

Children and Young People in Solihull, 2022

The aim of this report is to give a brief overview of relevant local data on children and young people. This report combines data from the Office for Health Improvement and Disparities' (OHID, formally PHE) Child Health Profiles and their report on Improving health outcomes for vulnerable children and young people.

This work will provide a baseline for metrics relating to Solihull's Health and Well-being Strategy and Health Inequalities Strategy as well as informing integrated care system partners, enabling service provision to be needs-led.

A more detailed and thorough analysis of the needs of children and young people in Solihull will follow. It is envisaged that these analyses will use data from local services such as maternity services data, health related behaviour questionnaire and with the release of census 2021 data expected from Autumn 2022, will provide more in-depth information on locality and ethnicity and wider measures of children and young people's health and well-being.

The child population in Solihull

Almost a quarter of the population of Solihull is aged 0-19 years old (Table 1). In 2020, 29.6% of children in Solihull schools were from an ethnic minority group, this is much higher than the proportion of ethnic minorities in Solihull residents at the time of the 2011 census, 10.9%. Updated population estimates by ethnicity are expected to be released in autumn 2022.

Table 1: Summary of child population in Solihull

	Solihull	West Midlands	England
Live births (2019)	2,221	65,982	610,505
Children aged 0 to 4 years (2020)	12,100 (5.5%)	349,300 (5.9%)	3,239,400 (5.7%)
Children aged 0 to 19 years (2020)	52,100 (24.0%)	1,443,800 (24.2%)	13,330,400 (23.6%)
Children aged 0 to 24 years (2020)	63,300 (29.1%)	1,831,600 (30.7%)	16,802,900 (29.7%)
Children aged 0 to 19 years in 2029 (projected)	55,700 (24.3%)	1,495,900 (23.8%)	13,483,800 (22.9%)
School children from minority ethnic groups (2020)	11,608 (29.6%)	355,439 (39.1%)	2,812,226 (34.6%)
Children living in poverty aged under 16 years (2018/19)	13.4%	23.8%	18.4%
Life expectancy at birth (2017-2019) - Boys	80.7	79.0	79.8
Life expectancy at birth (2017-2019) - Girls	84.4	82.9	83.4

It is projected that the 0-17 year old population will reach almost 53,000 by 2040 with a further 16,100 18-24 year olds (Table 2). This is an additional 5,000 children and young people compared to current population estimates.

Table 2: Population projections, Solihull residents aged under 25 years, 2025 – 2040

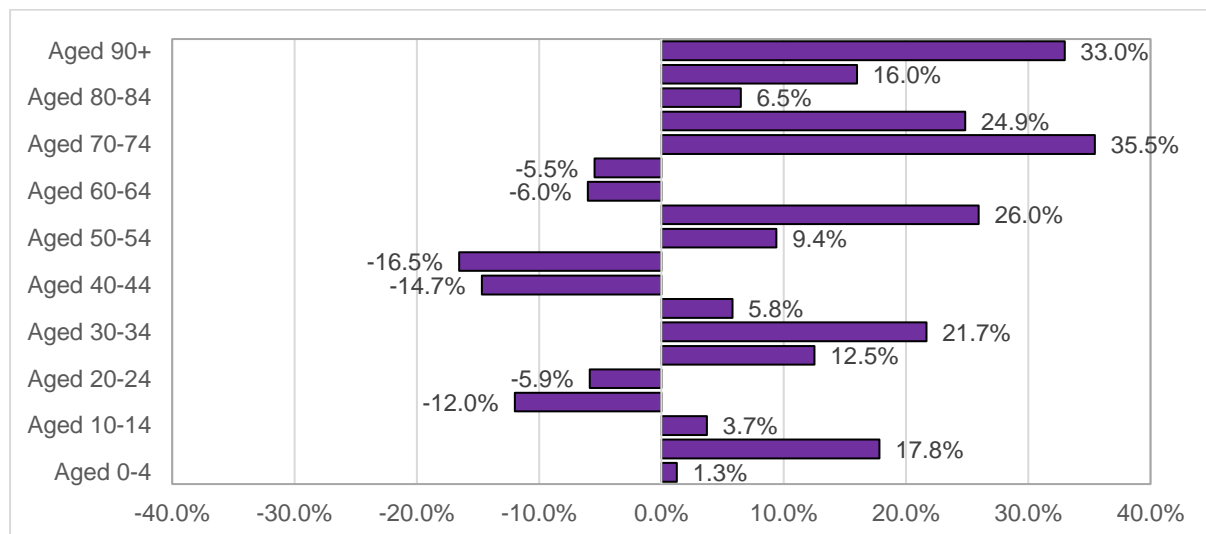
Projected population	2025	2030	2035	2040
People aged 0-17	50,200	50,800	51,000	52,900
People aged 18-24	14,300	16,100	16,800	16,100
People aged 0-24	64,500	66,900	67,800	69,000

Source: POPPI and PANSI, Institute of Public Care

According to the 2021 census data the population of Solihull has increased by 4.6% since 2011, from approximately 206,700 to 216,200. This is lower than the overall increase for England (6.6%) and the West Midlands (6.2%).

