblings.
- Worry and anxiety caused by separation from a serving parent on deployment.
- Helping to care for other family members while a serving parent is deployed or injured.

### How can we support this population?

Children and young people in military families can be supported through:

- Finding out more about their experiences and how they feel they can be best supported, in and out of a school setting.
- Supporting schools in the best use of the Pupil Premium.
- The use of the [Thriving Lives toolkit](#) within schools

Armed Forces Families

Children open to Social Care

Gypsy, Roma & Traveller

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Young Carers

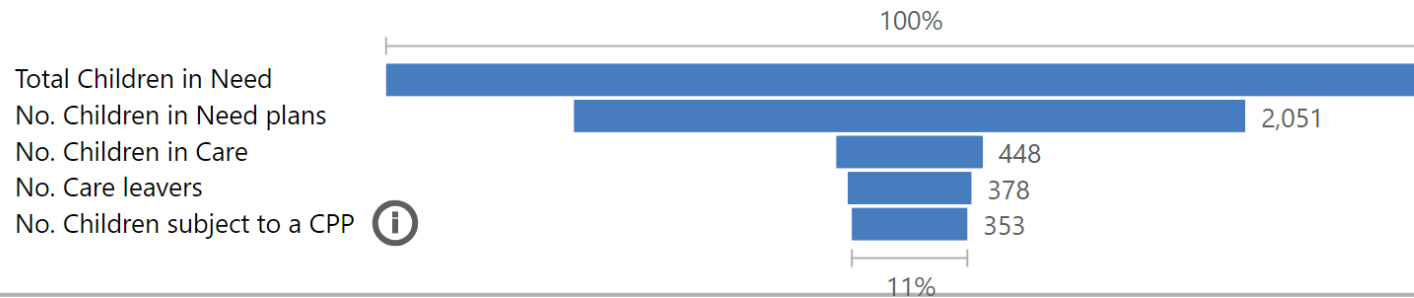
Youth Justice

Young Mothers

**Total children in need is a measure of all children open to social care, it's made up of categories such as those on 'Child in Need Plans' and those in care. This visual shows the number of children, as of 30/11/2023, within each category in Warwickshire. Filter by district to see the variation across the county.**

North Warwickshire	Nuneaton & Bedworth	Rugby
Stratford	Warwick	Warwickshire

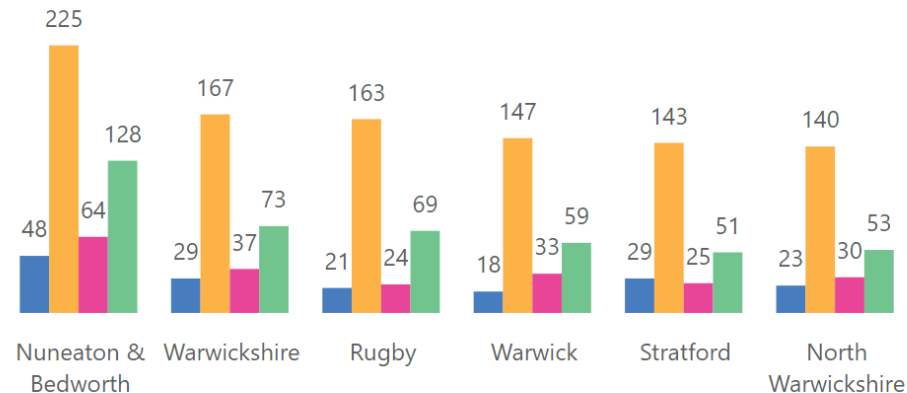
No. children (aged 0-17) and care leavers (aged 18-25)



**When these categories are expressed as rates per 10,000, Nuneaton & Bedworth is the highest across all districts and categories**

Rates per 10,000 by category and area

- Children subject to a CPP rate per 10,000...
- Children in Need plans rate per 10,000 0...
- Children in Care rate per 10,000 0-17
- Care leavers rate per 10,000 18-25



Children in Need are a legally defined group of children (under the [Children Act 1989](#)), assessed as needing help and protection as a result of risks to their development or health. Children in need include young people aged 18 or over who continue to receive care, accommodation or support from children's services, and unborn children.

### What do we know about the health of this group?

Children in care have regular reviews, including an annual health assessment. This is an opportunity to flag any health concerns, including healthy weight, eating, oral health, mental health, behaviour, and immunisations.

**In the year to March 2023, 90% of children in care had an annual health assessment, 84% had up-to-date immunisations and 80% had their teeth checked by a dentist.**

They may have issues accessing services due to potential unstable living conditions, particularly if their placement is outside of their local authority.

### How can we support this population?

Whilst care experienced children and young people have an annual health assessment, these health assessments are not currently in a form in which it can be analysed for the purposes of this JSNA.

Developing this evidence base will help to understand the specific needs of this population locally, and therefore help to plan support and interventions.

Armed Forces Families

Children open to Social Care

Gypsy, Roma & Traveller

Homelessness

Refugees, Migrants and Asylum Seekers

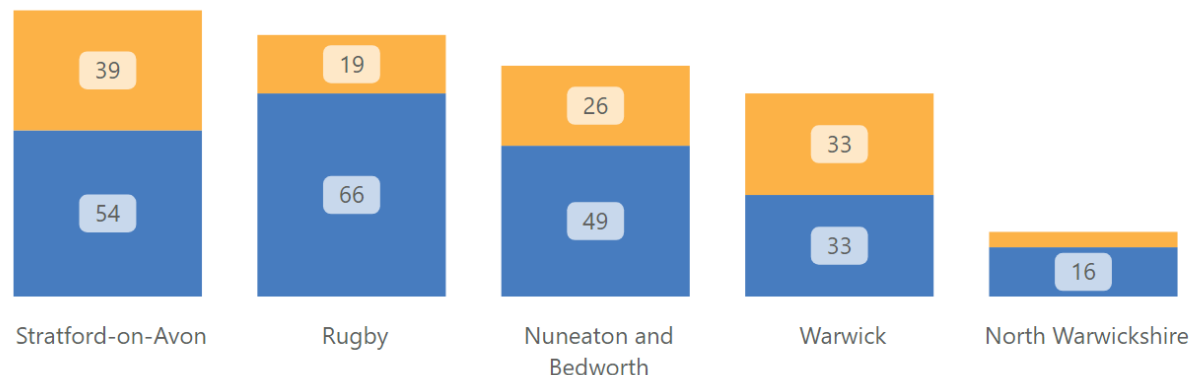
Young Carers

Youth Justice

Young Mothers

**This graph shows those reporting their ethnic group as White: Gypsy or Irish Traveller or White: Roma in the 2021 Census.**

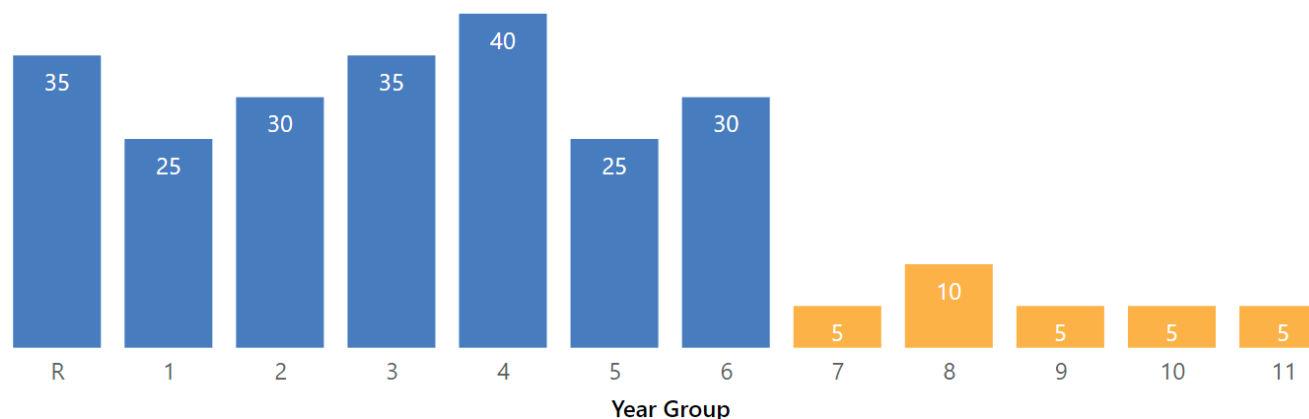
● Aged 15 years and under ● Aged 16 to 24 years



The term Gypsy, Roma, and Traveller is used to describe a range of ethnic groups who do not have fixed habitation and regularly move to and from areas. This term includes:

- Gypsies (including English Gypsies, Scottish Gypsies or Travellers, Welsh Gypsies and other Romany people).
- Irish Travellers (who have specific Irish roots)
- Groups that travel, including but not limited to New Travellers, Boaters, Bargees, and Show-people.
- Roma, understood to be more recent migrants from Central and Eastern Europe

**The number of pupils identifying as Gypsy/Roma or Traveller of Irish Origin drops off at secondary school.**



**What do we know about the health of this group?**

The data from schools and the census may not pick up the whole population. This may be due to the transient nature of the community, or prejudice may stop people declaring themselves as this community.

There is a notable drop in numbers of Gypsy, Roma, and Travellers in secondary school compared to primary. This may be due to a fear of prejudice, as

**Recommended Actions to Improve:**

To support the children and young people in this population, particularly those who are home schooled and not in contact with the education system, trust needs to continue to be built and discrimination removed. Working with professionals, such as the WCC GRT team, who already have relationships can help to build connections.

