

Children and Young People’s (CYP) Chapter 3: School Years: Data Briefing

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EXECUTIVE SUMMARY

This data briefing provides information on Leicester's school aged population and can be used as a guide to inform commissioning decisions to meet community needs, improve health and reduce inequalities.

Population and Demographics

The Census 2021 reports there are approximately 60,000 school aged children (aged 5-16 years) resident in Leicester – that is 16.4% of the overall city population. Since the 2011 Census the number of school aged children has increased by 23%.

- As measured by the 2021 Census, Asian British is the majority ethnic group amongst school aged children in Leicester (33.2%), the majority of which live in the East of the city. The next largest ethnic groups reported include White British (22.6%), White Other (8.1%) and Mixed Heritage (7.8%).
- The largest religious groupings for Leicester's residents aged 15 years and under are Muslim (33.9%), no religion (23.1%), and Christian (18.6%).
- Census results from 2021 show that around 85% of children aged 15 and under in Leicester were born in the United Kingdom, compared to 93% in England. Amongst those in Leicester not born in the UK, 45% were born in the Middle East and Asia, and 42% in an EU member country.
- The 2023 School Spring Census revealed 181 different home languages spoken amongst Leicester's school pupils. Over half of children speak English as a second language, more than double the national rate of 19.3%.

Deprivation and Poverty

- In Leicester over a quarter (26.4%) of households with children are living with housing deprivation issues e.g. overcrowding, no central heating or are living in a shared dwelling.
- Leicester's tenure profile for households with children is more similar to London boroughs than other midlands cities, with 26,000 Leicester households (58%) with children in private rented or social rented accommodation.
- While Leicester experiences much higher levels of deprivation compared to the national average the proportion of school pupils eligible for free school meals (FSM) in Leicester (26.8%) is similar to England (24.6%), and is less than the our peer comparator average which stands at around 30% of children.

Education and Free School Meals (FSM) pupils

- In the 2022/23 academic year, 63.5% of five-year-olds in Leicester were assessed to be 'school ready'. In England overall the figure is 67.2%
- 58% of Year 6 children in Leicester met the expected standard in Reading, Writing and Maths (combined) in 2023, compared to 59.7% of Year 6 children nationally.
- At the end of Key Stage 4 (Year 11), the average 'Attainment 8' score for Leicester pupils in 2022/23 was 44.8 out of a possible 90. The national average 'Attainment 8' score is 46.2 out of 90.

- Nationally, Key Stage 4 pupils eligible for FSM have a lower academic score than those not FSM eligible. This attainment gap is observed in Leicester, although to a lesser extent.
- During the 2022/23 academic year, Leicester's persistent absentee rate was 21.6% overall. Nearly one third of FSM eligible pupils (32.4%) in Leicester were flagged as persistently absent (Missing more 10% or more of required sessions).

Special Educational Needs and Disabilities (SEND)

- There are over 10,000 children in Leicester schools with recorded SEND. This includes about 3,000 children with an EHCP, and 7500 children with other SEN support resident in Leicester.
- The proportion of EHCP is rising in Leicester, England and comparator areas. It is currently 4.2% in Leicester and 4.8% in England.
- The percentage of pupils receiving any SEN support (excluding EHCP) in Leicester is 11.9%. This is also lower than the national rate of 13.6%.
- The most common SEN is Speech, Language & Communication difficulties at 28%, followed by Social, Emotional & Mental Health at 23%, and Moderate Learning Difficulties at 17%.
- There are higher rates of SEN and EHCP in our most deprived areas, particularly the outer social housing estates. SEN and EHCP rates are significantly lower in some of our most diverse neighbourhoods.

Long Term Illness or Disability

- 5.4% of children aged 0-15 years in Leicester have a self-reported disability, equating to approx. 3,900 children. This is lower than the national rate of 6.3%.
- The most recorded disabilities amongst children, according to disability allowance applications, are learning disabilities (41%) and social/behavioural (36%).

Healthy Weight

- The prevalence of underweight amongst Reception children examined in Leicester is 3%. The local figure has been consistently significantly higher than the national since the recording of weight amongst Primary School children in 2006.
- In 2023/24 more than one third (39.1%) of Leicester's Year 6 children were measured to be living with overweight or obesity, a significantly higher rate than the national average at 35.8%.
- More deprived areas of Leicester reported higher rates of obesity compared to less deprived areas for both Reception and Year 6 children.
- Nearly 1 in 5 children (19%) are eating the recommended five or more portions of fruit and vegetables per day. Younger children aged 10-11 years reported being significantly more likely to achieve this compared to older children (aged 14-15 years).

Oral Health

- The proportion of children with dental decay experience in Leicester has remained at a similar level since 2017. In 2021/22 more than one third (37.8%) of 5-year-olds in Leicester have tooth decay experience, which includes missing teeth due to extraction and filled teeth.
- In 2021/22, the prevalence of tooth decay experience for 5-year-olds in Leicester was higher amongst children living in the most deprived areas of the city (37.6%), compared to the least deprived areas(24.1%).

- The prevalence of decay experience was significantly higher amongst children of Asian ethnicity (43.7%), and children of Black ethnicity were significantly less likely to have decay experience (26.2%).
- The Care Index for Leicester has seen a decline in recent years, with 3.2% of teeth with decay experience having been filled amongst 5-year-olds in 2021/22.

Lifestyles (including Physical Activity)

- The 2022/23 Active Lives survey estimates that 42.9% of children in Leicester are achieving at least 60 minutes of daily physical activity, and 35.8% are inactive completing less than 30 minutes each day.
- In Leicester, 99% of children aged 10-15 years have access to the internet at home. 82.4% of children who have access can do so via mobile phone.
- More than a quarter of 10–15-year-olds in Leicester have a daily screen time of 5 hours or more. Those aged 14-15 years are significantly more likely to report this.
- The most reported leisure activities were watching TV, playing screen-based games and texting, which all contribute to children’s screentime. However, 10–11-year-olds were more likely to report participating in activities outside of screens.

Vaccinations and Immunisations

- There has been a persistent decline in the uptake of doses 1 & 2 of the MMR Vaccine for 5-year-olds in Leicester and England. Uptake in Leicester for 5-year-olds is 91.2% for the first dose (England first dose, 91.9%) and 79.4% (England second dose, 83.9%) for the second dose.
- Uptake of the HPV Vaccine amongst boys and girls saw a decline over the course of the COVID-19 pandemic, and now stands at 42.9% and 52.8% respectively (2022/23). National uptake for boys and girls only saw a slight decline, with 71.3% of girls having received their first dose in 2022/23, and 65.2% of boys.
- In the 2022/23 autumn and winter period, flu vaccination uptake was less than a quarter (24.6%) of children aged 4 to 16 years. The national figure is 31.6%.

Mental Health and Emotional Wellbeing

- In 2022/23, 3.4% of children in Leicester with special educational needs have a primary record of social, emotional and mental health need. This is similar to the national figure (3.3%), and is one of the highest amongst the city’s peer areas.
- One in ten 10–15-year-olds in Leicester (10.1%) report poor mental wellbeing, according to the CYP health and wellbeing survey. Similar to the previous survey, groups of children more likely to have poor wellbeing in the city are; Females, White British children, those with special educational needs or long term life limiting condition.
- The rate of hospital admissions as a result of self-harm amongst 15–19-year-olds has almost doubled since 2021/22 from 219 per 100,000 to 435 in 2022/23. While Females have a significantly higher admission rate than overall, this increase is observed for both females and males.

1 INTRODUCTION

Between the ages of 5 and 16 years, children and young people experience many transitions in all aspects of their lives, and their experiences shape their future. At age 5, children are still dependent on their caregivers to provide their needs, but by age 16, young people are more independent in their choices and behaviours. Therefore, the school years are important for the health and wellbeing of children and young people in the short and long-term.

During the primary school years (5 to 9 years), education has an increasing influence, in addition to family and home life. During this time, children acquire more cognitive skills, explore new environments, develop independence and experiment with risk.

The behavioural patterns established during the early adolescent phase (10 to 14 years) help to determine young people's health status and their risk for developing chronic diseases in adulthood (1). Adolescents are in developmental transition and are particularly sensitive to their environment (2). Environmental factors, including their family, peer group, school, neighbourhood, and societal cues, can either support or challenge young people's health and well-being (3). Addressing the positive development of young people facilitates their adoption of healthy behaviours and helps to ensure a healthy and productive future adult population (4).

Later adolescence (15 to 19 years) is another crucial period for children and young people as they start making important decisions in terms of their education, employment, and relationships. They will also become increasingly responsible for their health behaviours and their lifestyles.

The school years population in Leicester is larger and has higher need relative to the East Midlands and England school population. Overall, these young people experience a wide range of risk factors of poor health and well-being when compared to other areas and nationally. There has been improvement in the health and wellbeing of children and young people locally, but for many indicators, gaps remain between Leicester and its peers, the East Midlands and England.

There are specific factors that affect health outcomes for 5- to 16-year-olds are:

- **Access to quality services:** Timely access to appropriate care can affect the health and well-being of children and young people. This is particularly relevant for services such as dentists, GPs and school nurses and, during adolescence, services such as sexual health.
- **Educational achievement:** Academic success and achievement are strong predictors of overall adult health outcomes. Proficient academic skills are associated with lower rates of risky behaviours and higher rates of healthy behaviours (5) (6).
- **School environment:** The school social environment affects students' attendance, academic achievement, and behaviour. A safe and healthy school environment promotes student engagement and protects against risky behaviours and dropping out (6).
- **Family socialisation:** Children and young people who perceive that they have good communication and are bonded with an adult are less likely to engage in risky behaviours. Parents who provide supervision and are involved with their adolescents' activities are promoting a safe environment in which to explore opportunities (7).
- **Media exposure:** Adolescents who are exposed to media portrayals of violence, sexual content, smoking, and drinking are at risk for adopting these behaviours (8).

2 SOCIO-DEMOGRAPHICS OF THE SCHOOL AGED POPULATION

To better understand our school aged population, it is important to consider the socio-economic and demographic backgrounds of Leicester children. This will include:

- **2.1 Population estimates and trend:** This shares information on the number of children and young people in Leicester and how this has changed over time.
- **2.2 Geographic spread of School Aged Population:** The spread of children across the city along with estimates on the proportion of Leicester children who attend a Leicester school.
- **2.3 School aged Population by Ethnicity:** Detail on the ethnic background of Leicester children, and the geographic spread of ethnic communities in Leicester.
- **2.4 School aged Population by Religion:** Detail on the religious background of Leicester children.
- **2.5 Child Population by Country of Birth:** Detail on the country of birth of Leicester children.
- **2.6 Child Population by Language:** Detail on the main language spoken at home of Leicester children.
- **2.7 Child population and housing:** Detail on the housing tenure and housing deprivation (overcrowded conditions, shared dwelling, or no central heating)
- **2.8 School aged Children and free school meals:** Detail on the number of Leicester school children who are in receipt of free school meals.
- **2.9 School aged Children Educational Outcomes:** Detail on the performance of Leicester school aged children at different stages of education, including analysis of free school meals children.
- **2.10 Attendance:** Detail on persistent absences, suspensions and exclusions of school children.

There are a range of demographic sources to consider when looking at the issues above for school aged population:

- **Census 2021 - Office for National Statistics (ONS):** This offers a static picture of the population in March 2021. It will include a range of demographic characteristics information about the children and young people population resident in Leicester including ethnicity, religion, country of birth, language, and various other household characteristics.
- **Administrative based population estimates/Mid-year estimates (ONS):** These offer an estimate on the population by age and sex. They are produced annually and allow for more timely data on the population.
- **School Census - Department for Education (DfE)/ Leicester City Council:** Schools complete the school census each term during the academic year and make submissions to the Local Authority. It holds data on children attending schools within a particular Local Authority. Therefore, the Leicester School Census will include data on; children resident in the city and attending a Leicester city school, children resident outside of the city and attending a Leicester school. It will not include Leicester children who are attending a school outside of the city. The School Census includes information on ethnicity, religion, special educational needs, and free school meals.

- **GP Population estimates – NHS Digital:** The number of patients registered at a GP on the first day of each month. Presented at various health geographies. Data is released in single year of age and 5-year age bands, split by gender.
- **ONS Population projections (ONS):** These indicate potential future population size of English local and health authorities. It is widely used in planning, for example in housing, health and education. The latest projections are 2018 based and analysis is available in chapter 1 (9) (10)

2.1 POPULATION ESTIMATES AND TREND

Table 1 below shows the latest (and ten years prior) population estimates for our school aged population using the sources listed above. They confirm the following:

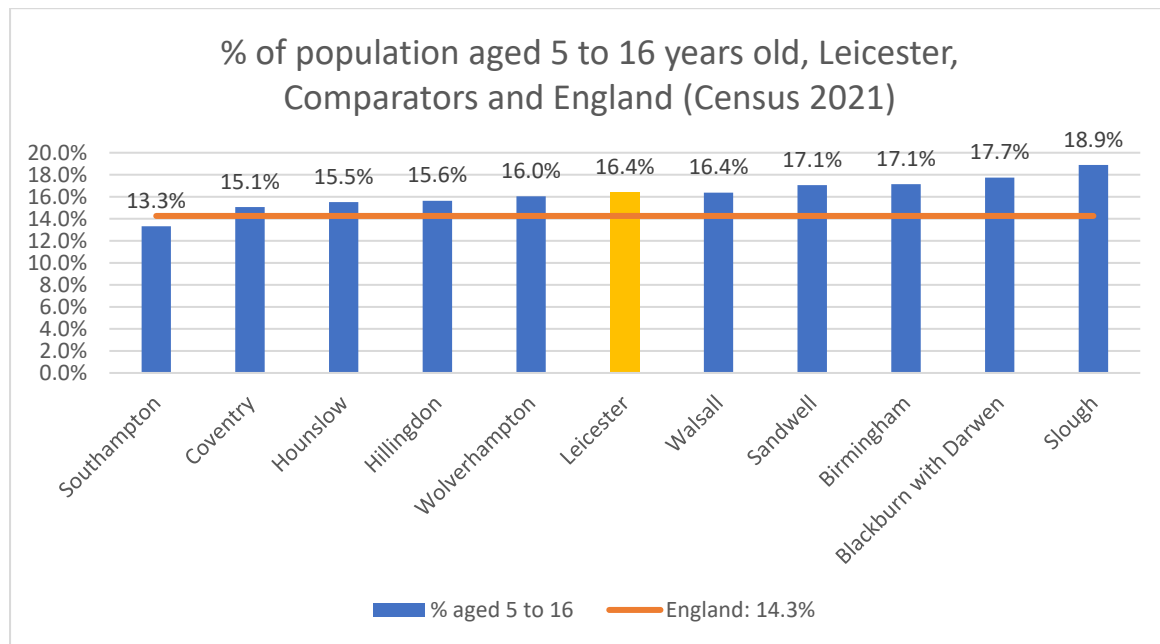
- Latest resident school aged population estimates are at about 60,000.
- Our school-based population is about 55,000. Factors such as attendance to independent schools, home schooling, and attendance to Leicestershire based schools are all likely factors for the smaller number.
- School aged children registered with a Leicester GP is at about 67,000, the overwhelming majority of these children are likely to reside in Leicester and are registered with a Leicester GP, however there may also be children who reside outside of Leicester who are registered with a Leicester GP.
- All sources confirm a large increase in our school aged population of between 9,000 to 13,000 over the last ten years.

Table 1. School aged population latest and ten years prior

Population Indicator	Years	Latest	Ten years prior	Change (%)	Source
5- to 16-year-old resident population	2021 and 2011	60,279	49,202	11077 (23%)	<i>ONS Census 2021</i>
5- to 16-year-old resident population	2022 and 2012	59,121	49,824	9297 (19%)	<i>ONS Admin based</i>
School Population in years Foundation 2 to year 11	2024 and 2014	56,811	45,853	10958 (24%)	<i>School Census 2024</i>
5- to 16-year-olds registered with a Leicester GP	2023 to 2013	67,454	54,182	13272 (24%)	<i>NHS England</i>

The 2021 Census reported the school aged population (5 to 16) in Leicester is 60,279 (10). Figure 1 below shows that Leicester has a higher proportion of its population aged 5 to 16 compared to England and some of our comparators.

Figure 1. School aged population (5 to 16 years) in Leicester, Comparators and England, 2021

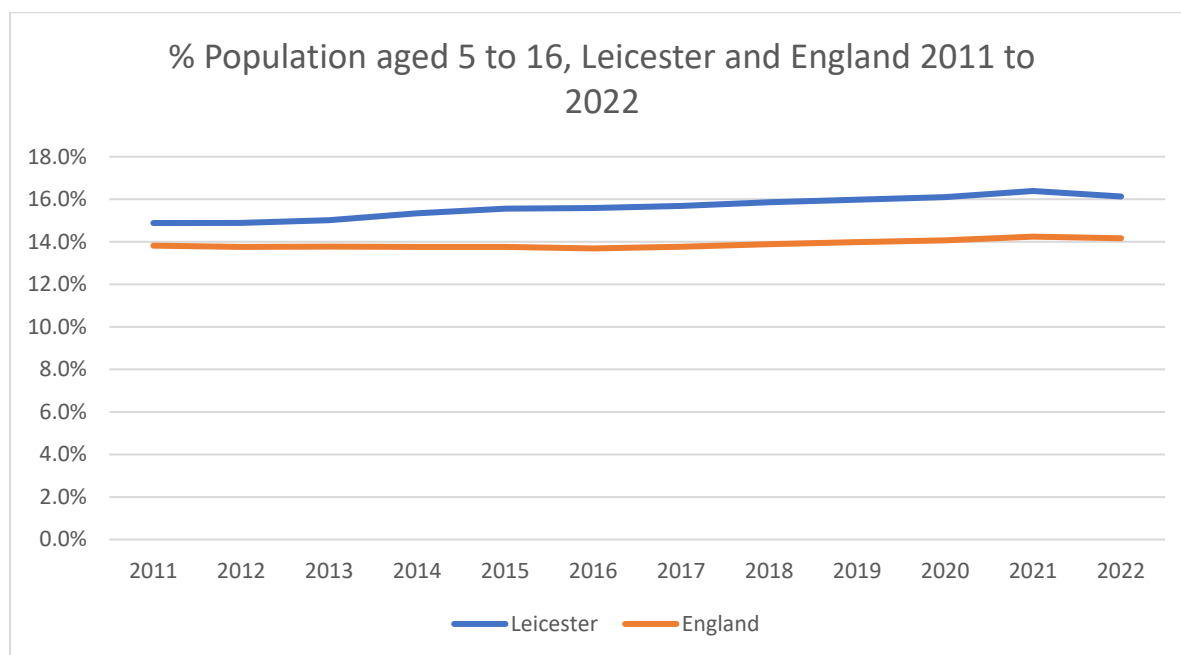


Source: Census 2021

The 2021 School Census reported 54,573 school aged children attended Leicester schools. The overwhelming majority of these children are resident in the city, but there is a small minority of children who attend Leicester schools and are resident in Leicestershire County. When aligning this School Census data with national Census data and other population estimates it is estimated that about 90% of Leicester resident children attend a Leicester school, indicating a small minority of children are either attending schools outside of the city, independent schools, or home schooled. The 2024 School Census reported that 56,811 children are attending Leicester schools, a small increase since 2021 (11).

Administrative based population estimates, and mid-year population estimates are able to show the change over time. Figure 2 below shows the percentage trend change in the 5- to 16-year-old population from 2011 to 2022. Leicester has continually had a higher proportion of its population aged 5 to 16 compared to England. The number of 5- to 16-year-olds has also increased during this period from about 50,000 in 2011 to about 60,000 in 2022, a figure similar to the 2021 Census (12).

Figure 2. Five- to Sixteen-year-old population from 2011 to 2022



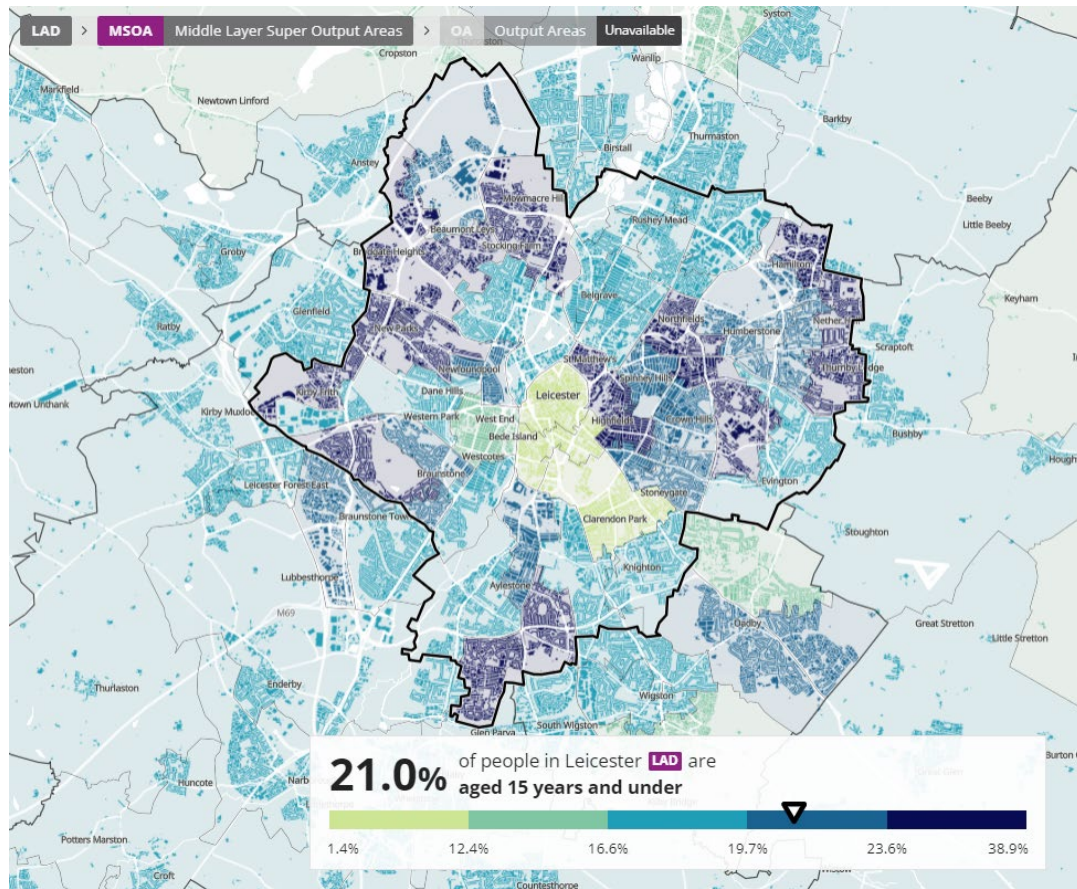
Source: Admin based Population Estimates ONS 2022

2.2 GEOGRAPHIC SPREAD OF SCHOOL AGED POPULATION

There are areas of the city where school aged children are more likely to reside. The city centre has fewer school aged children while the outer estates have higher proportions of CYP. Figure 3 shows the proportion of the population aged 15 and under in each Leicester MSOA. We can see higher proportions of children in Mowmacre and Stocking Farm, New Parks, Braunstone, Eyres Monsell, Saffron, St Matthews, Highfields, North Evington, Northfields, Thurnby Lodge, and Hamilton.

Using the Leicester School Census and the national census we can estimate the percentage of Leicester children attending Leicester schools. Figure 4 and Figure 5 below maps the estimated percentage of primary and secondary aged children in Leicester who attend a Leicester school. Primary aged children resident in Stonegate, Rushey Mead, Evington, Knighton, and St Matthews and Highfields are less likely to attend a Leicester school. Secondary aged children resident in Knighton, Clarendon Park, Aylestone, Eyres Monsell, and Braunstone West are less likely to attend Leicester schools. Potential reasons for lower attendance in these areas include attendance to nearby Leicestershire County schools, attendance to independent schools, and home schooling.

Figure 3. Population aged 15 and under by Leicester MSOA, 2021



Source: Census 2021

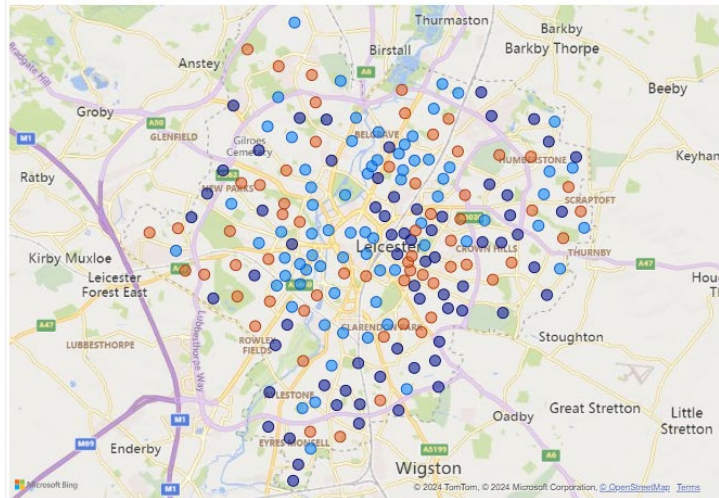
Figure 4. Estimated percentage of Leicester primary aged children attending Leicester schools, 2024

Primary pupils at Leicester schools (2024)

Estimated percentage of children who attend Leicester primary schools, taken from the school census (spring) and Census 2021.
 Source: Leicester City Council School Census (2024) and Census 2021.

Leicester school children attending Leicester schools (statistical significance)

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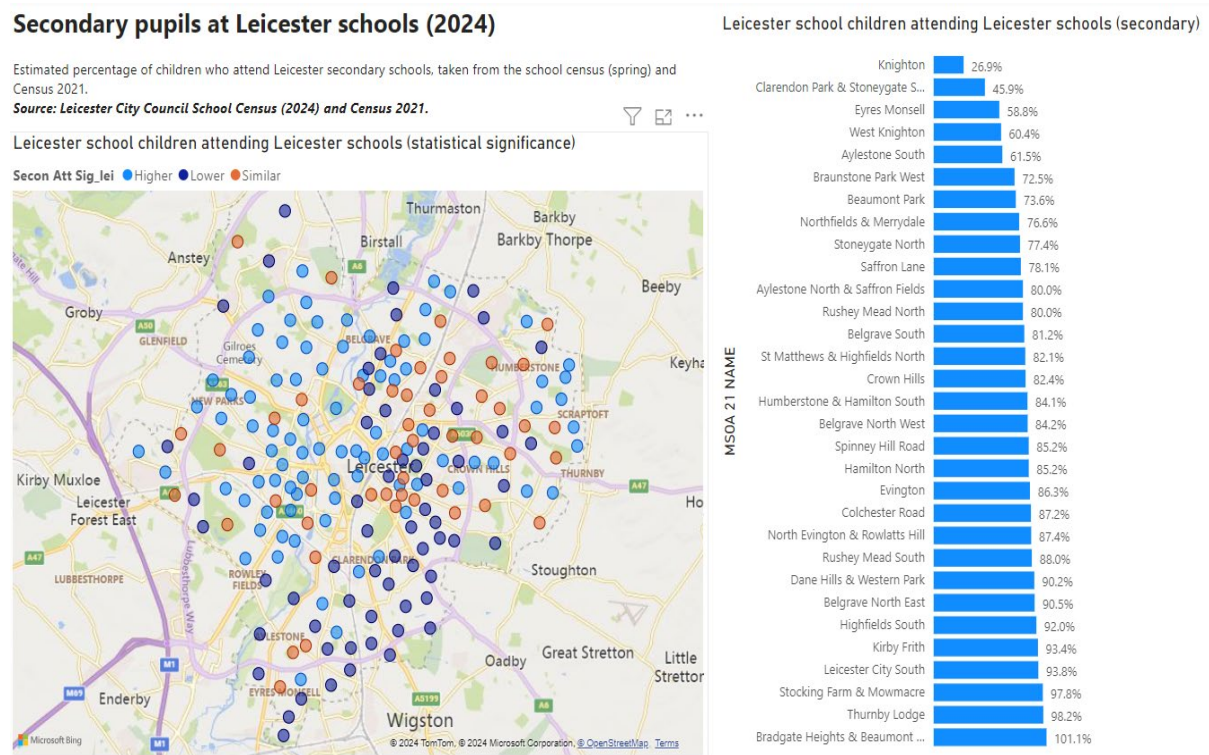


Leicester school children attending Leicester schools (primary)

MSOA 21 NAME	Percentage
Evington	74.4%
St Matthews & Highfields No...	75.0%
Stoneygate North	76.1%
Knighton	78.7%
Aylestone South	79.4%
Rushey Mead North	79.9%
Saffron Lane	81.0%
Hamilton North	81.6%
Kirby Frith	82.1%
Eyres Monsell	83.5%
Braunstone Park West	85.3%
Humberstone & Hamilton So...	85.5%
Spinney Hill Road	85.6%
West Knighton	86.0%
Thurnby Lodge	86.5%
Highfields South	87.6%
Crown Hills	88.0%
Braunstone Park East	89.2%
New Parks & Stokeswood	90.0%
Belgrave South	90.3%
Rushey Mead South	91.1%
North Evington & Rowliatts Hill	91.3%
Rowley Fields & Faircharm	92.1%
Colchester Road	92.2%
Beaumont Park	93.1%
Northfields & Merrydale	94.1%
Bradgate Heights & Beaumo...	94.2%
Clarendon Park & Stoneygat...	94.3%
Stocking Farm & Mowmacre	94.4%
Newfoundpool	97.2%
Belgrave North West	102.6%

Source: Leicester City Council School Census 2024 and ONS Census 2021

Figure 5. Estimated percentage of Leicester secondary aged children attending Leicester schools, 2024



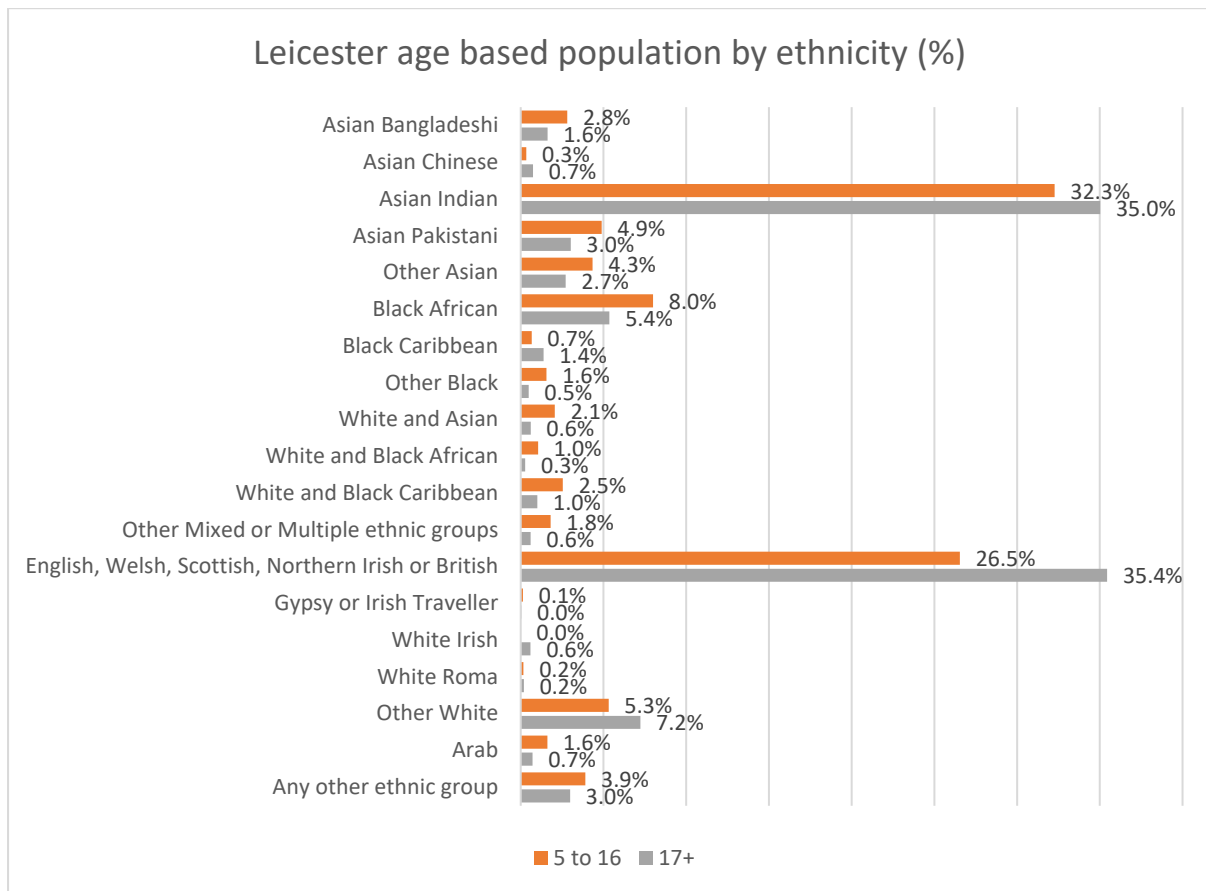
Source: Leicester City Council School Census 2024 and ONS Census 2021

2.3 SCHOOL AGED POPULATION BY ETHNICITY

Leicester is a diverse city with communities around the world settling in the city. The latest Census 2021 shows that about two thirds of the population have a non-White British background (10)Error! Bookmark not defined.. For our school aged population this rises to about three quarters of the population. Figure 6 below shows the ethnicity breakdown for the 5- to 16-year-old and 17+ populations in Leicester. The school aged population’s largest ethnic groups are Indian and White British, followed by Other Asian backgrounds, Black African, Other White backgrounds, and Mixed Heritage backgrounds. Notable differences between the school aged population and the older population are that the largest ethnic groups contribute smaller proportions with a significant difference in the White British population. The school aged population also has a higher percentage of Black African, and Mixed Heritage groups.

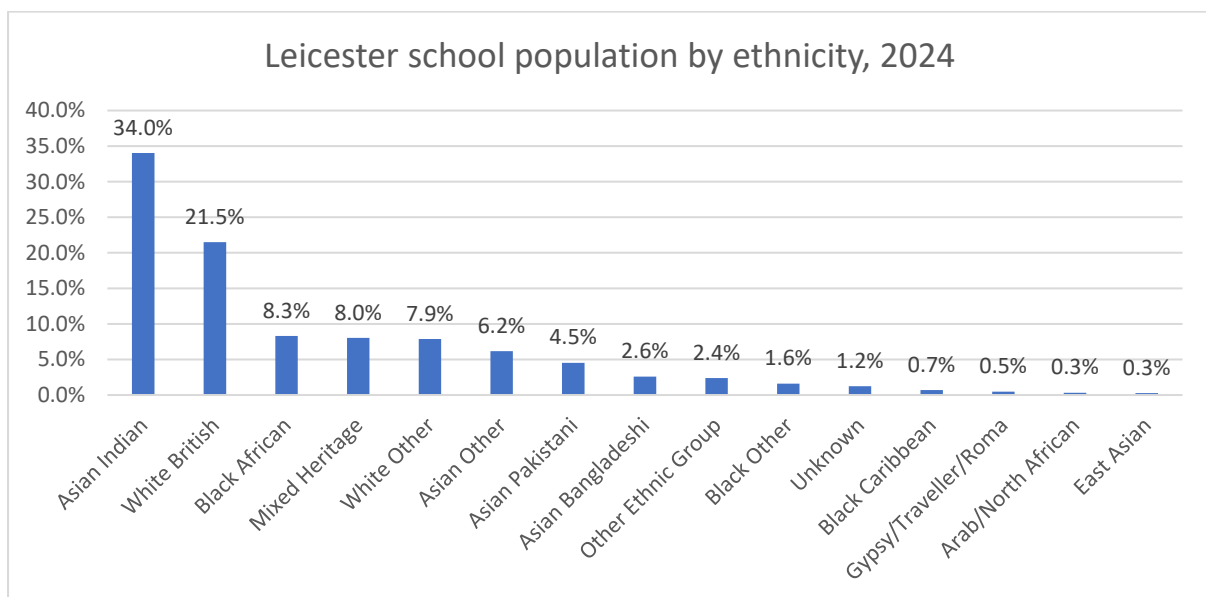
The School Census also offers information on ethnicity of the school aged population. Figure 7 confirms the largest ethnic groups in our school aged population are Asian Indian and White British, followed by Black African, Mixed Heritage, and White Other. The School Census also allows us to map the population; Figure 8 and Figure 9 map the spread of our largest ethnic groups across the city. It reveals the higher concentration of Asian British population in the east and White British in the west.