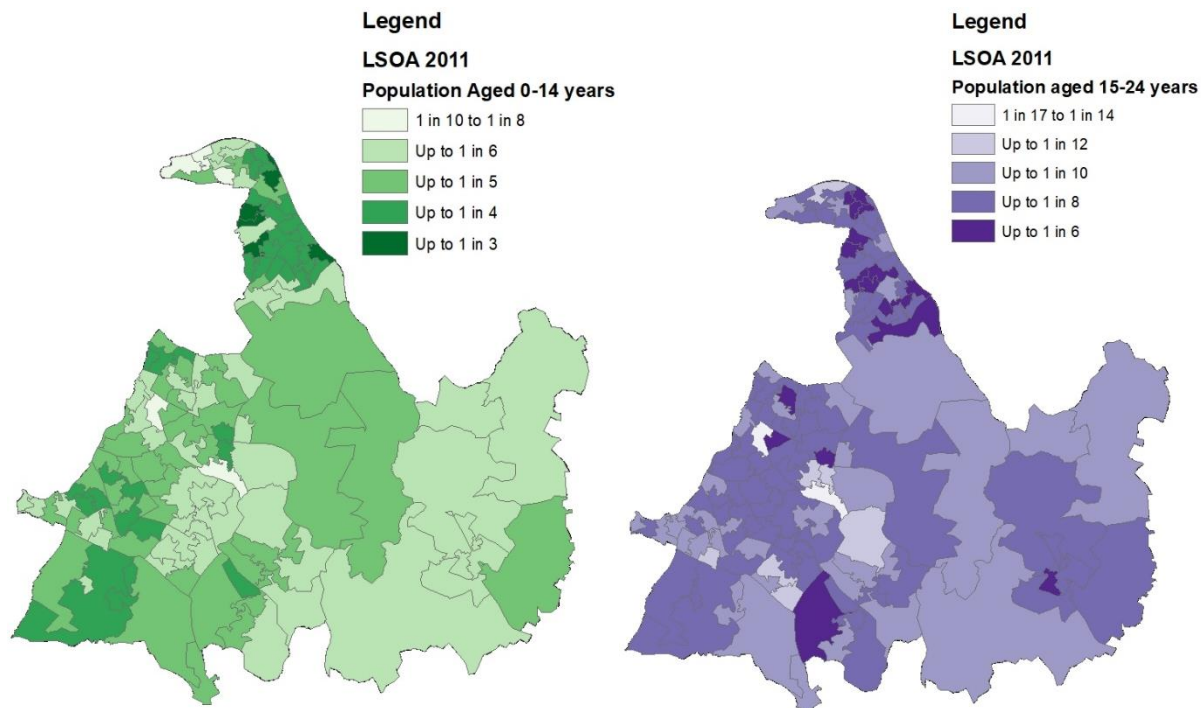
The change in population has not been consistent across all age bands (Figure 1) with the population aged 65 and over increasing by 15.2% in Solihull, this is lower than the overall England rate of 20.1%. There was an increase of just 0.6% in the people aged 15-64 years in Solihull, again, this is lower than the national average (3.6%). Children aged under 15 years however increased by 7.5% in Solihull, this is higher than the national average which has seen a 5% increase.

Figure 1: Population change between Census 2011 and Census 2021, percentage change by 5 year age band, Solihull residents



In some areas of Solihull, as many as 1 in 3 people are aged 0-14 years, and 1 in 6 are aged 15-24 years. The north of the borough contains the highest population of children and young adults.

Figure 2: Solihull maps showing population aged 0-14 years and 15-24 years, ONS Population Estimates 2020.