Armed Forces Families

Children open to Social Care

Gypsy, Roma & Traveller

Homelessness

Refugees, Migrants and Asylum Seekers

Young Carers

Youth Justice

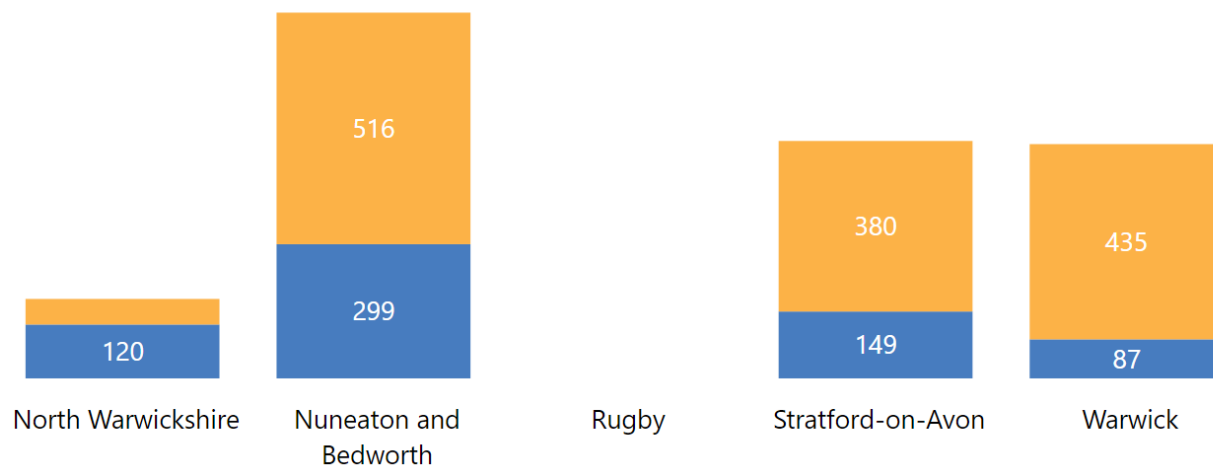
Young Mothers

Help is available for those who are homeless or threatened with homelessness in the form of duties paid by local authorities. Prevention duty is granted when an applicant is likely to become homeless within 56 days and requires a local authority to help prevent them from becoming homeless. Relief duty is granted when an applicant has become homeless and requires action from the local authority to help to secure accommodation.

The chart below shows the number of households containing children that were eligible for each duty in the **2022/23 financial year**. Please note that a single household may be granted multiple duties within the same financial year.

**There are greater numbers of households containing children receiving support for being homeless or threatened with homelessness in Nuneaton and Bedworth than the other Boroughs though there is a significant number across all boroughs. Rugby data is currently unavailable.**

● Households owed a prevention duty ● Households owed a relief duty



While it is possible to see all children (aged 17 and under) in households claiming duties, there is only a partial picture for those in the 18 - 25 age range. There were just over 200 duties owed where one member of the household was a young person aged 18 - 25 who required support to manage independently.

**What do we know about the health of this group?**

**Recommended Actions to Improve:**

Armed Forces Families

Children open to Social Care

Gypsy, Roma & Traveller

Homelessness

Refugees, Migrants and Asylum Seekers

Young Carers

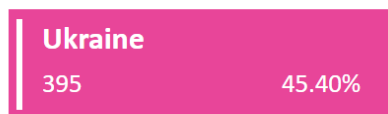
Youth Justice

Young Mothers

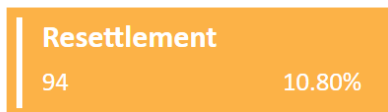
**Refugees, migrants and asylum seeking young people can be housed in Warwickshire by the following schemes. There are an estimated 870 across Warwickshire as of 01/04/2024.**



An asylum-seeker is a person who is seeking international protection and has applied for refugee status, but whose claim has not yet been determined.



Those who have arrived via the Homes for Ukraine scheme but does not take into account those who have left or arrived via a different scheme such as the family scheme.

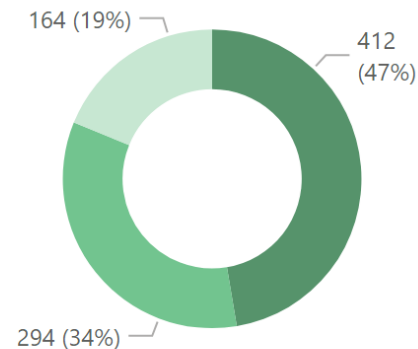


The voluntary transfer of recognised refugees from the country they were granted asylum in. This is primarily from the Afghanistan resettlement scheme.



The Hong Kong UK Welcome programme provides British National (Overseas) status holders and their eligible dependents opportunity to live, study and work in the UK.

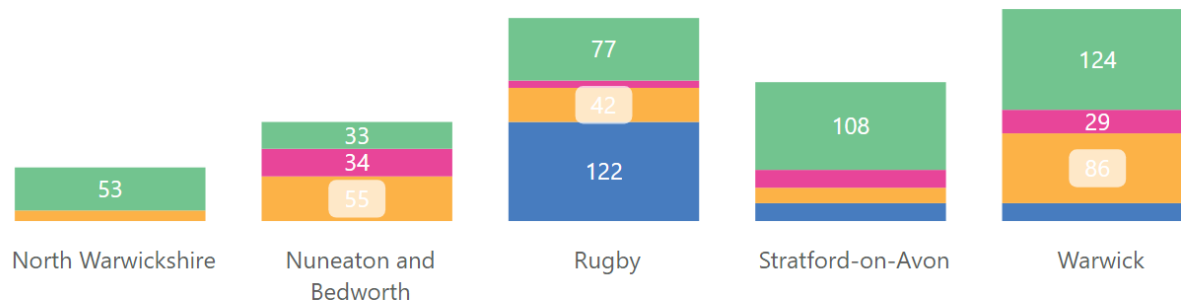
Age ● 6-11 ● 12-17 ● 18-23



**Young people settled under the asylum and Ukrainian scheme are primarily in Rugby and the south of the county. Those in the HK BNO scheme are mostly in Warwick and Nuneaton & Bedworth, those without a location have been added to North Warwickshire for suppression**

Number of children and young people aged 6-25 by scheme and district

● Asylum ● Hong Kong (British National Overseas) ● Resettlement ● Ukraine



The schemes outlined on this page may have young people that fall into one or more of the following categories:

- **Refugees** are those who have fled their country due to conflict or persecution.
- **Asylum seekers** have also fled their country due to conflict or persecution but have not yet received a decision on their claim which would then make them a refugee.
- **Migrants** may have left their country for a variety of reasons, which may include danger to themselves, but do not classify as a refugee or asylum seeker.

**What do we know about the health of this group?**

The physical and mental health of refugees, migrants, and asylum seekers may deteriorate due to their experiences in their originating countries, travelling, and their experience once in the UK. This can include exposure to infectious diseases, increased stress and isolation, and a lack of access to health support and services.

Their health may vary depending on their circumstances; those in hotels or without a set address may experience a deterioration in their health.

Some Ukrainian migrants have travelled home to receive healthcare due to barriers experienced.

**Recommended Actions to Improve:**

There is a lack of local data and evidence on the refugee, migrant, and asylum seeker population within Warwickshire. Developing this evidence base will help to understand the specific needs of this population locally, and therefore help to plan support and interventions.

Armed Forces Families

Children open to Social Care

Gypsy, Roma & Traveller

Homelessness

Refugees, Migrants and Asylum Seekers

**Young Carers**

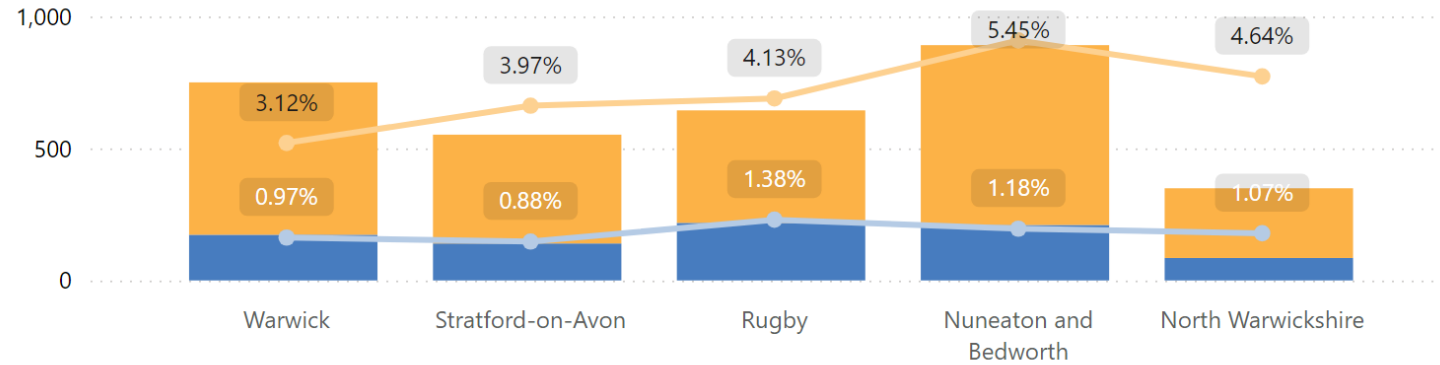
Youth Justice

Young Mothers

**This visual shows the numbers and rates of young people stating they provide some care per week. More 16-24 year olds provide care than those aged 5-15. Nuneaton and Bedworth has the highest number and rate of carers.**

No. carers and crude carer rate by district and age band

Age ● Aged 5 to 15 years ● Aged 16 to 24 years ● 5-15 Carer rate ● 16-24 Carer rate



Young carers are children and young people aged 25 and under who provide care for a family member or friend who would not be able to cope without their support. This may be due to illness, disability, a mental health problem, or an addiction. According to the latest Census, there are approximately 3,186 young carers in Warwickshire.