Figure 6. Leicester age-based population by ethnicity



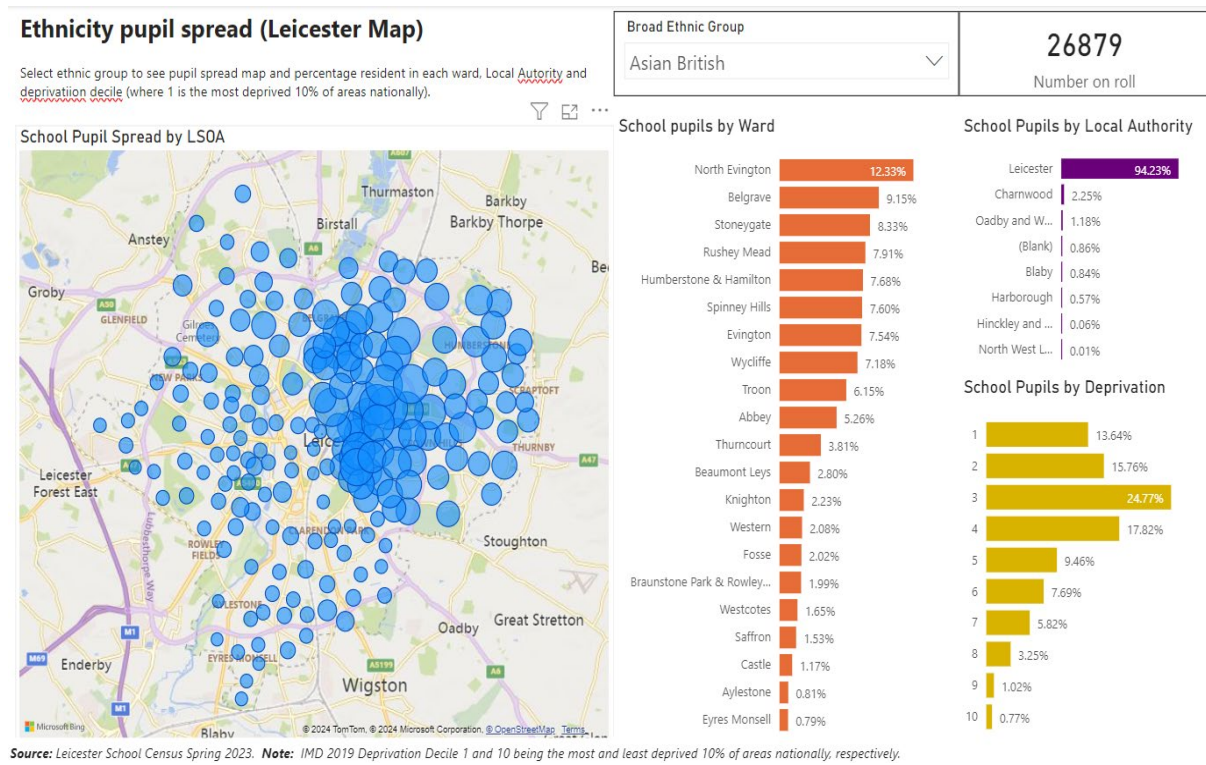
Source: ONS Census 2021

Figure 7. Leicester school population by ethnic group



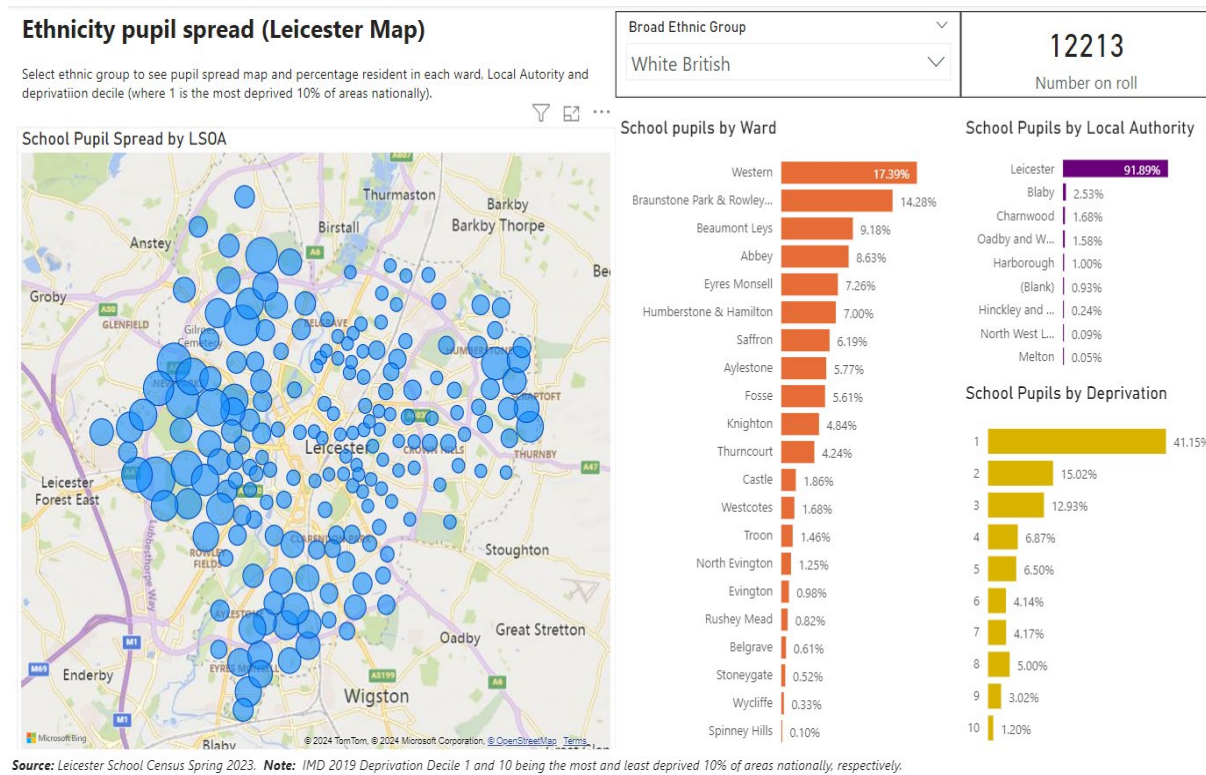
Source: Leicester City Council School Census Spring 2024

Figure 8. Ethnicity spread map: Asian British Leicester pupils (5 to 16) by LSOA and MSOA, 2024



Source: Leicester City Council School Census Spring 2024

Figure 9. Ethnicity spread map: White British Leicester pupils (5 to 16) by LSOA and MSOA, 2024

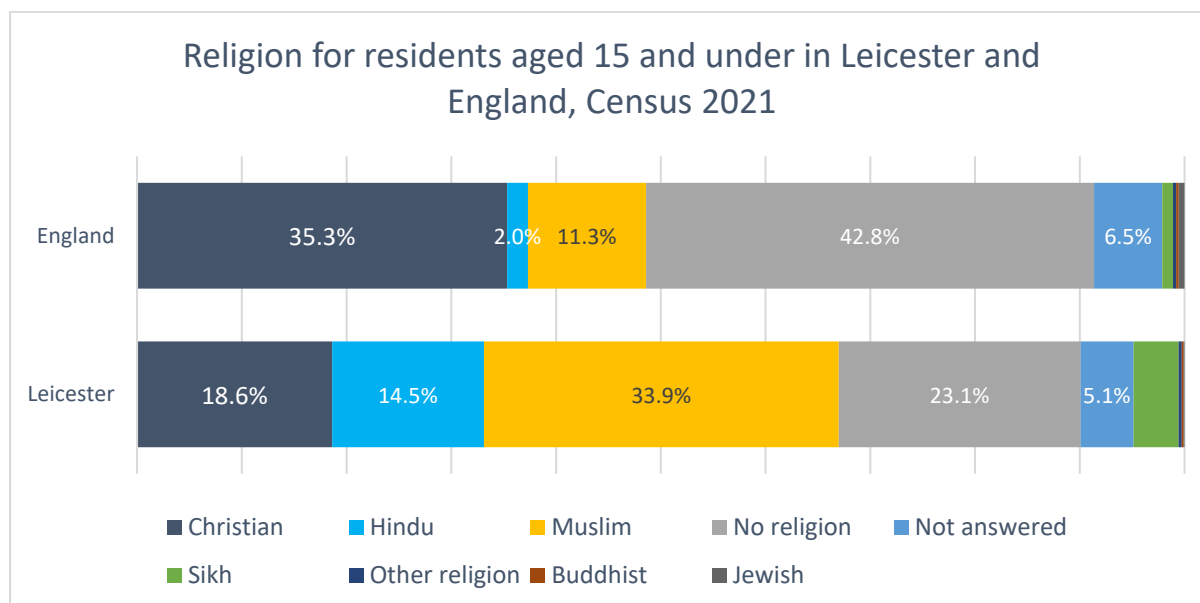


Source: Leicester City Council School Census Spring 2024

2.4 SCHOOL AGED POPULATION BY RELIGION

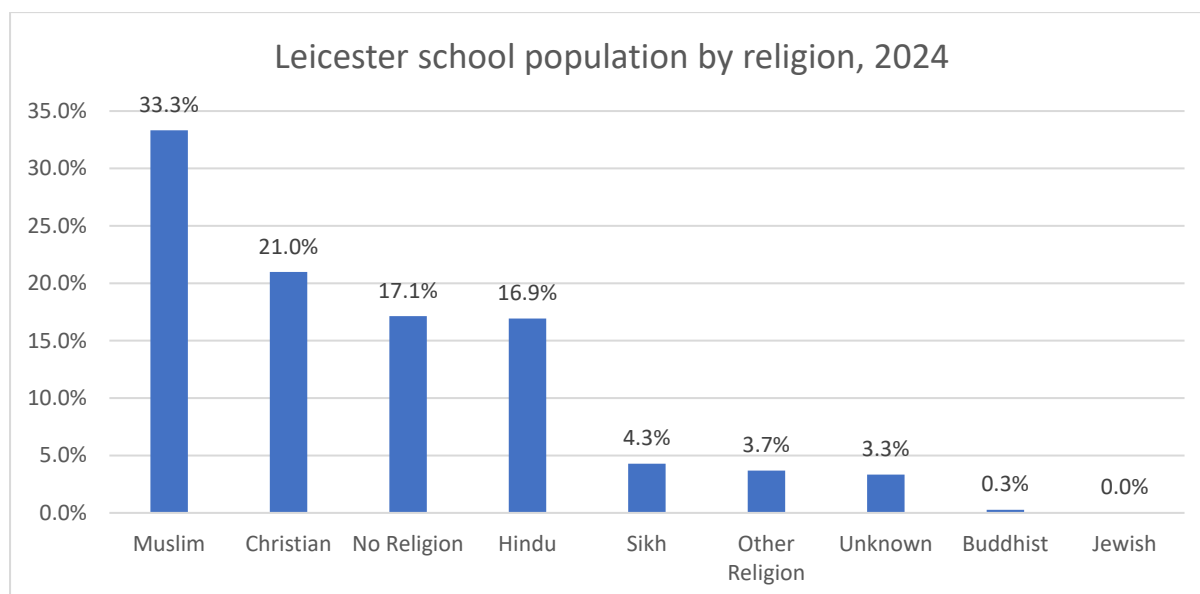
The 2021 Census shows the differing religious profiles in Leicester compared to the national picture. Figure 10 below shows the city has a smaller proportion of children who have no religion and larger proportions of the population from Muslim and Hindu backgrounds compared to the national picture. The largest religious groupings amongst children in Leicester are Islam, No Religion, Christianity, and Hinduism. This is broadly similar to what is reported in the Leicester School Census in Figure 11 below.

Figure 10. Leicester and England religion profile for those aged 15 and under, 2021



Source: Census 2021

Figure 11. Leicester school population by religion, 2024

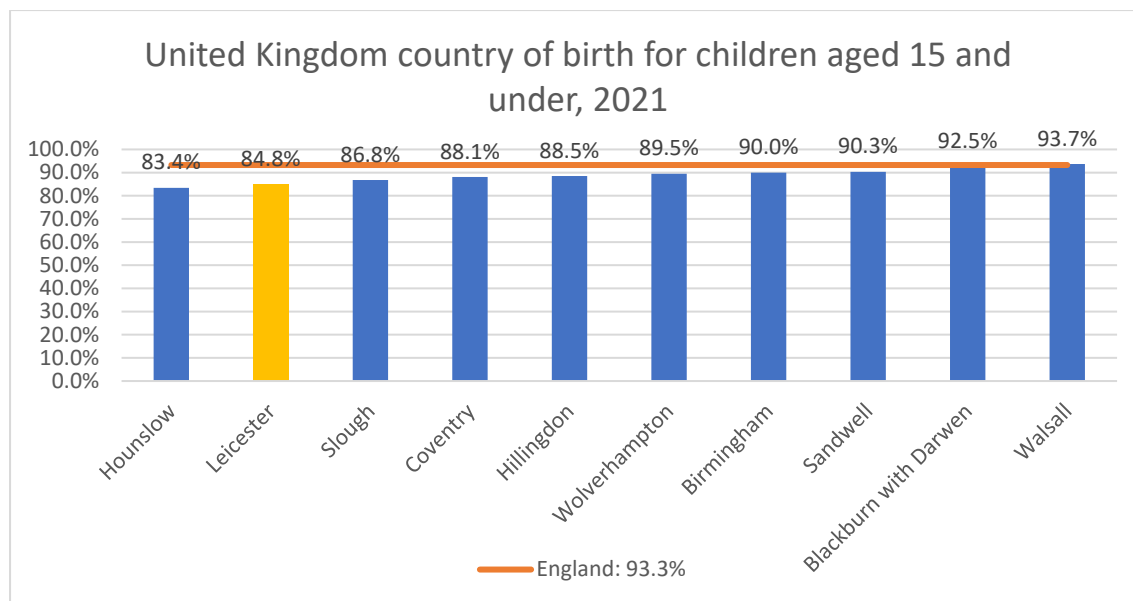


Source: Leicester City Council School Census Spring 2023

2.5 CHILD POPULATION BY COUNTRY OF BIRTH

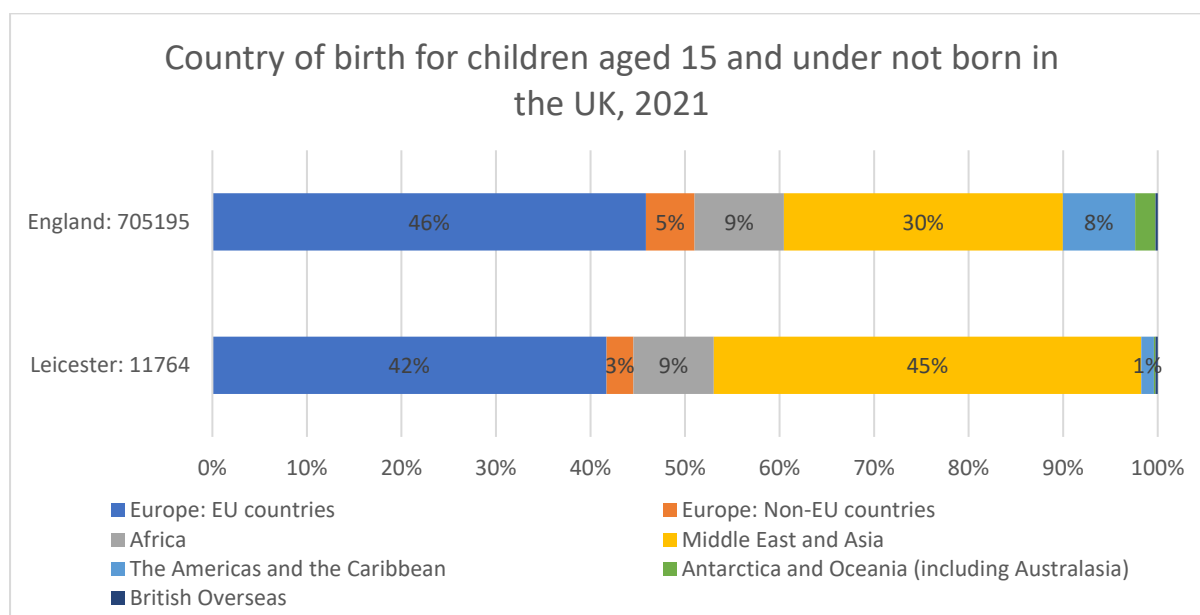
The 2021 Census collects data on country of birth. Figure 12 shows that about 85% of children aged 15 and under in Leicester were born in the United Kingdom, this is lower than the national and many of our comparators. Further analysis of the 11,764 children not born in the United Kingdom (Figure 13) shows their region of birth. The majority of children not born in the UK were either born in Europe (EU countries) or the Middle East or Asia.

Figure 12. Children aged 15 and under with their country of birth being United Kingdom, Leicester and comparators, 2021



Source: Census 2021

Figure 13. Children aged 15 and under region of birth if not United Kingdom, Leicester and England, 2021

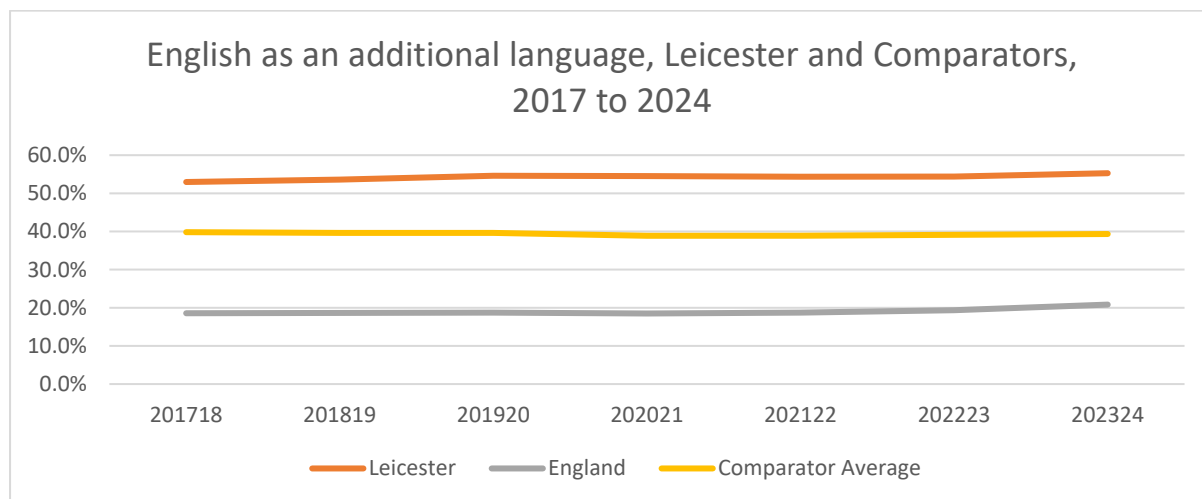


Source: Census 2021

2.6 CHILD POPULATION BY LANGUAGE

Information on languages spoken at home by children is collected in the School Census. This allows us to determine the percentage of children who speak English as an Additional Language (EAL). Figure 14 shows that Leicester has consistently reported a higher percentage of its pupils speaking English as an additional language at a rate of just over 50% of pupils. This is over double the national rate.

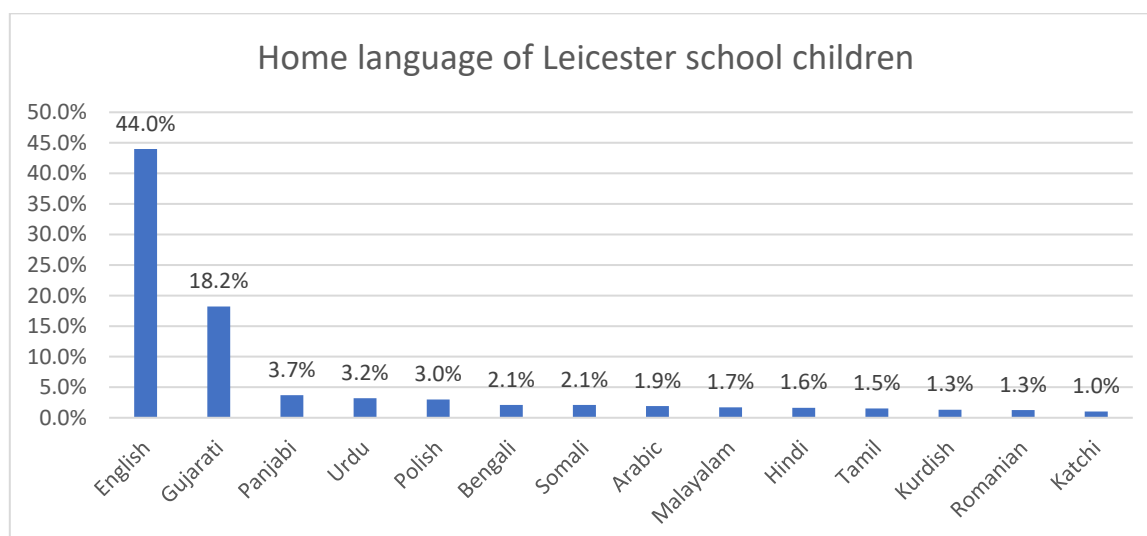
Figure 14. English as an additional language, Leicester and comparators, 2017/18 to 2023/24



Source: Leicester City Council School Census Spring 2024

The 2024 School Spring Census revealed that there were 182 different home languages spoken amongst Leicester school pupils. Just over 26,000 pupils or 44% of pupils recorded their home language as English, this was followed by Gujarati at 18% or 11,000 pupils. Figure 15 shows other common languages include Panjabi, Polish, Urdu, Somali and Bengali.

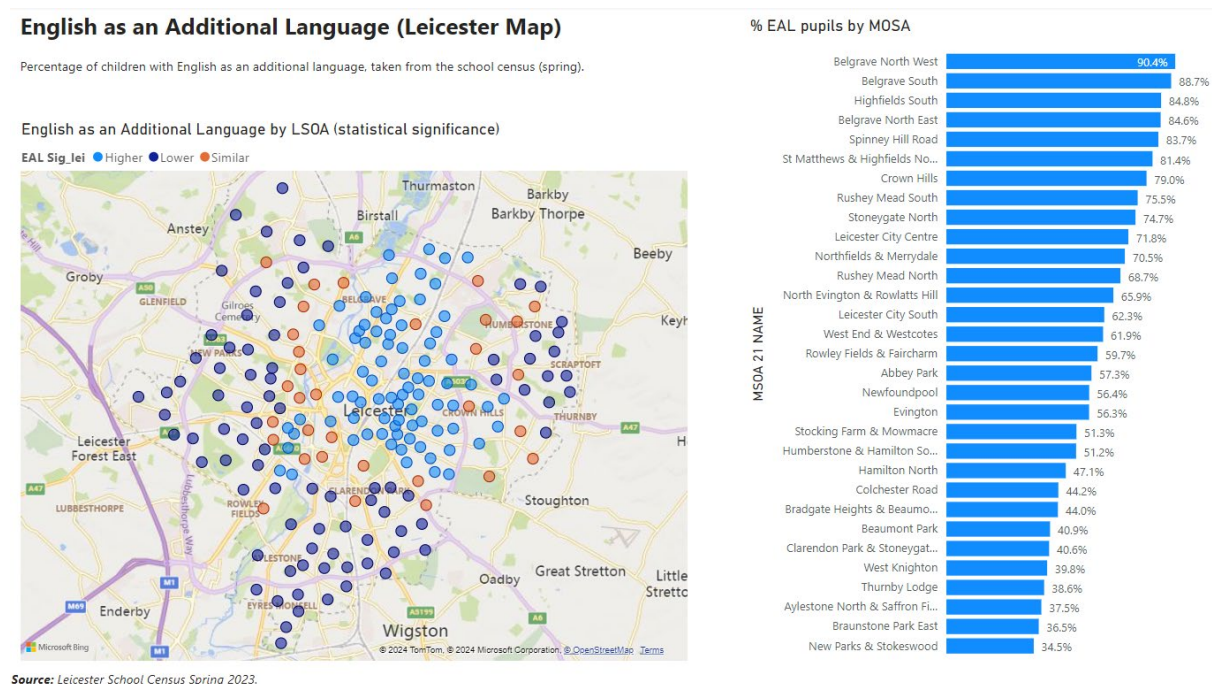
Figure 15. Home language of Leicester Children, 2024



Source: Leicester City Council School Census Spring 2024

When mapping (EAL pupils across the city we can see some areas of the city where pupils are significantly more likely to be EAL. This includes areas to the North (Belgrave and Rushey Mead), Central (Highfields and West End), and East (Spinney Hills, North Evington, and Crown Hills). In our significantly lower areas such as Knighton, Aylestone and Eyres Monsell there remains about 20 to 33% of children with EAL.

Figure 16. English as an Additional Language LSOA and MSOA mapping, 2024



Source: Leicester School Census Spring 2023.

Source: Leicester City Council School Census Spring 2024

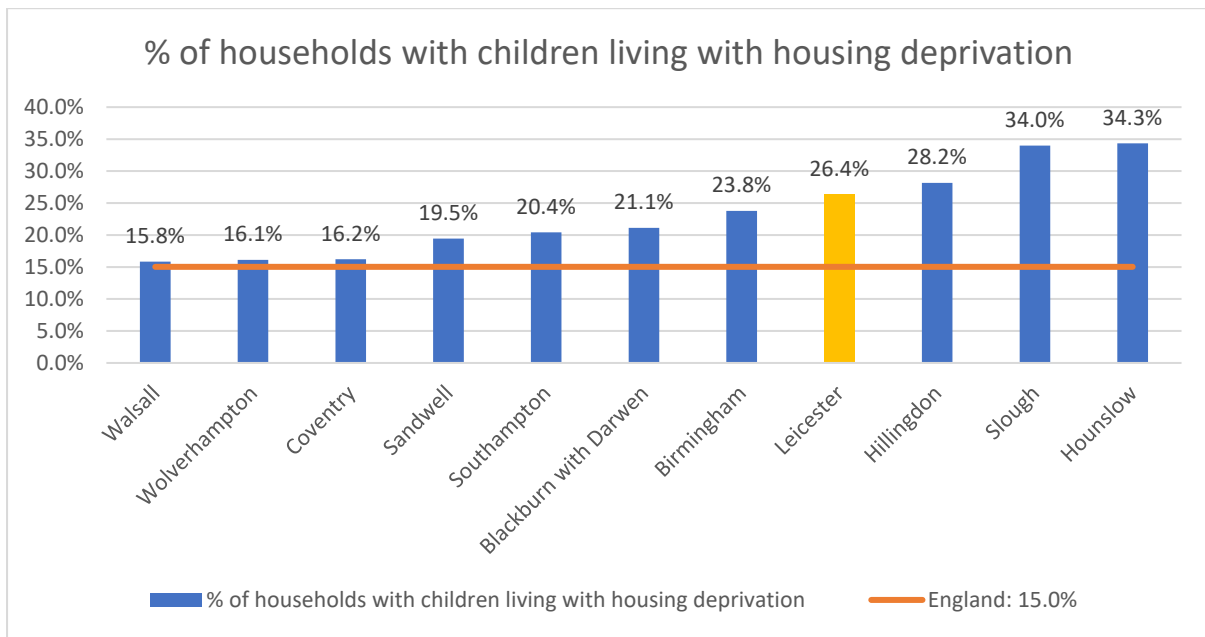
2.7 CHILD POPULATION AND HOUSING

Housing is core to our lives and a place where we spend a large amount of our time. The quality of housing therefore plays a critical role in creating and maintaining good health, as well as helping individuals to recover from serious illness. Poor, unsuitable, and precarious housing has a negative effect on our physical and mental health, particularly for older people, children, disabled people, and individuals with long-term illnesses. We know that a safe, secure, and healthy home is not available to everyone. For instance, about 1 in 6 families with children live in poor quality homes, which will have impacts on the children's long term physical and mental health and educational attainment (13).

2.7.1.1 CHILD POPULATION AND HOUSING DEPRIVATION

The 2021 Census reports that Leicester has 127,388 households and just over a third or 45,487 of these households include dependent children. This is higher than the national rate of 29% of English households have dependent children. The 2021 Census also collects information on household deprivation. A household is classified as deprived in the housing dimension if the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating. Figure 17 shows that over a quarter of Leicester households with children experience housing deprivation issues such as overcrowding, no central heating or in a shared dwelling.

Figure 17. Households with children who are housing deprived, 2021



Source: Census 2021

Figure 18 shows the percentage of dependent children households that experience housing deprivation by MSOA. Areas such as St Matthews and Highfields, Spinney Hills, Belgrave, Northfields, and Rushey Mead are more likely to experience overcrowding, living in a shared dwelling, or have no central heating.

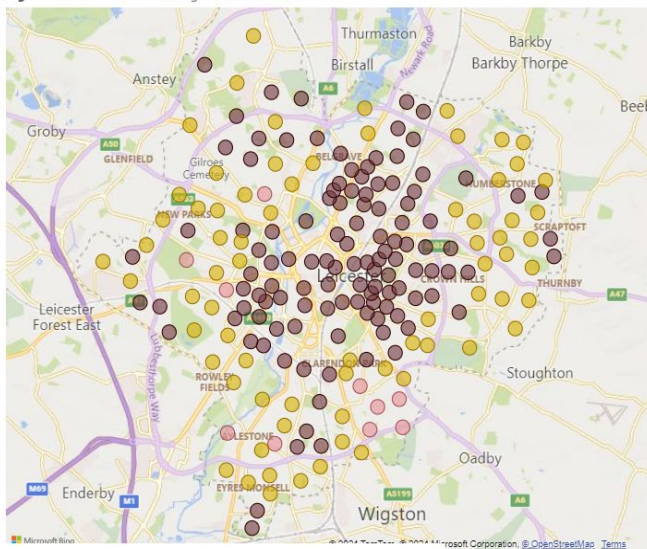
Figure 18. Households deprived by MSOA, 2021

Dimensions of household deprivation

Use the indicator selector to map the different dimensions of deprivation for households

Household deprivation dimensions map by LSOA (Statistical significance)

Significance to Leicester: Higher Lower Similar



Source: Office for National Statistics Census 2021

Indicator

Household is deprived in the housing dimension

19048

Deprived households

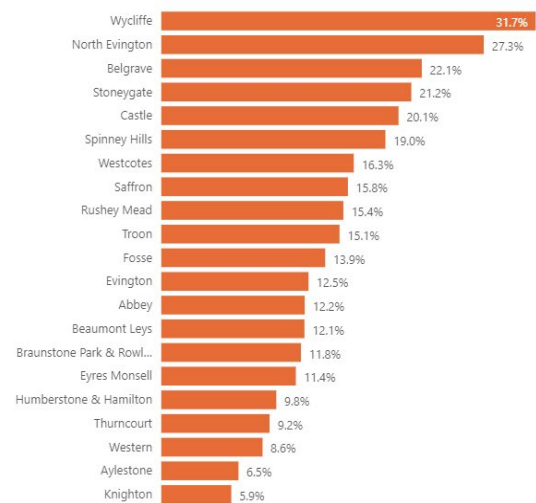
127382

Households

15.0%

% Deprived

% of households deprived (for selected indicator) by ward



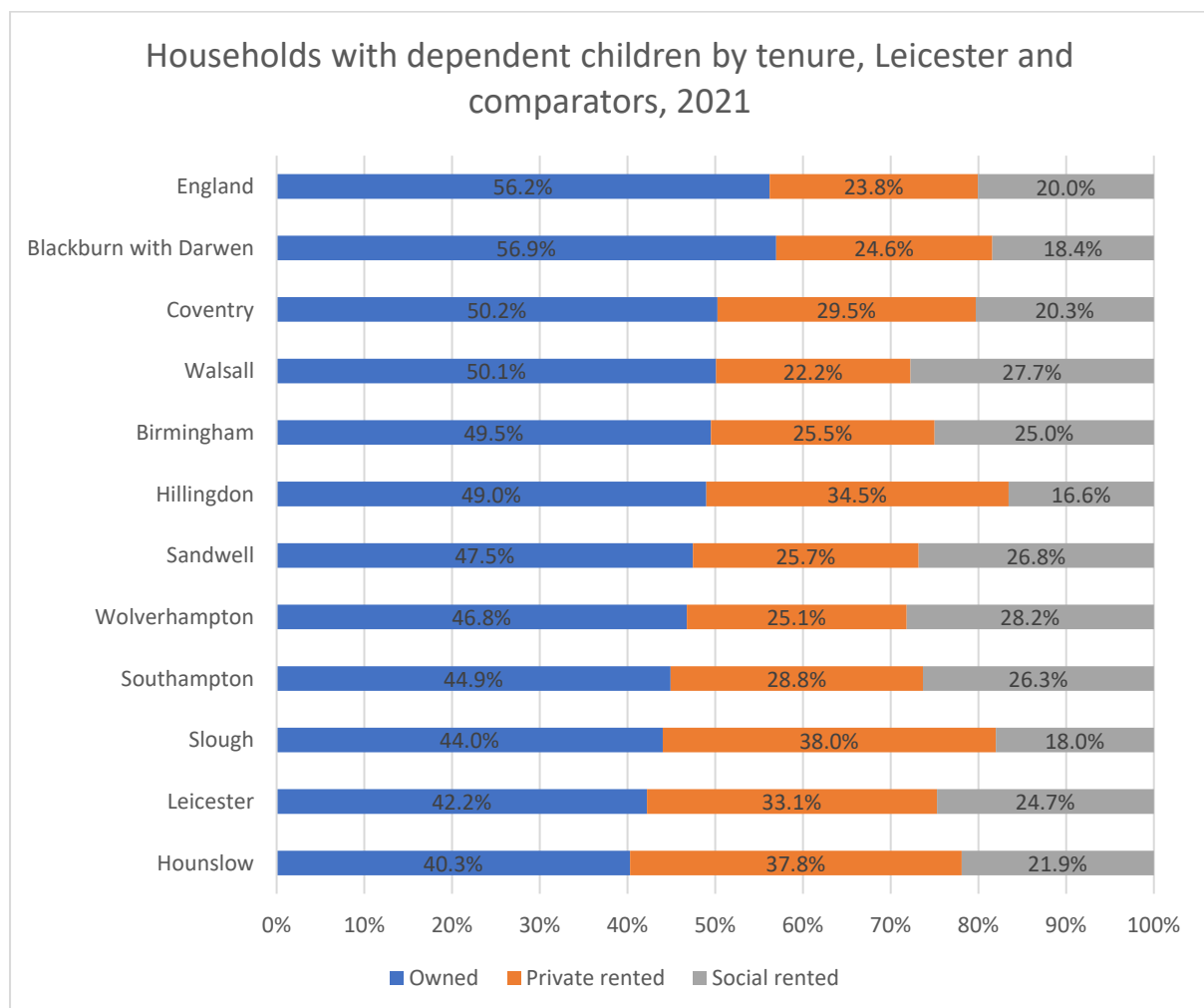
Source: Census 2021

2.7.1.2 CHILDREN AND HOUSING TENURE

Residential environments are important to children’s health and development, and secure and stable environments are a critical part of this. There is an association between frequent residential moves and poorer health, including mental health issues and other health conditions. This may be due to the factors that require moves, such as economic insecurity, as well as the moving process itself. Moving multiple times is more likely to be experienced by children in the social rented or private rented sectors (14).

Figure 19 below shows that Leicester has a lower percentage of households with children living in owner occupied households compared to England and many of our comparators. In fact, Leicester’s tenure profile for children is more similar to London boroughs than fellow midlands cities. There are about 26,000 Leicester households with children in private rented or social rented accommodation.

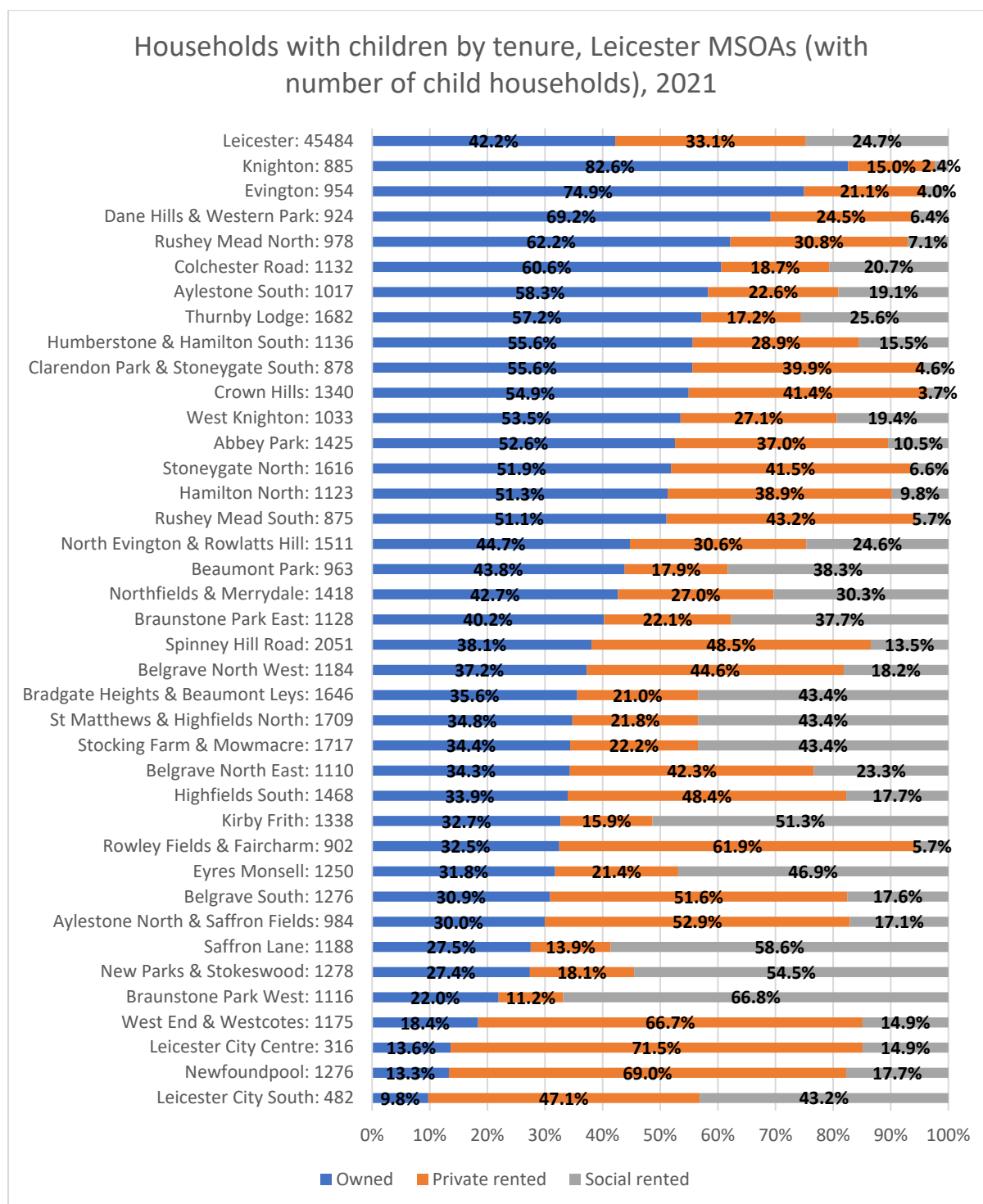
Figure 19. Households with dependent children and housing tenure, Leicester and comparators, 2021



Source: Census 2021

Figure 20 shows the variation in household tenure by MSOA, and we can see areas of the city where children are less likely to live in owner occupied households and more likely to be resident in private rental or social rented households.

Figure 20. Households with children by tenure, Leicester MSOAs, 2021



Source: Census 2021

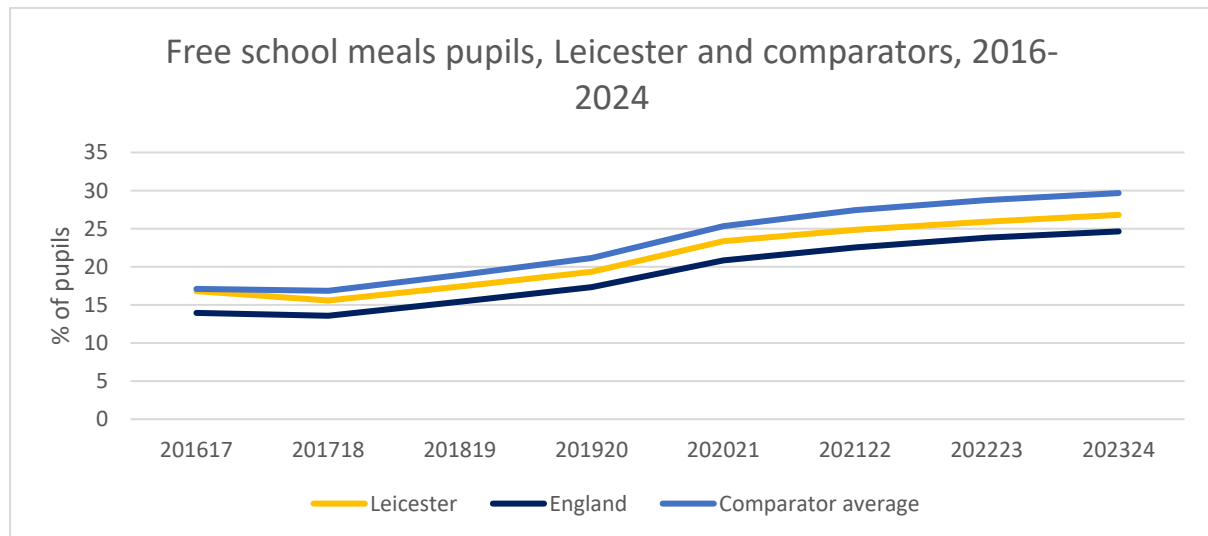
2.8 SCHOOL AGED CHILDREN AND FREE SCHOOL MEALS

The impacts of poverty upon children and the different measures of child poverty are considered in chapter 1 (9). The proportion of children in receipt of free school meals across the country has seen a persistent increase since 2016/17, with a 9.7% increase for England and 12.6% for Leicester’s comparator areas (Figure 21). In line with what has been observed elsewhere, the proportion of

school children receiving free school meals in Leicester has increased by 10% since 2016/17, and now stands at more than one in four children (26.8%). Figure 21 shows a greater than usual increase between 2019/20 and 2020/21, which could be partially explained by the impact of COVID-19 on household income.

When looking at the distribution of free school meal recipients across the city, children living in the Northwest, West and South of the city have a significantly higher proportion of children eligible for and claiming free school meals compared to the Leicester average (Figure 22).

Figure 21. Free school meals pupils in Leicester and comparators, 2015 to 2024



Source: DfE 2024

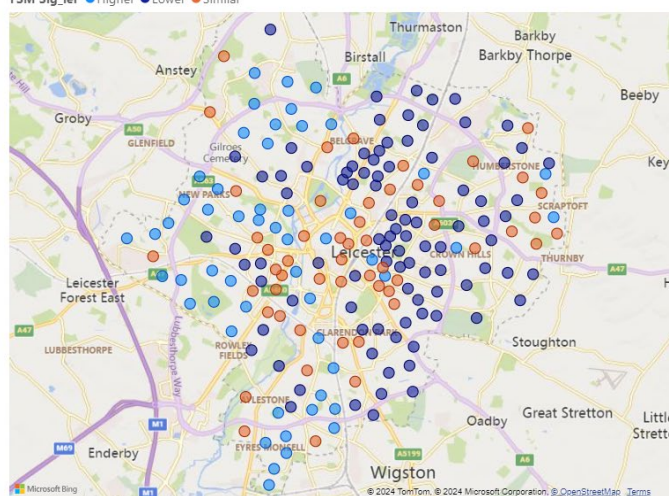
Figure 22. Free school meals pupils by LSOA and MSOA, 2024

Free School Meals (Leicester map)

Percentage of children known to be eligible and claiming for free school meals.

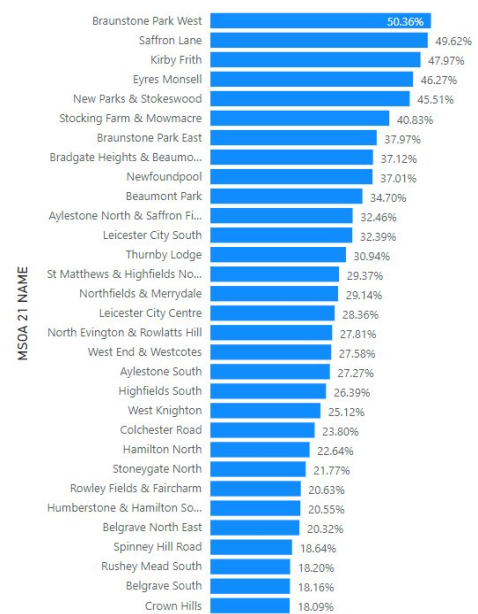
Free School Meals by LSOA (statistical significance)

FSM Sig_Le1 Higher Lower Similar



Source: Leicester School Census Spring 2023.