Source: ONS Population Estimates 2020, Contains OS data © Crown Copyright and database right 2020, Solihull MBC, Solihull MBC Licence N° 100023139

Public Health Indicators

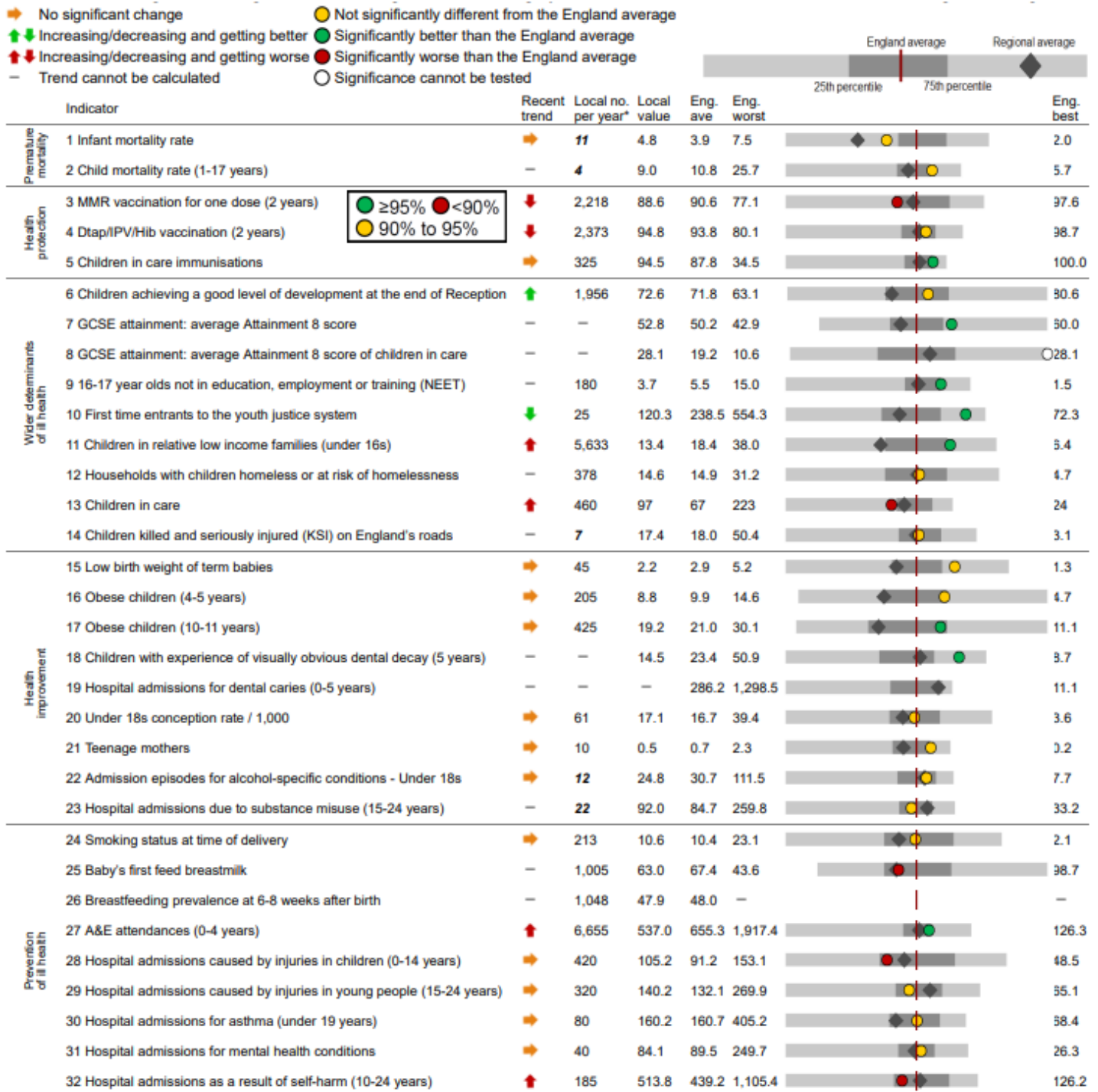
Public health interventions can improve child health at a local level (Public Health England, 2021). In Solihull:

- The teenage pregnancy rate is similar to England, with 61 girls becoming pregnant in 2018, this has since reduced to 49 in 2019 and 30 in 2020.
- 9.3% of women smoke while pregnant (2020/21) which is similar to England. This is a decrease from 10.6% in 2019/20 but slightly higher than in 2018/19 when rates were at their lowest (8.3%).
- 63.0% of newborns received breast milk as their first feed in 2018/19, this was a decrease on the previous year (68.1%) and significantly worse than the England rate of 67.4%. By 6 to 8 weeks after birth, 46.4% of mothers are still breastfeeding (2020/21). This is similar to England and a slight decrease on the previous year (2019/20).
- The MMR immunisation level does not meet recommended coverage (95%). By age 2, 90.2% of children have had one dose (2020/21), this is a slight increase on the

previous year (88.6%, 2019/20). Provisional data for 2021/22 suggests that there has been no improvement in uptake with estimates around 90% in Solihull.