### What do we know about the health of this group?

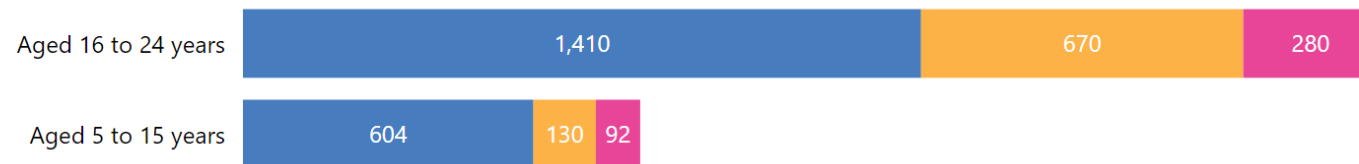
Those providing care have extra responsibility that may cause them day-to-day stress and leave them less time to look after themselves. This can impact both their mental and physical health.

Warwickshire Young Carers is commissioned by WCC. It seeks to register young carers and offer ad-hoc support and group sessions. They currently have **780** young carers registered of the **3,186** estimated from the census.

**90% of Warwickshire children & young people provide no unpaid care, but of those who do, the majority of those aged 5-15 provides up to 19 hours a week and those 16-24 up to 50 hours.**

No. carer by age band and hours of unpaid care a week

No. hours unpaid care a week ● <19 ● 20-49 ● 50+



### How can we support this population?:

By raising awareness of, and encouraging young carers to register with, the Warwickshire Young Carers service, young carers can get information and support to help them in their caring roles and enable them to fulfil their own needs as an individual.

Additionally, collecting more data on young carers will help us to identify how they are most impacted and where targeted work is best focused.

Armed Forces Families

Children open to Social Care

Gypsy, Roma &amp; Traveller

Homelessness

Refugees, Migrants and Asylum Seekers

Young Carers

**Youth Justice**

Young Mothers

**The age of criminal responsibility in England begins at ten years old and young people are considered adults in the legal system when they turn eighteen.**

**The youth justice system therefore covers those aged 10-17, whether they are:**

- An offender
- A victim
- A witness

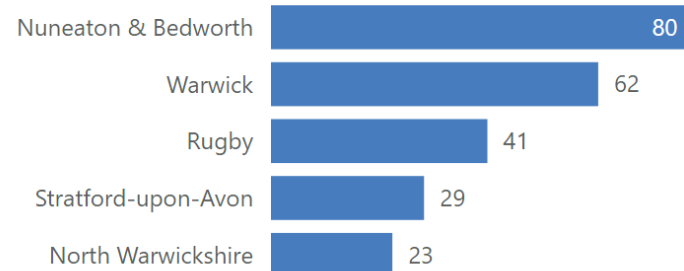
**There are two principles that underpin the youth justice system:**

- The court shall have regard to the welfare of children and young people involved
- Preventing further offending

Young people are generally sentenced in the Youth Court and the service is overseen nationally by the Youth Justice Board for England and Wales, and delivered locally by the Warwickshire Youth Justice Team.

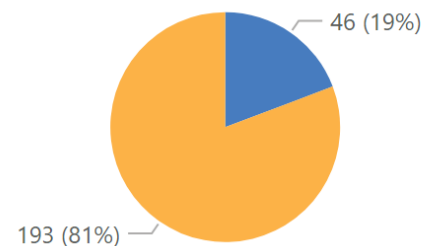
**There are 239 children and young people (10-17) that were active at any point in the youth justice system in 2022/23. This includes those on bail, voluntary participation and preventative programmes. This 239 is broken down by area and gender below, some categories have been suppressed.**

CYP receiving youth justice intervention by area



CYP receiving youth justice intervention by gender

Category ● Female ● Male



The youth justice system works with children and young people who offend to support them to make sure their offence does not define them, and try to ensure they still have good life chances.

**What do we know about the health of this group?**

Children and young people who offend may have complex vulnerabilities that have contributed to them offending, such as early childhood trauma and neglect, school exclusion, poor mental health, and growing up in relative deprivation.

Each offender has a comprehensive assessment that asks about their physical and mental health. In addition, it asks about risky behaviours like alcohol and drug consumption and access to other services.

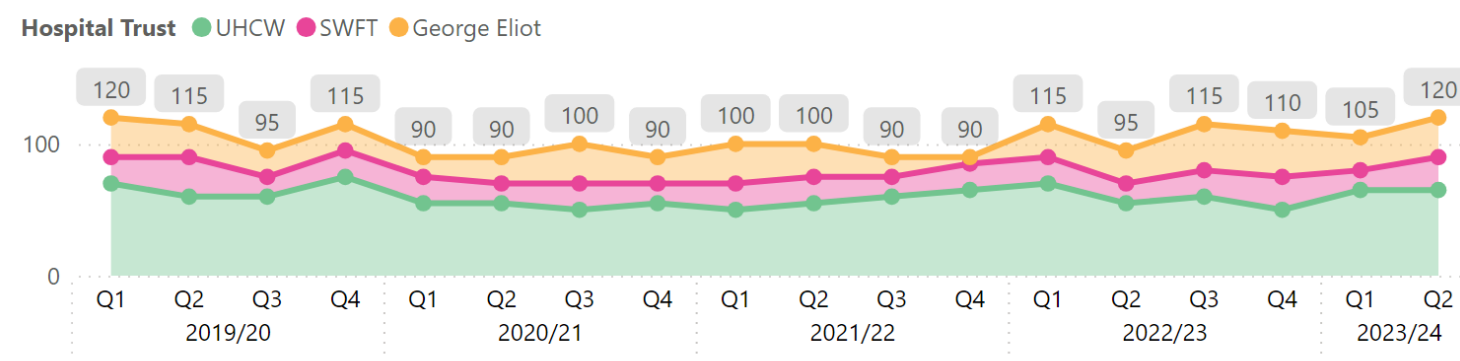
**How can we support this population?**

Young people open to youth justice have regular, trusted contact with professionals in the youth justice team. Colleagues working to support physical health should link in with these professionals as a trusted point of contact for these young people to best deliver physical health support.

- Armed Forces Families
- Children open to Social Care
- Gypsy, Roma & Traveller
- Homelessness
- Refugees, Migrants and Asylum Seekers
- Young Carers
- Youth Justice
- Young Mothers

**The number of mothers aged under 20 seen by the local maternity and neonatal service (LMNS) dropped slightly in the pandemic years but has since recovered. University Hospital Coventry & Warwickshire see more than South Warwickshire University Foundation Trust and George Eliot combined but this includes Coventry patients.**

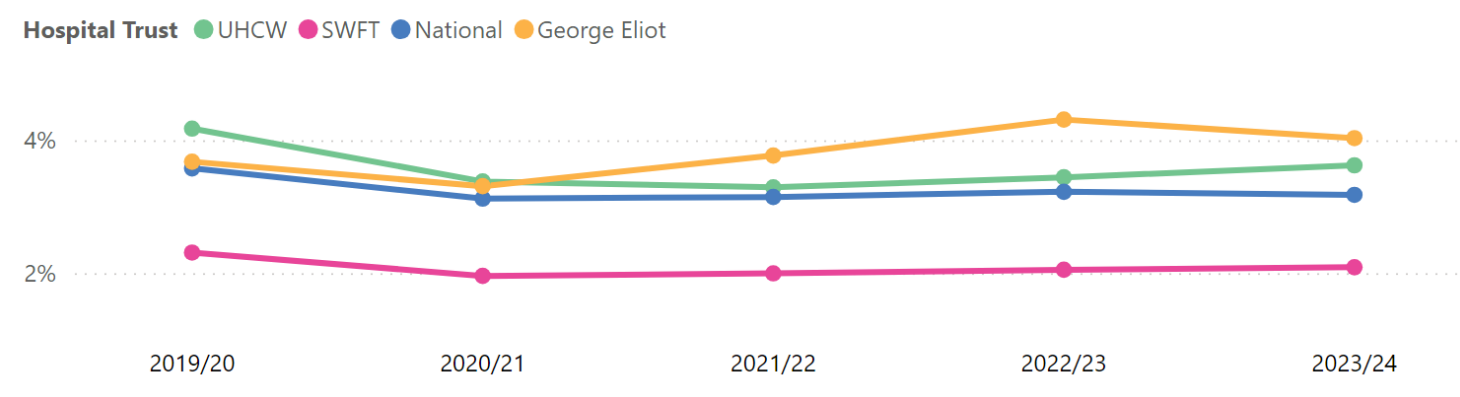
No. mothers under 20 seen by the local maternity and neonatal service (LMNS) by trust. Not exclusive to Warwickshire residents



Being a young parent is associated with poorer outcomes for both the parents and their children. For the parents, there is a higher risk of poor educational attainment, social isolation and poorer mental and physical health, while their children are more likely to be born preterm or with low birthweight.

**There is a larger share of young mothers, as a proportion of all patients, at George Eliot Hospital Trust. South Warwickshire University Foundation Trust has the lowest proportion.**

% maternity patients who were under 20 at time of appointment by trust over time



**What do we know about the health of this group?**

Having a child at a young age can make it harder to re-engage with education and employment, as well as decreasing the amount of social contact and therefore increasing social isolation and loneliness.

These circumstances can impact a young families finances, carer development, and housing. This can then lead to poorer physical and mental health outcomes than their peers.

**How can we support this population?**

Young parents perception of judgement can be high and make them reluctant to engage with support and services.