% FSM pupils by MSOA



Source: Leicester City Council School Census Spring 2024

2.9 SCHOOL AGED CHILDREN EDUCATIONAL OUTCOMES

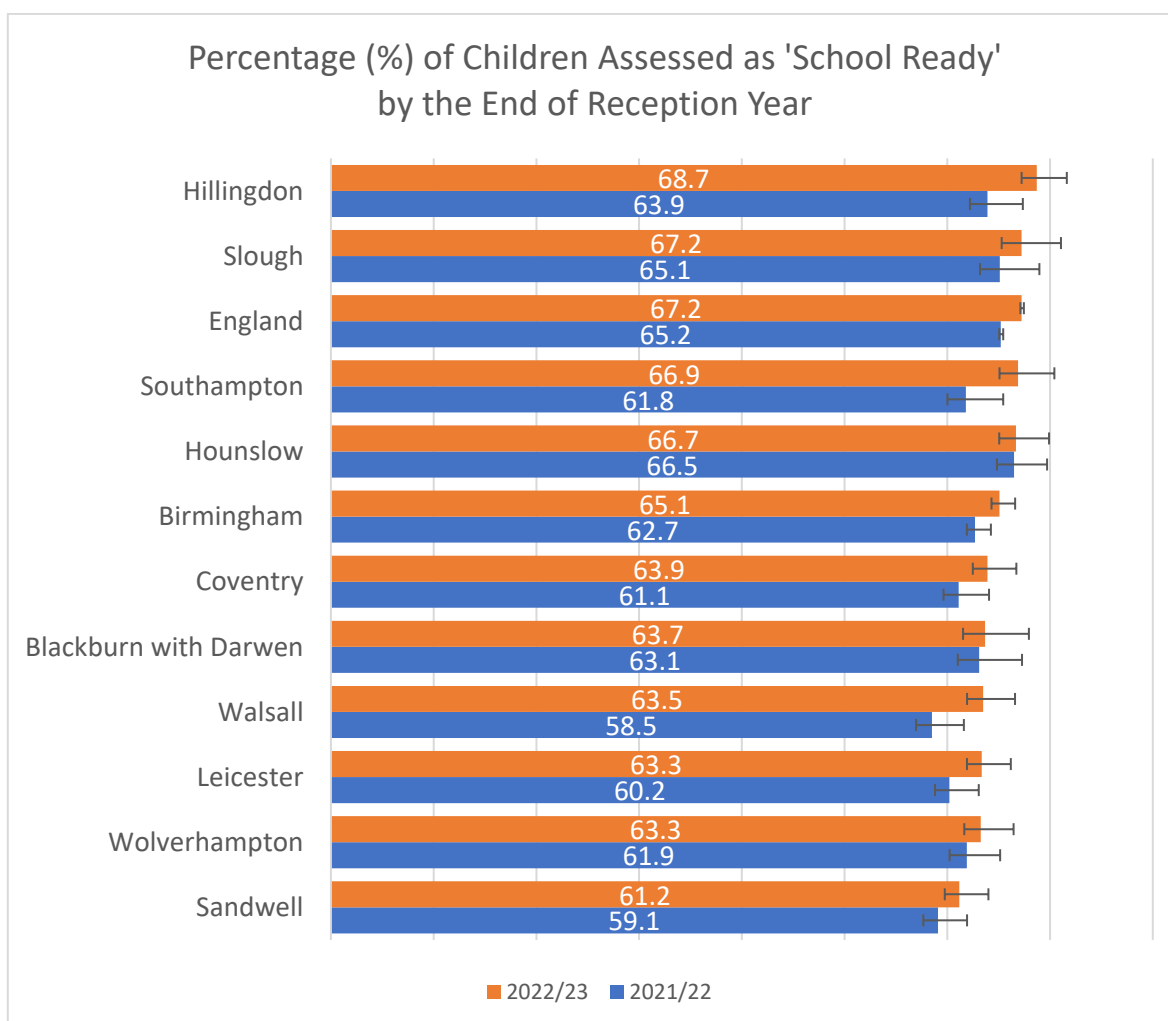
2.9.1.1 FOUNDATION STAGE – SCHOOL READINESS

An important measure of early years development in social, physical, and academic areas, school readiness is assessed at the end of the 'Early Years Foundation Stage' (EYFS) when children reach 5 years old (15). This is the proportion of children (aged 5 years) having achieved at least the expected level of development across the prime learning areas of early learning goals in the following areas:

- Personal, social, and emotional development
- Physical development, communication, and language
- Maths and literacy

In March 2021, the EYFS framework outlining the expected development and care standards for children from birth to 5 years was reformed (15). Therefore, there are only two academic years for comparison. In the 2022/23 academic year, 63.3% of 5-year-olds in Leicester were assessed as 'school ready' (Figure 23). This is the third lowest proportion amongst the city's child comparator areas, and significantly lower than the national average at 67.2%.

Figure 23. School Readiness for Children in Leicester and Child Comparator Areas, by Academic Year



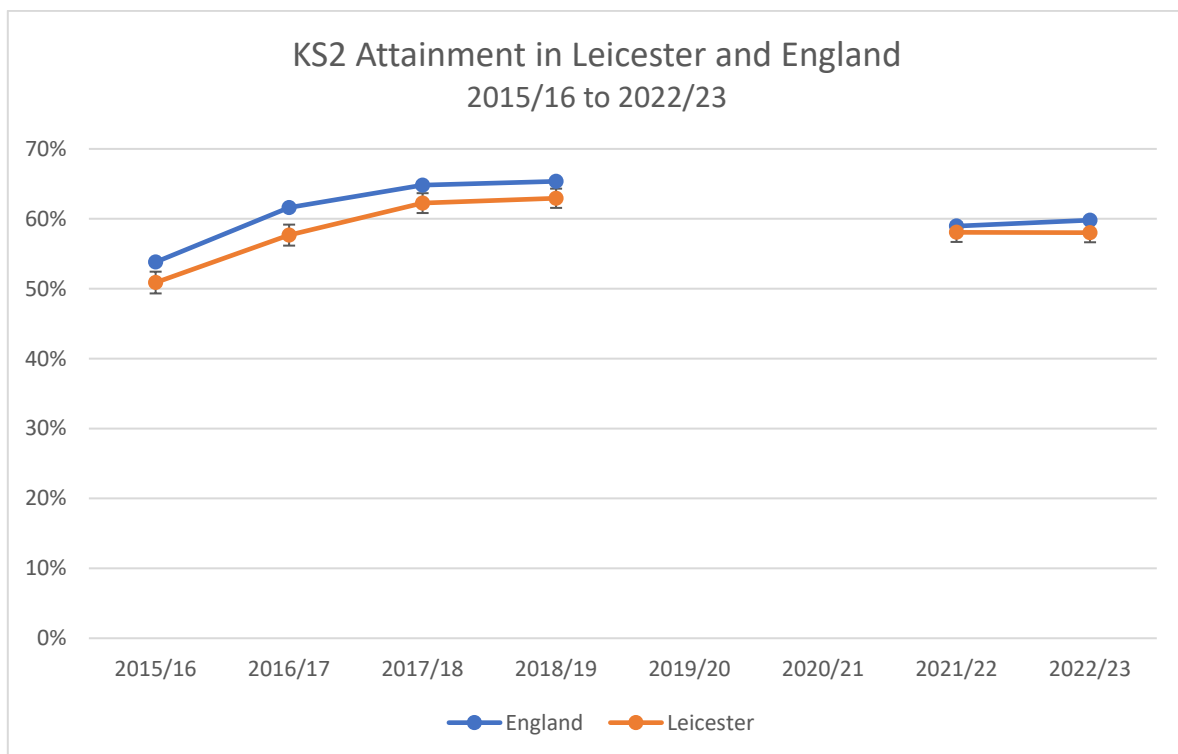
Source: Office for Health Improvement and Disparities (OHID)

2.9.1.2 KEY STAGE 2 – READING, WRITING AND MATHS

Key Stage 2 (KS2) refers to school years 3 to 6, when pupils are aged 7 to 11, in England and Wales. Children’s attainment at KS2 is captured from results of the national curriculum assessments, known as SATs, taken by Year 6 pupils (aged 10-11 years).

Due to the COVID-19 pandemic, and the resultant disruption to schools, attainment data was not collected in 2019/20 and 2020/21. During this time, school pupils experienced considerable disruption to their learning. This likely underpins the significant fall in KS2 attainment between 2018/19 and 2021/22 for both Leicester and nationally (Figure 24). In the academic year 2022/23, 58% of pupils met the expected standard in Reading, Writing and Maths (combined). This is significantly lower than the national figure for England, at 59.7%.

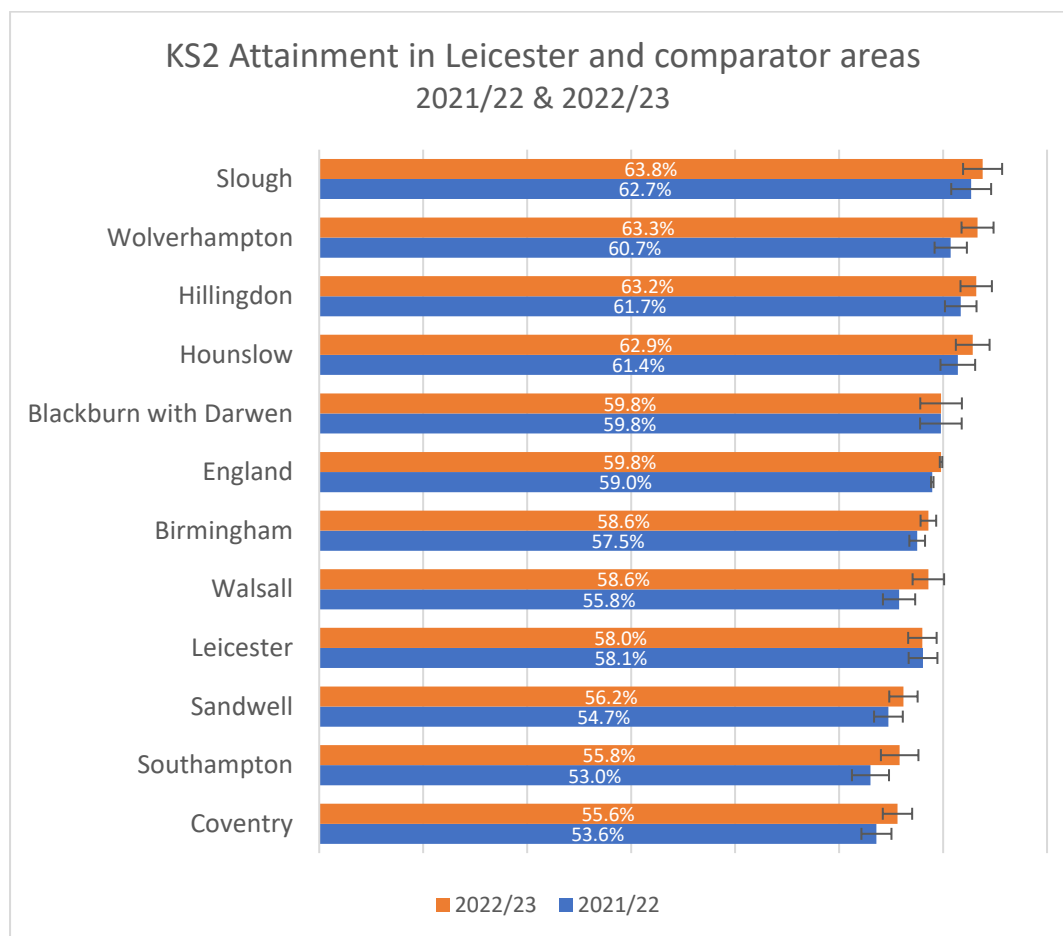
Figure 24. Proportion of KS2 pupils achieving the expected standard in Reading, Writing and Maths (combined) for Leicester and England, 2015/26 to 2022/23



Source: Department for Education (DfE)

For the past two academic years, there hasn’t been a significant change in the proportion of Year 6 children achieving the expected standard in Reading, Writing and Maths (combined) (Figure 25). Nevertheless, Leicester has the fourth lowest attainment amongst its comparators.

Figure 25. The proportion of KS2 pupils achieving the expected standard in Reading, Writing and Maths (combined) in Leicester and peer areas, 2021/22 & 2022/23

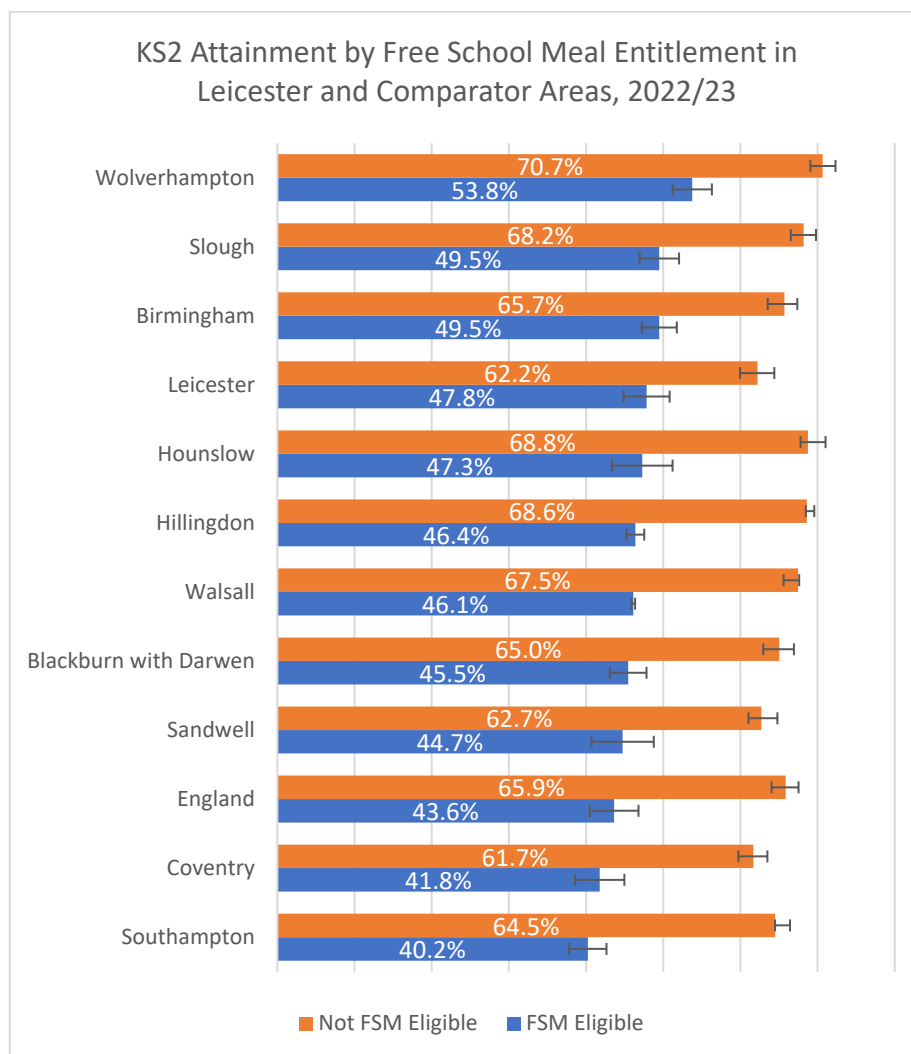


Source: Department for Education (DfE)

2.9.1.2.1 KS2 ATTAINMENT AND FREE SCHOOL MEALS

In Leicester, there is a stark gap in KS2 attainment between children entitled to free school meals versus not. Free school entitlement is granted to children from families meeting a specified low-income threshold and can therefore be used as an indicator of poverty. In 2022/23, 47.8% of children entitled to free school meals met the expected standard for Reading, Writing and Maths (combined), compared to 62.2% of students not eligible for free school meals (Figure 26). Compared to children entitled to free school meals nationally, Leicester’s performance is better (43.6% compared to 47.8% respectively). A large attainment gap between children from lower income households versus middle and higher can also be observed on a national level and amongst Leicester’s comparators, indicating a wider issue.

Figure 26. The difference in KS2 pupil attainment by free school meal entitlement in Leicester and peer areas, 2022/23



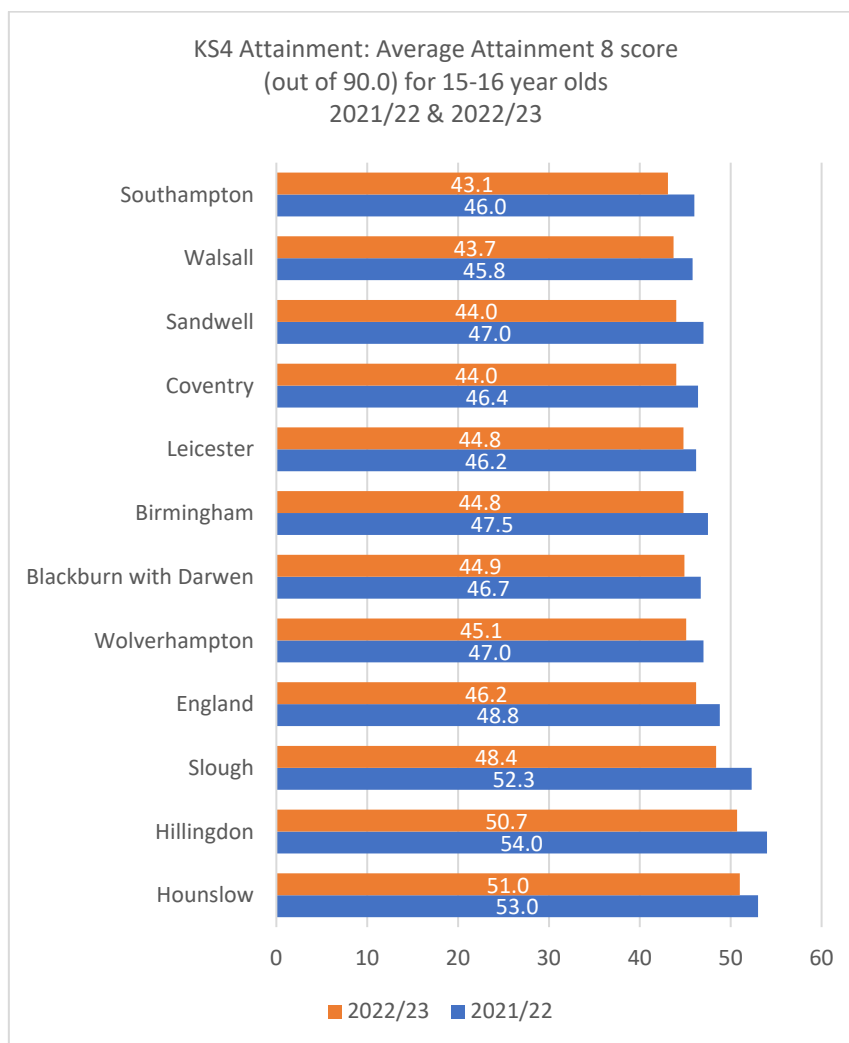
Source: Department for Education (DfE)

2.9.1.3 KEY STAGE 4 – AVERAGE ATTAINMENT 8

Key Stage 4 (KS4) covers Year 10 and 11 of state maintained Secondary Schools in England, when students are aged 14 to 16. In Year 11, students undertake national standard exams (called GCSE's). Attainment 8 is a measure of an individual's GCSE results measured across 8 subjects, with Maths and English counted twice, and is scored out of 90.

In 2022/23, the average attainment 8 score for Year 11s in Leicester was 44.8 out of a possible 90 (Figure 27). This is a decrease from the previous academic year and lies below the national average score, which is 46.2.

Figure 27. Average Attainment 8 score for Year 11's in Leicester and peer areas, Academic Year 2021/22 and 2022/23

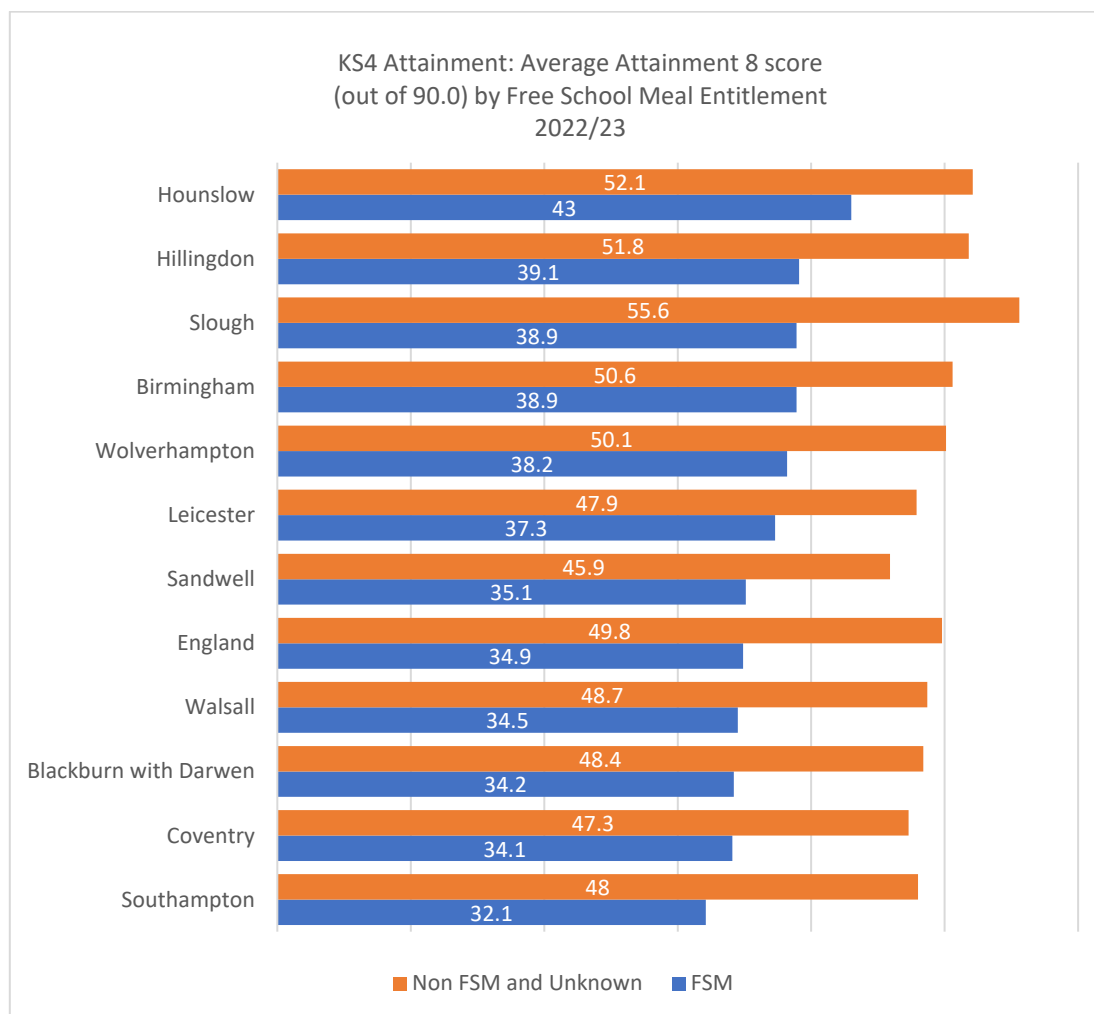


Source: Department for Education (DfE)

2.9.1.3.1 AVERAGE ATTAINMENT 8 AND FREE SCHOOL MEALS

At a national level, there is an attainment gap between KS4 students eligible for FSM and those not. Looking at Figure 28, the national average Attainment 8 score for children eligible for FSM in 2022/23 academic year was 37.3, which is lower than the average for those who are ineligible at 49.8 out of a possible score of 90. This finding of lower attainment among FSM pupils in KS4 is observed nationwide, including in Leicester and its comparator areas. In 2022/23, the average Attainment 8 score among students eligible for free school meals in Leicester was 37.3 out of 90 (Figure 28). Among those not eligible for free school meals in Leicester, the average 47.9. Leicester's performance among children eligible for free school meals lies in the middle of its comparators, however, is higher than the nation average (34.9 out of 90). Leicester has the second smallest attainment gap here with 10.6 points, whereas for England the gap stands at 14.9 points.

Figure 28. Average Attainment 8 for Year 11's by FSM entitlement in Leicester and comparator areas, 2022/23



Source: Department for Education (DfE)

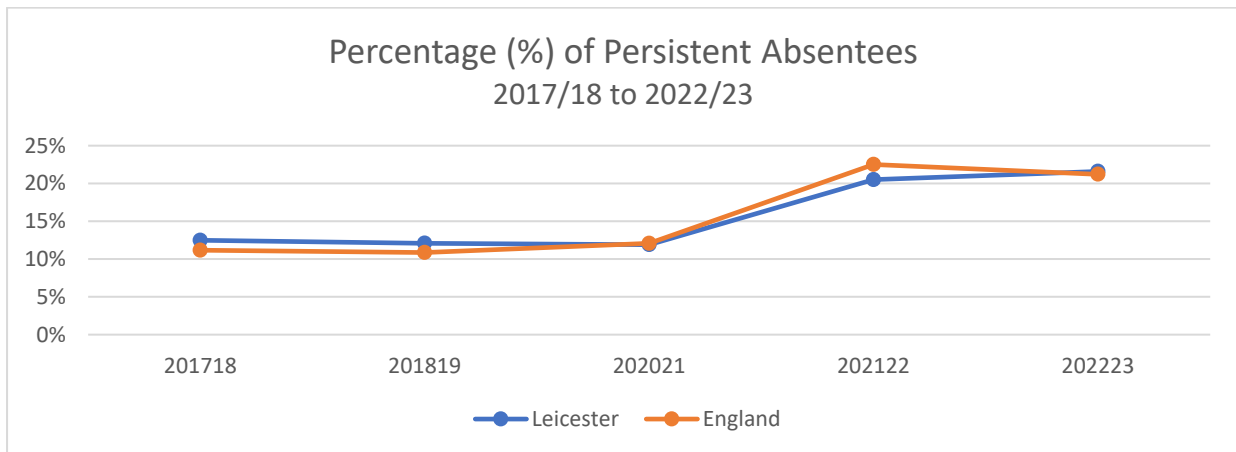
2.10 ATTENDANCE

2.10.1.1 PERSISTENT ABSENCES

Persistent absence occurs when a pupil has an attendance record of 90% or less. There are growing concerns among Central Government regarding increasing reports of school absences since COVID-19 pandemic restrictions were lifted (16). According to the Department of Education's (DfE) briefing on school absences, while COVID-19's impact on school absence persists today, it is not just due to illness, but parent's and children's shift in attitudes towards school.

Figure 29 represents the sharp rise in the percentage of persistent absentees for Leicester and England between academic years 2021/22 and 2022/23. In the 2022/23 academic year, 21.6% of Leicester's children enrolled in Special, State-funded Primary and Secondary Schools (combined) were persistently absent. Prior to COVID-19 lockdown measures in 2020/21, Leicester had consistently significantly higher levels of persistent absenteeism compared to the national figures.

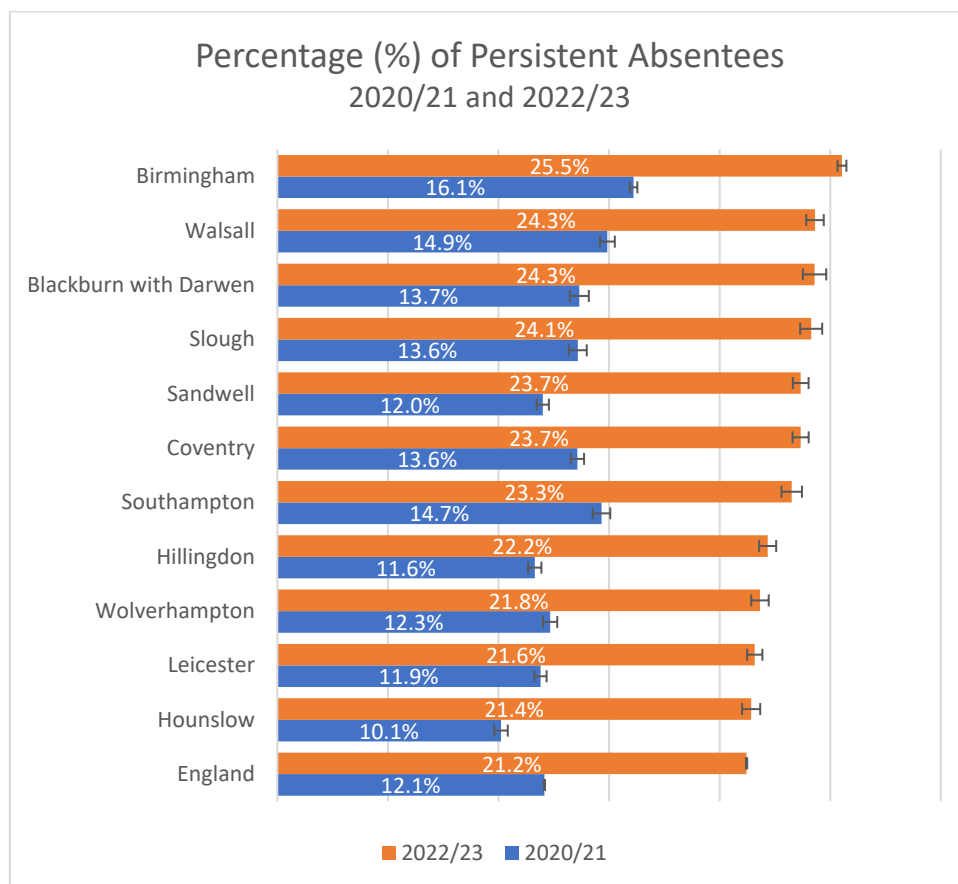
Figure 29. Proportion of persistent school absentees (State-maintained Primary and Secondary Schools, and Special Schools) overtime for Leicester and Nationally, 2017/18-2022/23



Source: Department for Education

The percentage of persistently absent children in Leicester’s state-maintained mainstream and special schools had also increased significantly between 2020/21 and 2022/23 (Figure 30). Despite the large increase in persistent absences, Leicester remained among the best performing authorities amongst its peer areas.

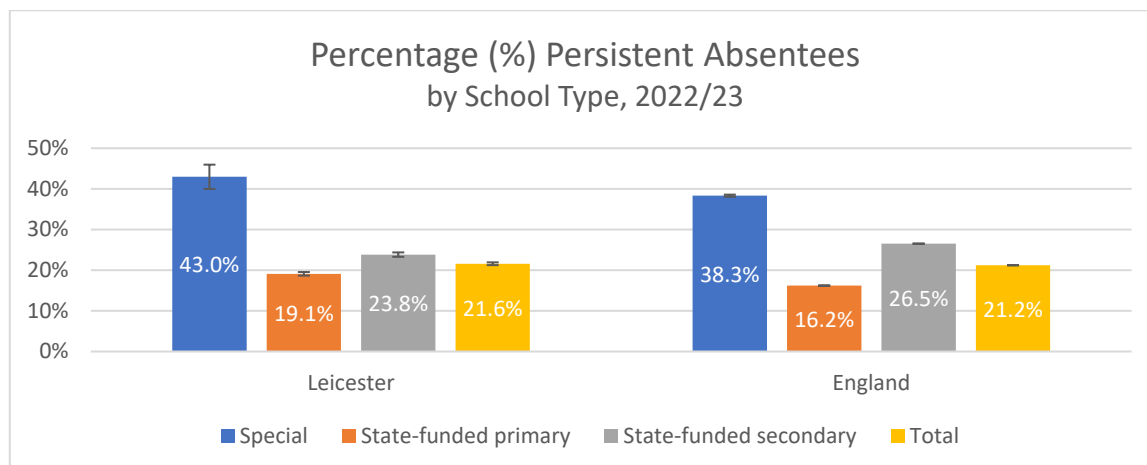
Figure 30. Proportion of persistent absentees for Leicester and peer areas, 2020/21 and 2022/23.



Source: Department for Education

When considering how persistent absenteeism varies by school type, the findings for Leicester mirror the nationally observed trend (Figure 31). In the 2022/23 academic year, persistently absent pupils were significantly less common in state-funded Primary Schools, compared to other school types. Nevertheless, in Leicester, nearly one in five children enrolled in State Primary schools were persistently absent. The percentage of persistently absent pupils enrolled in Special Schools was approximately twice that of the average for all school types when considered together, in both England and Wales (Figure 31).

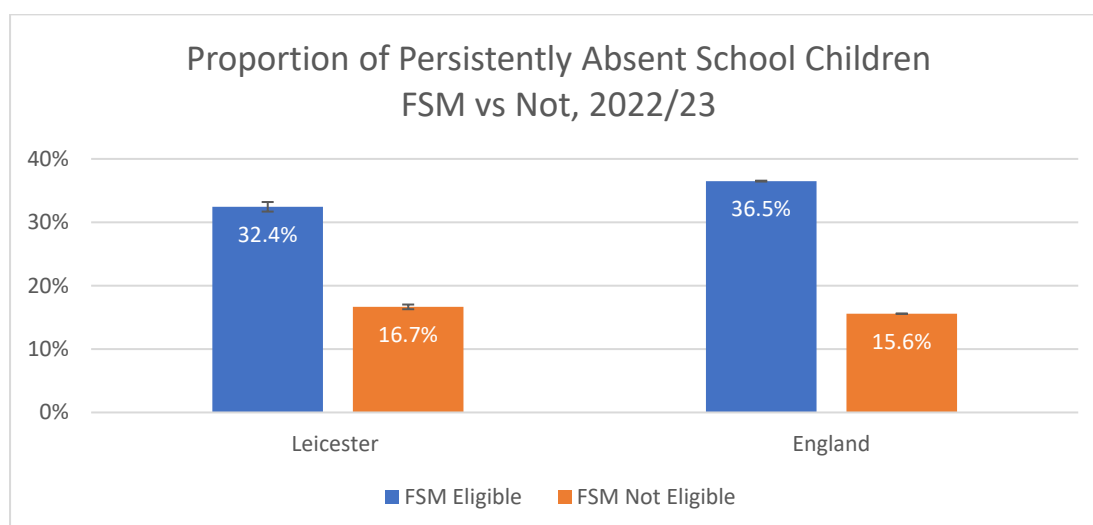
Figure 31. The proportion of persistent absentees in Leicester and England 2022/23, by school type



Source: Department for Education

Reflected in the national discussion of school attendance is the impact of home stresses, such as the cost-of-living crisis and family hardship¹⁴. In Leicester during the 2022/23 academic year, the proportion of children with an attendance of 90% or lower for children receiving free school meals is almost twice the rate for children not entitled (Figure 32).

Figure 32. The proportion of persistently absent pupils by free school meal entitlement in Leicester and England, 2022/23

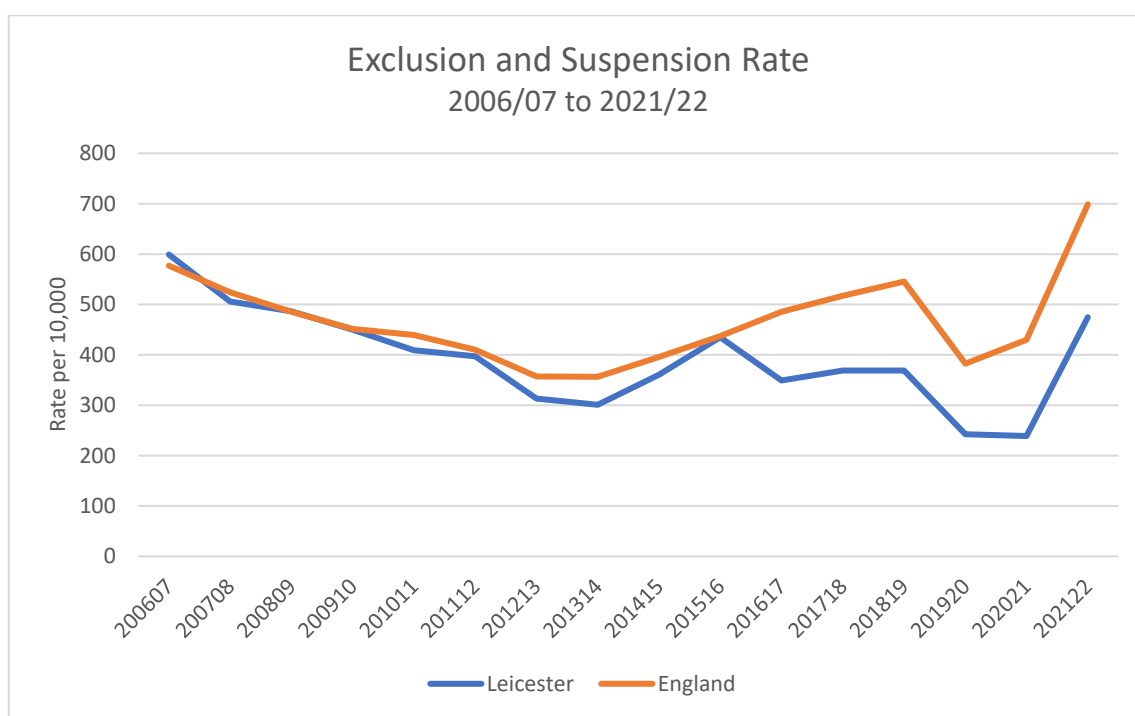


Source: Department for Education

2.10.1.2 SUSPENSION AND EXPULSION

During the COVID-19 pandemic, the suspension and exclusion rate in Primary, Secondary and Special Educational Needs (SEN) saw a large drop both in Leicester and nationally. Looking at Figure 33, this figure sharply rises, and in the 2021/22 academic year, Leicester saw the suspension and exclusion rate rise from 239 per 10,000 to 475 per 10,000 over just one year. It should be noted that suspension data is released every two years, therefore this is the most up to date available at this time. Nevertheless, this is the most recent available figure, and the highest recorded since the 2008/09 academic year.

Figure 33. Exclusion and suspension (combined) rate overtime in Leicester and England, 2006/07 - 2021/22



Source: Department for Education

3 OVERVIEW OF HEALTH AND WELLBEING ISSUES

The following overview of key health and wellbeing issues for school aged children and young people includes:

- 3.1 Children with Special Educational Needs
- 3.2 Children with long term illness or disability
- 3.3 Healthy Weight
- 3.4 Oral Health
- 3.5 Physical Activity
- 3.6 Lifestyle Habits
- 3.7 Unintentional and Deliberate Injuries
- 3.8 Vaccinations and Immunisations

Data from a range of national and local sources will be used to better understand the health and wellbeing of Leicester children and young people. This will include data collected from Leicester children (aged 10 to 15) via the Leicester Health and Wellbeing Survey 2021/22 (17).

3.1 CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

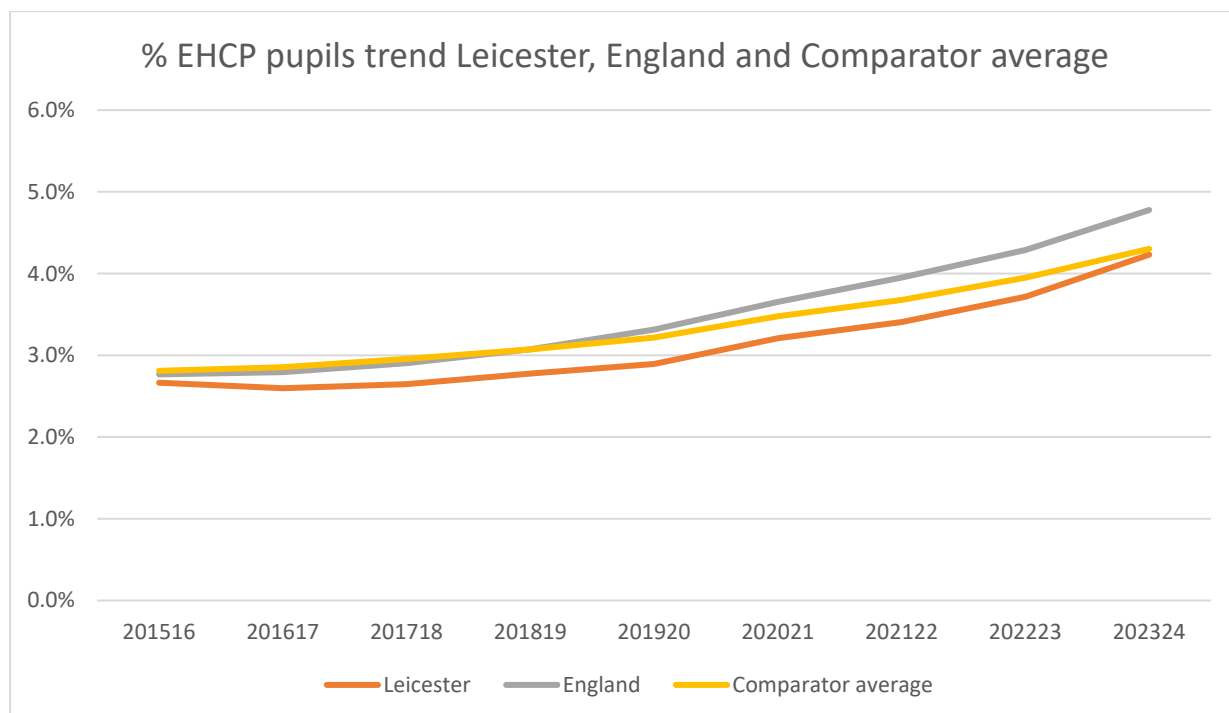
Special educational needs and disabilities (SEND) can affect a child or young person’s ability to learn. They can affect their:

- behaviour or ability to socialise, for example they struggle to make friends
- reading and writing, for example because they have dyslexia
- ability to understand things
- concentration levels, for example because they have ADHD
- physical ability

Children can receive support in school or have an education, health and care plan (EHCP) for those with more complex needs. DfE published data report that In Leicester there are 2688 children with an EHCP, and 7565 children with other SEN support. This includes all school aged children in Leicester including those attending schools outside of the local authority or independent schools.