- Dental health is better than England. 14.5% of 5 year olds have experience of dental decay (2018/19), this is the lowest rate since records began in 2007/08.
- 8.8% of children in Reception are obese (2019/20), this is similar to England and the highest level since 2013/14. 19.2% of children in Year 6 are obese, this is significantly better than England although is the highest rate since records began in 2007/08. NCMP measurements were severely impacted by the COVID-19 pandemic in 2020/21. A sample of measurements were taken representing approximately 17% of children in Reception and Year 6 in Solihull. Due to the reduced sample size results a local authority level have not been published although data held locally suggests that the level of obesity had increased to 11.9% of Reception children and 25.9% of Year 6 children. Similar trends were observed nationally with 14.4% of sampled reception children and 25.5% of Year 6 children measuring as obese.
- The rate of child inpatient admissions for mental health conditions at 73 per 100,000 is similar to England (2020/21) and the lowest rate since 2014/15. The rate of self-harm (10-24 years) at 304.2 per 100,000 is better than England (2020/21). This is a large decrease on the previous year when rates reached 513.8 per 100,000 and was significantly worse than England (2019/20).
- The percentage of young people aged 16 to 18 not in education, employment or training is better than England at 4.4% (2020) although this is a slight increase on the previous year (3.7%, 2019).
- 20 children were first time entrants to the youth justice system in 2021, this gives a rate which is better than England and is similar to the rate in previous years.
- The hospital admission rate for injury in children (aged 0-14) at 88.5 per 10,000 is worse than England (2020/21) although a decrease on the previous year 105.2 per 10,000 (2019/20). Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s).
- For young people (aged 15-24) at 90.7 per 10,000 the rate of hospital admission caused by unintentional and deliberate injuries is better than England (2020/21) and is the lowest rate since records began in 2010/11.

The following spine chart shows how children's health and wellbeing in Solihull compares with the rest of England. Solihull data is shown as a circle against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average. Data in this spine chart may not be as up to date as that reported elsewhere in this report but is useful in benchmarking Solihull against other areas.



*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure
Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box

Notes and definitions

1. Mortality rate per 1,000 live births (aged under 1), 2017-2019
2. Directly standardised rate per 100,000 children aged 1-17, 2017-2019
3. % children immunised against measles, mumps and rubella (first dose by age 2), 2019/20
4. % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2, 2019/20
5. % children in care with up-to-date immunisations, 2020
6. % children achieving a good level of development within Early Years Foundation Stage Profile, 2018/19
7. GCSE attainment: average attainment 8 score, 2019/20
8. GCSE attainment: average attainment 8 score of children looked after, 2019
9. % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known, 2019
10. Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2018
11. % of children aged under 16 living in relative low income families, 2018/19
12. Crude rate of households including one or more dependent children owed a prevention or relief duty under the Homelessness Reduction Act per 1,000 households, 2019/20
13. Rate of children looked after at 31 March per 10,000 population aged under 18, 2020
14. Crude rate of children aged 0-15 who were killed or seriously injured in road traffic accidents per 100,000 population, 2017-2019
15. Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2019
16. % school children in Reception year classified as obese, 2019/20
17. % school children in Year 6 classified as obese, 2019/20
18. % children aged 5 with visually obvious dental decay, 2018/19
19. Crude rate per 100,000 (aged 0-5) for hospital admissions for dental caries, 2017/18-2019/20
20. Under 18 conception rate per 1,000 females aged 15-17, 2018
21. % of delivery episodes where the mother is aged less than 18, 2019/20
22. Hospital admissions for alcohol-specific conditions – under 18, crude rate per 100,000 population, 2017/18-2019/20
23. Directly standardised rate per 100,000 (aged 15-24) for hospital admissions for substance misuse, 2017/18-2019/20
24. % of mothers smoking at time of delivery, 2019/20
25. % of newborns who receive breast milk as first feed, 2018/19
26. % of mothers breastfeeding at 6-8 weeks, 2019/20
27. Crude rate per 1,000 (aged 0-4) of A&E attendances, 2018/19
28. Crude rate per 10,000 (aged 0-14) for emergency hospital admissions following injury, 2019/20
29. Crude rate per 10,000 (aged 15-24) for emergency hospital admissions following injury, 2019/20
30. Crude rate per 100,000 (aged 0-18) for emergency hospital admissions for asthma, 2019/20
31. Crude rate per 100,000 (aged 0-17) for hospital admissions for mental health, 2019/20
32. Directly standardised rate per 100,000 (aged 10-24) for hospital admissions for self-harm, 2019/20

Vulnerable children in Solihull

Children in Care

In Solihull in 2021 531 children were looked after, a rate of 111 for every 10,000 children. This is higher than West Midlands region (85 per 10,000) and is higher than England (67 per 10,000).