How to engage with young parents therefore needs to be considered to ensure they are being welcomed in, thinking about language and ensuring the service is client centred.



Select a group below to see day-to-day issues this community face and the short to long-term health impacts these may contribute to:



- Armed Forces Families
- Care experienced young people
- Families at risk of homelessness
- Gypsy, Roma, and Traveller communities
- Refugees, asylum seekers, and migrants
- Young carers
- Young parents
- Young people open to youth justice

## Armed Forces Families may:

### Move more frequently

Military families may be redeployed or moved, requiring moving house and/or school.

### Have increased parental separation

Children in military families may experience extended and repeated periods of parental separation due to deployment.

### Get sudden caring responsibilities

A child may need to care for a serving family member who has an injury or a physical and/or mental condition.

## Which in childhood can contribute to:

### Anxiety and Stress

Children in military families may experience high levels of anxiety and stress due to regularly moving home and school.

### Having issues accessing services

The continuity of care and health records may be disrupted due to regularly moving home and school.

### Hyperactivity

Military fathers with probable PTSD has been associated with child hyperactivity in boys and those under 11 years of age.

### Feeling Lonely

78% of surveyed military children felt lonely or isolated due to a posting move.

## Which in adulthood can potentially lead to:

### Difficulty forming attachments to others

Someone who has experienced childhood instability in their relationships may struggle with relationships with others as an adult.

### Increased low self-esteem, anxiety, and de...

Patterns established in childhood can continue into adulthood and become a feature of their lives.

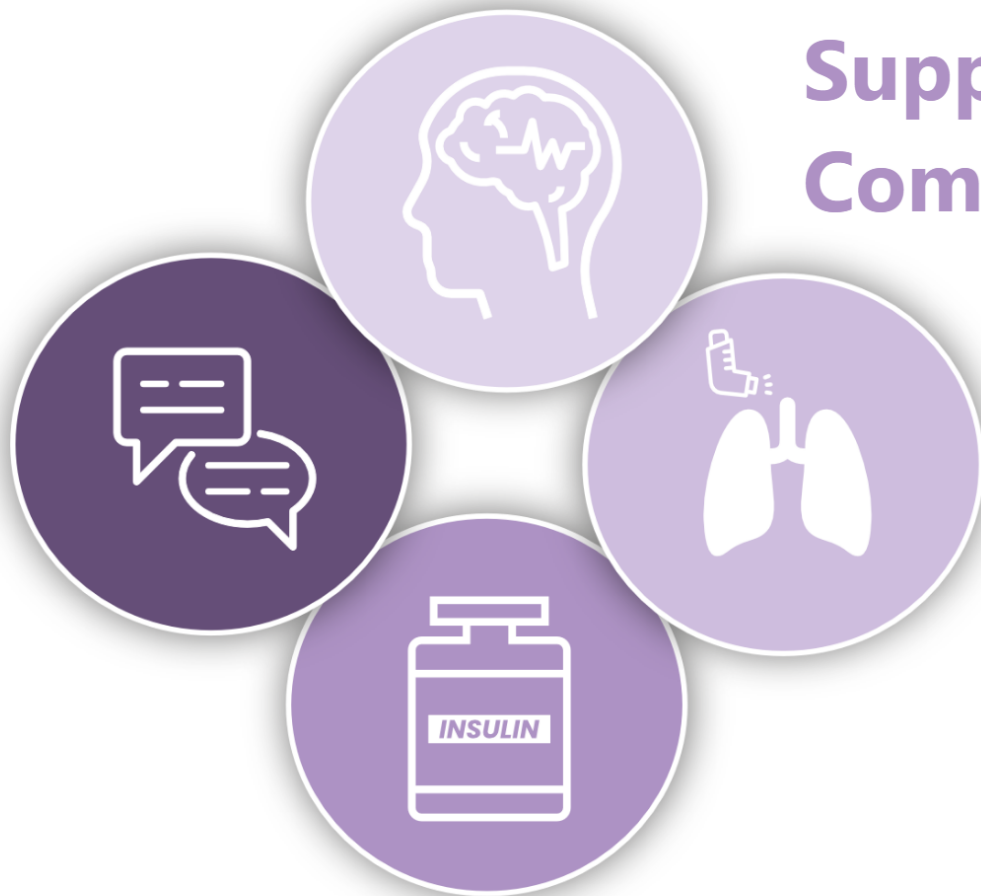
### Poor coping skills

Not all children from military families develop resilience and an ability to cope with adverse experiences which can impact adulthood.

### Undiagnosed health issues

Due to re-location, assessments or diagnosis may not be completed, leading to entering adulthood with an undiagnosed health issue.

# Supporting Additional and Complex Health Needs



Children with additional or complex health needs may need extra support to achieve their full potential, engage with learning, and maintain their health and wellbeing. Educational attainment may be affected by medical appointments, hospitalisation, or a lack of support to promote their attendance including support or medication during the school day to ensure they stay well.

The Core20PLUS5 for children and young people identify three long term conditions as part of its five clinical areas of focus; asthma, diabetes, and epilepsy. This section will consider each of those conditions, as well as those with a speech, language, and communication need (SLCN).

## Key findings:

- Since COVID-19 there has been an increase in the levels of identified SLCN.
- There is a sharp drop in the number of pupils receiving SLCN support between primary and secondary school.
- There is currently a lack of local data on children and young people with an asthma diagnosis or an asthma care plan.
- There is variation across the county with the provision of technology for children and young people that can help monitor diabetes.

Around 1 in 11 children and young people live with asthma, this equates to over 12,000 between the ages of 6-25 in Warwickshire. Some evidence points to asthma prevalence being higher in areas of deprivation but there is a consensus that outcomes, for example hospital admissions, are worse for children living in more deprived areas.

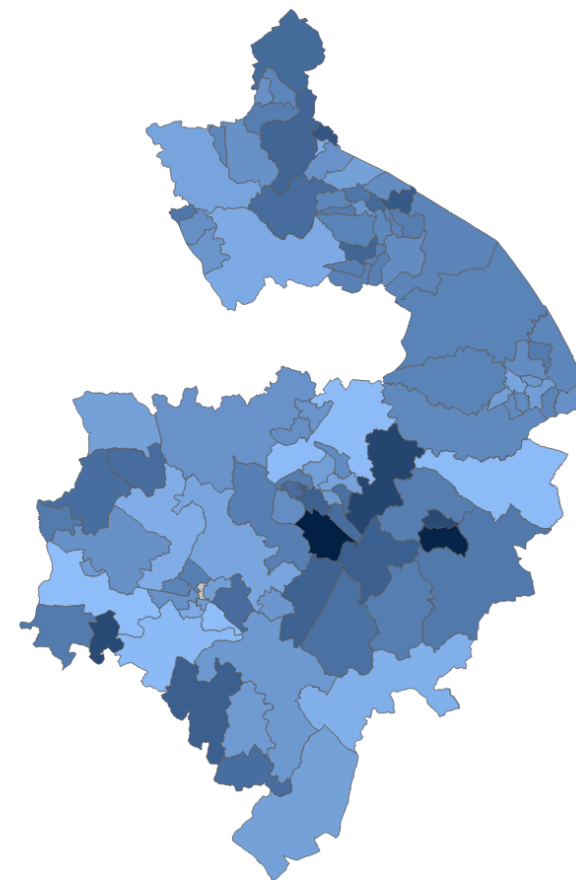
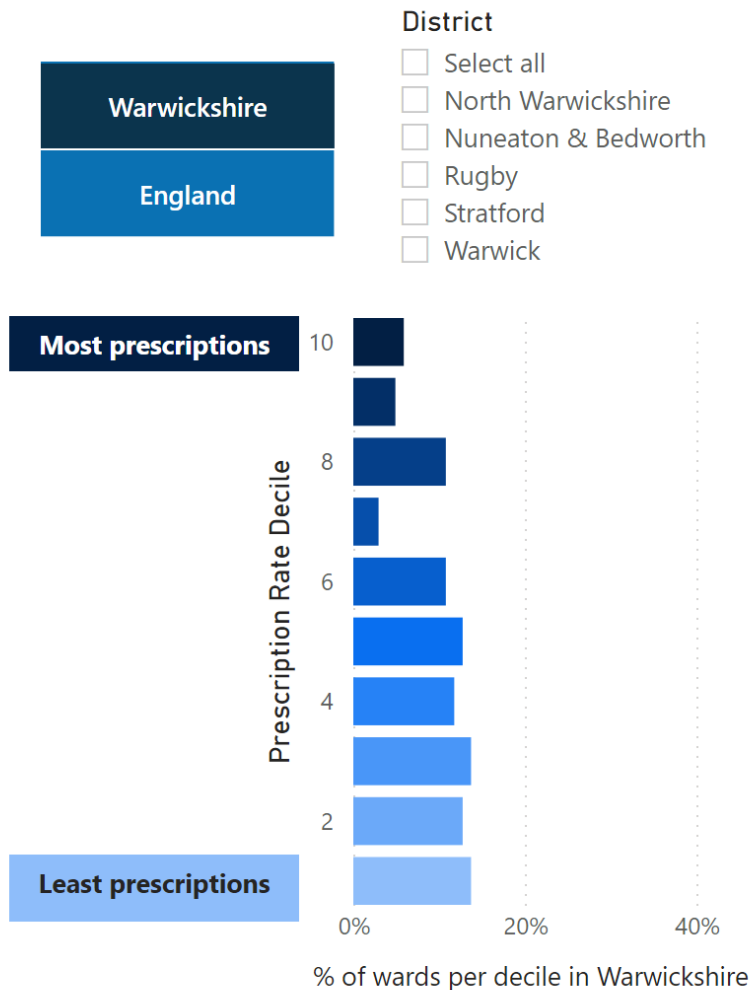
Children and young people with asthma can have symptoms that interfere with their daily lives including school, sports, social life, and sleep. It is therefore important that their asthma condition and symptoms are appropriately managed to maximise their quality of life.