The percentage of pupils with a education health care plan is recorded in the School Census. Figure 34 shows that the percentage of Leicester pupils with a EHCP is consistently lower than the national rate. The Leicester percentage is also slightly lower than our comparator average, however in line with other areas the proportion of EHCP is rising and is currently 4.2% in Leicester and 4.8% in England.

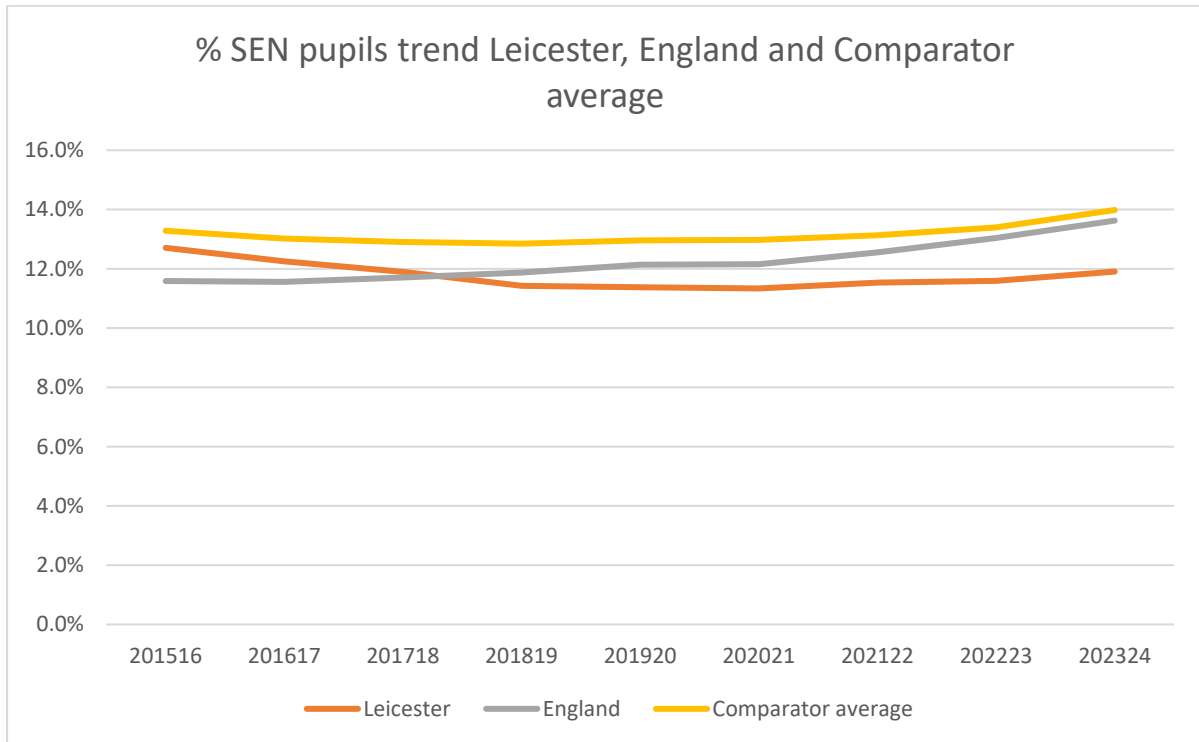
Figure 34. EHCP pupil trend in Leicester, England and Comparator average 2015 to 2024



Source: DfE 2024

The percentage of pupils receiving any SEN support (excluding EHCP) in Leicester is 11.9%. Figure 35 shows that the percentage of Leicester pupils receiving SEN support has fallen and is now below the national rate. The Leicester percentage is also lower than our comparator average.

Figure 35 SEN (excluding EHCP) pupil trend in Leicester, England and Comparator average 2015 to 2024



Source: DfE 2024

A local dataset (Leicester School Census) of children attending Leicester schools reveals the SEN diagnosis of 9584 children. The most common SEN is Speech, Language & Communication difficulties at 28%, followed by Social, Emotional & Mental Health at 23%, and Moderate Learning Difficulties at 17%.

Table 2. SEN Diagnosis of Leicester school children, 2024

Special Educational Need	Definition	Number	%
Speech Language & Communication	Difficulties such as finding it difficult to listen, understand and communicate with others.	2700	28.2%
Social Emotional & Mental Health	Difficulties with managing relationships, withdrawal, and behaviour that causes problems for themselves and others.	2232	23.3%
Moderate Learning Difficulties	Challenges when accessing education.	1659	17.3%
Autisms	A special educational need which impacts social communication, the flexibility of thought and social interaction.	1047	10.9%
Specific Learning Difficulties	Some of the most common SpLDs are ADHD and dyslexia which is usually reflected in a child or young person's learning and day-to-day living.	598	6.2%
Other	Other special educational need	420	4.4%
Physical	A physical need that means they require extra ongoing support and equipment.	275	2.9%
SEN support no specialist assess	No specialist assessment complete	232	2.4%
Hearing Impairments	A disability which affects how sound travels through the ear to the brain.	158	1.6%
Visual Impairments	A disability relating to how visual signs are carried from the eye to the brain.	119	1.2%
Severe Learning Difficulties	Intellectual and cognitive impairment, combined with possible sensory, physical, emotional and social difficulties, means it can be challenging to follow the curriculum.	108	1.1%
Profound & Multiple Difficulties	A collection of disabilities which results in complex special educational needs. Children will need an EHC plan.	25	0.3%
Multi-Sensory Impairments	A multi-sensory impairment includes both vision and hearing loss which impacts all areas of learning.	11	0.1%
ALL SEN Children	ALL SEN diagnosis amongst children attending Leicester schools	9584	100%

Source: Leicester City Council School Census Spring 2024

The maps below show the percentage of Leicester resident school children attending a Leicester school with an EHCP/ other SEN support. There are higher rates of SEN and EHCP in our most deprived areas, particularly the outer social housing estates. SEN and EHCP rates are significantly lower in some of our most diverse neighbourhoods.

Figure 36. EHCP and SEN Pupil Maps by Leicester MSOA 2024

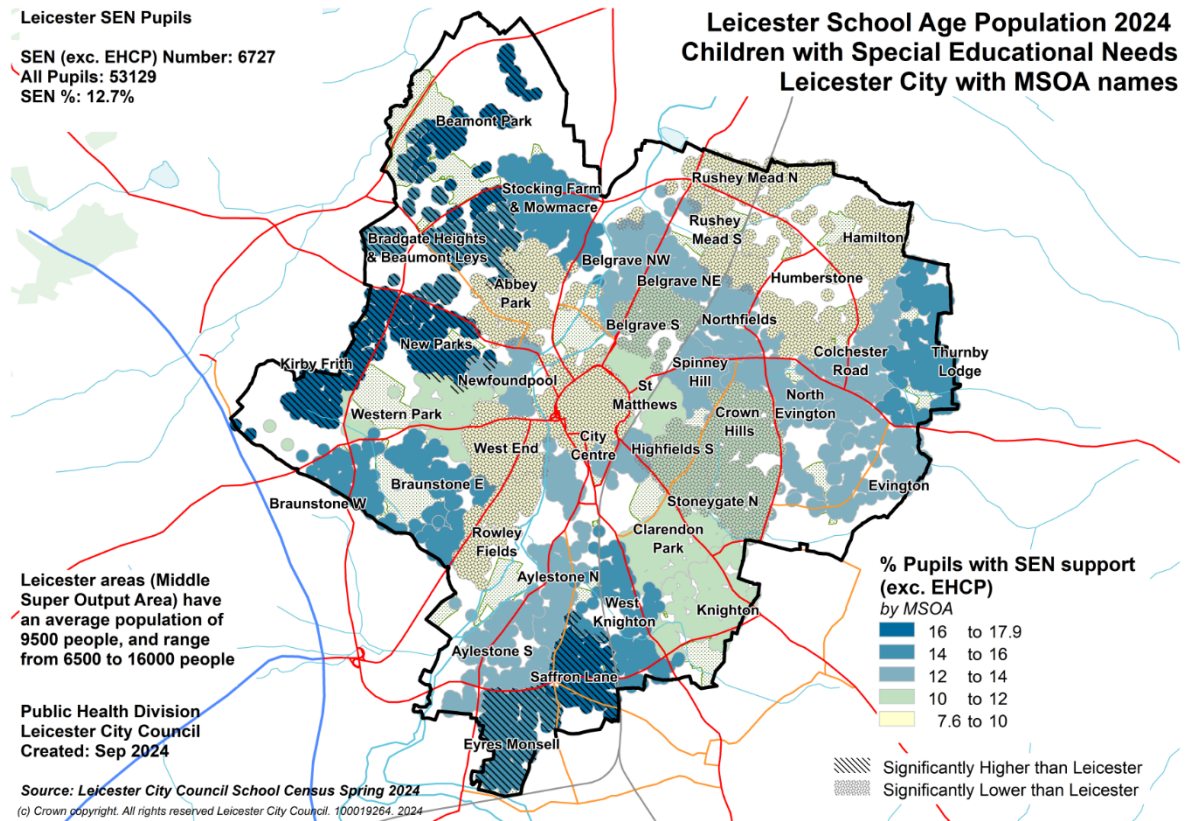
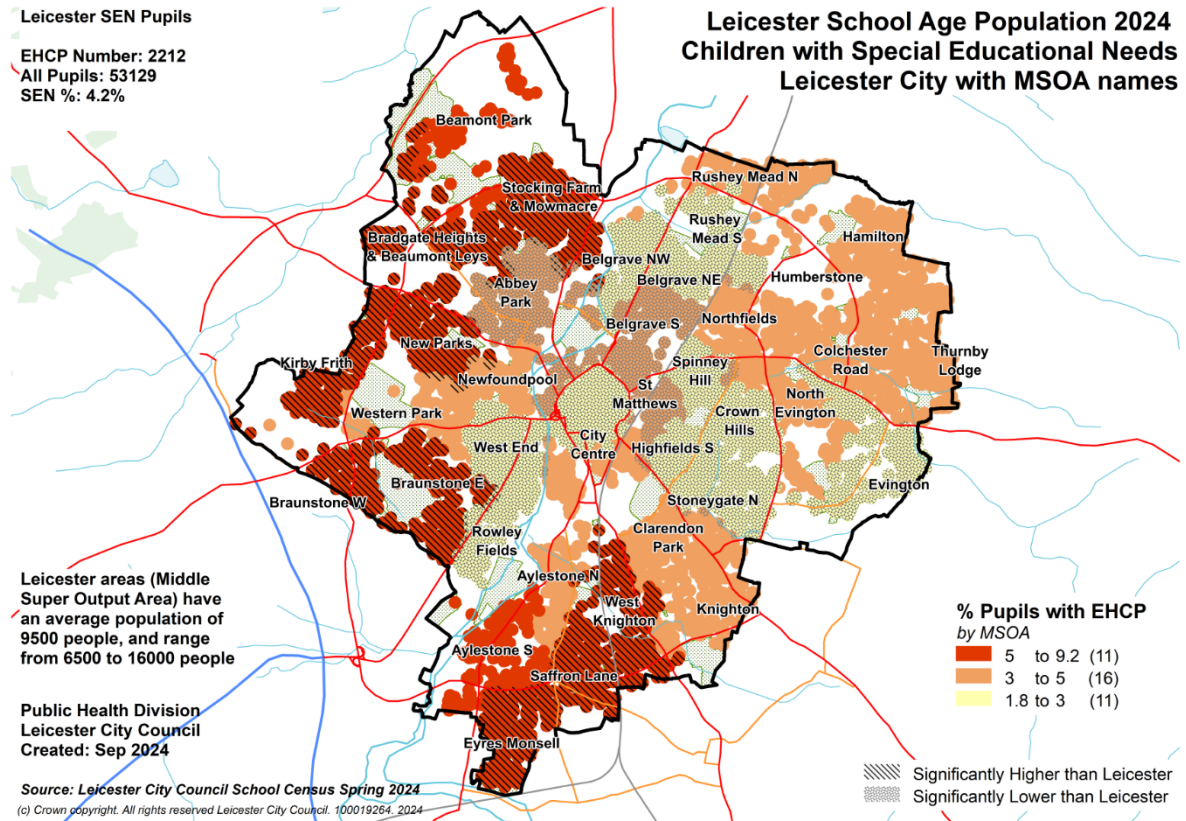
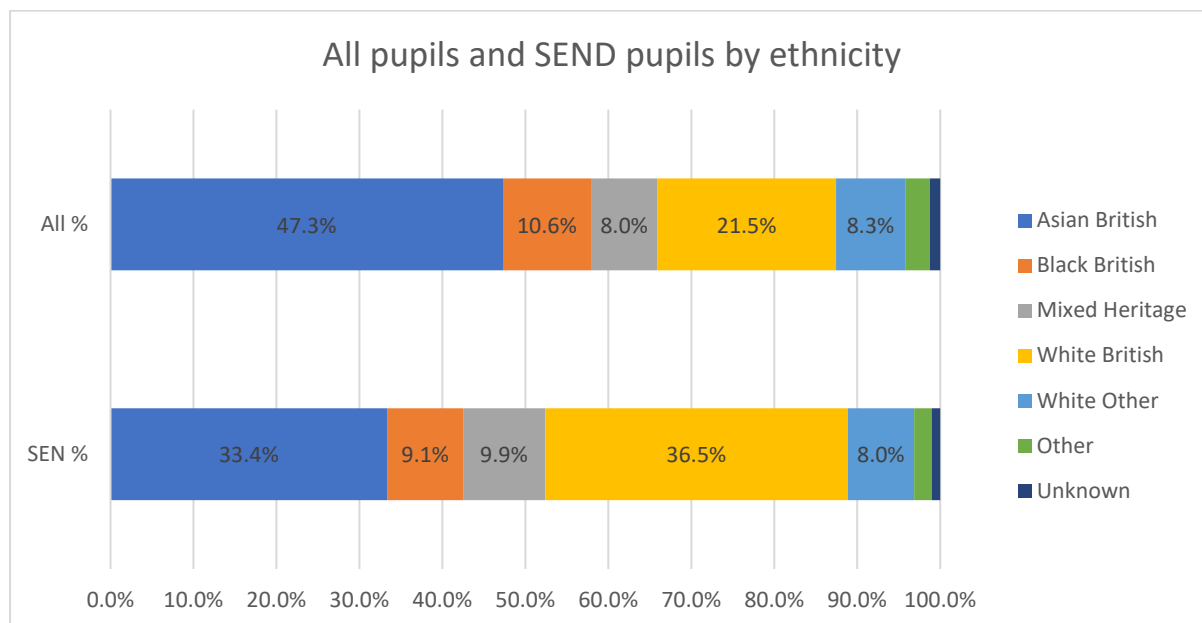


Figure 37 shows a broad comparison of the ethnicity of all pupils against those with an SEN diagnosis. It reveals that there are differences by ethnicity, for example Asian British make up 47% of all pupils but make up 33% of SEN pupils, whereas 22% of all pupils are from a White British background but 37% of SEN pupils are from a White British background.

Figure 37. All and SEN Leicester pupils by ethnicity, 2024



Source: Leicester City Council School Census Spring 2024

3.2 CHILDREN WITH LONG TERM ILLNESS OR DISABILITY

Chronic and long-term illnesses and disability have a large impact on the health and wellbeing of children and young people. Care for such illnesses and disability may require regular visits to hospital, a requirement to adhere to all medical and pharmaceutical regimens, consideration of diet and what types of activities can be done. Illness and disability may limit the amount of time a child can attend school and build social relationships with peers; both of which are determinants of long-term achievement and wellbeing. Immediate and ongoing medical investigations may be invasive, uncomfortable, or painful, with treatment regimens requiring medication, injections, blood measurements, brain, or body scans.

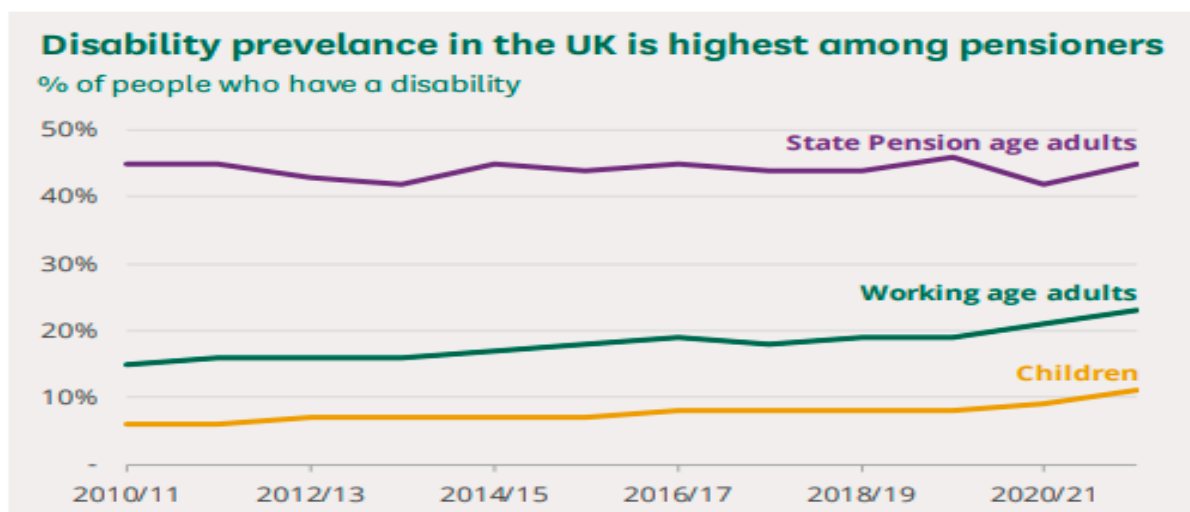
Long-term self-management behaviours for diabetes, asthma, epilepsy, and other chronic conditions are largely initiated in adolescence. It is in early and mid-adolescence that individuals take over the management of their chronic conditions from their parents, and there is strong evidence that the self-management behaviours initiated in adolescence remain with them throughout life.

Adolescence therefore provides an important window of opportunity to influence the trajectories of non-communicable diseases and physical health throughout later life (17).

There is currently no national register of people with disabilities in the UK. Official statistics on disability are primarily collected through surveys, which means that disability tends to be self-reported. These sources agree that the prevalence of disability rises with age: around 11% of children were disabled, compared with 23% of working age adults and 45% of adults over State

Pension age. Figure 38 shows the proportion of children reporting a disability has almost doubled over the last decade (from 6% in 2011/12 to 11% in 2021/22) (18), and there has also been an increase among working-age adults. Whereas the proportion of adults of State Pension age reporting a disability has fluctuated between 42% and 46% (17).

Figure 38. Disability prevalence by age, 2010/11 to 2021/22, United Kingdom.



Source: Family Resources Survey 2021/22

Recent growth in disability prevalence appears to be driven by an increase in mental health conditions reported among children and working-age adults. Table 3 shows half (50%) of disabled children reported a social/behavioural impairment, followed by mental health (30%) and learning (21%).

Table 3. Impairment types reported by disabled people, UK 2021/22.

Impairment types reported by disabled people				
UK: 2021/22				
Impairment type	Children	Working age	State Pension age	All ages
Mobility	16%	43%	64%	47%
Stamina/breathing/fatigue	18%	34%	43%	35%
Mental health	30%	44%	13%	32%
Dexterity	9%	23%	35%	25%
Memory	10%	13%	13%	13%
Learning	26%	15%	8%	13%
Social/behavioural	50%	10%	2%	11%
Hearing*	5%	5%	16%	9%
Vision	5%	7%	13%	9%
Other	16%	20%	20%	20%

Source: Family Resources Survey 2021/22

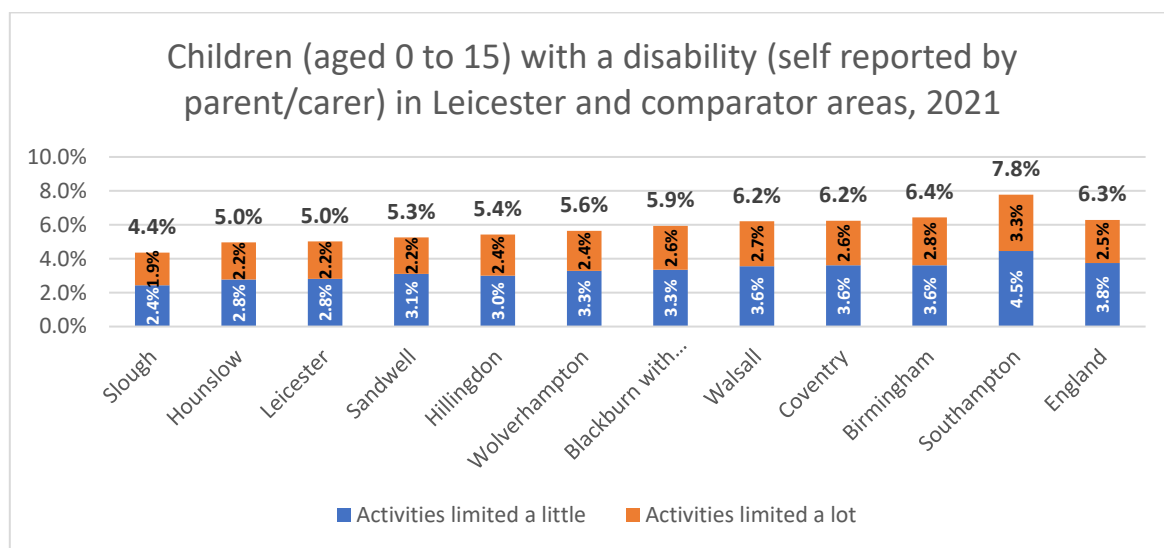
The Family Resources Survey offers a national picture on disability but cannot offer local estimates.

3.2.1.1 DISABILITY CAPTURED IN THE CENSUS 2021

The census includes a question on disability and the broad coverage of the census means it can produce reliable estimates for small areas. Results from the 2021 census in England and Wales indicate lower disability prevalence than results from the Family Resources Survey. This may be a result of the different data collection methods used.

People who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses are considered disabled. This definition of a disabled person meets the harmonised standard for measuring disability and is in line with the Equality Act (2010). Figure 39 shows that about 5% of children (aged 0 to 15), equating to 3893 children have a self-reported disability. This is slightly lower than our comparators and the national average.

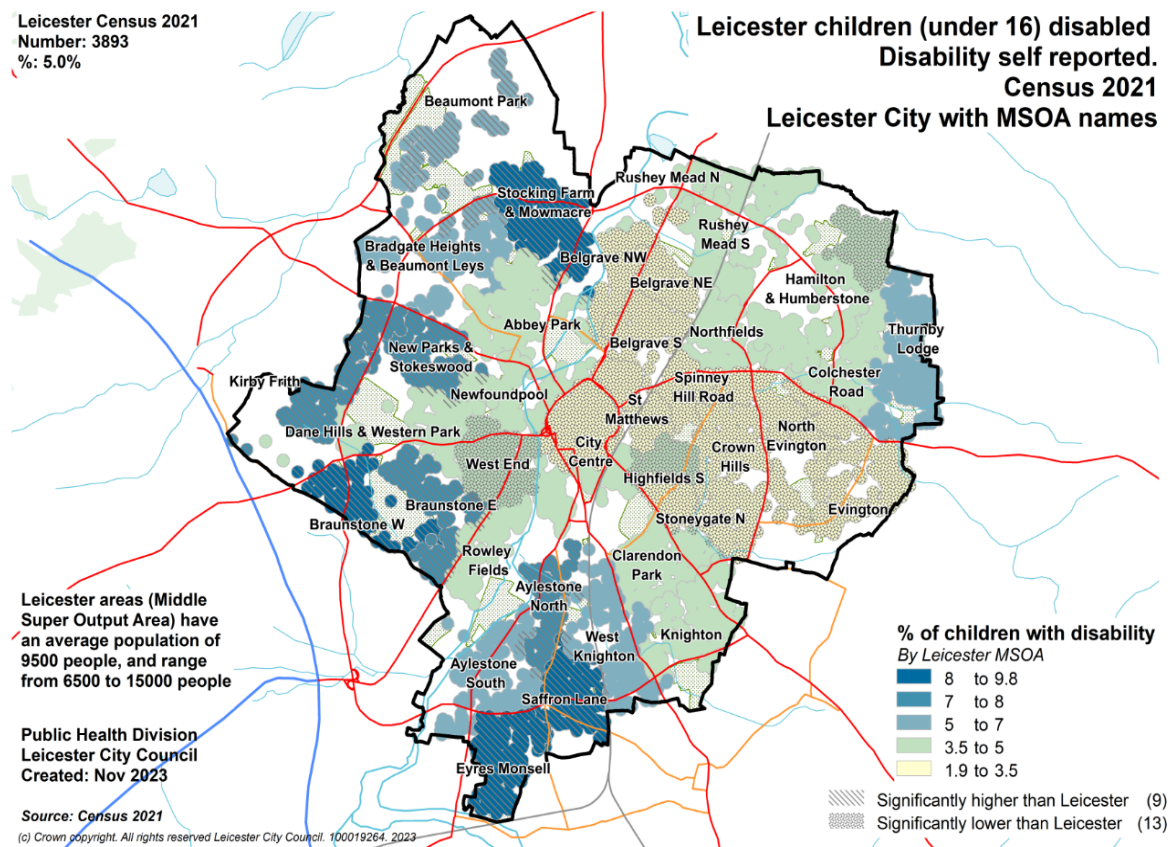
Figure 39. Children with a disability in Leicester and Comparators, 2021.



Source: Family Resources Survey 2021/22

Census data can also be examined at a lower geography. It reveals that disability rates amongst children by Leicester MSOA differ across the city. In areas such as Saffron, Braunstone, Stocking Farm & Mowmacre, Eyres Monsell and New Parks the percentage of disabled children is higher than the city wide average. These areas have all been noted earlier as being amongst the most deprived areas of the city and having higher proportions of social rented households. Areas with lower proportions of disabled children include some of our most diverse and deprived areas of the city, including Spinney Hills, Belgrave, Highfields, Stoneygate and North Evington.

Figure 40. Disabled children (aged 0 to 15) by Leicester MSOA, 2021, numbers and percentage



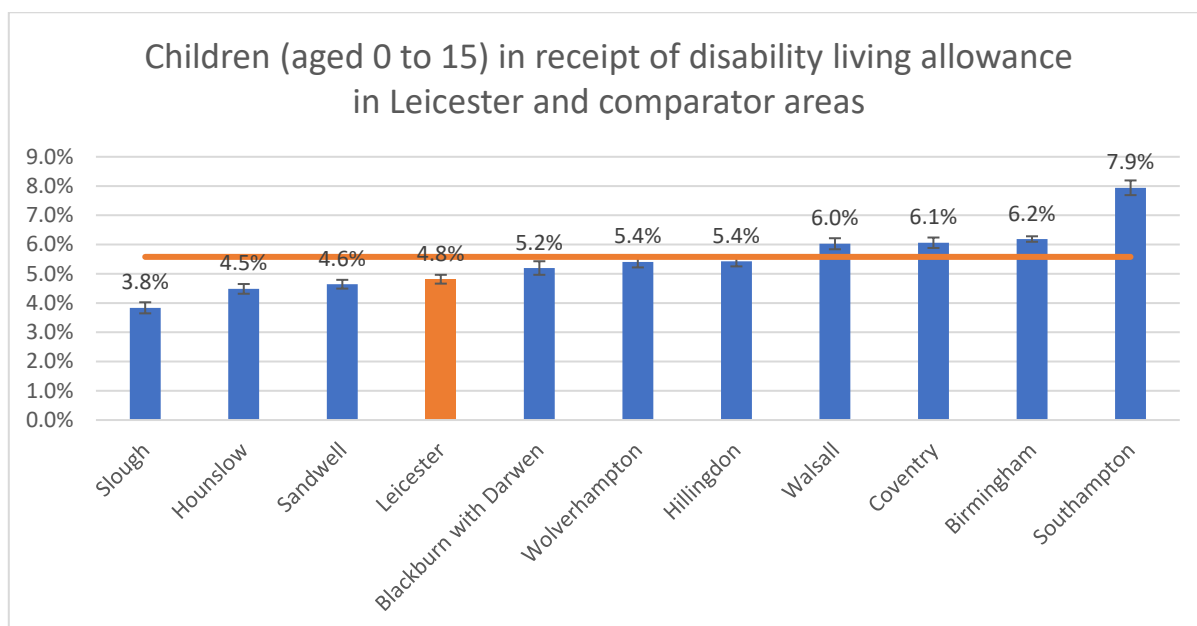
Source: Census 2021

3.2.1.2 CHILD DISABILITY PAYMENTS

Disability Living Allowance (DLA) for children may help with the extra costs of looking after a child (under 16) who has difficulties walking or needs much more looking after than a child of the same age who does not have a disability. Figure 41 shows the proportion of children in Leicester and our comparators who are in receipt of disability living allowance. This is similar to the self-reported

Census data (Figure 39), for Leicester and comparator areas. Leicester reports 4.8% of 0- to 15-year-olds in receipt of disability living allowance, this equates to 3734 children.

Figure 41. Children in receipt of disability living allowance, Leicester and comparator areas, 2023



Source: Stat-Xplore Feb 2023

MSOA analysis shows that children in receipt of disability living allowance corresponds with the self-reported census data. It also shows that some of our most deprived areas report higher rates of child disability including Saffron, Eyres Monsell, New Parks, Braunstone, and Mowmacre & Stocking Farm.

Disability living allowance applications also records the type of disability. Table 4 below shows the percentage of children in each disability type. Similar to national data the greatest proportion of claims are related to Learning and Social/Behavioural issues.

Table 4. Child disability type in Leicester, 2023

Row Labels	Sum of Children	% of children
Learning	1523	41%
Social/behavioural	1361	36%
Unknown	199	5%
Neurological Diseases	129	3%
Stamina/breathing/fatigue	103	3%
Diabetes	101	3%
Other	70	2%
Mobility	69	2%
Hearing	64	2%
Mental health	59	2%
Vision	51	1%
Total Number	3734	100%

Source: Stat-Xplore Feb 2023

3.2.1.3 DIABETES

Diabetes is an increasingly common long-term condition in children and young people, while 90% of diabetes cases are Type 1, Type 2 is increasing in prevalence. Type 2 diabetes is more common in obese or overweight people, and in those of South Asian and African-Caribbean ethnicity. Unlike Type 1 diabetes, prevalence of Type 2 diabetes is strongly associated with deprivation; 4 in 10 children and young people living with type 2 diabetes are from the most deprived areas, compared to only 1 in 19 from the least deprived areas (18).

National data records 33,251 children and young people with type 1 diabetes in 2021/22. The incidence rate per 100,000 people increased from 25.7 new cases per 100,000 in 2019/20 to 32.7 in 2021/22 (19).

Diabetics may suffer from long term poor mental health. This is due to the overwhelming burden of their illness on their lives. Some feel like a burden, misunderstood, lonely and frustrated. Poor mental health in the school years is linked to poor achievement. Over the course of their lives, they may experience problems with their eyesight, circulation, and kidneys. Their life expectancy may also be cut short.

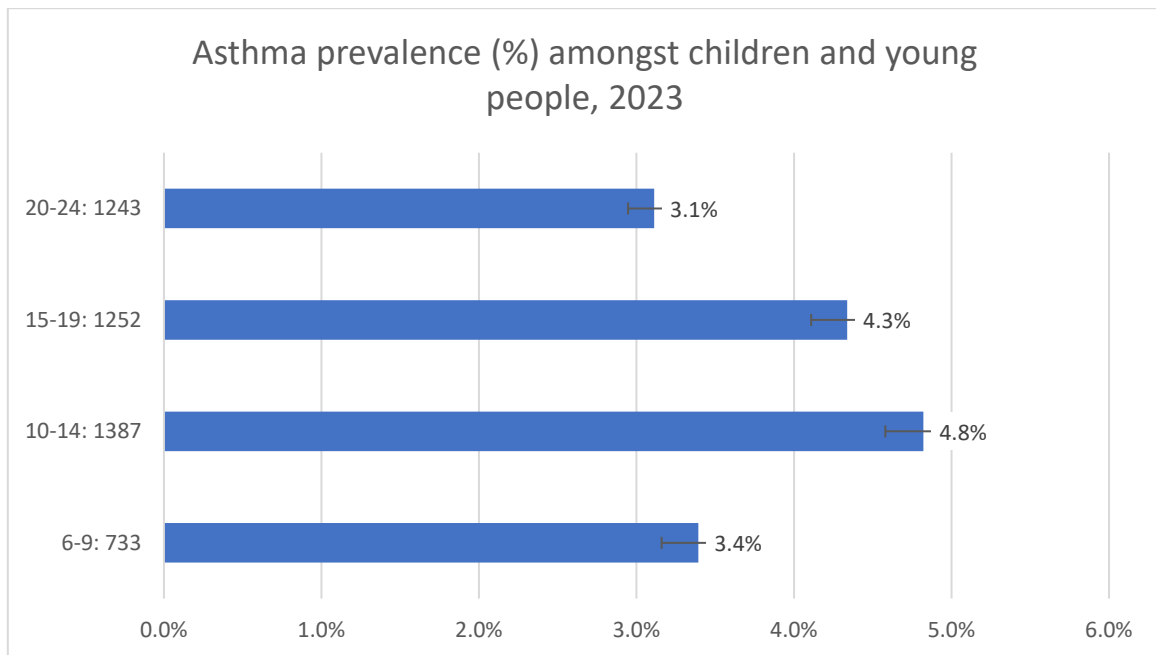
The NCMP data shows obesity is a concern for Leicester's children. The dietary and physical activity habits of children influence their weight in adulthood. Obesity is linked to Type 2 diabetes, an increase in Type 2 diabetes for both young people and adults is expected in Leicester over the next 5 years.

3.2.1.4 ASTHMA

Asthma is the most common symptomatic long-term condition in children with about 1.1 children currently receiving asthma treatment. It can start at any age, but it is most common between ages 5 and 15. It continues to be among the top 10 causes of emergency hospital admission for children and young people in the UK (21). It is a respiratory condition which can cause breathlessness, tightness in the chest, coughing and wheezing. For most children, asthma can be controlled but at present there is no cure. Like diabetics, asthmatics may suffer from long term poor mental health which ultimately impacts their overall health and wellbeing, school performance (22).

In Leicester there are 3,372 children and young people aged 6 to 19 years recorded with asthma. Figure 42 below shows that asthma is more common among older children (10-19 years).

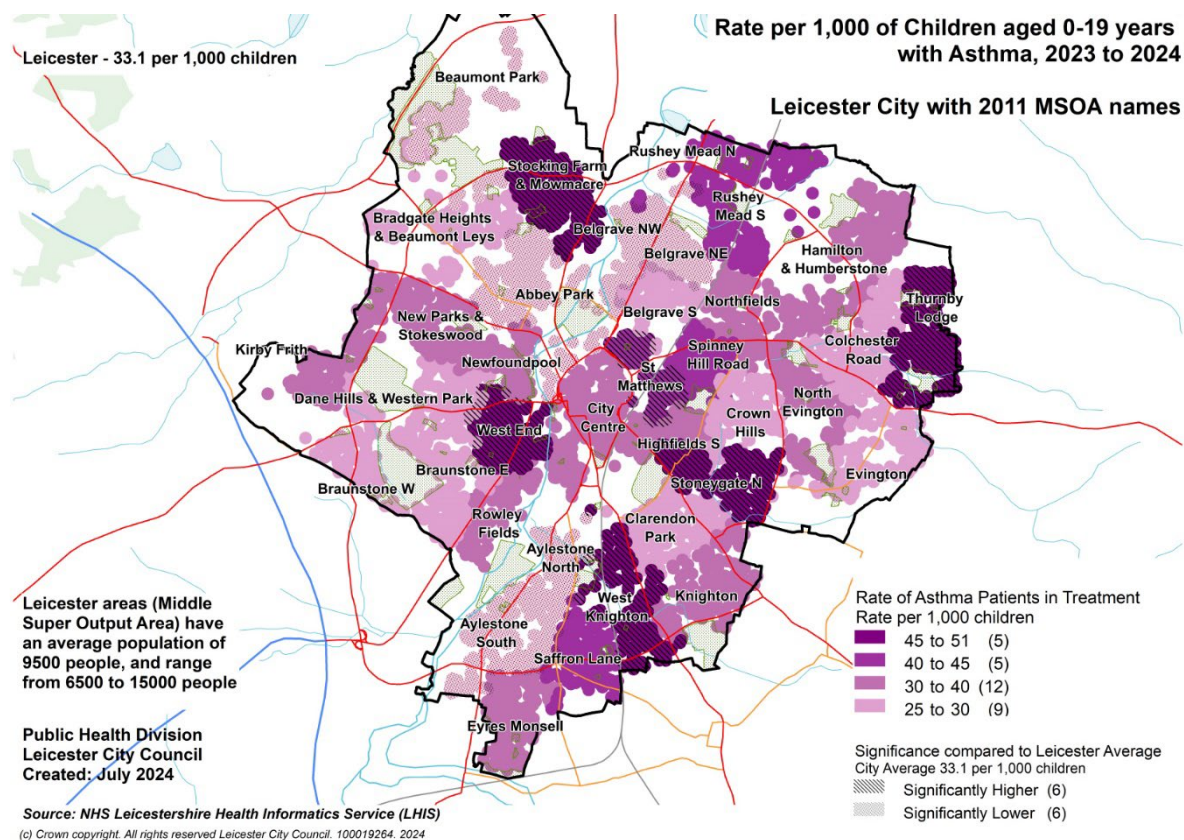
Figure 42. Asthma prevalence (%) amongst children and young people in Leicester, 2023



Source: System one GP data

Looking at a map of childhood asthma across the city between 2023 and January 2024, Stoneygate North has the highest rate of childhood asthma in Leicester, with 50.6 per 1,000 children registered with the condition. Additional MSOAs with a significantly higher rate of childhood asthma than the city average of 33.1 per 1,000 include: North Evington & Rowlatts Hill (47.2), Evington (45.9), Crown Hills (45.6), Saffron Lane and Eyres Monsell (46.6). Leicester City Centre has the lowest rate of childhood asthma and, at 14.4 per 1,000 children, has a significantly lower rate than Leicester's average. It does also, however, have the third lowest population of 0–19-year-olds, according to 2021 Census count which should be considered.

Figure 43. Rate of childhood asthma in Leicester, 2023/24



Source: NHS Leicestershire Health Informatics Service (LHIS)

3.3 HEALTHY WEIGHT

The experience of long-term conditions is often directly attributable to excess weight, but the link between causation and symptom is difficult to quantify. The resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year (23). Services such as social care, housing, and the wider economy are all negatively impacted by rising excess weight levels.

Healthy eating and being physically active are particularly important for children and adolescents. This is because their nutrition and lifestyle at this age influence their wellbeing, growth, and development for the rest of their lives.

Data from the National Childhood Measurement Programme and the local Leicester Children's Health and Wellbeing Survey provides further insight.

3.3.1.1 NATIONAL CHILDHOOD MEASUREMENT PROGRAMME (NCMP)

The NCMP was launched in the 2005/06 academic year and collects annual measurements of the height and weight of over one million children in Reception (age 4-5 years) and Year 6 (age 10-11 years) in mainstream state-maintained schools in every local authority in England. Based on their measurements, children are then allocated to a weight category.

The NCMP headlines for Leicester include:

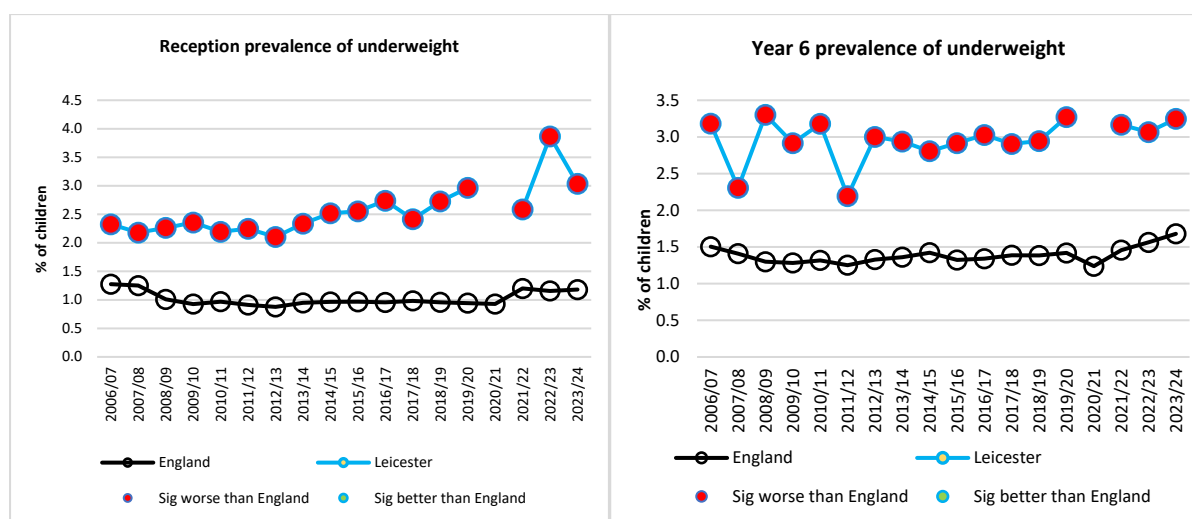
- In Reception, around 1 in 5 (19.3%) were classified as living with overweight or obesity, which is significantly better than for England overall at 22.1%.
- In Year 6, around 2 in 5 (39.1%) children had a BMI classification of overweight or obese, which is significantly higher than for England overall at 35.8%.
- Both boys and girls in Reception and Year 6 are significantly more likely to be underweight, compared to their England peers.
- Trend data shows overweight, and obesity has remained relatively stable over the past decade in Reception year children, however an upwards trend has been observed for year 6 children over the past decade.
- Reception and Year 6 children resident in the more deprived quintiles report higher obesity rates, and those in the least deprived quintiles report lower obesity rates.

3.3.1.1.1 CHILDREN MEASURED AS UNDERWEIGHT

In Leicester, the prevalence of underweight has been persistently and significantly higher than the national averages for both Reception and Year 6 children Figure 44. While the trend for Year 6's has remained relatively unchanged for the last decade, there was a significant increase in the percentage of underweight Reception-aged children in 2022/23, however latest data shows a return to levels experienced previously.

Amongst Reception children in Leicester, both boys and girls are significantly more likely to be underweight than their England peers.

Figure 44. Time series prevalence of underweight for Reception and Year 6 children, compared to national figures, 2006/07 to 2023/24

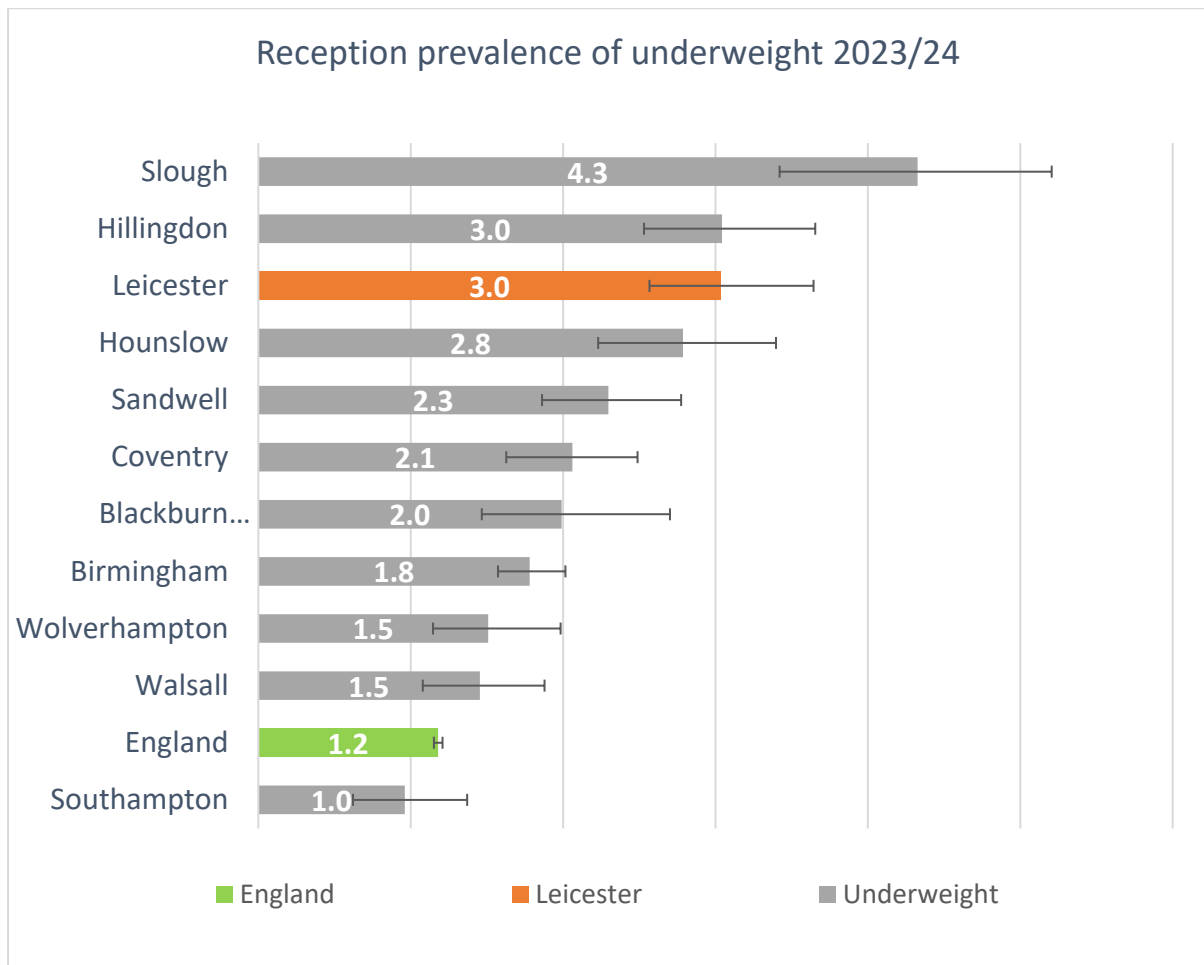


Note – Missing data point denotes missing data for 2020/21.

Source: Office for Health Improvement and Disparities (OHID)

Leicester remains amongst the highest authorities for levels of underweight children amongst reception children, and we report a rate that is significantly higher than some of our comparator areas (Figure 45).

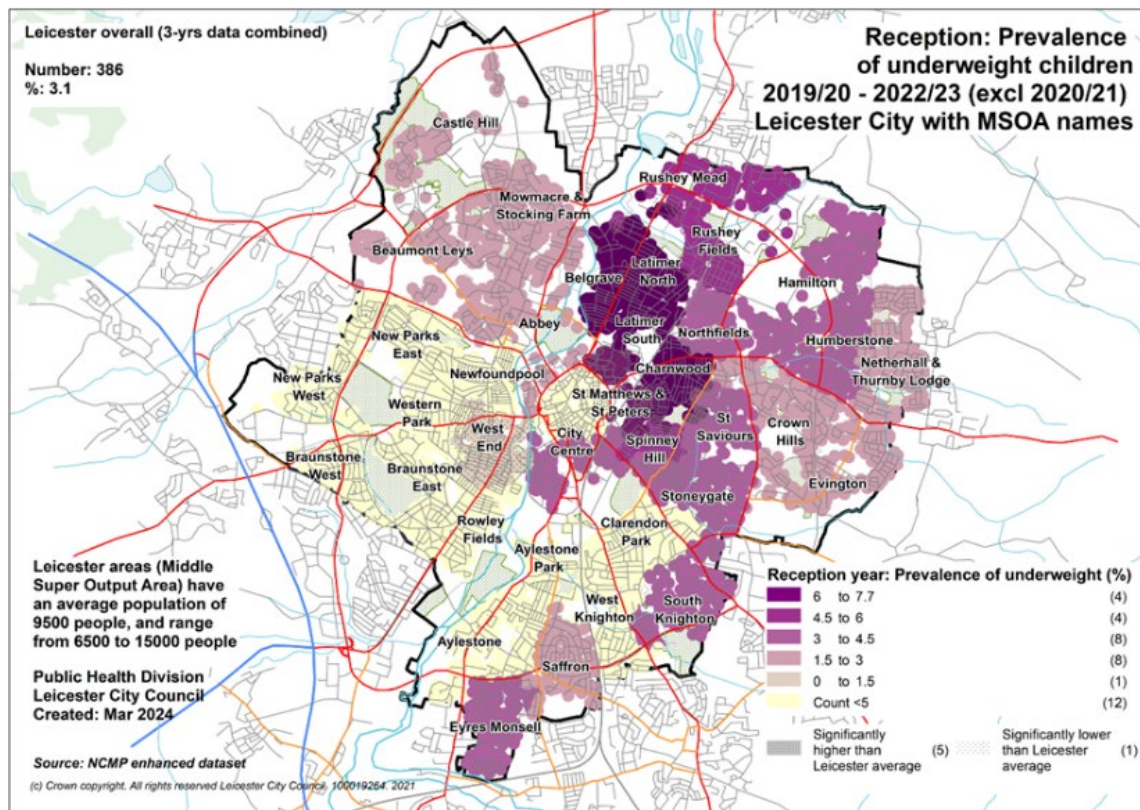
Figure 45. Change in prevalence of Reception children with underweight, 2023/24



Source: Office for Health Improvement and Disparities (OHID)

Mapping this across the city, Reception children in the East of the city are more likely to be classed as ‘underweight’ than those in other areas (Figure 46). Combing the data from 2019/20 – 2022/23, Spinney Hill (7.4%), Belgrave South (7.3%) and Belgrave Northwest (7.7%) had the highest combined prevalence of underweight, and in all three cases the prevalence was significantly higher than the city’s average. Reception aged children in 10 of Leicester’s MSOAs were significantly less likely to be measured as ‘underweight’. Notably, in New Parks & Stokeswood, and Newfoundpool, the combined prevalence of underweight was zero.

Figure 46. Combined prevalence of underweight amongst reception children by Leicester MSOA, 2019/20 to 2022/23 (excl. 2020/21)



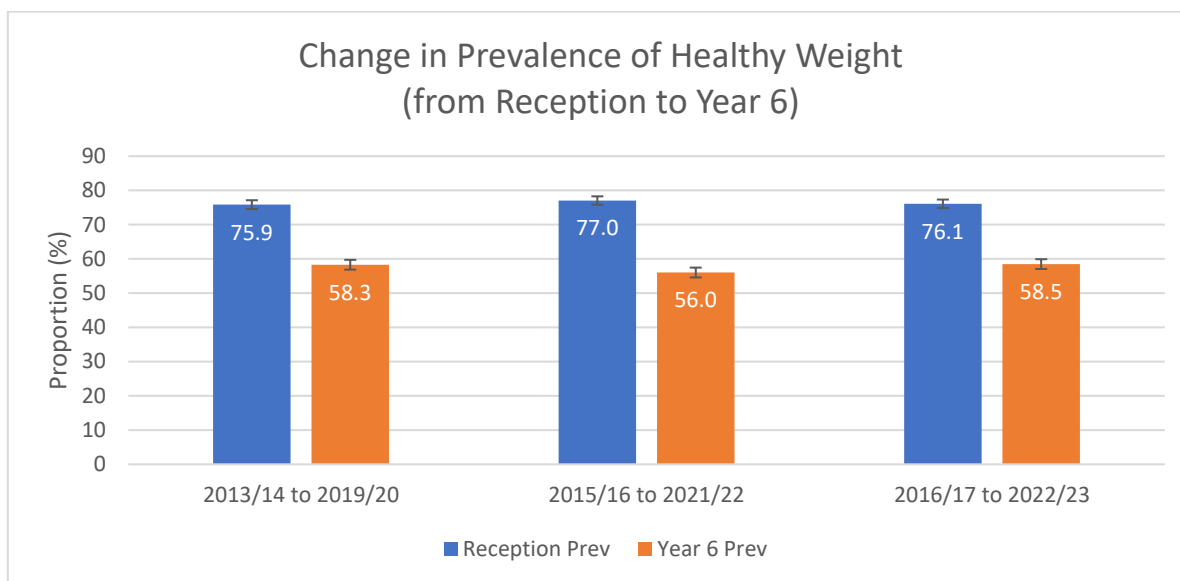
Source: Office for Health Improvement and Disparities (OHID)

3.3.1.1.2 CHILDREN MEASURED AS HEALTHY WEIGHT

In the academic year 2023/24, 77.6% of Reception aged children have a 'healthy weight' BMI. This is not a significant change from the previous year and is a similar figure to the national average at 76.8%. The prevalence of Year 6 children measured as a healthy weight is much lower at 57.6%, while the national average is 62.5%. For both Reception and Year 6 children, the prevalence of healthy weight in Leicester is like that of its comparator areas.

These findings are part of a larger trend where the prevalence of children measured as having healthy weight is higher amongst Reception children than Year 6s. For example, while 58.5% of Year 6 children were measured as having a healthy weight in 2022/23, a significantly higher proportion of this same cohort were of a healthy weight when they were in Reception (76.1%, Figure 47).

Figure 47. Change in prevalence of children with healthy weight for three cohorts of children measured for the NCMP in Leicester

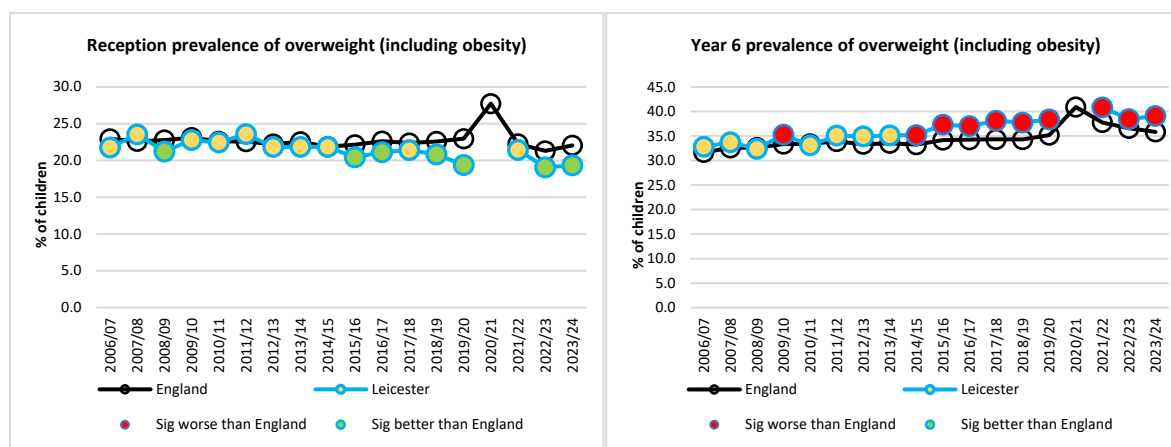


Source: Office for Health Improvement and Disparities (OHID)

3.3.1.1.3 CHILDREN LIVING WITH OVERWEIGHT, OBESITY AND SEVERE OBESITY

For Reception children in Leicester, the prevalence of children living with overweight, or obesity has remained stable over the past decade and currently lies at 19.3% - Significantly lower than the national average at 22.1%. For Year 6 Children in Leicester, the prevalence is approximately double that for Reception, with 39.1% living with overweight and obesity (Figure 48). The prevalence for Year 6's in Leicester is consistently significantly higher than the national average, which for the academic year 2023/24, was measured as 35.8% living with overweight and obesity, but is similar to many of our comparator areas.

Figure 48. Time series prevalence of overweight (including obesity) for Reception and Year 6 children, compared to national figures, 2006/07 to 2023/24

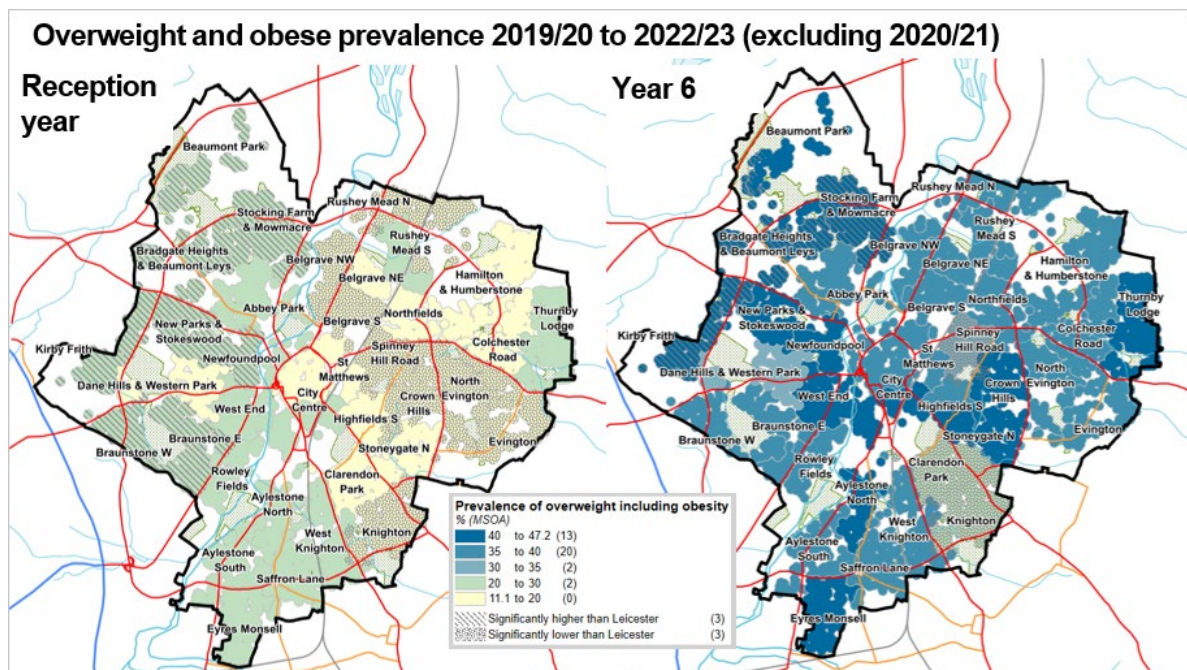


Note – Missing data point denotes missing data for 2020/21.

Source: Office for Health Improvement and Disparities (OHID)

Figure 49 presents a map of average prevalence of overweight and obesity between 2019/20 and 2022/23 (excluding 2020/21) for Reception and Year 6 children across the city. In both cases, a higher-than-average level of overweight and obesity can be seen in the Northwest of Leicester (Beaumont Park, Stocking Farm & Mowmacre, Bradgate Heights & Beaumont Leys). Nevertheless, as was observed in Figure 48, the prevalence of overweight and obesity amongst Year 6 children in the city is higher than for Reception children, with over a third of Leicester’s MSOAs having an overweight and obesity prevalence of at least 40%.

Figure 49. Combined prevalence of overweight including obesity amongst Reception and Year 6 children by Leicester MSOA, 2019/20 to 2022/23 (excl. 2020/21)



Source: Office for Health Improvement and Disparities (OHID)

3.3.1.1.4 BMI STATUS BY ETHNICITY

In Reception year, children of Asian ethnicity were significantly more likely to be underweight and were significantly less likely to be overweight and obese, when compared to their England peers*. Children in Leicester of White ethnicity with overweight and obesity was significantly more prevalent compared to their England peers. There were no significant differences between Leicester and England for Reception children of Black or Mixed ethnicity (Figure 50).

A BMI classification of underweight in Year 6 children of Asian ethnicity was significantly more likely when compared to England peers. A BMI classification of obese in Year 6 children of Asian ethnicity was significantly more likely when compared to England peers. Children of White ethnicity were significantly more likely to be overweight and obese compared to England peers. There were no significant differences between Leicester and England for Year 6 children of Black and Mixed ethnicity.

*Note: BMI has been found to underestimate body fat in South Asian children both in Reception and Year 6 (24). Leicester has a large South Asian population which may partly explain why underweight prevalence is higher in the city.

Figure 50. BMI status by ethnicity for Reception and Year 6 children in Leicester, 2018/19 to 2022/23 (excl. 2020/21)

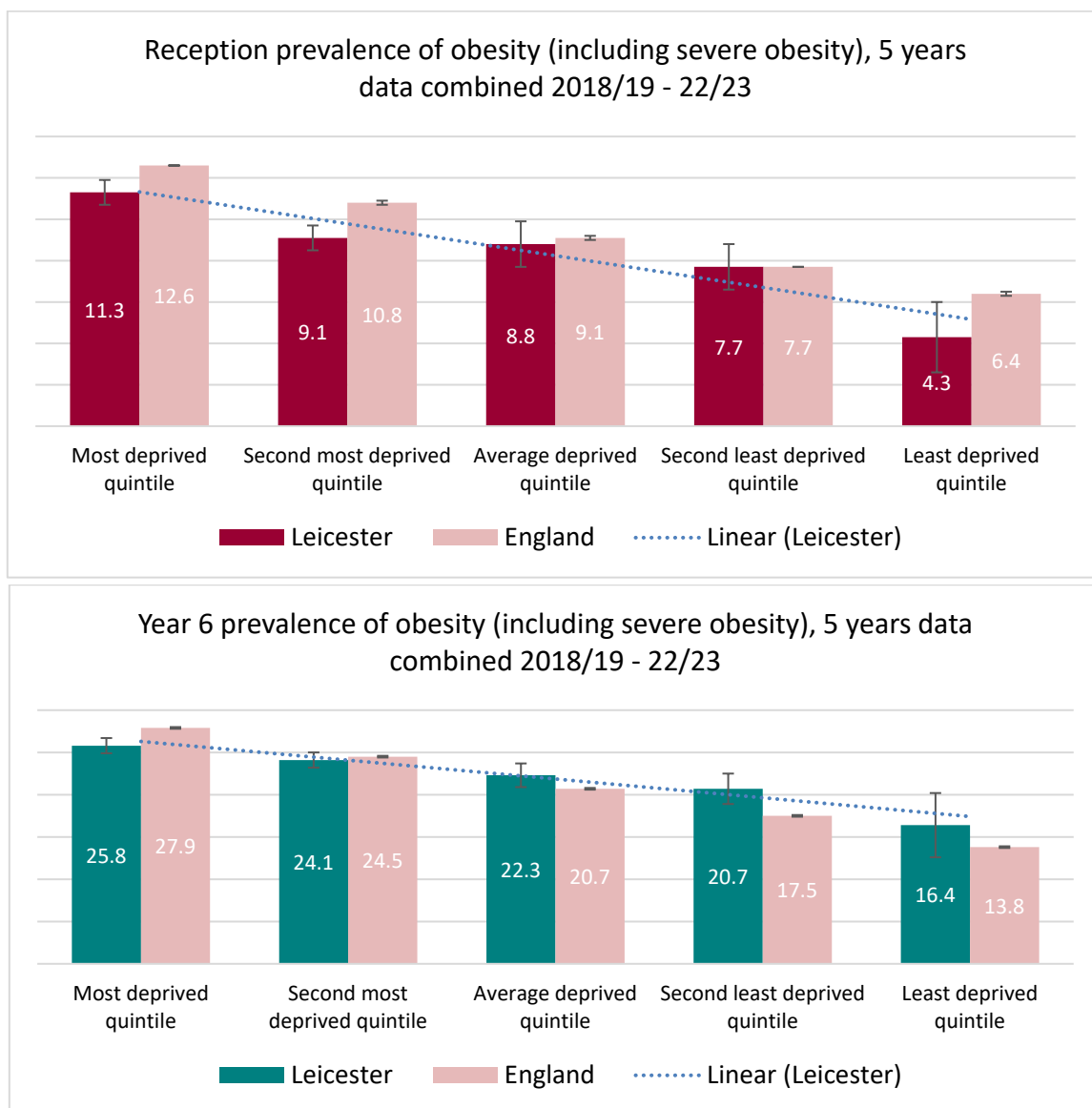


Source: Office for Health Improvement and Disparities (OHID)

3.3.1.1.5 BMI STATUS BY DEPRIVATION

For Reception and Year 6 children in Leicester and nationally, there is a clear observable trend whereby those in the more deprived quintiles are reporting higher obesity rates (Figure 51). Combined data from 2018/19 to 2022/23 in figure displays this relationship clearly and can also be observed across Leicester’s MSOAs in the previous map (Figure 46). Here, the least deprived areas of Leicester had the lowest prevalence of obesity (including severe obesity).

Figure 51. Prevalence of obesity (including severe obesity) by deprivation quintile for Reception and Year 6 children in Leicester, 2018/19 to 2022/23 (excl. 2020/21)

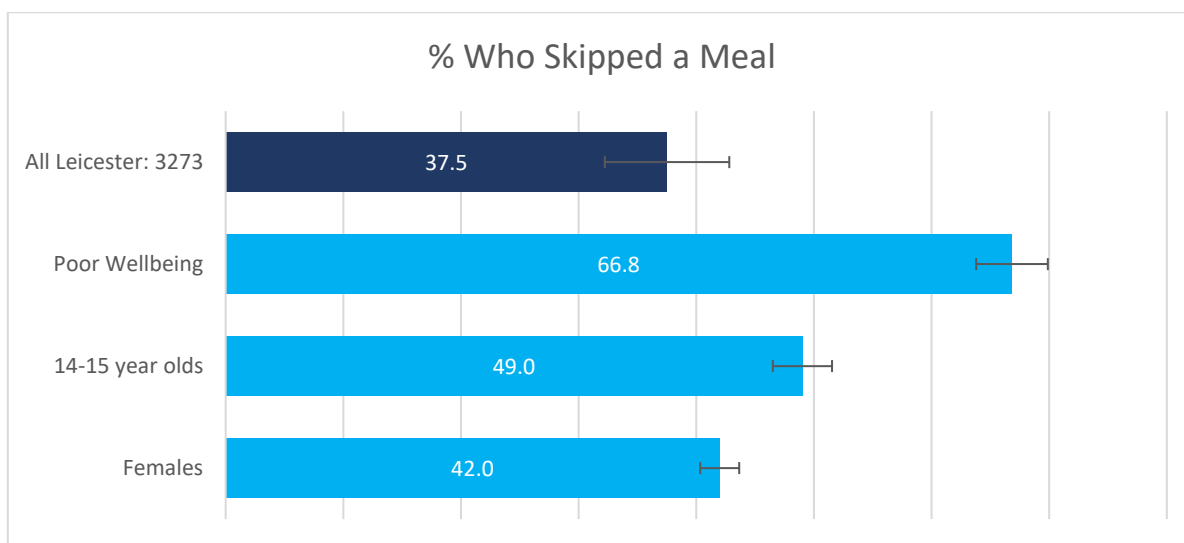


Source: Office for Health Improvement and Disparities (OHID)

3.3.1.2 HEALTHY EATING SURVEY RESULTS

The Leicester Children and Young People survey revealed, three out of five children ate breakfast, lunch, and dinner the day before the survey (17). Two in five children reported having skipped at least one meal (Figure 52), the most skipped meal being breakfast. A small proportion of children also reported they did not have an evening meal. Groups of children more likely to report skipping a meal were females (42%), 14- to 15-year-olds (49%), and children with poor wellbeing (PWB, 66.8%).

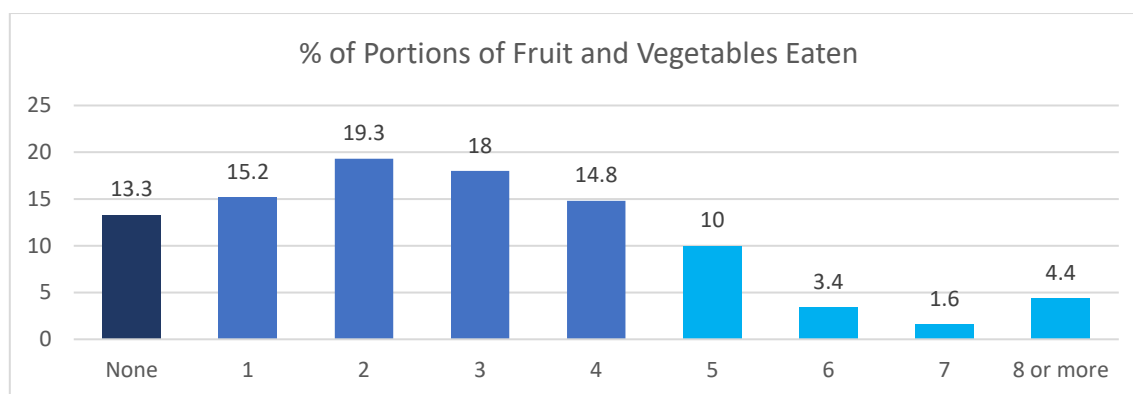
Figure 52. Groups of children in Leicester most likely to report having skipped a meal, 2021/22.



Source: Leicester Children’s Health and Wellbeing Survey 2021/22

Nearly one in five children (19%) are eating the recommended five or more portions of fruit and vegetables (Figure 53), a significant decrease from 23% in 2016/17. Just over one in ten stated they had no fruit and vegetables the day before the survey. Younger children aged 10-11 years were significantly more likely to eat 5 or more portions of fruit and vegetables per day compared to older children (aged 14-15 years old). Additionally, children from ‘other’ ethnic group were more likely to eat 5 or more portions, while those with a poor wellbeing score were significantly less likely to do so.

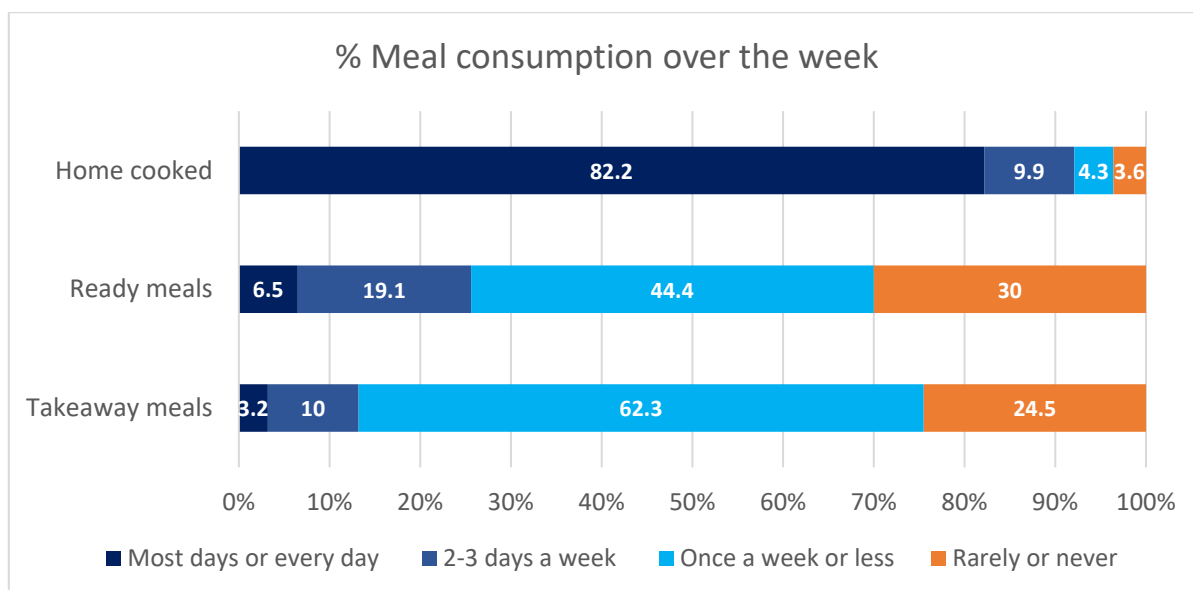
Figure 53. Fruit and vegetable intake for Leicester's Children, 2021/22.



Source: Leicester Children’s Health and Wellbeing Survey 2021/22

Around 4 out of 5 children (82%) report having home cooked meals most days or every day (Figure 54). This proportion has remained the same since the last children’s survey in 2016/17. Also represented in this figure is that ready meals are also a common meal type consumed, with over a quarter of children eating them more than one per week. There has been a significant decrease in the percentage of children eating takeaway meals more than one per week since 2016/17 from 23% to 13% most recently. While there were no groups of children identified to be significantly more likely to eat takeaways, those from Leicester East were significantly less likely to have a takeaway compared to other broad areas of the city.

Figure 54. Types of meals children consume across a week, 2021/22.



Source: Leicester Children’s Health and Wellbeing Survey 2021/22

3.4 ORAL HEALTH

The Office for Health Improvement and Disparities (OHID; formerly PHE) coordinate the National Dental Epidemiology Programme (NDEP). This involves the examination of oral health needs amongst children. The data collected provides information to local authorities, the NHS and other partners of the oral health needs of this survey cohort and highlight any inequalities.

Every two years, the NDEP undertakes an oral health survey of randomly sampled 5-year-old children from state-funded mainstream schools. In between years of surveying 5-year-olds, another age group of children or adults are selected for survey. The most recent examination of 5-year-olds was in 2022, and in 2023 Year 6 children from state-funded mainstream schools were assessed.

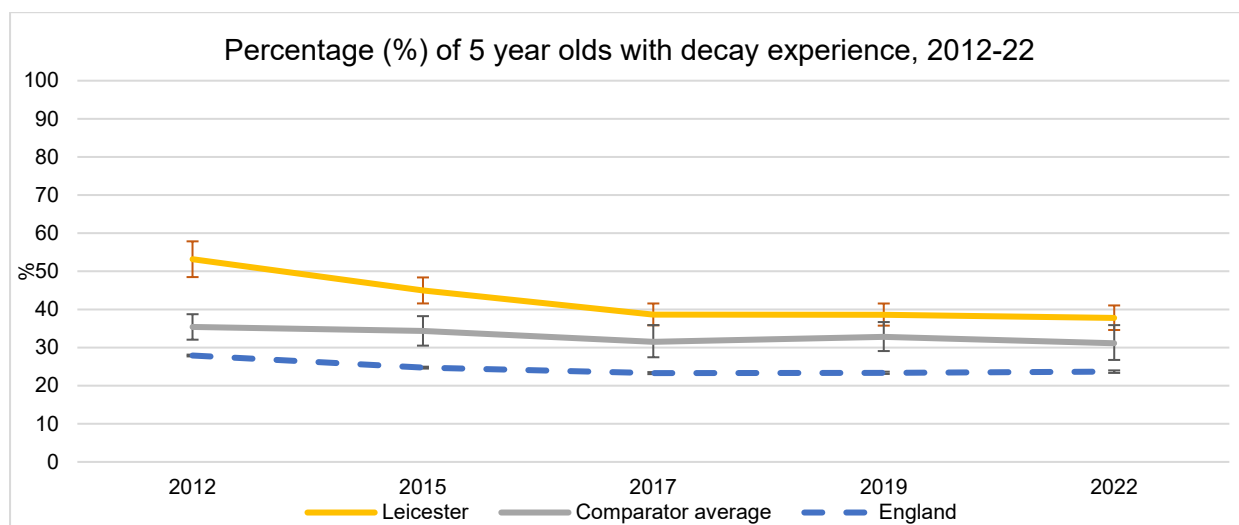
3.4.1.1 5-YEAR-OLD’S ORAL HEALTH SURVEY 2021/22

National Dental Epidemiology Programme (NDEP) surveys are carried out every year with 5-year-olds examined every 2 years. The aim of the survey is to measure the prevalence and severity of dental issues among 5-year-olds to:

- Inform local oral health improvement strategies.
- Track and compare children’s oral health over time from previous surveys.
- Identify oral health inequalities.

In this most recent survey, 37.8% of 5-year-olds assessed were found to have experience of decay (including teeth missing due to extraction and filled teeth). This is a similar finding to the previous two surveys in 2019 and 2017 (Figure 55). However, the percentage of 5-year-olds with decay experience remains significantly higher than the national average, which for 2022 lies at 23.7%.

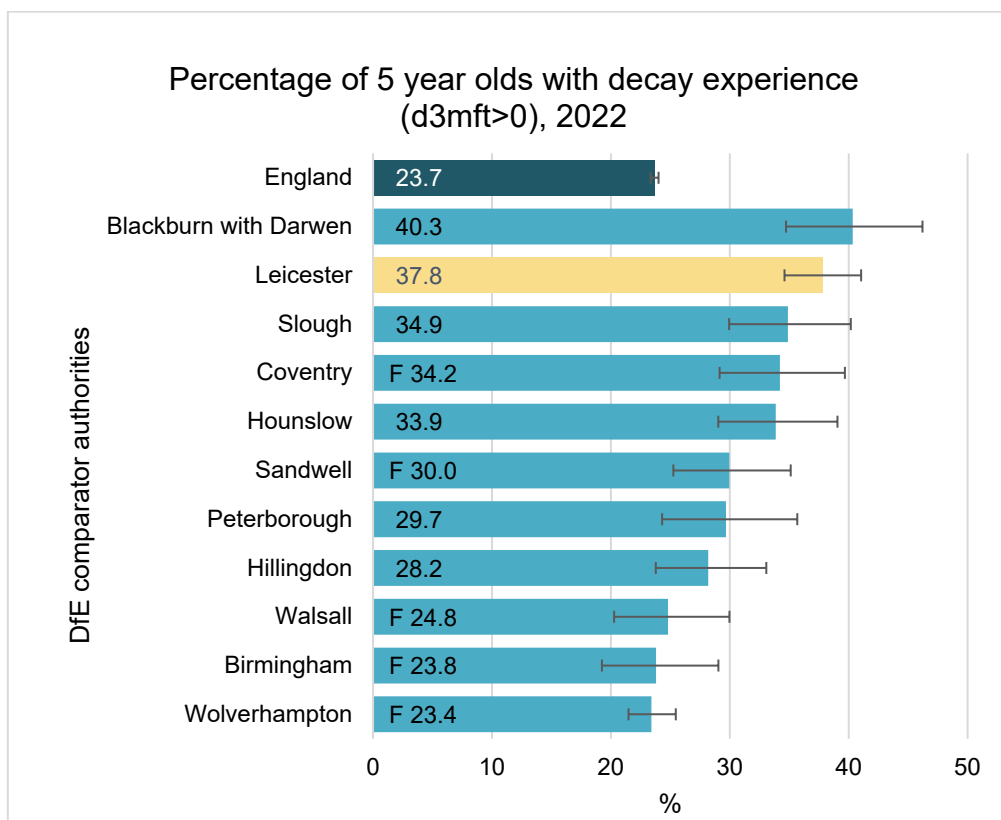
Figure 55. Time series prevalence of dental decay experience for 5-year-olds, 2012 to 2022



Source: Office for Health Improvement & Disparities

Compared to Leicester’s peer areas for children, 37.8% is amongst the highest just after Blackburn with Darwen (40.3%, Figure 56), and the 9th highest of all 132-participating upper-tier local authorities. Comparator areas in Figure 56 labelled with ‘F’ are in the West Midlands, which have a fluoridated water supply. Water fluoridation is a known protective factor for tooth decay.

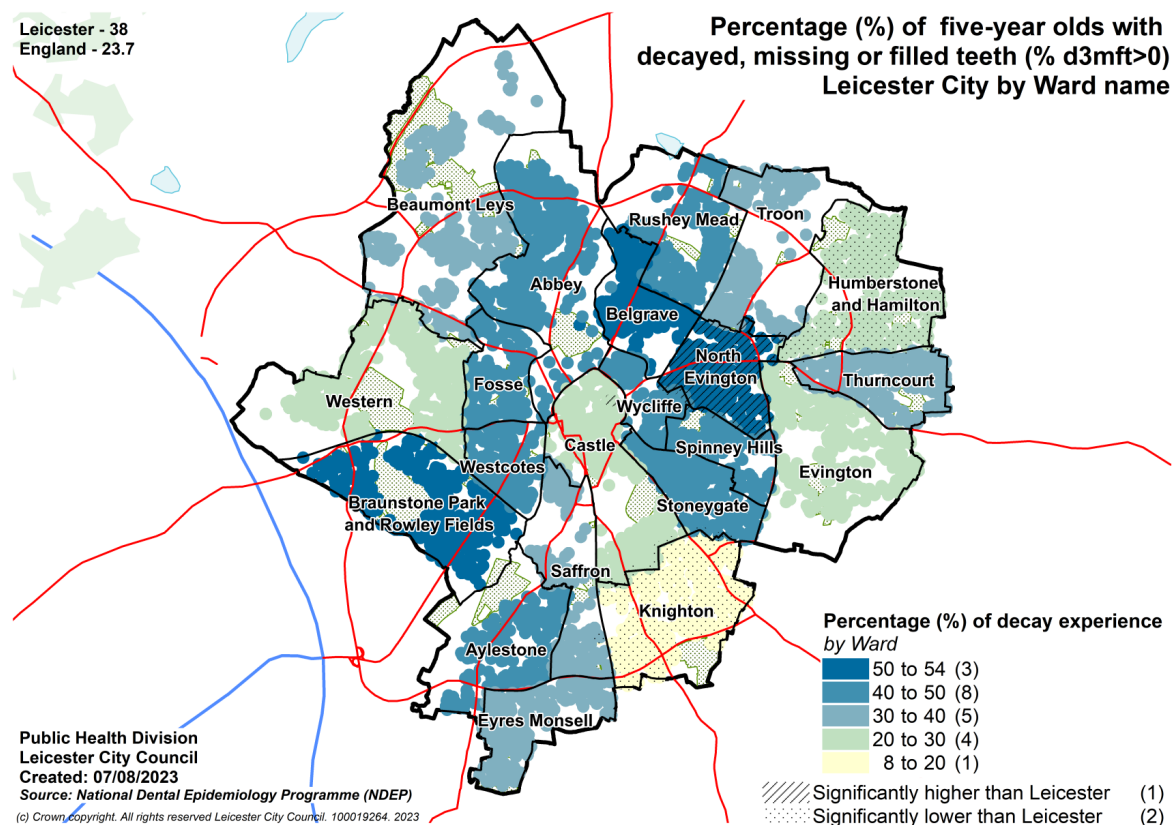
Figure 56. Percentage of 5-year-olds with decay experience in Leicester and child comparator areas, 2022. ‘F’ denotes areas with fluoridated water supply.