There is currently no good data locally on how many children are diagnosed with asthma or how many children have asthma care plans.

This JSNA has therefore used data from NHS Business Services Authority showing children aged 0-17 prescribed with an asthma-related medication as a proxy indicator. This does not show asthma prevalence, but is instead an indicator of demand for asthma medicines.

These visuals show the proportion of children aged 0-17 who have received at least one NHS prescription for a product typically prescribed in the treatment of Asthma in 2022/23.

There are **2** wards in Warwickshire with prescribing rates for asthma medication (0-17) in the 99th percentile of England



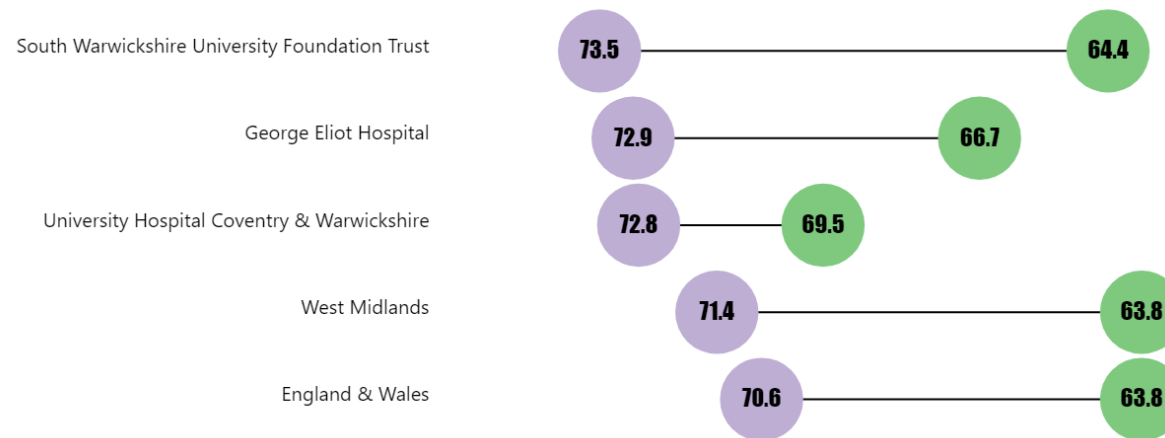
Children with diabetes need to pay close attention to their blood glucose and aim to keep it as low as possible.

To monitor this, clinical teams measure HbA1c values which reflect average blood glucose levels over a longer period of time. These values are then adjusted to account for certain characteristics to allow comparison between areas.

They can better manage their condition when they have access to technology such as blood glucose monitors and insulin pumps.

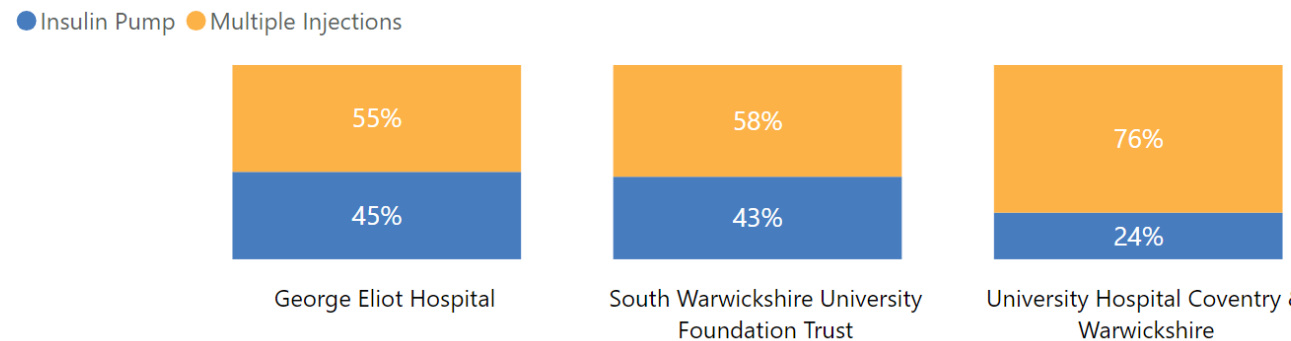
Both reduce invasive procedures: a monitor by connecting to a smart phone app replacing the need for finger prick tests, and insulin pumps detect when blood sugar is high and release insulin directly, reducing need for injections.

**Mean adjusted HbA1c has dropped for all areas from 2014/15 to 2021/22, which is positive.**



**However, there is variation in % of children within recommended range for HbA1c (<56mmol) across the county from 38 % in South Warwickshire to 26 % in the North and Rugby.**

**Access to insulin pumps is higher for diabetes patients at George Eliot Hospital and SWFT than at UHCW**



**Access to blood glucose monitors varies across the county from 91 % at SWFT, 81 % at George Eliot and 68 % at UHCW.**

Epilepsy is a complex condition that has the potential to impact on many aspects of a child or young person's life, including their education, emotions, behaviour, and social interactions. It is therefore important to plan appropriate support and condition management to help these children and young people reach their full potential.

**Children and young people in the most deprived areas of England are more likely to have epilepsy and twice as likely to have an emergency epilepsy admission than those in the least deprived areas.**

Each child will have a unique experience of how their epilepsy impacts them and the effect it has on their lives. However overall, children and young people with epilepsy are at an increased risk of learning and behavioural difficulties compared to children and young people without epilepsy.

**Epilepsy can develop at any age, but it's more common in older children as they have had more time for the condition to develop and be diagnosed. Explore the estimated epilepsy population below:**

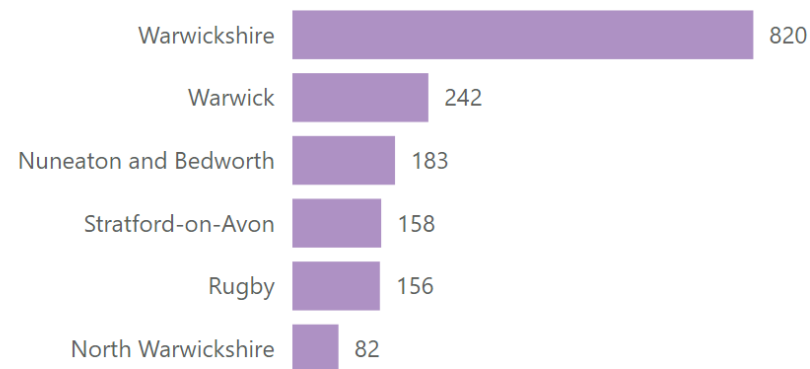
**1 in 333** children aged 5-9 have epilepsy.  
In Warwickshire, that's approximately **104**

**1 in 200** children aged 10-14 have epilepsy.  
In Warwickshire, that's approximately **180**

**1 in 133** young people aged 15-19 have epilepsy.  
In Warwickshire, that's approximately **248**

**1 in 111** young people aged 20-24 have epilepsy.  
In Warwickshire, that's approximately **289**

Select an area:



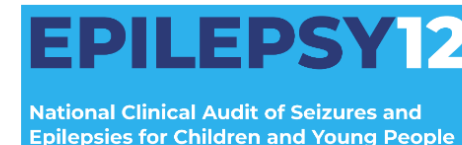
Estimated no. CYP aged 5-24 with epilepsy

**The NHS national bundle of care for children and young people with epilepsy recommends that trusts track diagnosis and treatment and submit results to the Epilepsy12 clinical audit, administered by the Royal College of Paediatrics and Child Health**

Since its inception, SWFT and UHCW have consistently submitted to the audit. CWPT and GEH made their first submission in 2022, however the data is incomplete.

Warwickshire NHS trusts by year and whether they submitted to the audit

NHS Trust	2019	2020	2021	2022
Coventry & Warwickshire Partnership Trust	No	No	No	Yes
George Eliot Hospital	No	No	No	Yes
South Warwickshire University Foundation Trust	Yes	Yes	Yes	Yes
University Hospitals Coventry & Warwickshire	Yes	Yes	Yes	Yes



**Speech, language, and communication needs (SLCN)** is the term given to describe a range of needs related to difficulties with aspects of communication. Children and young people with SLCN require appropriate support so that they can reach their full potential.

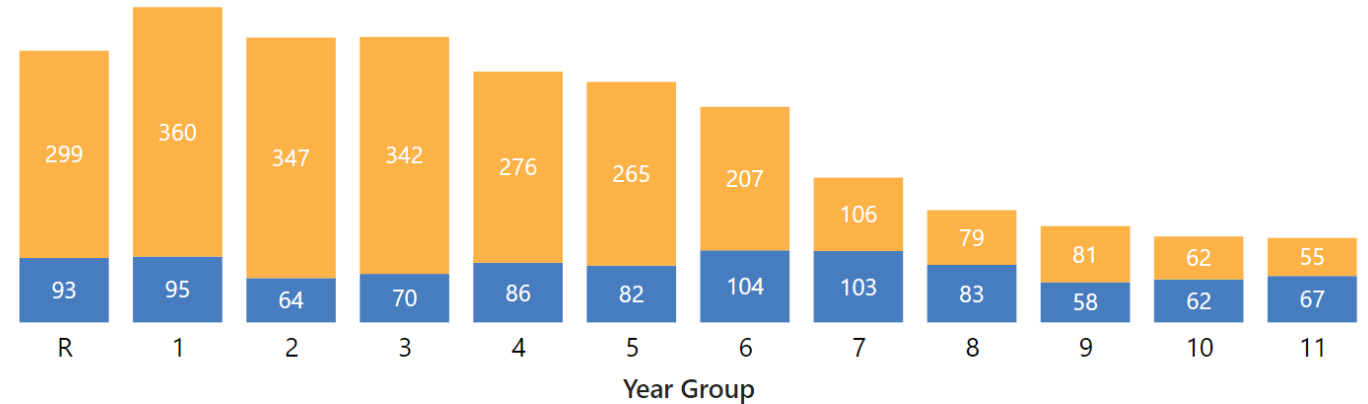
A drop is seen between Year 6 and 7 in those registered with SLCN, likely due to a drop in SLCN support, a re-evaluation of need, and a difference in how primary and secondary schools categorise these needs. Children can be registered with SLCN either receiving SEN support or an EHCP. If a child has an EHCP they can access the SWFT SLCN service.