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Decay experience is distributed across Leicester, with the highest percentage in wards to the northeast of the city centre (Figure 57). In Evington, 52.5% of 5-year-olds assessed were found to have decayed, missing or filled teeth, which is significantly higher than the city's average. The lowest prevalence was found in Hamilton (22%) and Knighton (8.3%). Among children with decay experience, the mean number of decayed, missing or filled teeth in Leicester was 4.1. The national average, and average for the East Midlands, was 3.5.

Figure 57. A map of the percentage of five-year-olds with the decay experience by Leicester Ward, 2022

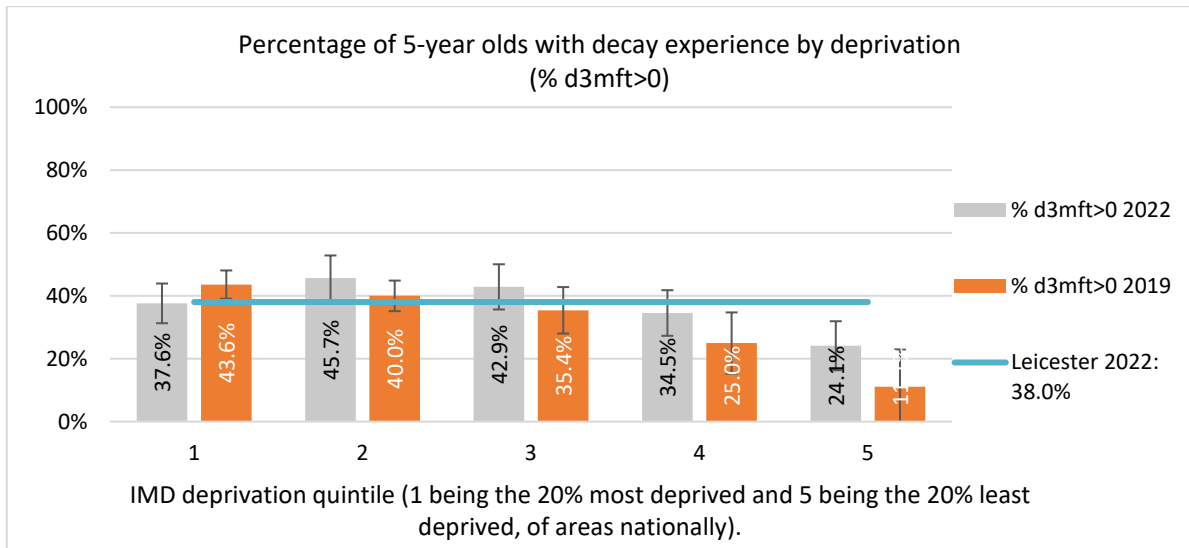


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3.4.1.1.1 5-YEAR-OLD'S DECAY EXPERIENCE – BY DEPRIVATION AND ETHNICITY

The experience of tooth decay amongst Leicester's 5-year-olds appears to also vary according to deprivation (Figure 58). When comparing decay experience in quintile 1 (20% most deprived areas nationally) to quintile 4 (20% least deprived areas nationally), tooth decay experience is almost twice as high at 41.0% for 5-year-olds in the most deprived areas in 2022. In 2019, children living amongst the least deprived areas in the city had significantly less tooth decay experience compared to those in the most deprived areas (Figure 58).

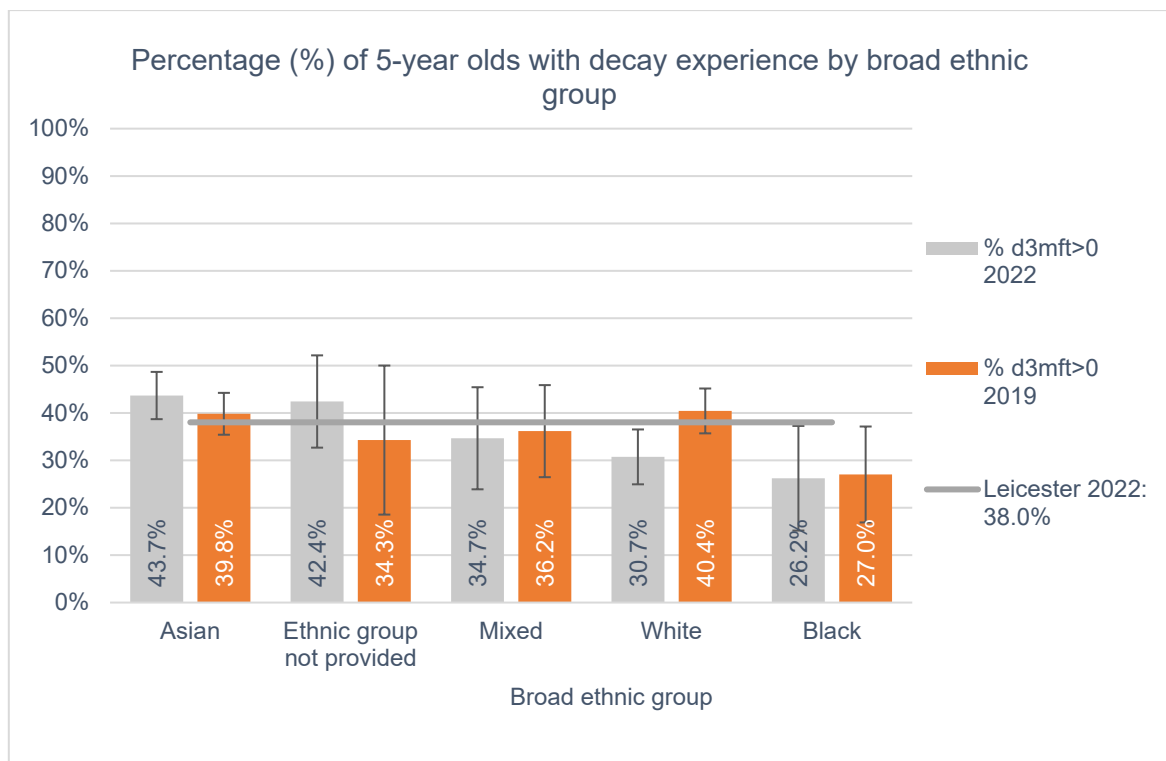
Figure 58. Percentage of 5-year-olds with decay experience, by IMD deprivation quintile



Source: Office for Health Improvement & Disparities

When looking at ethnicity, there appears to be some variation between groups (Figure 59). Looking at the Figure, the highest proportion of decay experience was observed in children of ‘Asian’ ethnicity (44%), and the lowest amongst 5-year-olds of ‘Black’ experience (26%). The ‘White’ ethnic group can be separated into ‘White British’ and ‘White Other’, which, while not significantly different, had proportions of decay experience at 29% and 38% respectively.

Figure 59. Percentage of 5-year-olds with decay experience by broad ethnic group, 2019 and 2022 findings

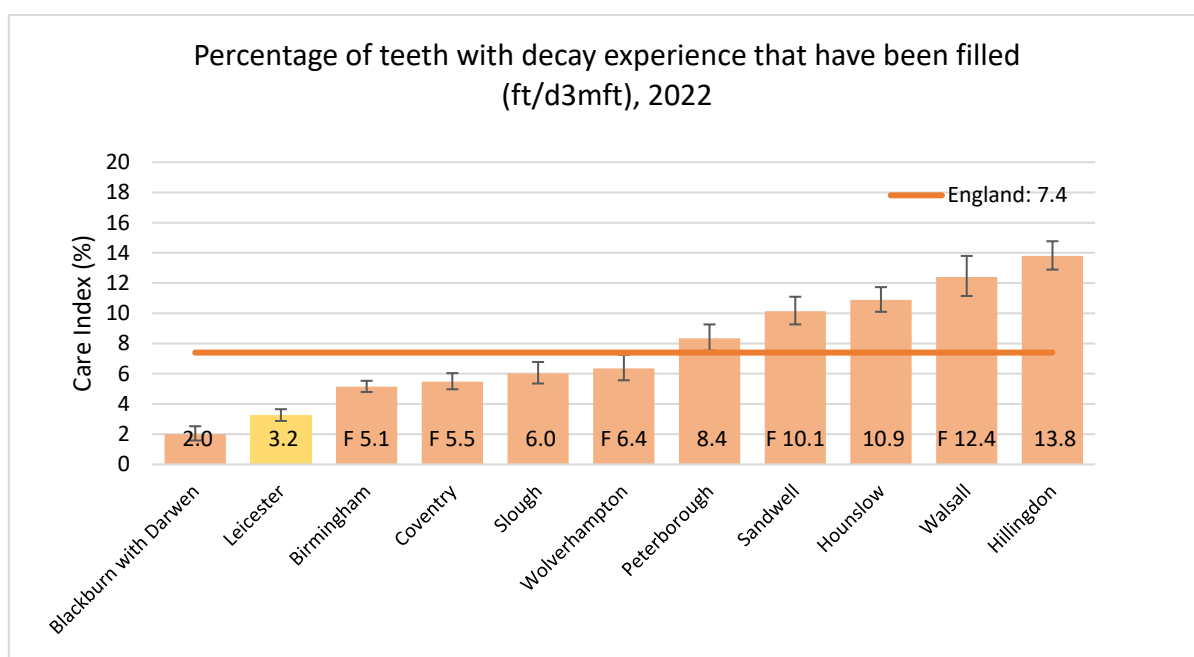


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3.4.1.1.2 CARE INDEX

The Care Index, calculated as a percentage, is a proportion of teeth with decay that have been treated by filling. This figure is used as an indication of the numbers of children who require dental care are receiving it. According to the Survey’s findings, 3.2% of decayed teeth in Leicester had been filled (for 5-year-olds), significantly lower than the National average (7.4%, Figure 60). Compared to the city’s child comparator areas, Leicester has the second lowest Care Index after Blackburn with Darwent.

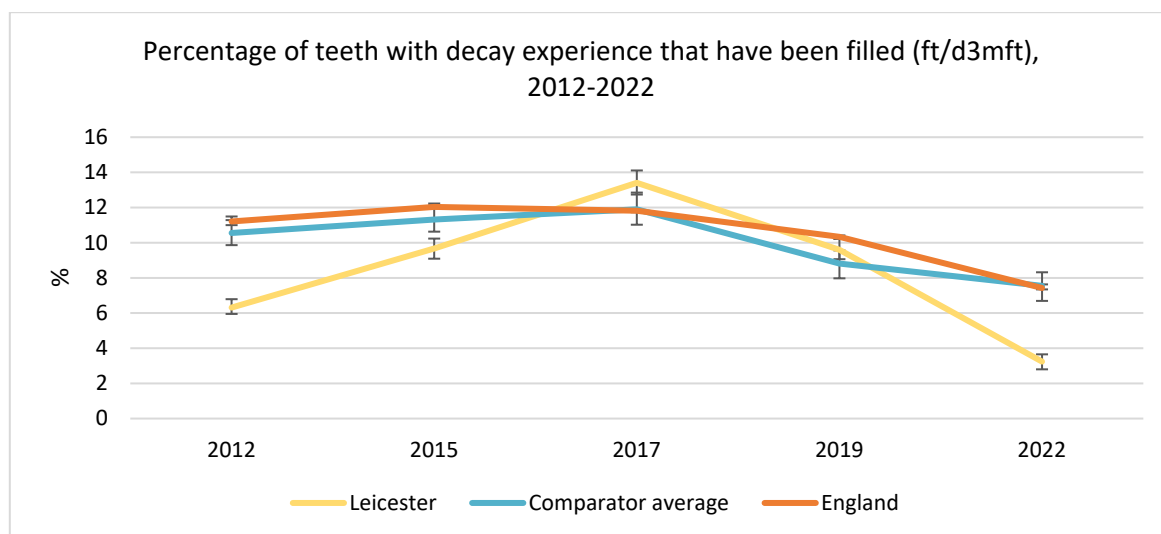
Figure 60. Care Index for 5-year-olds with tooth decay for Leicester and comparator areas, 2022. 'F' denotes areas with a fluoridated water supply.



Office for Health Improvement & Disparities

Since 2019, Leicester’s Care Index has been on a steep declining trajectory, not in line with the national or comparator trends (Figure 61). While great improvement in the number of children with decay being treated was observed between 2012 and 2017, where the Care Index stood at 13.4% for 5-year-olds, there has been a continual decline to 9.6% in 2019, and 3.2% in 2022. This is despite there having been improvements in Leicester children’s oral health since 2012 (Figure 55). It is likely that the fall between 2019 and 2022 is, at least in part, due to the pandemic.

Figure 61. Care Index for Leicester, England, and comparators (average) overtime, 2012-2022.



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3.4.1.2 YEAR 6'S ORAL HEALTH SURVEY 2022/23

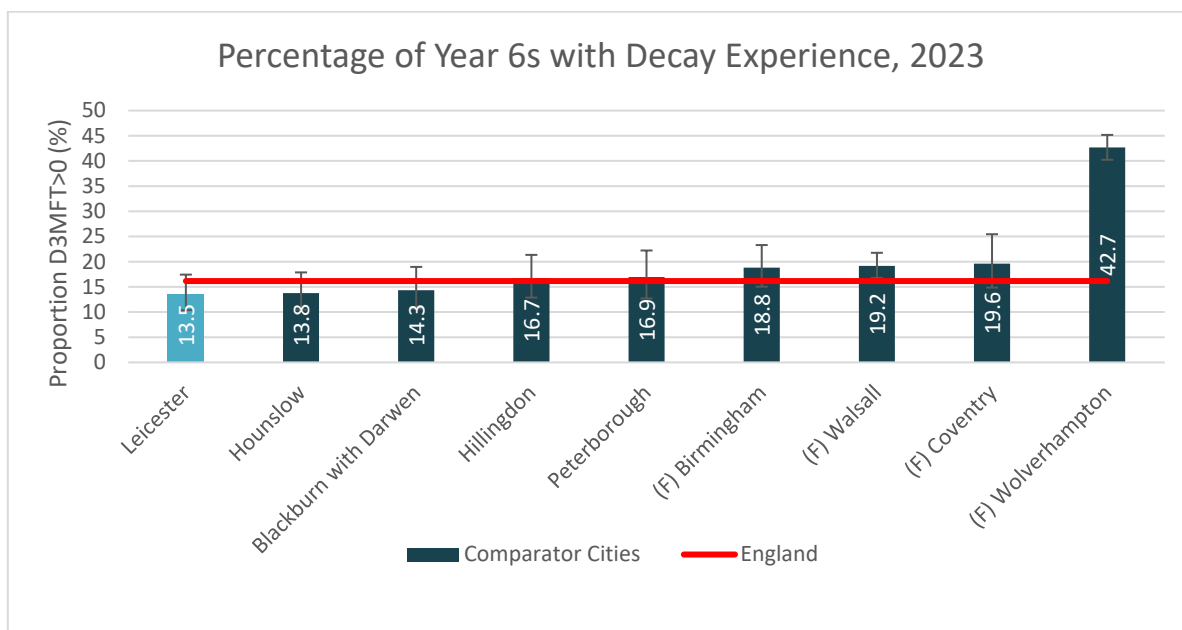
Each year, the National Dental Epidemiology Programme (NDEP) alternates oral health survey populations between 5-year-olds and another age group. In the 2022/23 academic year, Year 6 children (aged 10-11 years) were sampled from state-maintained schools across the UK including Leicester. The last time children of a similar age group were examined was 2008/9 with 12-year-olds.

The Year 6's Oral Health survey aim remains the same as the 5-year-olds oral health survey; to measure the prevalence and severity of dental issues to inform local authorities, the NHS and other partners of the oral health needs of this age group and highlight any inequalities.

Amongst Year 6's examined; 13.5% children were found to have decay experience (Figure 62). While slightly lower than the national figure of 16%, they are not statistically different. This is the first time that Year 6 children have been the subject of this oral health survey so there is no trend, however it appears that decay experience amongst Year 6 children is substantially lower than that of 5-year-olds in the city.

Performance across the city's comparator areas is very similar, except for Wolverhampton where 42.7% of Year 6's was assessed as having decayed, missing, or filled teeth (Figure 62). This is the highest figure nationally out of 125 upper-tier local authorities that participated.

Figure 62. Percentage of Year 6 children with decayed missing or filled teeth in Leicester and peer areas, 2023.

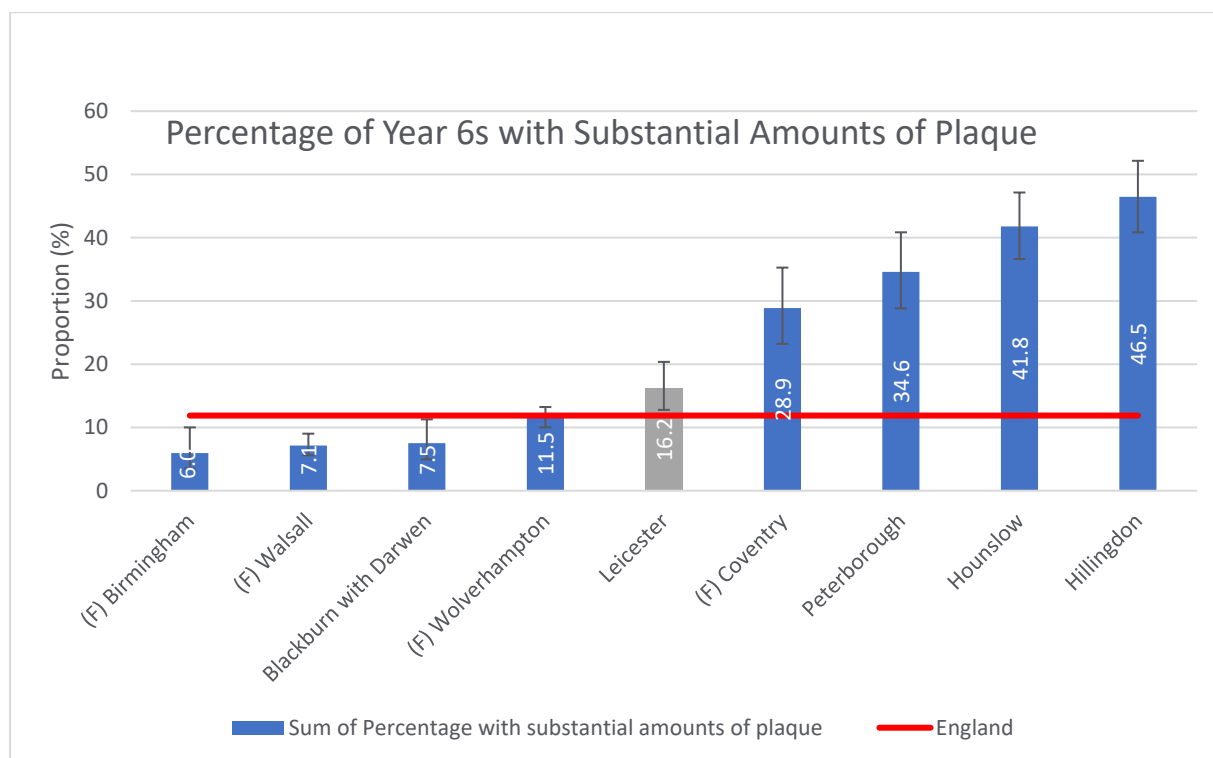


Source: Office for Health Improvement and Disparities

One of the examinations undertaken during this survey was of the amount of ‘substantial’ plaque on children’s teeth. Substantial plaque is defined as plaque covering more than one third of the tooth’s surface and can be used as an indicator of the quality of children’s teeth brushing habits. For this measure, Leicester’s performance ranks in the middle of its comparator areas, with 16.2% of children examined being found to have substantial amounts of plaque (Figure 62). This is significantly higher than the national average figure which is 12%.

According to the Children and Young People’s Health and Wellbeing Survey, conducted in 2021/22, 10.1% of 10- to 11-year-old respondents reported never having been to a dentist or orthodontist¹⁵. Amongst all 10 -15-year-old children who participated in this survey, those in the North of the city (14%), those living in the 2nd most deprived quintile (11%) and SEN students (14%) were significantly more likely to report having never been to a dentist or orthodontist.

Figure 63. Percentage of Year 6s with substantial amounts of plaque



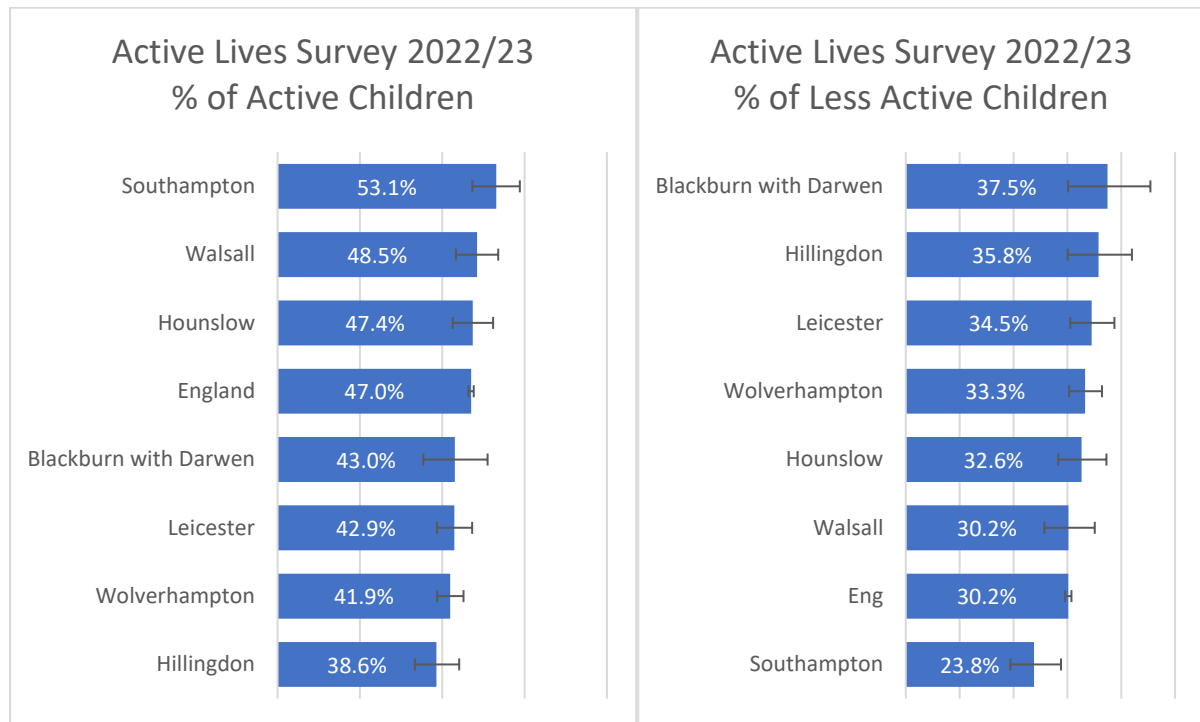
Source: Office for Health Improvement and Disparities (OHID)

3.5 PHYSICAL ACTIVITY

The Chief Medical Officer’s guidelines recommend that children take part in some form of physical activity for at least 60 minutes per day to lead an active lifestyle (25). Physical activity is defined as any activity where your heart is beating faster than normal, and that even if you could talk while exercising, you wouldn’t be able to sing.

Each year, Sport England conducts the ‘Active Lives Survey’ for children and young people, providing insight into to how and how often school aged children aged 5-16 years are getting active. Children’s activity levels in Leicester compared to peer areas for the 2022/23 academic year are displayed below (Figure 64). In Leicester, around 43% of children aged 5-16 years are completing on average at least 60 minutes of physical activity per day. While Leicester has the third lowest amongst its peer areas and England, it is not significantly different. In 2022/23, the Active Lives Survey found Leicester to have the third highest rate of school children who are less active amongst its comparators at 35%. Meaning that just over 1 in 3 children are achieving less than 30 minutes of activity on average per day. While high, this picture is similar to National performance at 30.2%.

Figure 64. Percentage of 'Active' and 'Less Active' school children in Leicester and peer areas, according to the 'Active Lives Survey'

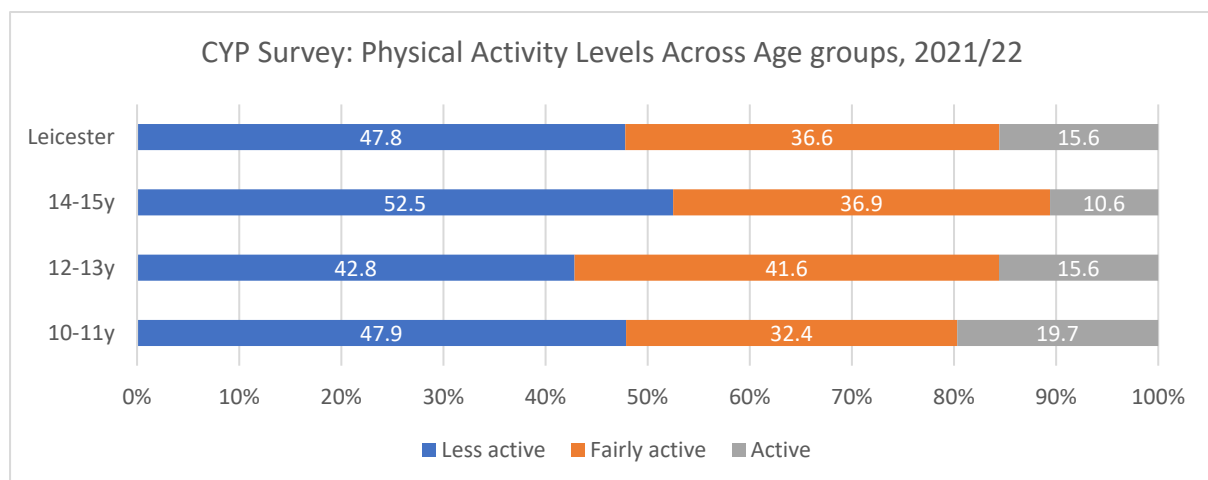


Note: Data for Children in school years 1 & 2 was not present in the published data.

Source: Sport England's Active Lives CYP Survey, 2022/23

According to the Leicester's 'Children's Health and Wellbeing Survey' in 2021/22, around one in six 10–15-year-olds – or 5 children in a class of 30 – are meeting this recommendation. Figure 65 represents a breakdown of activity levels by age group. Younger children aged 10-11 years were more likely to be active, compared to the eldest two age groups (10-13 years old).

Figure 65. Activity levels of children in Leicester by age group, according the CYP Health and Wellbeing Survey 2021/22

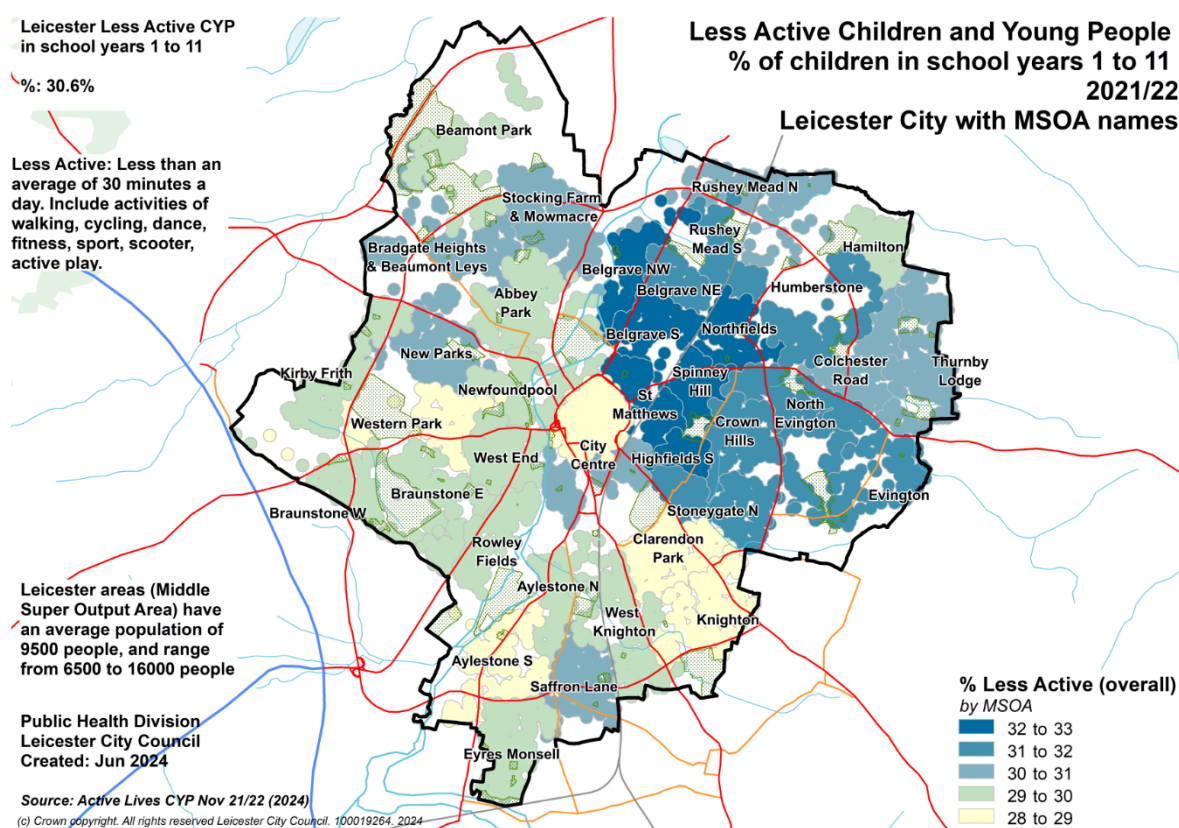


Note: Less active <30 mins per day, fairly = 30-59 per day, active = 60+per day

While most children are not reaching this target, and nearly half (48%) of children are reportedly less active, only a small proportion (11%) of children are inactive. Inactive means completing less than 30 mins of physical activity in a week. While differences in inactivity do exist across groups, few are significant. This would indicate that groups of physically inactive children are found in each group.

It should be noted, however, that 22.4% children also reporting poor mental wellbeing in the city are reporting being inactive. This is a significantly higher rate than the average for Leicester.

Figure 66. Percentage of Less Active CYP of School age in Leicester, according to the previous (2021/22) year of the Active Lives CYP Survey, by Leicester MSOA



In the 2021/22 cycle of the Active Lives CYP survey, children who were less physically active were more likely to reside in the East and areas of the north of Leicester. Areas of the city with a particularly higher prevalence of less physically active children were Belgrave, Spinney Hill and St Matthews. For school aged children in Leicester, Leisure centres provide a wealth of opportunities for children to engage with physical activities such as swimming or team sports. Findings of the city's Children and Young People's Health and Wellbeing Survey report that one-third of children in Leicester have never been to a Leisure centre. Amongst these responses, older children were significantly more likely to have never been compared to younger children, and those from the Central and East areas of the city were significantly more likely to have never been to a leisure centre – similarly reflected in Figure 66.

3.6 LIFESTYLE HABITS

The Children’s Health and Wellbeing Survey, conducted in 2021/22, contained a section of questions related to smoking, alcohol, drug use, internet use, leisure and sleep for children aged 10-15 in Leicester. The following section will summarise these findings.

3.6.1.1 ALCOHOL, TOBACCO, AND DRUGS

Data from the Children’s Health and Wellbeing Survey presents an overview of drug, alcohol, and tobacco use among children and young people in Leicester. The results show exposure to and experimentation with these substances. Data can be segmented by age group, ethnicity, and socioeconomic characteristics.

Table 5. Tried alcohol, smoking, vaping, or drugs by age band (CYP Survey 2021/22)

Substance	10-11 years	12-13 years	14-15 years	All Ages
% Tried Alcohol	10.6%	17.2%	23.6%	16.9%
% Tried Vaping	5.5%	11.8%	19.8%	12.1%
% Tried Tobacco Cigarettes	1.3%	2.8%	7.4%	3.8%
% Tried Drugs	Not asked	7.6%	10.5%	9.1%

Statistical significance to all Children

Significantly lower

Similar

Significantly higher

Source: CYP Health and Wellbeing Survey, 2021/22

3.6.1.1.1 ALCOHOL USE

According to the survey, five out of six Leicester children say they have never tried alcoholic drinks, indicating trying alcohol is uncommon for most children. The probability rises with age among those who have tried it: 10.6% of children aged 10–11, 17.2% of children aged 12–13, and 23.6% of children aged 14–15. Of those secondary aged children who have tried alcohol, 59% say their most recent drink was with their parents or carers, more concerning was the 16% that reported drinking alcohol by themselves.

Children of White British or Other White backgrounds are significantly more likely to have tried alcohol. Socioeconomic factors also come into play; youngsters who receive free school lunches and those that reside in more deprived neighbourhoods are more likely to have tried alcohol. Additionally, children who have special educational needs (SEN), long term illnesses or disability, or poor mental health are more likely to experiment with alcohol.

Children's behaviour is also influenced by parental views towards alcohol. While 36.4% of kids who have tried alcohol said their parents do not mind, 32.3% said their parents are against it/forbit it. It is noteworthy that only 3% of youngsters said that their parents promoted drinking and the remaining 36.1% reported they do not know.

3.6.1.1.2 TOBACCO, E-CIGARETTES, AND SHISHA USE

With 12.1% of youngsters in Leicester state that they have tried e-cigarettes, compared to 3.8% for tobacco cigarettes and 3.9% for shisha. The probability of trying vaping rises sharply with age, reaching a peak of 19.8% among those aged 14 to 15. Asian children are less likely to experiment with these substances than their White British or Other White counterparts.

Children's decisions are influenced by their parents' smoking habits. 21.8% of youngsters whose parents smoke have tried e-cigarettes, 8.5% have tried tobacco, and 5.5% have tried shisha. In stark contrast, children whose parents do not smoke had lower rates. Furthermore, compared to other areas, youngsters in the West of Leicester report using tobacco and e-cigarettes at higher rates.

Approximately 30.2% of youngsters said that their parents or caretakers smoke, 12.1% said that smoking takes place in the home, and 10.0% said they have been exposed to smoking in cars. These rates are in line with data from 2016–17. Children of White British or Other White ethnic backgrounds and households in Leicester's south and west had higher rates of parental smoking. Parental smoking is also more common among vulnerable groups, such as those with special education needs, poor mental health, or those receiving free school meals.

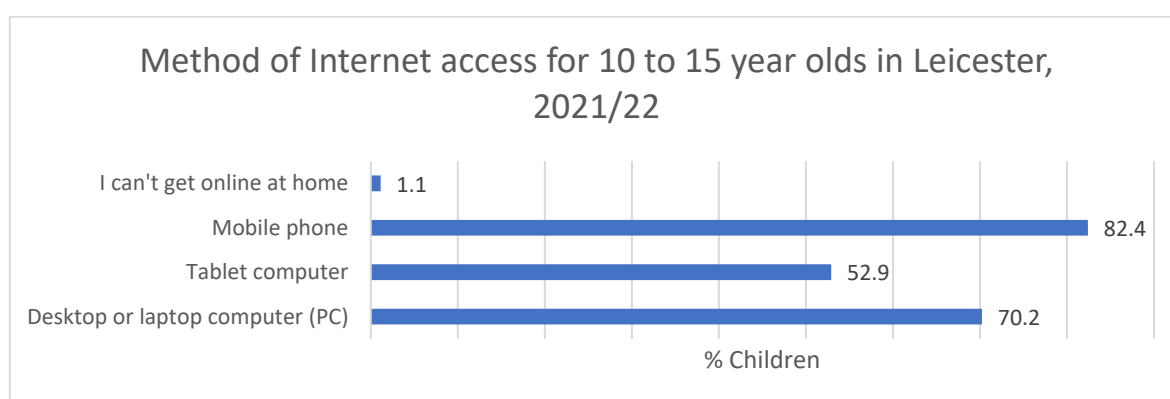
3.6.1.1.3 BEING OFFERED DRUGS AND USE

A minority of secondary aged children have indicated drug experimentation (9%) or being offered drugs (11%). White British youngsters are more likely than their Asian counterparts to be offered drugs and offers and use are higher among those aged 14 to 15 than among lower age groups. Higher drug usage is correlated with certain vulnerabilities. Drug exposure and experimentation are more common among children who report having SEN, poor mental health, or long term illness or disability. Furthermore, compared to children in Central or North Leicester, children in the West of Leicester are disproportionately more likely to report being offered drugs.

3.6.1.2 INTERNET ACCESS AND SCREEN TIME

In Leicester, 99% of children aged 10-15 year have access to the internet at home. Of those who reported having access, approximately 4 out of 5 children (82%) accessed the internet via mobile phones (Figure 67).

Figure 67. Mode of internet access for 10–15-year-olds, according to the CYP Health and Wellbeing Survey, 2021/22



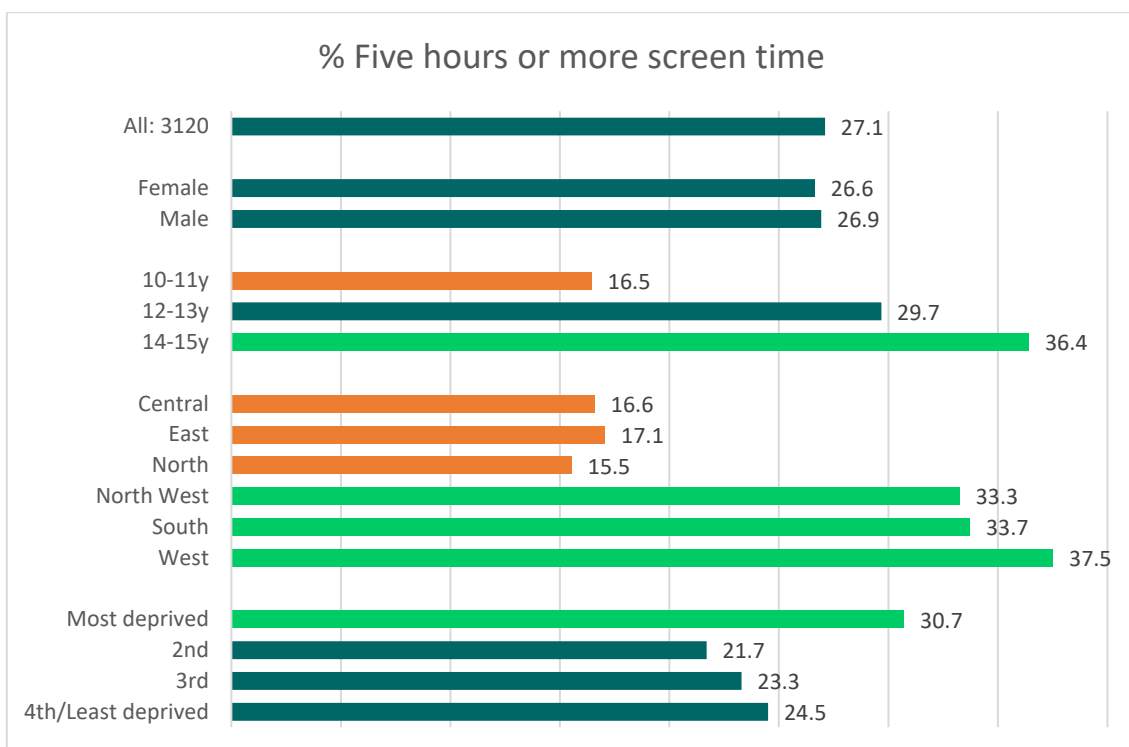
Mobile phone internet access varied significantly by age, with a significantly lower proportion of 10–11-year-olds (72.6%) reporting they had this form of access compared to the average response. Around 9 out of 10 (90.5%) 14–15-year-old children reported having mobile phone access – a significantly higher amount than the city’s average.

High levels of screentime, defined as time spent using digital screens, can be linked with sedentary lifestyles and a lack of physical activity – as well as negatively impacting children’s eyesight (26). To gain insight into screentime amongst children and young people, the survey asked, ‘How long did you spend looking at a device screen yesterday?’.