When moving to secondary school some children may no longer be registered with a special educational need whilst the category of need for others may be changed from SLCN to other learning difficulties. It should be noted that, without an EHCP, children in year 6 are discharged from the SWFT SLCN service when they move to year 7 and that secondary schools generally regard SLCN as a primary school age problem.

Since COVID-19 there has been a rise in the levels of identified SLCN from **4.4% in 2019** to **5.8% in 2023** for **primary school** pupils and **1.7% to 2.2% in 2023** for **secondary school** pupils. This could be due to the reduced social interaction and changes in the approach to education experienced during the pandemic.

**The number of pupils receiving support for SLCN decreases from Year 1 to Year 11, with the sharpest drop at the transition from primary to secondary school.**

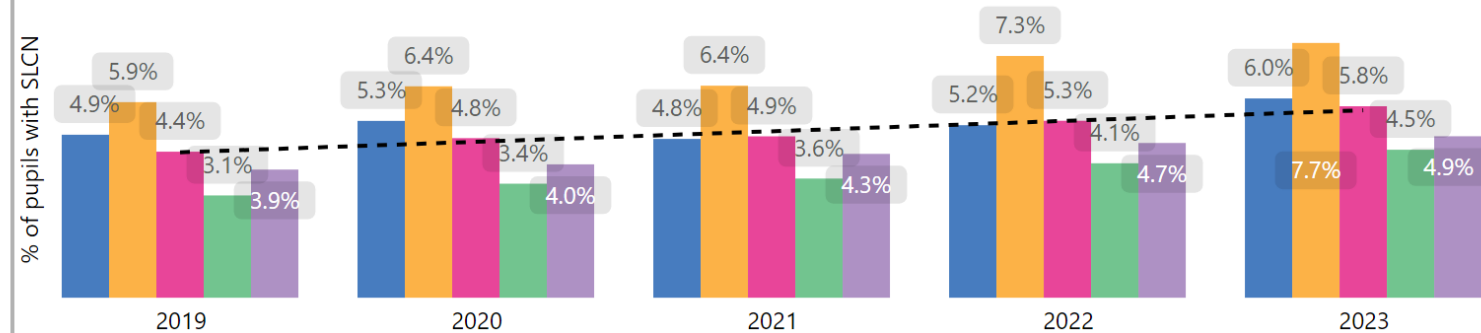
SEN Status ● EHCP ● SEN Support



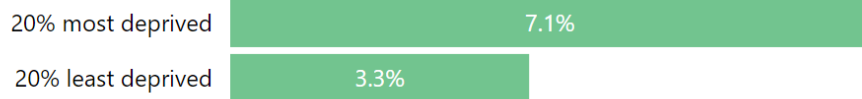
**Levels of identified SLCN have been increasing in recent years, especially in Nuneaton and Bedworth.**

School Phase:  
Primary
Secondary

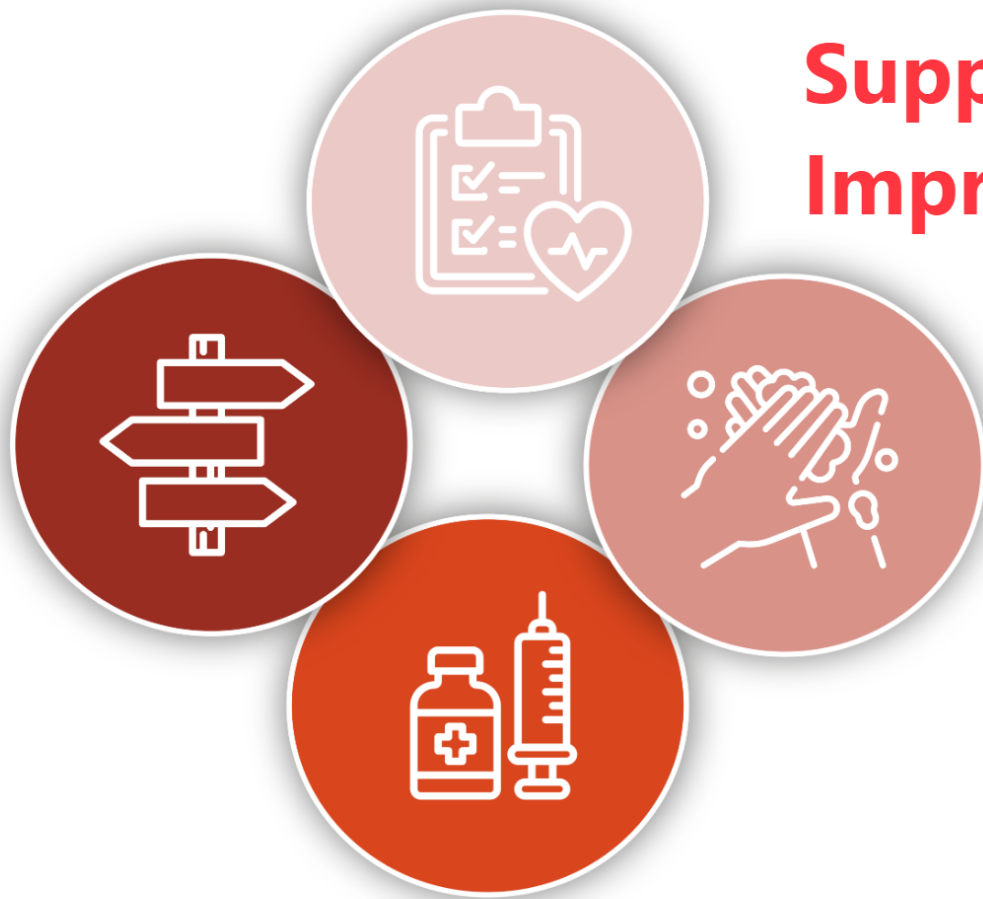
● North Warwickshire ● Nuneaton and Bedworth ● Rugby ● Stratford-on-Avon ● Warwick



**More deprived areas of Warwickshire have higher incidence of speech, language and communication needs**



# Supporting Self Care and Improving Health Literacy



Ensuring children and young people are informed about their physical and mental health, are confident in accessing health services, and are able to make informed decisions for themselves is crucial as part of their development to adulthood. Health literacy is vital for young people as they increase their independence and become less reliant on parents and carers. Helping them to build knowledge and skills about their health and wellbeing provides them with skills for life and empowers them to make decisions about their own health.

This section considers a range of self care areas that can impact a child or young persons health and wellbeing, immunisations that protect a child in their development, as well as showing how school absences and transitions can impact on a child or young person.

## Key findings:

- There is variation in year groups and District and Boroughs across all self care measures.
- The pre-school booster and MMR vaccine coverage rates are both below the target of 95% coverage.
- There has been an increase in school absences. Part of this may be the impact of the pandemic, however rates of absences have not decreased following the end of COVID-19 restrictions.
- Transition points can be challenging for children and young people, particularly for those with a long-term condition or for vulnerable communities.

A dentist can help prevent oral health problems at an early stage and advise on how to prevent tooth decay. Poor oral health can cause pain and disruption to children and their families and impacts on eating, sleeping, concentration at school, and overall wellbeing.

NHS dental care is free for children. Children should be taken to the dentist when their first milk teeth appear so they can get to know their dentist and get use to the environment.

The data presented on this page is sourced from HNA and is 3-year combined data from 2020 to 2023. In Rugby secondary schools, this is limited to just two schools and one year of data - 2022/23.