There has been a significant increase in the proportion of children using screens for five or more hours since the 2016/17 Children and Young People’s Health and Wellbeing Survey. Overall, more than one in four (27.1%) 10-15year olds reported spending five or more hours looking at a screen (Figure 68). In 2016/17, this was just over one in five (22.1%). As with internet access, this response varied with age; 14–15-year-olds are significantly more likely to be spending 5 hours or more on screens, whereas 10-11 years olds are significantly less likely to do so.

Children from the Northwest, South and West of the city are significantly more likely to spend five or more hours looking at a screen, as are those from the most deprived areas of the city.

Figure 68. Percentage of children with a daily screen time use of 5 hours or more, according to the CYP Health and Wellbeing Survey, 2021/22



Note: Green indicates findings significantly higher than the city average response, Orange indicates findings significantly lower than the city average response

3.6.1.3 LEISURE

In the Children’s Health and Wellbeing Survey, respondents were asked which activities they spent time doing after school the previous day, to get an idea of what they do in their spare time. The most popular activities (watching tv, playing screen-based games, and texting) all contribute to screentime (Table 6). A significantly larger proportion of 10–11-year-olds reported watching programmes (83.3%) and playing screen-based games (73.5%) compared to the citywide average response at 76%. More than two thirds (70.5%) of 14–15-year-olds spent time after school texting which was significantly higher than the overall response of 59.5%.

Nevertheless, it was clear from responses that children are participating in a range of activities outside of screens, and that 10–11-year-olds are the most likely to be engaging with them.

Table 6. A breakdown of the proportion of school aged children engaging in various after school activities, according to the Children and Young People's Health and Wellbeing Survey, 2021/22

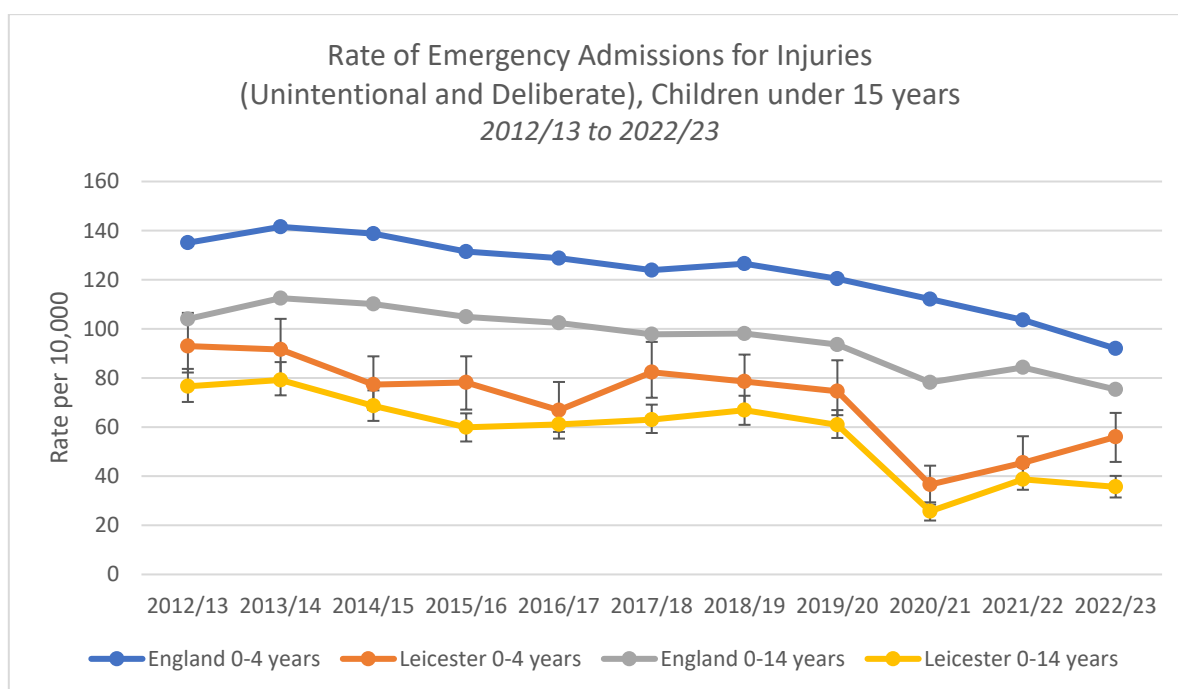
Activity	Overall % Participated
Watching TV/video/film (live, online, catch-up)	76.0
Playing games on a phone, computer, tablet or console (e.g. Xbox, DS, etc.)	67.0
Talking/texting on the 'phone	59.5
Listened to music	49.2
Doing homework	47.1
Sport/physical activity	40.3
Read a book for pleasure	32.6
Talking/messaging online e.g. Facebook, Twitter	26.7
Met with friends	26.1
Cared for pets	25.7
Used a computer for school work	24.2
Cared for family members (babysitting, minding grandparents, etc.)	19.3
Helping and volunteering outside the home	8.2
Played a musical instrument	7.8
Extra lessons/tutoring	6.8
Other	6.2
None of these	0.5

3.7 UNINTENTIONAL AND DELIBERATE INJURIES

According to the Public Health Outcomes Framework 2024 update (27), injuries are a leading cause of hospitalisation in England, and are considered a major cause of mortality for children and young people. Each year, a crude rate of hospital admissions is calculated using data from NHS England and the Office for National Statistics for emergency admissions caused by intentional and deliberate injuries.

Nationally, there has been a consistent decline in the rate of hospital admissions due to injury (unintentional and deliberate combined) for children aged under 15 years (Figure 69).

Figure 69. Rate of emergency admissions for children under 15 in Leicester and England overtime, 2012/13 to 2022/23

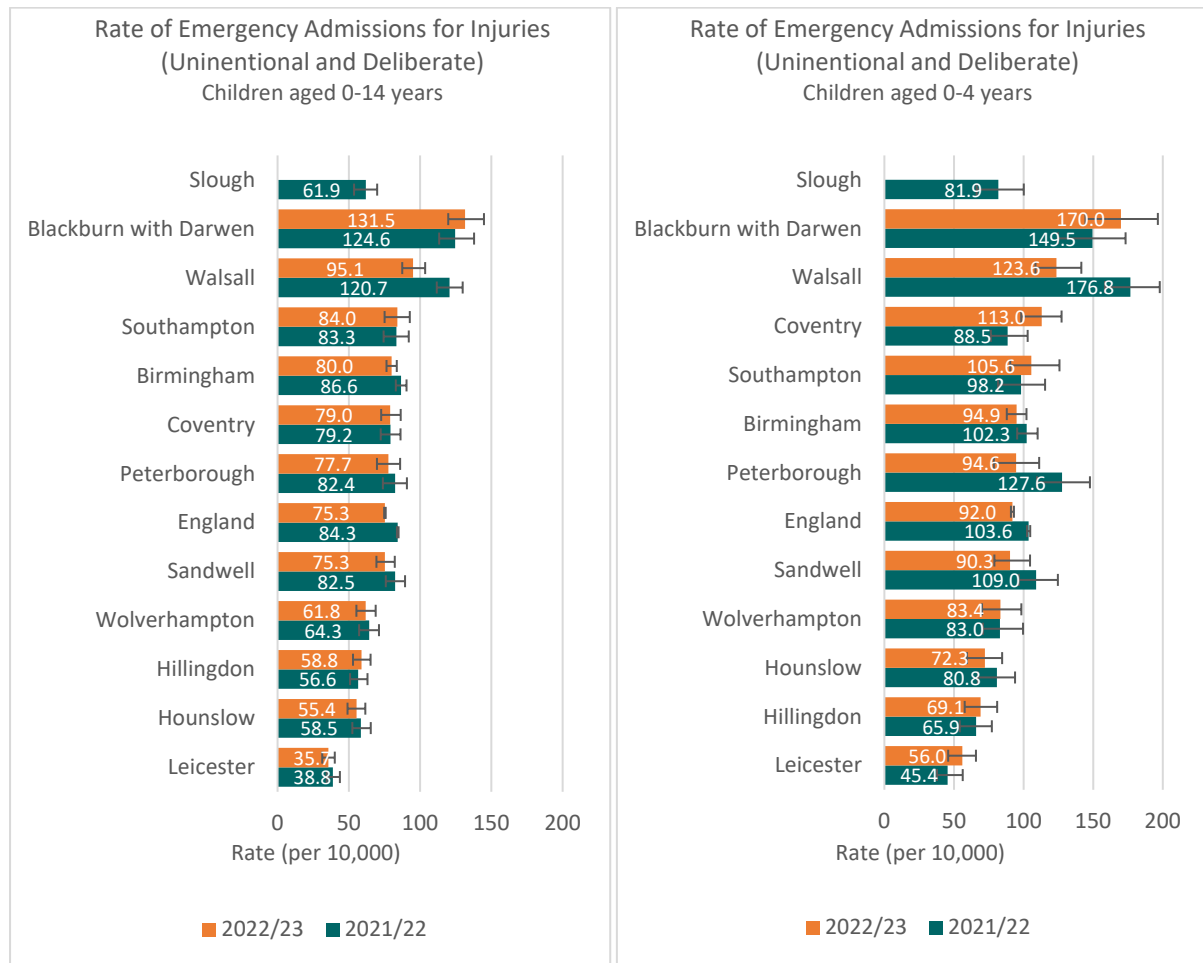


Source: Office for Health Improvement and Disparities

As seen in the figure, the rate of admissions due to injury for under 15's in Leicester has been consistently lower than the national average. In 2022/23, approximately 36 under 15s for every 10,000 were admitted to hospital due to injury in Leicester, a similar rate to the previous year. The national average for 2022/23 was 75.3 per 10,000, a significant decrease since 2021/22.

For both Leicester and nationally, the rate of admission due to injury is higher for children aged 0-4 years compared to under 15's more broadly. For the 36 in 10,000 children aged 0-14 years admitted to hospital due to injury, nearly half (48%) of these admissions were of children under the age of 5 years. The specific rate of admission for this age group for Leicester is 56 in 10,000, which is also significantly lower than the national rate of 92 children under 5 per 10,000.

Figure 70. Rate of emergency admissions for under 15s (left) and under 5s (right) for Leicester and peer areas, 2021/22 and 2022/23.



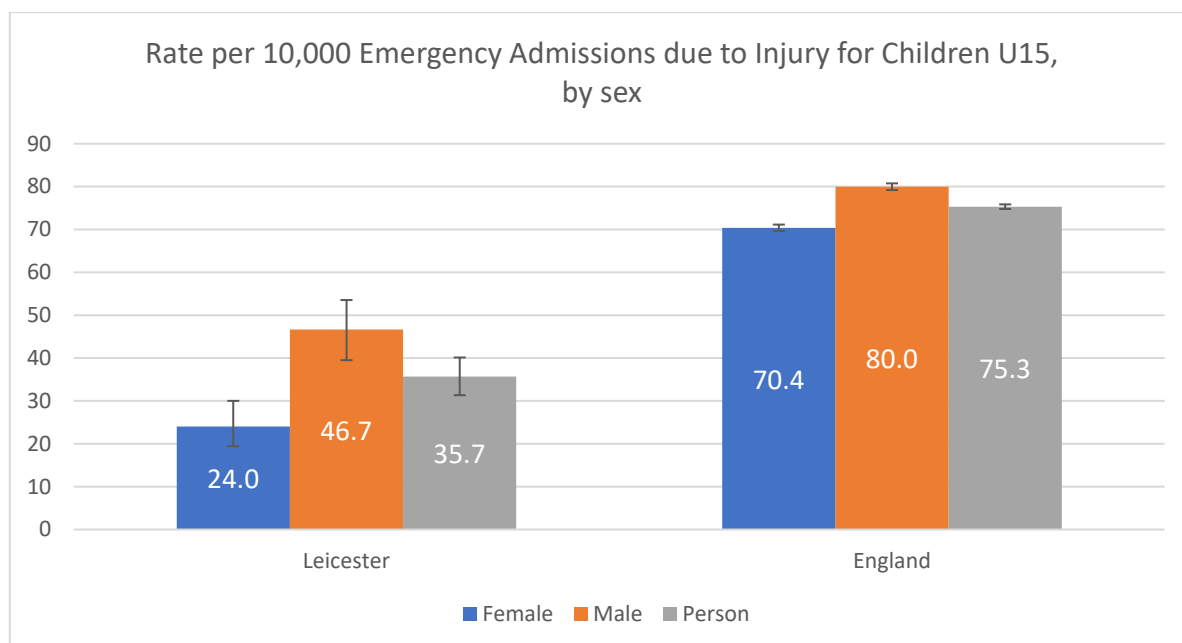
1. No data submission for slough 2022/23
2. Data for Hillingdon has been highlighted for data quality issues and should therefore be treated with caution.

Source: Office for Health Improvement and Disparities (OHID)

Looking at the city’s child comparator areas, Leicester has the lowest admission rate for emergency hospital admissions due to injury amongst children under 15 during both 2021/22 and 2022/23 (Figure 70). Leicester also had the lowest admission rate more specifically amongst children under 5, however the difference in rate is much less stark.

According to the national findings for 2022/23, there was a significant difference between the rate of admission for males and females aged under 15 years. This was not the finding for all comparator local authorities, but was observed for Leicester, Birmingham, and Hounslow.

Figure 71. Difference in emergency admission rates for under 15s by sex, 2022/23



Source: Office for Health Improvement and Disparities (OHID)

In 2022/23 for Leicester, emergency admissions amongst under 15s due to injury was significantly lower for females at 24 per 10,000, compared to males at almost twice the rate (Figure 71). While nationally males under 15 years had a higher-than-average rate of admission during 2022/23, this was not quite reflected in the findings for Leicester only.

3.8 VACCINATIONS AND IMMUNISATIONS

3.8.1.1 MEASLES, MUMPS AND RUBELLA VACCINE (MMR)

3.8.1.1.1 UPTAKE AT AGED 5 YEARS

The MMR vaccines provide protection against measles, mumps, and rubella, requiring two doses to ensure long term protection (usually at 2 and 5 years old). All three infections are spread easily between communities and can result in serious complications, including meningitis, deafness, and blindness (28). Pregnancy can also exacerbate an individual's vulnerability and their baby's susceptibility to the more extreme effects of the conditions.

Measles in particular is highly transmissible and after achieving endemic measles elimination in 2016/17 (29), incidence has increased in 2023. Leicester's status as one of several 'measles hotspots' across the UK has been attributed to low uptake of the MMR vaccine.

While by the age of 5 years old, 91% of children have received their first dose of the MMR vaccination, only 79% have received the full course and are ensured long term protection (Figure 72). This figure is significantly lower than the national average at 84%, and both fall below the WHO 95% target.

Leicester had the 5th lowest vaccine uptake for the full course of MMR amongst its comparator areas Figure 73, however all areas are performing below the WHO target of 95%. This is a persistent trend in the city since first measurement in 2010/11.

Figure 72. Time series prevalence of first and second dose of MMR vaccination for children aged 5, 2010/11 to 2022/23.

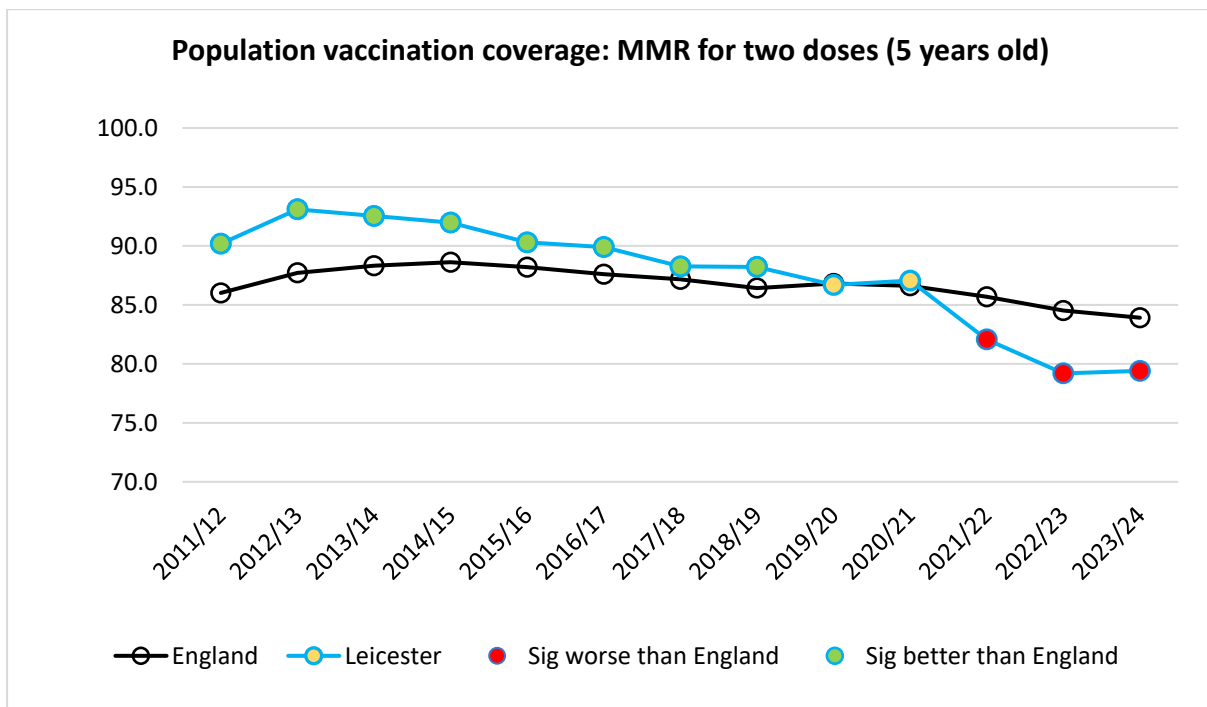
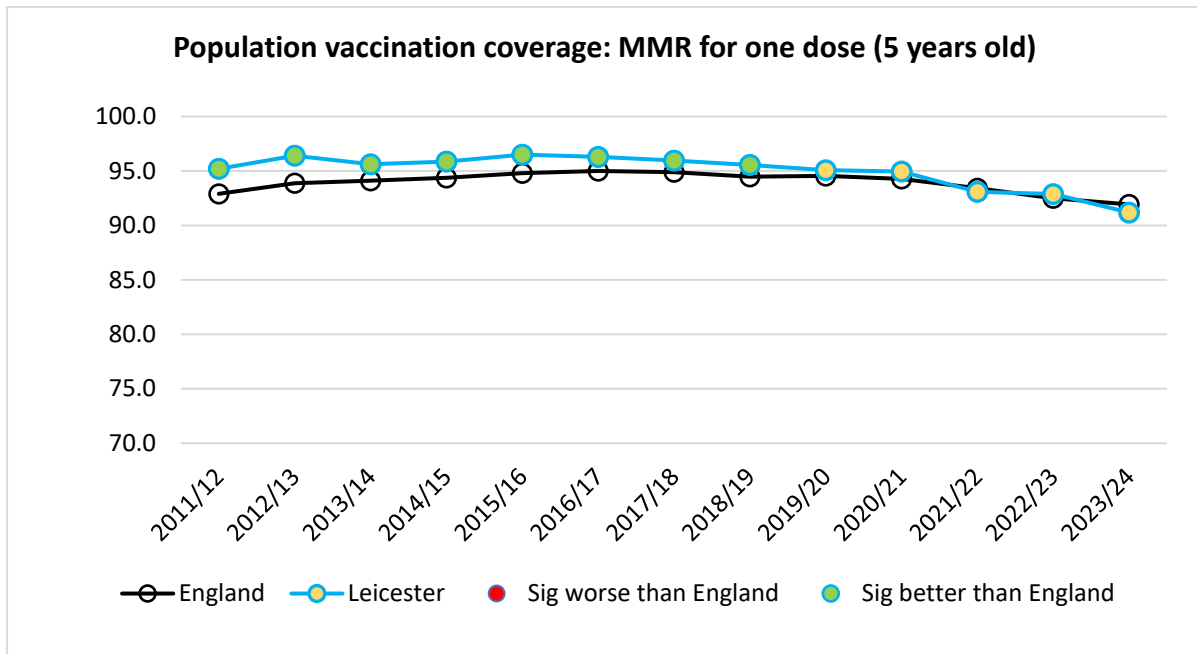
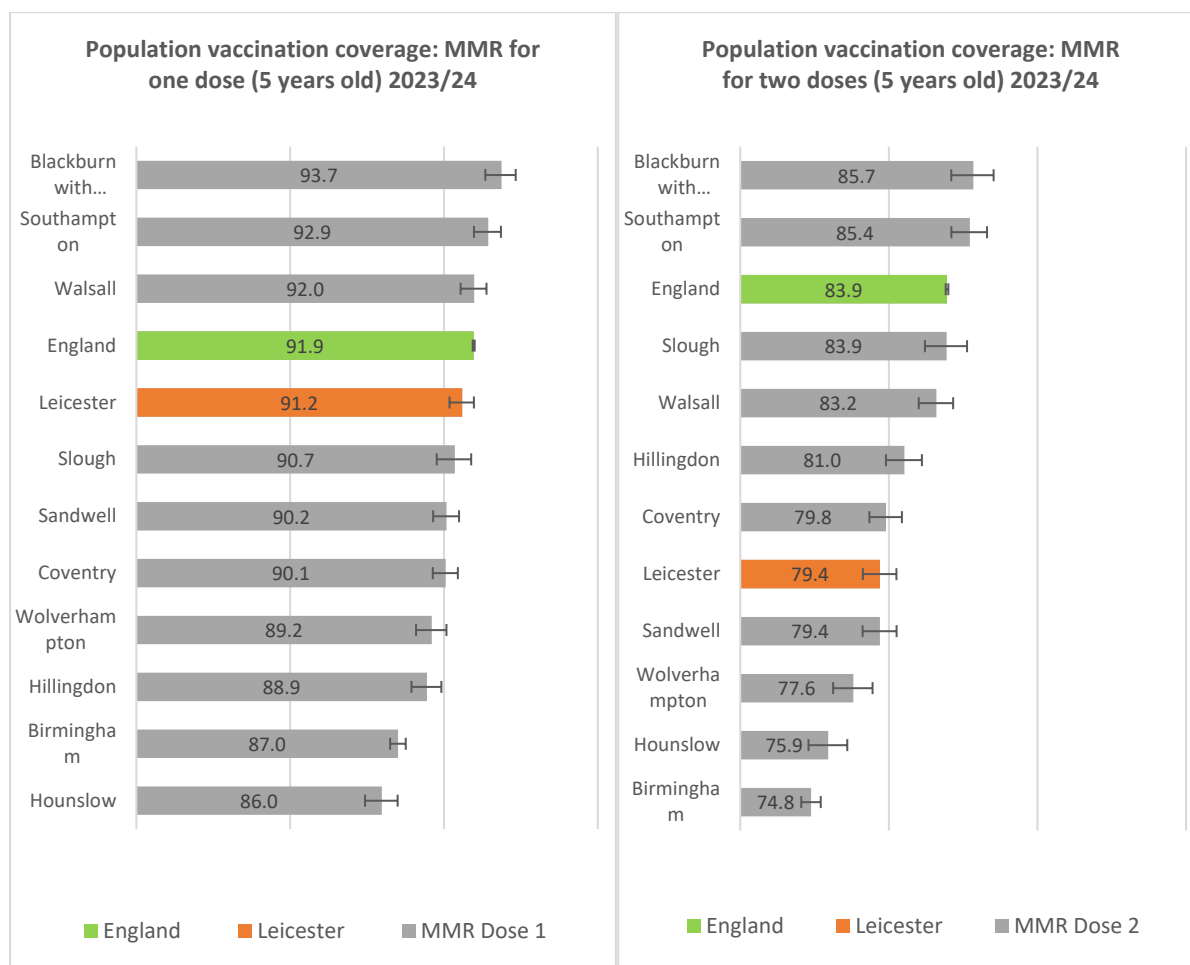


Figure 73. Prevalence of 1st and 2nd dose MMR vaccination for children aged 5, 2022/23.

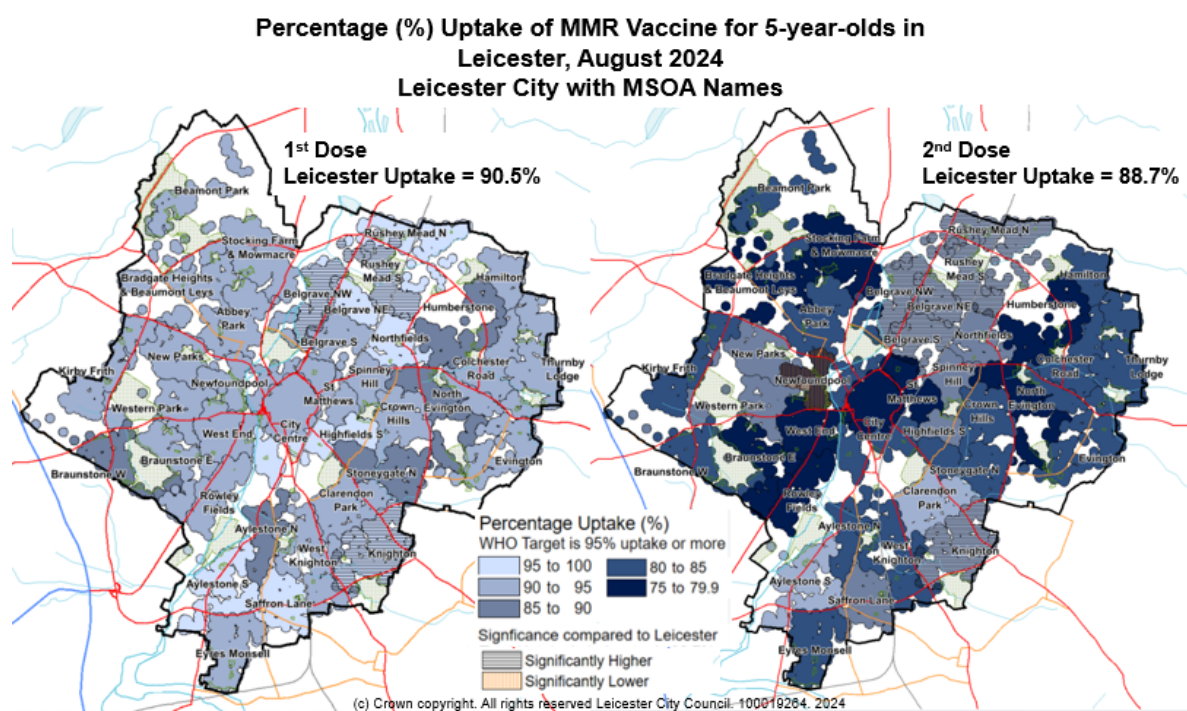


Source: Office for Health Improvement and Disparities (OHID)

At a local level, just under a third of Leicester’s MSOA’s are achieving an uptake of MMR 1st dose of 95% or more amongst their 5-year-olds – in line with the national and WHO target (29). Nevertheless, 87% (33) of MSOAs have an uptake of 90% or more. Areas with uptake at 95% or above are spread between the South and East of the city, the highest including Knighton (100%), Belgrave Northwest (97.8%) and Rushey Mead South (97.7%). MSOAs with the lowest uptake of MMR 1st dose for 5-year-olds are also located in the East and the West of the city. Areas with the lowest uptake include Humberstone & Hamilton South (85.6%), Aylestone & Saffron Fields (88.1%) and Braunstone Park West (88.2%), with uptake significantly less than the city’s average.

As observed in the previous figures, uptake of the 2nd MMR dose for 5-year-olds is significantly lower both nationally and at a Local Authority level (29). This is also the case in Leicester, where across all MSOAs uptake of the 2nd MMR vaccination amongst 5-year-olds falls below the 95% target (Figure 74). Nevertheless, the pattern of uptake remains similar with the areas with the highest uptake are Knighton (94.0%), Belgrave Northwest (93.4%), and Rushey Mead North (92.4%). Those with the lowest uptake for the 2nd MMR vaccine amongst children aged 5 are Newfoundpool (75.7%), Humberstone & Hamilton South (76.6%), and Rowley Fields & Faircharm (76.8%).

Figure 74. Uptake of the MMR Vaccines amongst 5-year-olds in Leicester, Local Data for Aug 2024



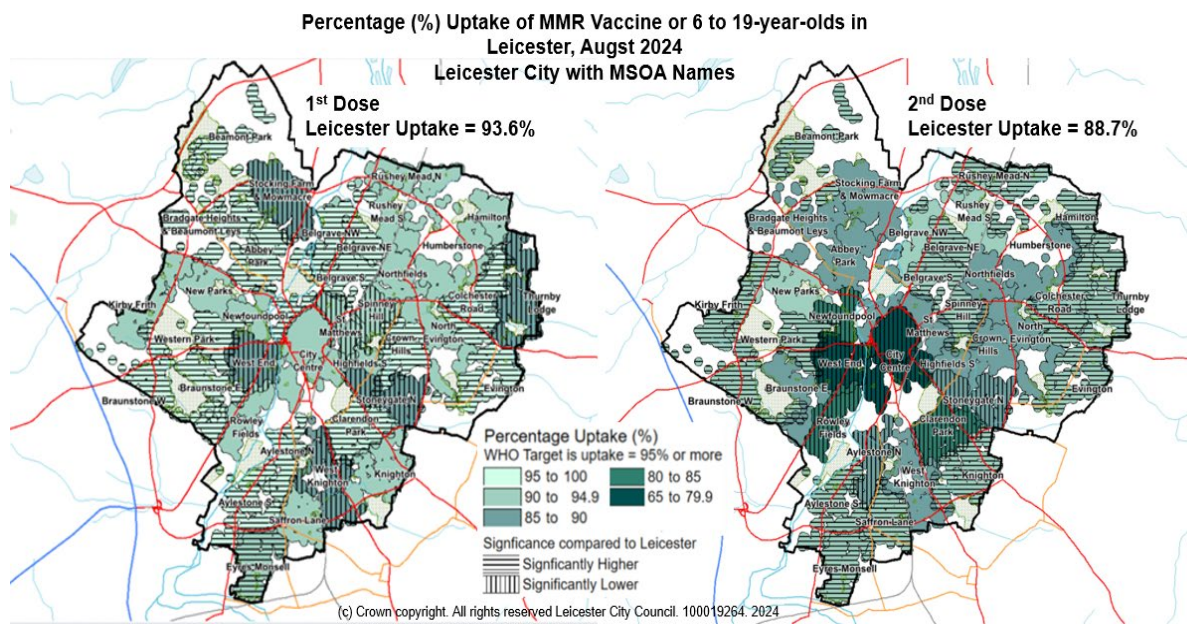
Source: NHS CSW Commissioning Support Unit

3.8.1.1.2 MMR UPTAKE AT AGE 6 TO 19

While it is recommended that children receive both MMR vaccinations before starting school, the vaccine can be given at any age. In Leicester, at least 95% of 6- to 19-year-olds have received their first dose of the MMR vaccine in nearly 40% (39.5%) of MSOAs (Figure 75). Areas with the highest levels of uptake are located around the outskirts of the city and include Knighton (96.7%), Beaumont Park (96.4%) and Braunstone Park West (96.3%). Areas with the lowest uptake of MMR 1st dose, and who have uptake under 90% are Leicester City Centre (83.4%), West End & Westcotes (87.0%) and Leicester City South (87.8%).

For the second dose of the MMR vaccine, the percentage of 6- to 19-year-olds immunised exhibits a similar decreasing pattern as with 5-year-olds, however the range of uptake across the city's MSOAs is more varied (Figure 75). In half of Leicester's MSOA's uptake of the 2nd dose MMR vaccine is at least 90%. However, for some MSOAs, less than 80% of 6- to 19-year-olds have received the vaccination. Areas with the lowest 2nd dose uptake are the same as the lowest for 1st dose uptake; Leicester City Centre (67.8%), Westend & Westcotes (78.8%) and Leicester City South (79.3%). MSOAs with the highest uptake of the 2nd MMR dose amongst 6- to 19-year-olds are Knighton (94.1%), Colchester Road (92.9%) and Saffron Lane (92.7%).

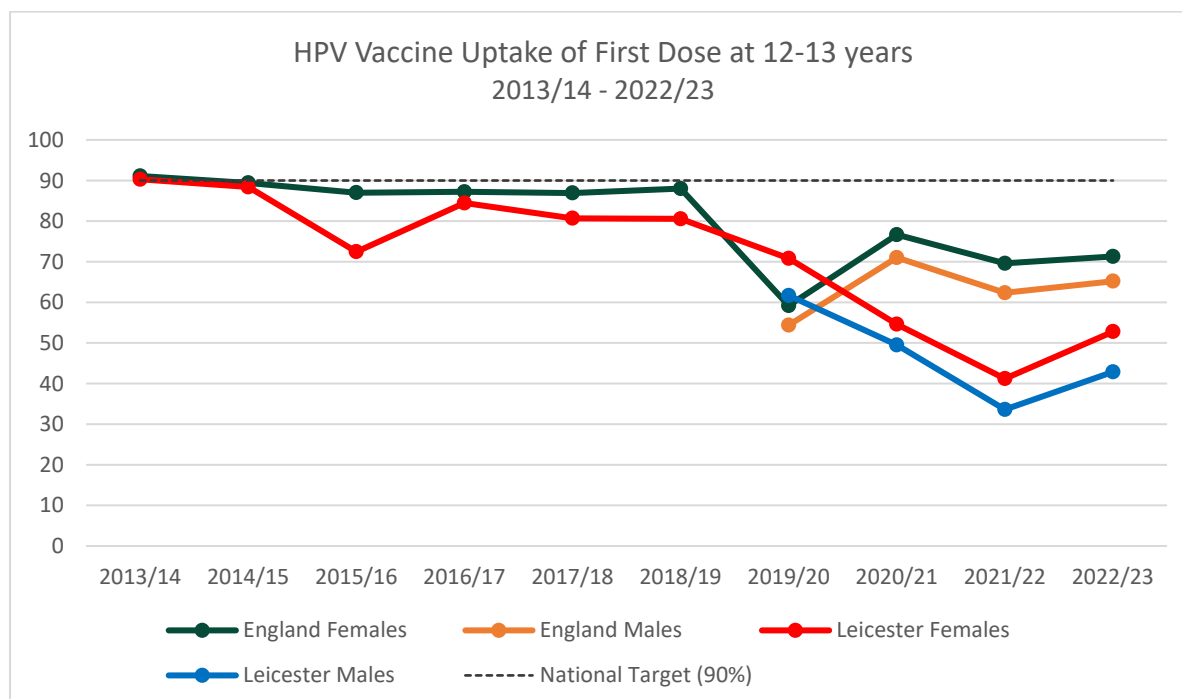
Figure 75. Uptake of the MMR Vaccines amongst 6 to 19-yr-olds in Leicester, Local Data for Aug 2024



3.8.1.2 HUMAN PAPILOMA VIRUS (HPV) VACCINE AT 12-13 YEARS

The HPV immunisation programme is recommended for children between aged 12 to 13 years for protection against the Human Papilloma Virus (HPV). There are more than forty different types of the virus, and while most are harmless, some types are linked to an increased risk of cancers (30) (e.g., cervical, anal or oral) and genital warts. HPV is transmitted through prolonged skin to skin contact and usually through sex. The national HPV vaccine programme, initially rolled out for girls in 2008, extended its eligibility to boys in 2019. While adults deemed a higher risk for contracting the virus are also eligible to receive it, the programme chiefly targets school aged children aged 12-13. For people under 25, usually one dose is required to develop a safe level of immunity.

Figure 76. HPV vaccine first dose uptake for boys and girls in Leicester and England overtime, 2013/14 to 2022/23



Source: Office for Health Improvement and Disparities

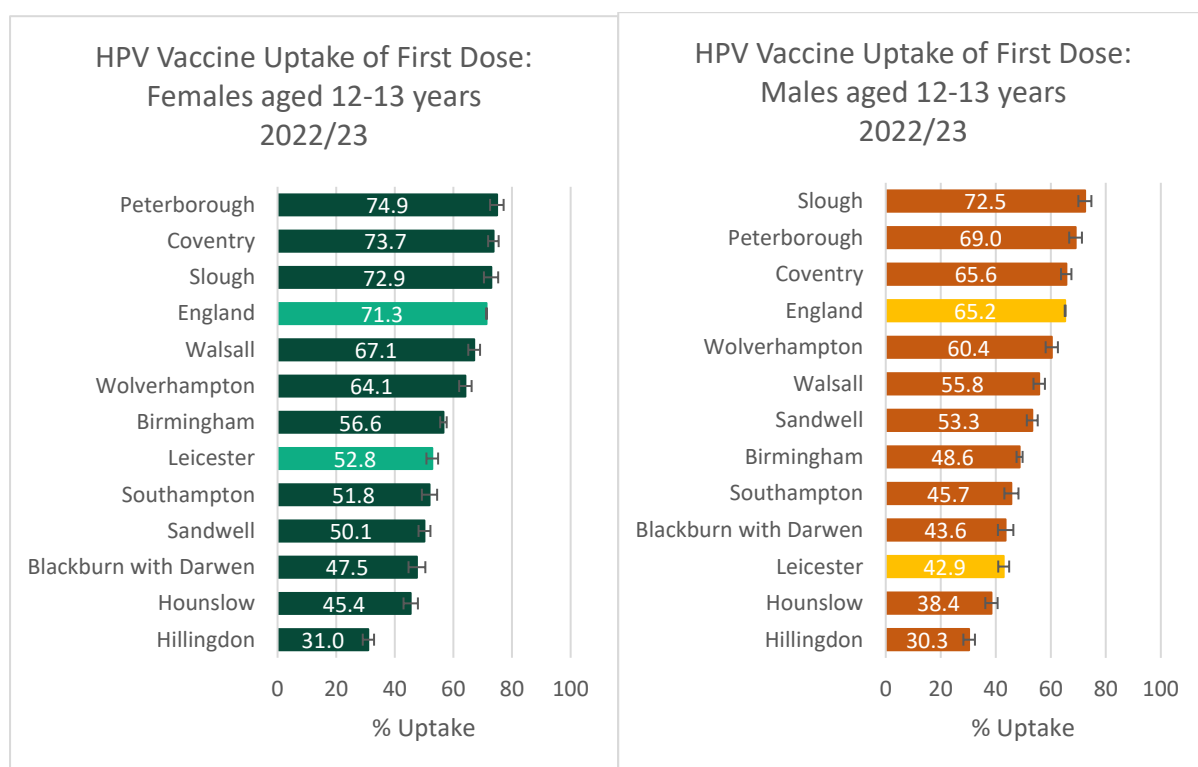
In the period 2022/23, the proportion of uptake for the HPV vaccine for girls and boys in Leicester was measured at 52.8% and 42.9% respectively (Figure 76). This is a significant decrease in uptake for males and females bringing uptake figures slightly closer to the national average.

Nationally, there was a significant drop in uptake for girls between 2018/2019 and 2019/2020. This was likely related to onset of the Covid-19 pandemic and was followed by a sharp increase the following year. This pattern was not observed for girls in Leicester, as uptake did not drop by as large and extent and has continued to do so to date.

In the first year of the vaccine programmes expansion to school aged boys, uptake amongst boys in Leicester was 62%, higher than the national average at 54% (Figure 76). However, Leicester saw this figure nearly halve to 34% in 2021/22. While uptake for boys has increased to 42.9%, this remains lower than uptake in year one.

Compared to Leicester’s peer areas, the percentage of uptake for girls lies amongst the middle of the group and is the third lowest for boys (Figure 77). Nevertheless, all comparator figures and the national uptake value, fall below the national target (90%).

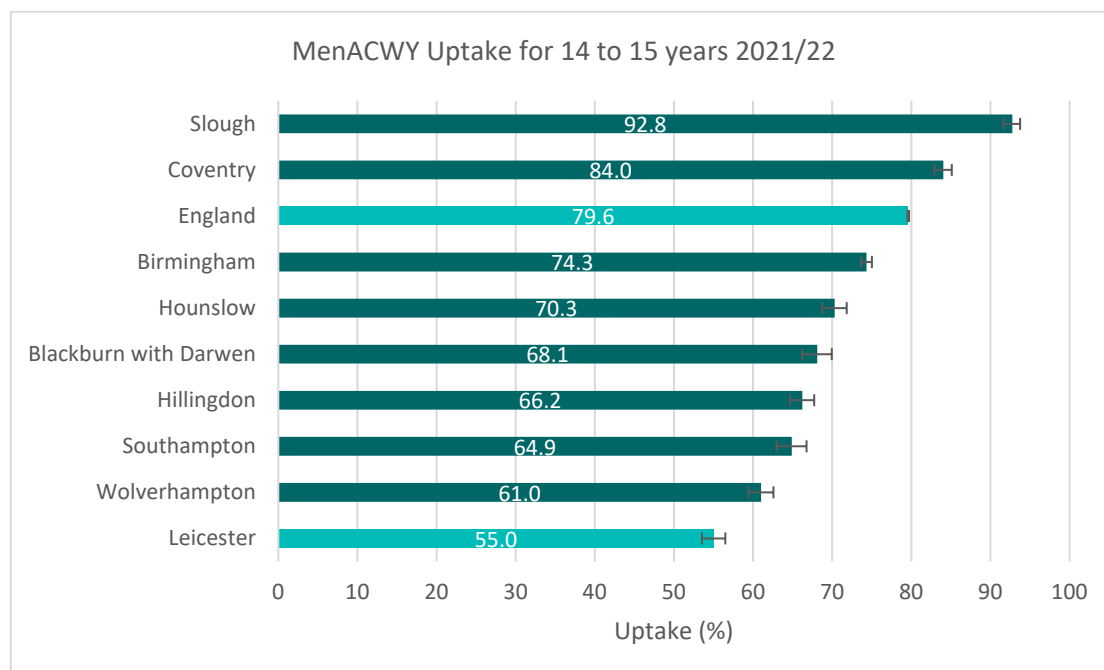
Figure 77. HPV first dose vaccine uptake for males and females in Leicester and peer areas, 2022/23



3.8.1.3 MENINGOCOCCAL ACWY (MENACWY) VACCINE – AGED 14-15 YEARS

This vaccine helps to protect individuals against meningitis and septicaemia, caused by the meningococcal bacteria A, C, W, and Y. While meningococcal disease doesn't always result in meningitis, it is still very dangerous and can lead to hearing loss, brain damage or amputations. Only one dose of MenACWY is required and is routinely offered to children aged around 14 years old (31).

Figure 78. Percentage uptake of the MenACWY vaccine for 14 to 15 years olds in Leicester and peer areas, 2021/22



Source: Office for Health Improvement and Disparities

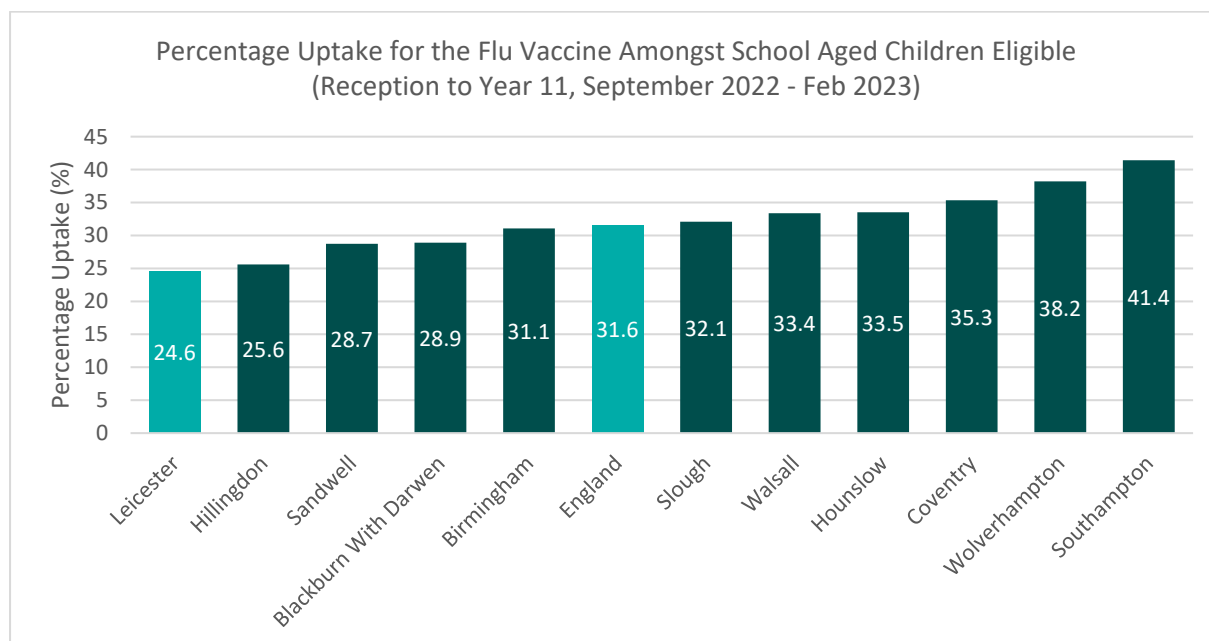
At just 55% uptake in 2021/22, Leicester has the lowest uptake of the MenACWY vaccine amongst its comparator areas and the 6th lowest in the country amongst 14- to 15-year-olds (Figure 78). This is a significant drop in uptake since 2020/21 when 76%. While both Leicester and the National figures for uptake amongst 14- to 15-year-olds are below the 90% target, England overall has not seen the same large drop in uptake that Leicester has.

3.8.1.4 INFLUENZA (FLU) VACCINE AT AGE 4 (RECEPTION YEAR) TO 16 (YEAR 11)

The Influenza virus (flu) is highly infectious and can spread easily from person to person. Symptoms can include high temperature, body aches, exhaustion, and a loss of appetite – but for vulnerable individuals the flu can be fatal. As part of the national flu immunisation programme, school aged children are offered the vaccine to not only protect themselves but disrupt transmission across the community to those with a greater risk of complications from flu such as the elderly.

In the 2022/23 autumn and winter period, flu vaccination uptake amongst school aged children (from Reception year to Year 11) in Leicester stood at just 24.6% (Figure 79). This is lower than the national vaccination rate for this period (31.6%), and the lowest uptake amongst the city's child comparator areas. For all comparator areas, uptake of the vaccine in Primary schools is at least twice the uptake for Secondary school children eligible to receive it. In Leicester, the uptake amongst eligible Primary school children was 31.7%, compared to 14.3% amongst Secondary school pupils.

Figure 79. Percentage uptake for the Flu vaccine for Reception to Year 11 aged children, Sept 2022 to Feb 2023



Source: Office for Health Improvement and Disparities

3.9 MENTAL HEALTH AND EMOTIONAL WELLBEING

Good mental health and emotional wellbeing are strongly related to quality of life and physical health and is a focus area for promoting ‘Healthy Minds’ for individuals across the life course in Leicester (32; 33). For children and young people, learning to cope with and overcome problems can help to prevent poor mental health in adulthood. Therefore, it’s important to ensure that children have sufficient support at school and home, something that has been recognised in the city’s health and wellbeing strategy. Currently, one in ten children report having issues with their mental health, and many more say they feel stressed or overwhelmed (32).

This section aims to provide an overview of children and young people’s mental health in the city highlighting any new and existing themes or vulnerable populations.

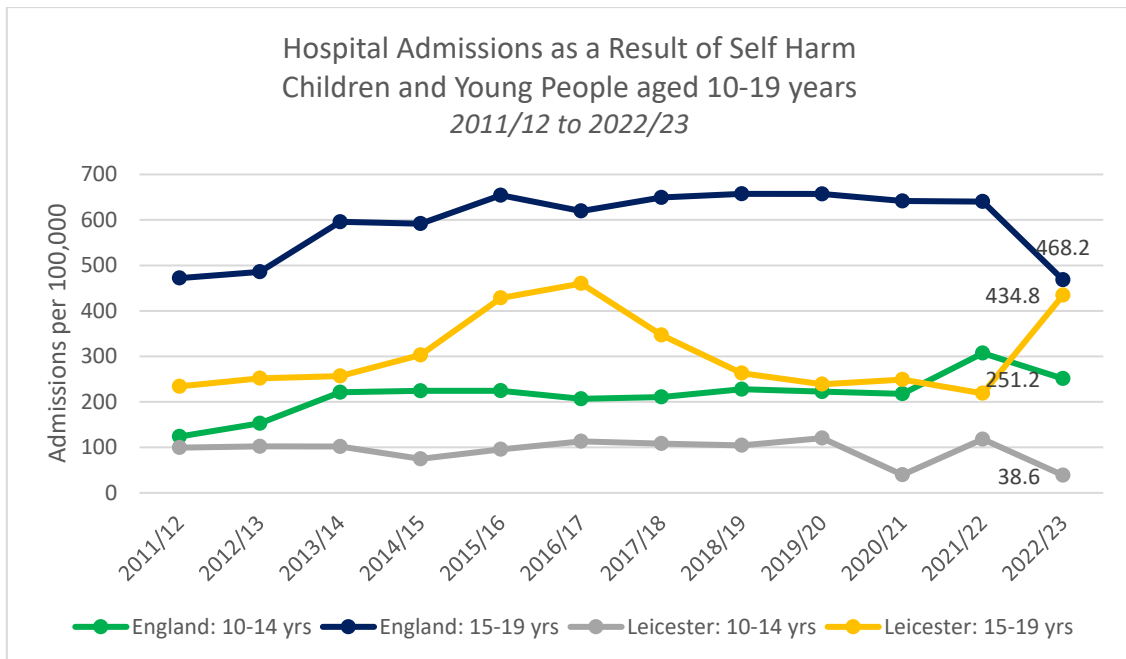
3.9.1.1 HOSPITAL ADMISSIONS AS A RESULT OF SELF HARM

Self-harm is an expression of distress defined as someone intentionally causing injury or damage to their body. It can be an indication of and is linked to poor mental health and conditions such as depression or anxiety (34). The graph below (Figure 80) shows the rate of hospital admissions due to self-harm for children aged 10-14 years, and 15-19 years in Leicester and England. Accident and Emergency (A&E) attendances are not included in this data.

Over the last decade, the rate hospital admissions due to self-harm for 10–14-year-olds in Leicester has been consistently and significantly lower than the national average. Looking at Figure 80, the rate in this age group has fallen significantly from 118 per 100,000 children in 2021/22 to 39 per 100,000. The national rate in 2022/23 for 10–14-year-olds is measured as 251 per 100,000.

Admissions for 15- to 19-year-olds are significantly higher compared to children aged 10-14 years in Leicester and nationally. In Leicester the rate of admissions for 15–19-year-olds has almost doubled since 2021/22 from 219 per 100,000 to 435 in 2022/23. This takes Leicester from being significantly lower than the national rate for 15–19-year-olds to being of a similar rate.

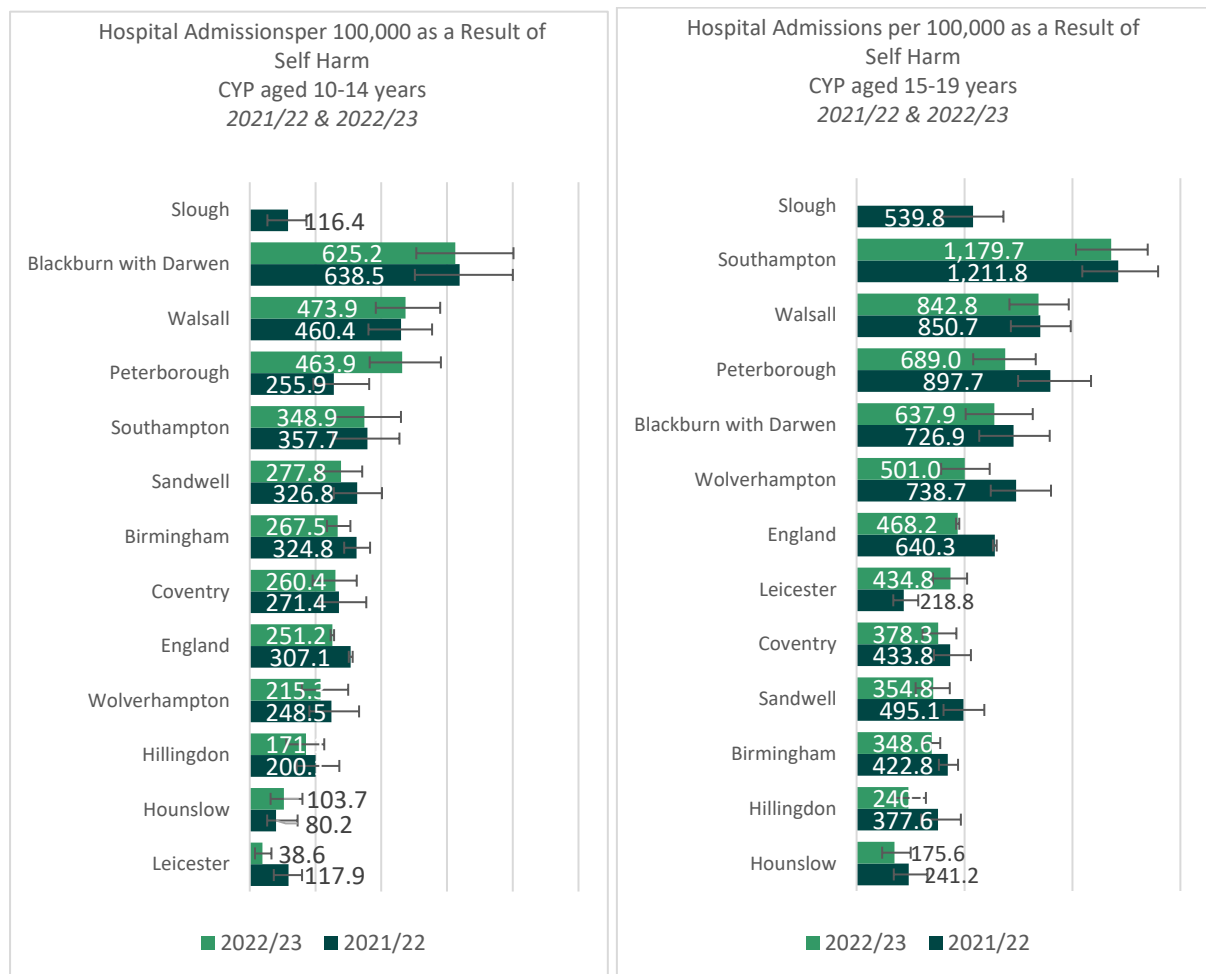
Figure 80. Graph of hospital admissions for 10–19-year-olds due to self-harm in Leicester and England, 2011/12 to 2022/23



Source: Office for Health Improvement and Disparities

The observed changes in hospital admission rates in Leicester for children and young people is not reflected in the city’s peer areas (Figure 81). While several local authorities in this group have reported a decrease in admissions for 10–14-year-olds, Leicester is the only one to report a significant change of this magnitude (117.9 in 2021/22 to 38.6 in 2022/23). Further, amongst 15–19-year-olds, Leicester is the only local authority amongst its peer areas to report an increase in admission from 2021/22. Whereas Leicester had the lowest admission rates for 15–19-year-olds in 2021/22, it now falls in the middle.

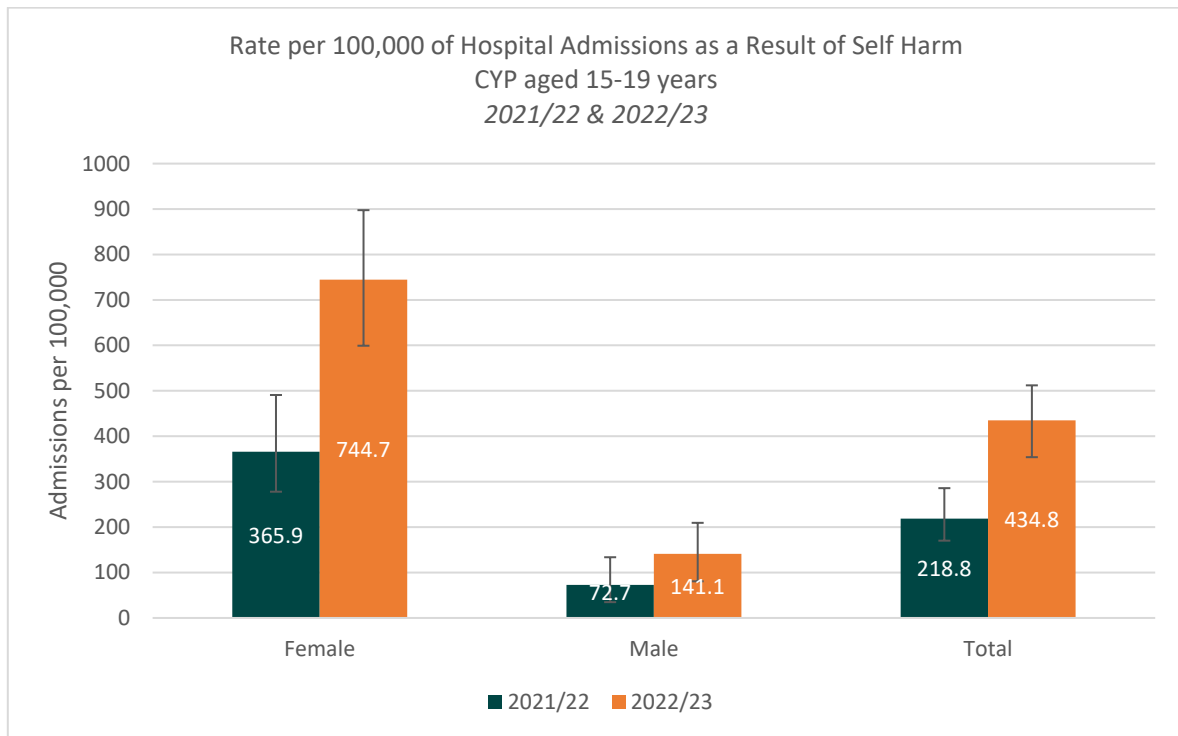
Figure 81. Hospital admissions due to self-harm for 10-14- and 15–19-year-olds in Leicester and peer areas, 2021/22 & 2022/23



Source: Office for Health Improvement and Disparities

Focusing in on admissions for 15–19-year-olds in Leicester, this increase by approximately doubled for both Female and Male children and young people Figure 82. In 2022/23 745 in every 100,000 females aged 15-19 years were admitted to hospital due to self-harm, which is significantly than the rate for Leicester overall (435 per 100,000). While males aged 15-19 years have a significantly lower rate of admission compared to Leicester’s total in 2022/23, the rate has almost doubled since 2021/22 from 73 per 100,000 to 141 per 100,000 males aged 15-19 years. However, this has not been calculated as a significant change.

Figure 82. Hospital admissions as a result of self-harm for 15–19-year-olds by sex in Leicester and England, 2021/22 & 2022/23

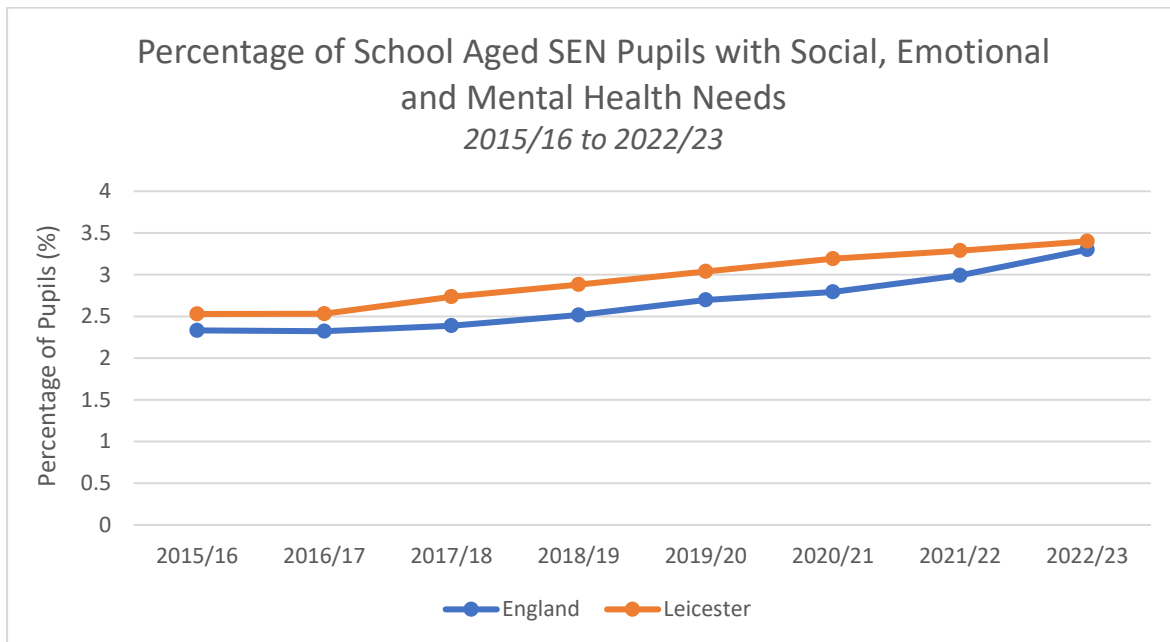


Source: Office for Health Improvement and Disparities

3.9.1.2 SCHOOL PUPILS WITH SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS

As outlined in the British Psychological Society’s National Clinical Practice Guidelines, children with learning and/or physical disabilities have a higher risk of developing a mental health problem compared to the national population (35). In England, the proportion of school aged children with Special Educational Needs (SEN) who are identified as having social, emotional, and mental health needs has risen consistently since 2015/16 and as of 2022/23 lies at 3.3% (Figure 83). While similar increase can be observed for Leicester, this recorded rise has been more gradual.

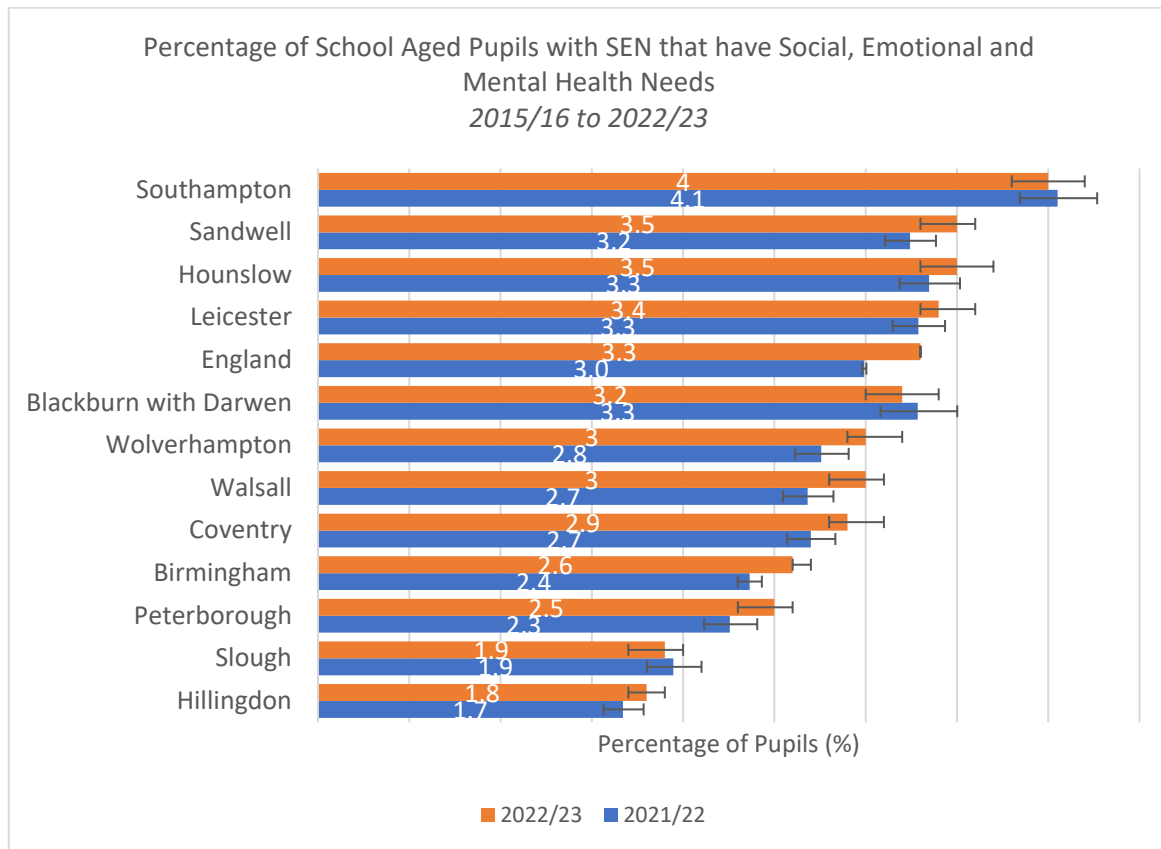
Figure 83. Percentage of school aged students with special educational needs who have social, emotional, and mental health needs in Leicester and England, 2015/16 to 2022/23



Source: Office for Health Improvement and Disparities

In Leicester, 3.4% of school aged children with SEN have social, emotional, and mental health needs listed as their primary need type in 2022/23. This is one of the highest figures reported across the city's comparator areas, which range between 1.8% and 4% for that year (Figure 84). While Leicester has one of the highest proportions of SEN pupils with social emotional and mental health needs amongst its comparators in 2022/23, the majority of peer areas have observed an increase since the previous year (2021/22).

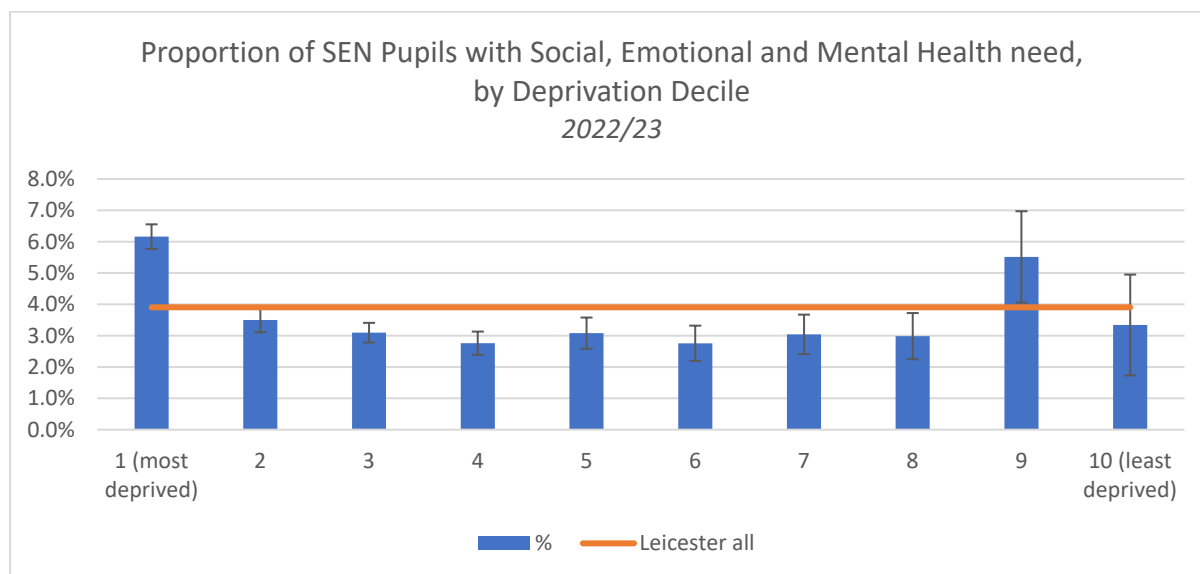
Figure 84. The proportion of SEN school aged pupils with social emotional and mental health needs in Leicester and peer areas, 2021/22 & 2022/23



Source: Office for Health Improvement and Disparities

For children with special educational needs in Leicester, those living in areas measured as one of the 10% most deprived nationally have a significantly higher chance of being diagnosed with social, emotional and mental health needs compared to those living in less deprived areas (Figure 85). There is also higher prevalence of social, emotional, and mental health needs pupils in some of the least deprived areas of Leicester. The lower sample size is revealed in the wider confidence intervals and shows that this is not statistically significant compared to Leicester overall.

Figure 85. Proportion of SEN pupils with a social, emotional and mental health diagnosis in Leicester 2022/23, by deprivation decile



Source: Office for Health Improvement and Disparities

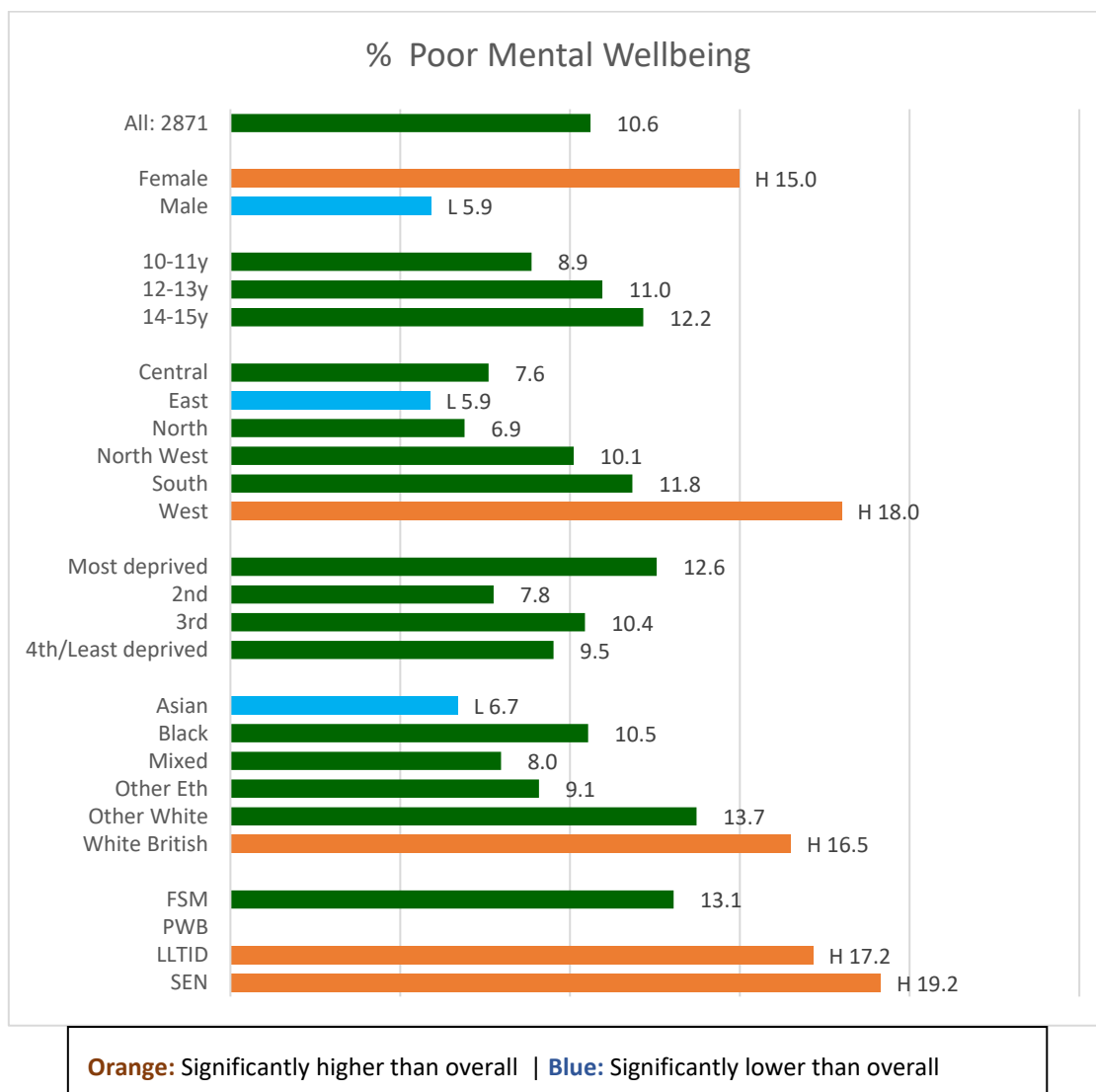
3.9.1.3 CHILDREN AND YOUNG PEOPLE’S HEALTH AND WELLBEING SURVEY

3.9.1.3.1 STIRLING SCALE

Children’s wellbeing was assessed using the Stirling’s Wellbeing Scale (17; 36) This is a multi-item questionnaire that assesses wellbeing based positive emotional state and positive outlook.

Overall, one in ten children in Leicester (10.6%) responded in a way that would indicate poor mental health (Figure 86). This is more than double the proportion of children since the previous survey in 2016/17, where 4% of children’s responses indicated poor mental health (37). Like the findings of the previous report, groups of children and young people most likely to report poor wellbeing scores were females (15%), White British children (16.5%) and those living in the west of the city (18%). Children with special educational needs were also more likely to report a poor wellbeing score (17.2%) as well as almost one in five children with a long-term life limiting illness or disability (19.2%).

Figure 86. Summary of children assessed to have poor mental wellbeing, according to the CYP HWB survey 2021/22.



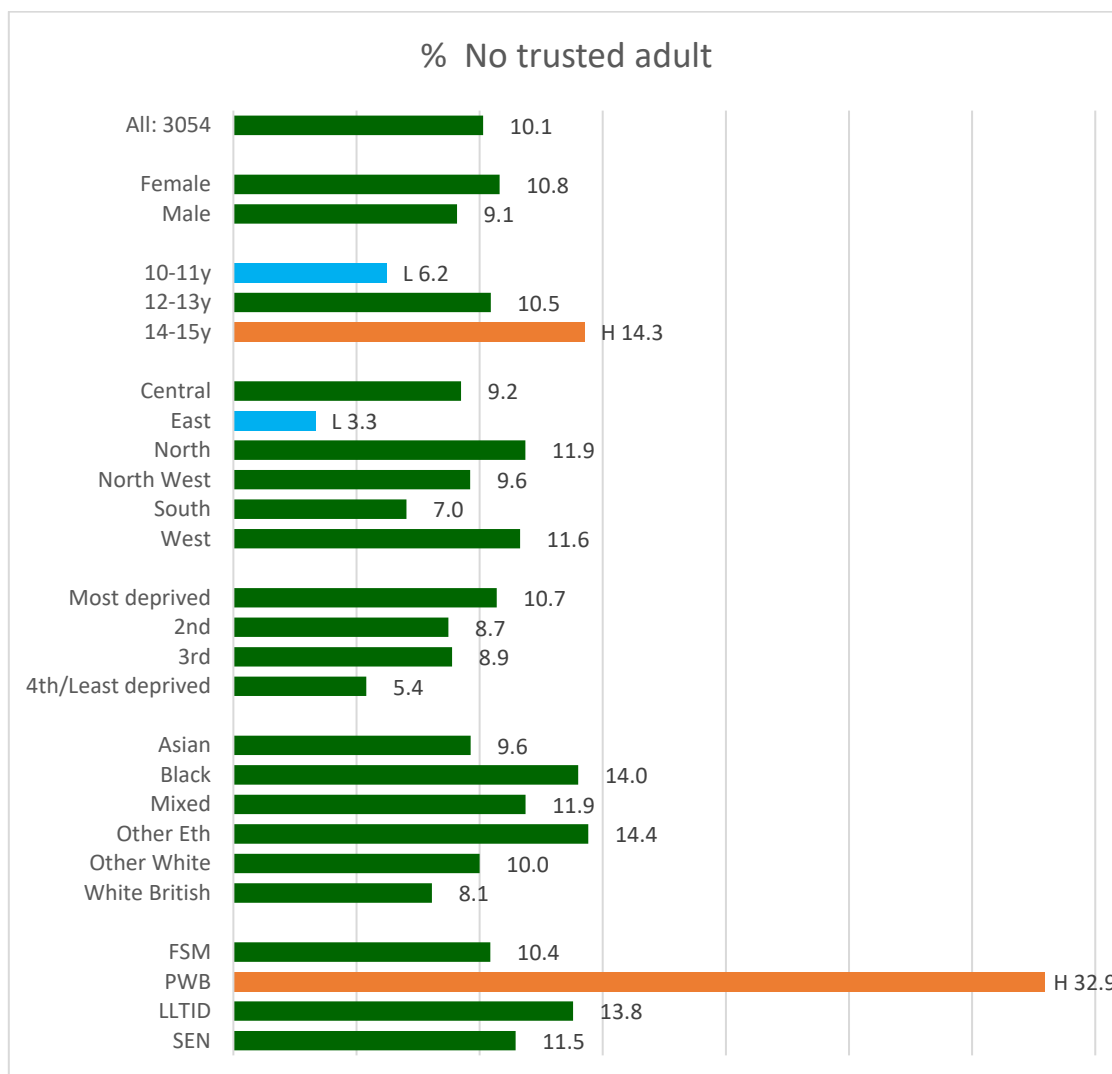
Source: CYP Health and Wellbeing Survey 2021/22

3.9.1.3.2 TRUSTED ADULT

Children were also asked whether they had a trusted adult that they could talk to in times of worry. Altogether, one in ten children (10.1%) in Leicester aged 10-15 years reported not having a trusted adult confidant, which are similar to findings in the previous children’s wellbeing survey of the city (9.1%; (37)).

Children significantly more likely to report not having an adult confidant are children aged 14-15 years (14.3%), and those with poor wellbeing - based upon responses to previous questions – 32.9% (Figure 87).

Figure 87. Summary of children reporting having no trusted adult confidant, according to CYP HWB survey 2021/22



Orange: Significantly higher than overall | **Blue:** Significantly lower than overall

Source: CYP Health and Wellbeing Survey 2021/22

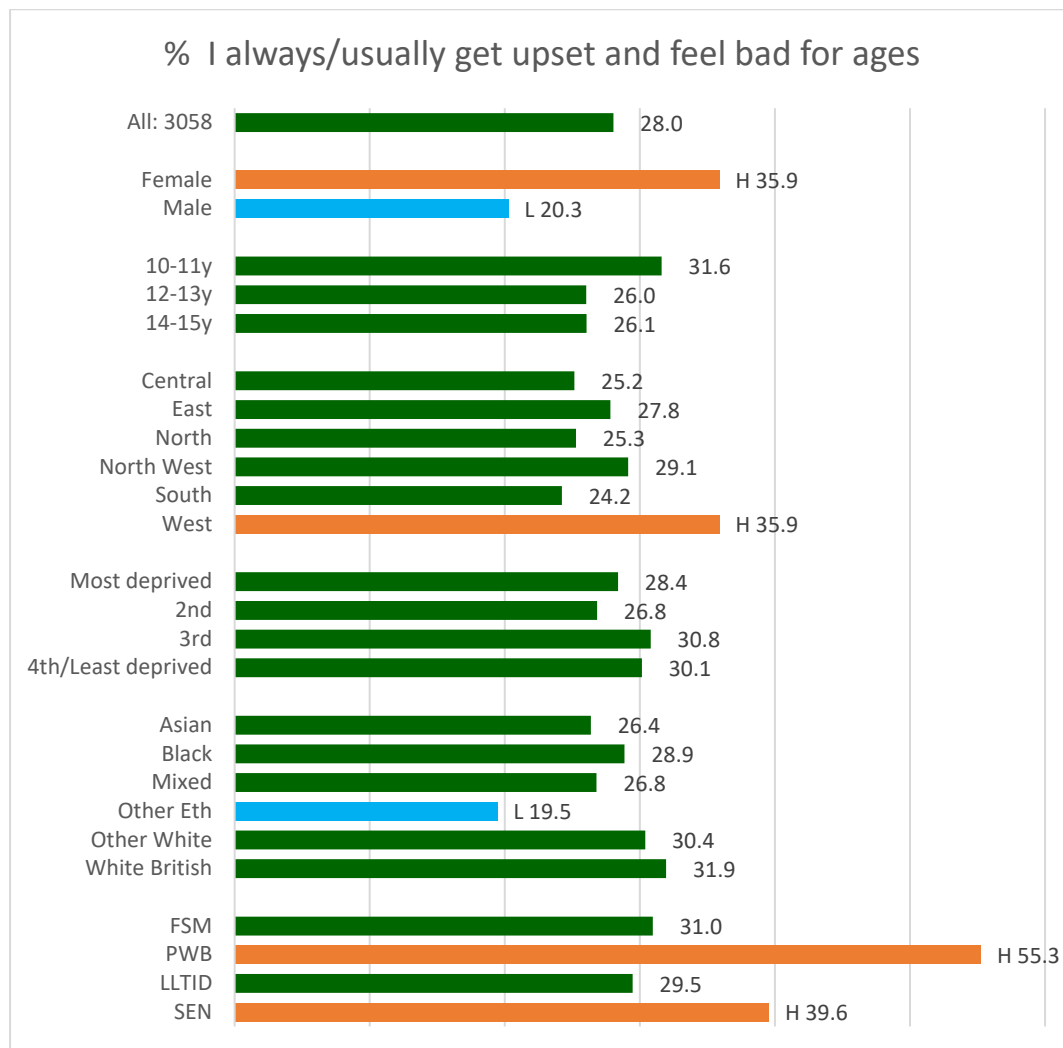
3.9.1.3.3 RESILIENCE

Resilience was explored in the survey by asking how they would respond if something were to go wrong; how would they feel and what might they do. Overall, more than a quarter (28%) of children responded in a manner that would indicate lower resilience (Figure 88). Based on responses, groups of children more likely to exhibit poor resilience are females (35.9%), children living in West Leicester (35.9%), and those with poor wellbeing scores (55.3%) or who have special educational needs (39.6%).

While it is normal for people to worry about things, four out of five children worry about at least one issue 'quite a lot'. The biggest reported worries for 10–15-year-olds are school work, the mental and

physical health of family members, and appearance. These are similar findings to what has been reported from the 2016/17 edition of the survey.

Figure 88. Summary of children reporting low resilience, according to the CYP HWB survey 2021/22



Orange: Significantly higher than overall | **Blue:** Significantly lower than overall

Source: CYP Health and Wellbeing Survey 2021/22

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