**We have analysed responses to Health Needs Assessment questions that relate to self-care. Answers were flagged if they indicated poor health behaviour such as not visiting a dentist or not getting enough sleep.**

Select a theme and see how the value has been calculated and how it varies across school phases and areas:

<b>Dentist</b>	<b>General Wellness</b>	<b>Happiness</b>	<b>Hearing</b>
<b>Sleep</b>	<b>Sun Protection</b>	<b>Vision</b>	

Respondents were asked whether they/their child had visited the dentist in the last year with "No" being a flagged answer for Reception/Year 9 and "No" or "Don't know" for Year 6

### JSNA results for 'Dentist' theme:

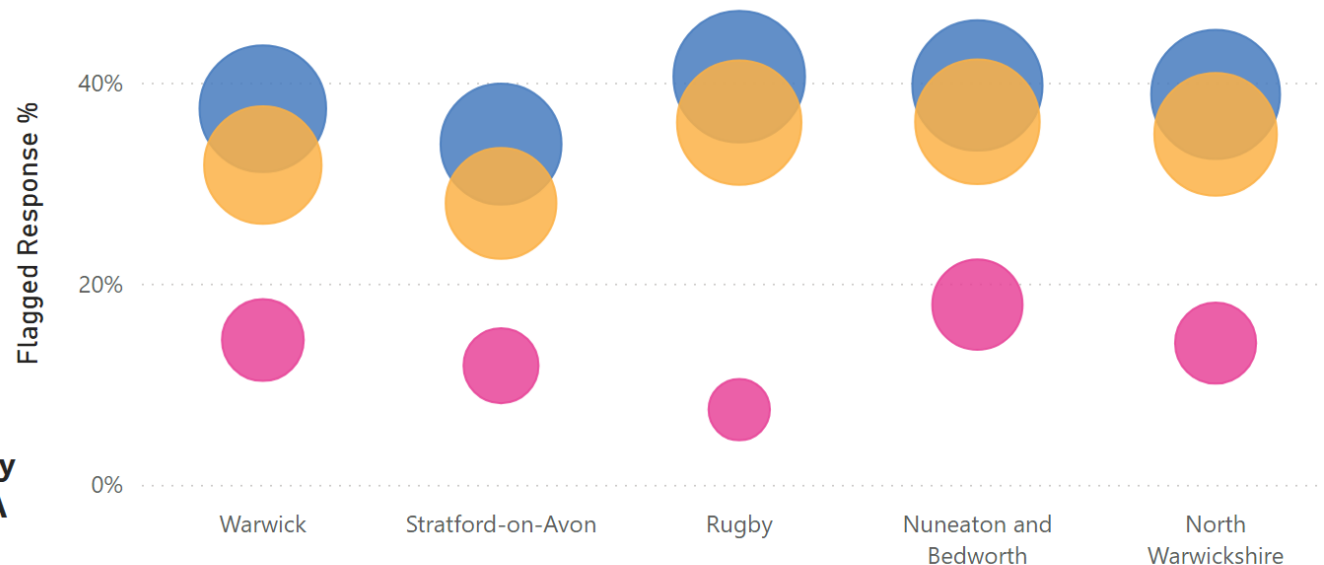
The Warwickshire '% flagged' is **30%** for comparison

District and JSNA	Flagged Response % (aged 5-13 combined)
<b>North Warwickshire</b>	
Atherstone and Hartshill	29%
Coleshill and Arley	28%
Kingsbury	32%
Polesworth	28%
<b>Nuneaton and Bedworth</b>	
Bedworth Central and Bulkington	29%
Bedworth West	28%
Nuneaton Central	31%
Nuneaton Common and West	34%
Weddington, Horestone Grange and	24%



**See how results vary across smaller JSNA geographies**

School Phase ● Reception ● Year 6 ● Year 9





Children in Warwickshire should receive two vaccines from the age of 3 years and 4 months, the 4-in-1 pre-school booster and a second dose of the MMR vaccine.

The **4-in-1 pre-school booster** helps protect children against 4 serious illnesses: diphtheria, poli, tetanus and whooping cough. Children would have received previous vaccines against these diseases at under a year old.

The **MMR vaccine** gives protection against measles, mumps and rubella. The second dose is important for long-term protection.

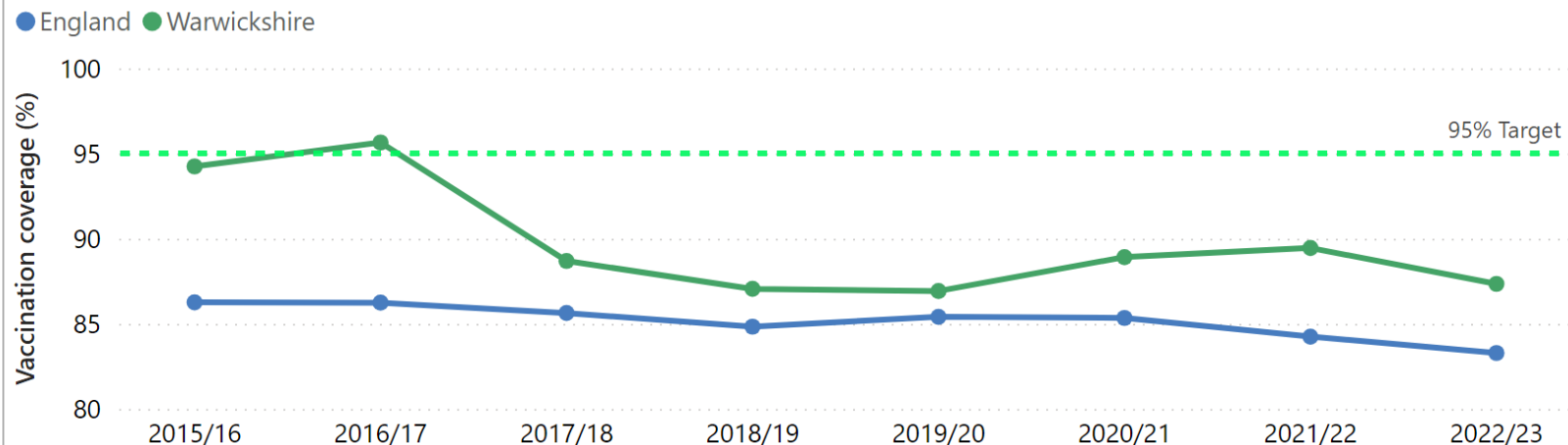
### Why is there a 95% target for vaccination?

The World Health Organisation (WHO) recommends that at least 95% of children are immunised against vaccine-preventable diseases. Wide coverage against these diseases helps benefit the whole community through "herd immunity". If enough people are vaccinated, it's harder for the disease to spread to those people who cannot have vaccines, such as those with a weakened immune system, or those who didn't receive vaccines as children.

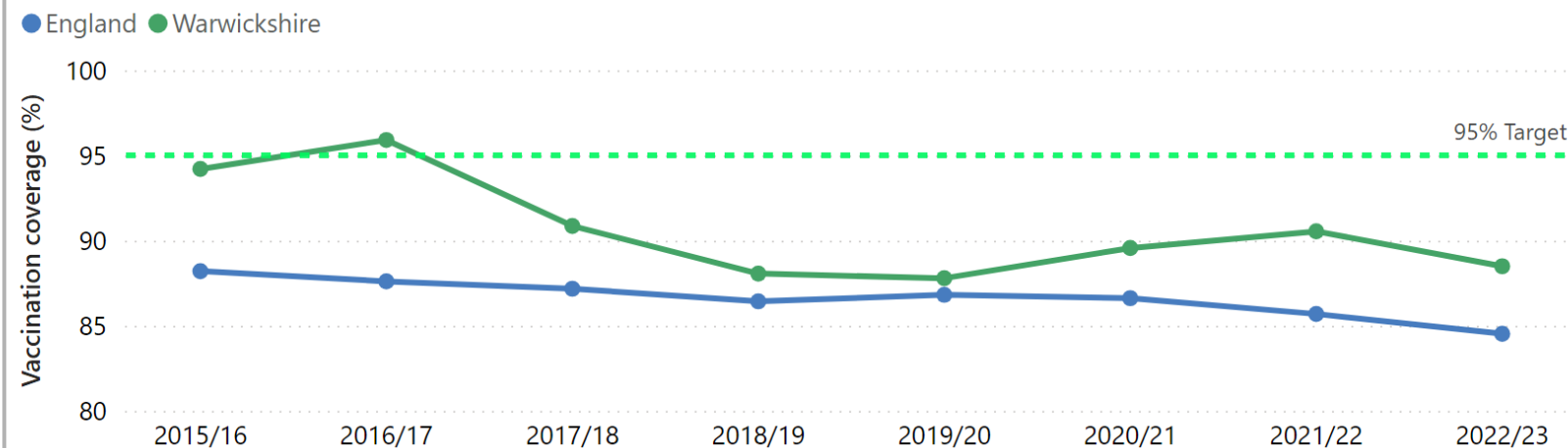
Increased rates of measles cases have been seen recently, and one of the reasons is low rates of vaccination. Measles can have serious and life changing consequences for children and is completely preventable with vaccination. There is a risk of increased levels of preventable disease if vaccine rates remain low.

Estimates at GP level for Warwickshire practices show a range from 97.6% to 27.8% for children receiving both the 4-in-1 booster and the second dose of the MMR vaccine. This shows a high variation in coverage across Warwickshire.

**While the population coverage for the '4-in-1 pre-school booster' at 5 years in Warwickshire has been above England levels, it has remained significantly below the 95% coverage goal.**



**Similarly, coverage of two doses of MMR by 5 years has been above England levels but below target levels. Data going further back shows how Warwickshire has achieved the goal in the past.**



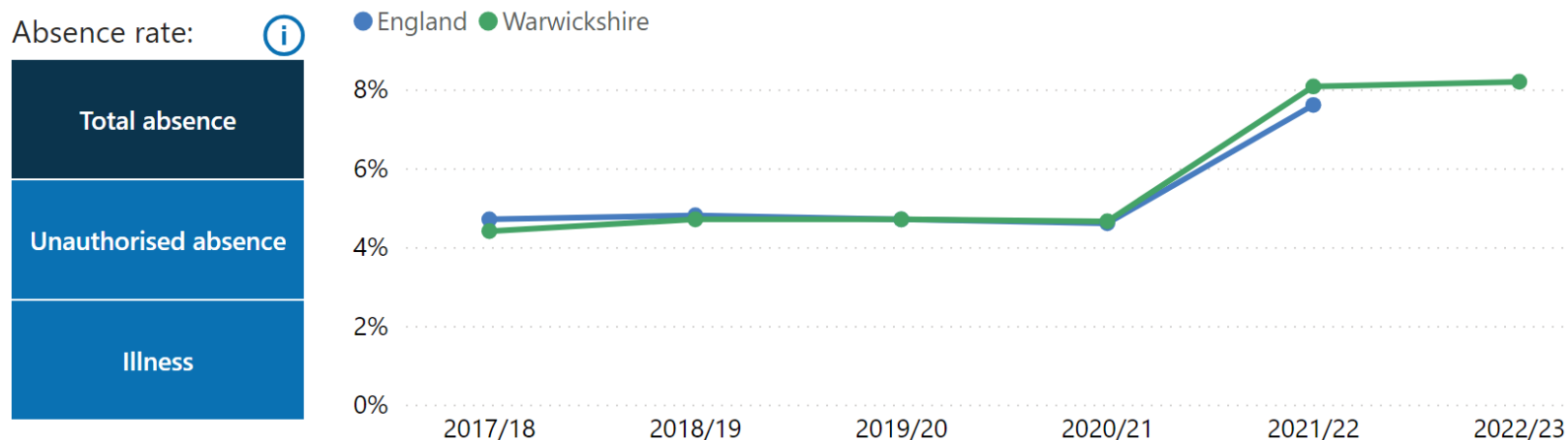
For the vast majority of children and young people, school is the best environment to learn in, build social skills and networks to achieve their full potential. Being in school and supported by teachers and friends can also help to keep children and young people safe.

There has been a rise in school absences since 2020/21 across all absence categories. Whilst the pandemic may have impacted on this, rates have not decreased since the end of COVID-19 restrictions.

The better a child or young person's school attendance, the more likely they are to perform well in exams and formal assessments, which will help a child be set up for future life. National data from 2019 shows that 84% of Key Stage 2 pupils who had 100% attendance achieved the expected standard compared to 40% who were persistently absent across the key stage.

Studies have showed that persistent school absences can lead, in childhood or later life, to worse mental health outcomes, a greater risk of domestic abuse, an increased likelihood of criminal convictions, lower academic achievement, and lower employability rates.

**The rate of school absence has sharply increased in recent years compared to before the COVID-19 pandemic with students attending Warwickshire State Schools now missing around twice as much school as before.**



**There has been a recent sharp rise in persistent absenteeism among pupils at Warwickshire State Schools, reducing the academic prospects of these pupils.**

**11.6%** of pupils missed **10% or more** of school sessions in **2020/21**. This increased to **24.2%** in **2022/23**.

**1.1%** of pupils missed **50% or more** of school sessions in **2020/21**. This increased to **2.6%** in **2022/23**.

**Persistent absenteeism is much more pronounced in Warwickshire Secondary Schools than Primary Schools**

In **2022/23** **15.7%** of **Primary** pupils missed 10%+ sessions in compared to **34.9%** of **Secondary** pupils.

# Transitions in Childhood and Adolescence

Explore how transition points affect different groups of children and young people

Select a group:

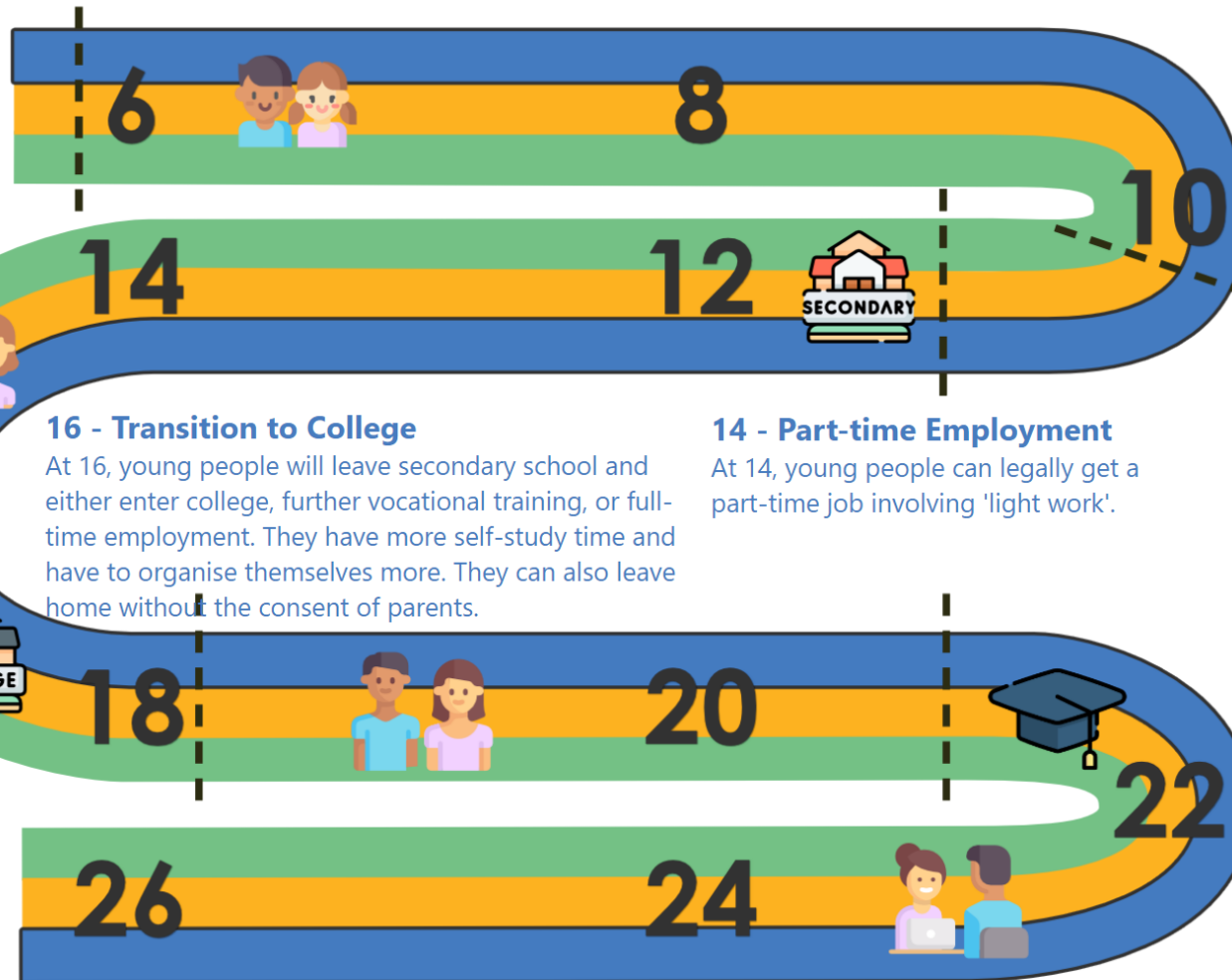
General Transitions

Those with Long-term Conditions

Vulnerable Communities

## 4-5 - Transition to School

At 5, children must go into full time education. This may be a stressful time due to extended periods separate from their main caregiver, needing to manage on their own more, and meeting different people.



## 16 - Transition to College

At 16, young people will leave secondary school and either enter college, further vocational training, or full-time employment. They have more self-study time and have to organise themselves more. They can also leave home without the consent of parents.

## 14 - Part-time Employment

At 14, young people can legally get a part-time job involving 'light work'.

## 10 - Criminally Responsible

At 10, children can be charged and prosecuted for a criminal offence.

## 11 - Transition to Secondary School

At 11, children move to larger schools with larger class sizes. They have more subjects to study and there is a higher expectation of self-study.

## 18 - Transition to Adulthood:

Legally an adult, they may pursue further education, employment, or training. They are financially responsible for themselves, participate in democracy and can legally drink alcohol and buy cigarettes,

## 21+ - Transition from Higher Education

After 21, young adults who attended higher education will be graduating and moving on to employment or further study.

The breadth of the six-school age high impact areas highlights the range of factors that can impact outcomes for children, young people, and families. Consideration of all these areas, utilising data and surveillance, will help to inform and target work that will improve health outcomes in a structured way.

This JSNA has been created to be a live and iterative product. It is intended that the following steps should happen following its publication:



## EMBED

The findings and approach of the JSNA should be embedded into workstreams to inform decision making and action. This includes aligning work to the six school-aged high impact areas.

## ACTION

Action should be taken to support and improve the health of children and young people, as evidenced in this JSNA, and responding to updated data and content.

## REFRESH

The data in this JSNA will be updated. When this happens, actions and approaches should be refreshed to align with the latest data findings.

## REVIEW

The contents of this JSNA should be reviewed and developed. This JSNA has been created to show key messages which should be updated depending on latest intelligence. Additional sections can also be added dependent on need.

## 2024 Recommendations

1) The Health and Wellbeing Board to endorse the dashboard produced for this JSNA and commit to this new iterative approach to producing this JSNA that is live and timely.

To support this, the Board are asked to ensure partner organisations work together, committing subject matter expertise and analytical resource to keep the dashboard up to date in line with new data releases, evidence, and intelligence.

2) An appropriate sub-group, appointed by the Children and Young People's Partnership, will own this dashboard and coordinate developing it with partners to ensure it acts as a comprehensive evidence base when making decisions around child health.

3) The appropriate sub-group should drive the Healthy Child Programme forward in a structured way around the high impact areas for health.

4) In partnership with colleagues, review health surveillance approaches to support their continued use as key sources of intelligence locally and to ensure robust reporting around a range of child health issues.

These include Health Needs Assessments, Holistic Health Assessments, Children in Care Assessments.

5) The limited resources which are available should be targeted towards high priority communities, settings, and vulnerable children and young people.

6) Linked to the engagement undertaken as part of this JSNA, the Children and Young Person Making Every Contact Count (MECC) should be utilised to empower practitioners to have strengths-based conversations with children and young people about their health and wellbeing.