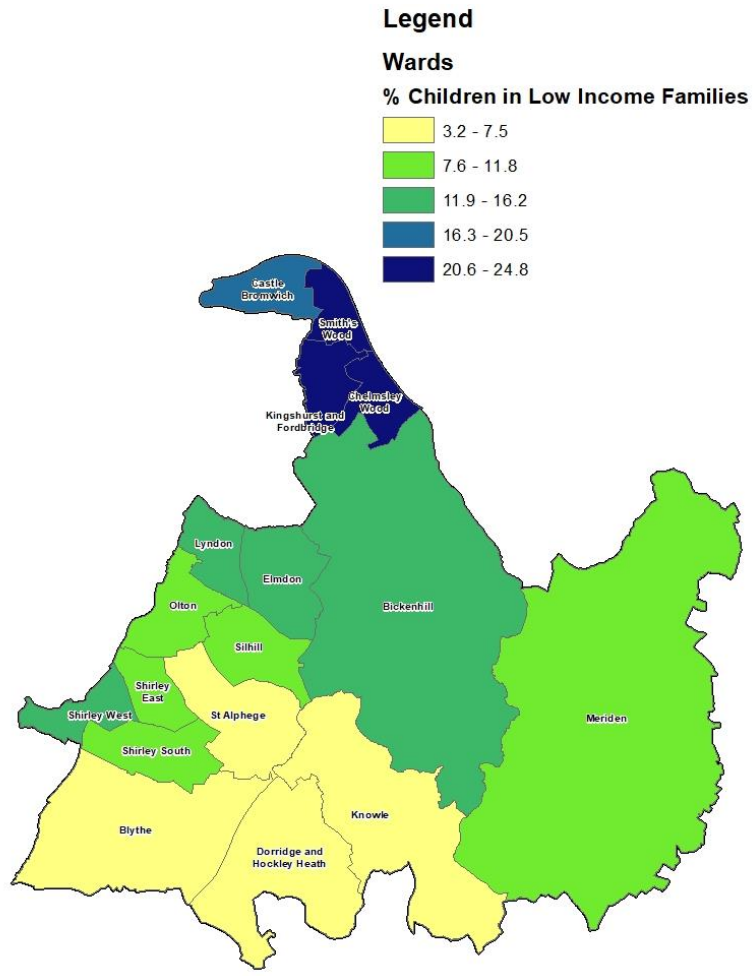
Homelessness

Children from homeless households are often the most vulnerable in society. In Solihull in 2020/21 309 households with dependent children were owed a prevention or relief duty under the Homelessness Reduction Act, a crude rate of 12 per 1,000 estimated households that include at least 1 dependent child. This is similar to the West Midlands region (11.8 per 1,000) and England (11.6 per 1,000). Homelessness is often linked to other risk factors such as family breakdown or children who are leaving care. Over a third of young homeless people have poor physical or mental health and potentially abuse substances. Many young homeless people are also affected by gang crime. In Solihull in 20/21 325 households owed a prevention or relief duty under the Homelessness Reduction Act main applicant was aged 16-24 years, 3.5 per 1,000 estimated households. This is significantly worse than the West Midlands region (2.4 per 1,000) and England (2.6 per 1,000)

Children in low-income families

There is evidence that childhood poverty, in addition to being linked to higher rates of offending, may also lead to premature mortality and poor health outcomes in adulthood. In Solihull in the latest year, 15.9% of under 16s were living in low income families, which is better than West Midlands region (20.3%) and is better than England (17%). However up to a quarter of children in several wards in the north of the borough are living in low income families. The 2019 Index of Multiple Deprivation (IMD) is a commonly accepted measure of deprivation. Upper tier local authorities are ranked out of the 151 upper tier local authorities in England, with a rank of 1 indicating the most deprived. Solihull, with a score of 17.4, is in the third less deprived decile, though it is important to recognise that local variation across the authority will exist, with some wards being more deprived than others.

Figure 3: Solihull Map of proportion of children living in low income families by ward, 2021



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Domestic violence and abuse within the household

Domestic abuse can take many forms. In England, the Home Office defines domestic abuse as “any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality”. It can include psychological, physical, sexual, financial and emotional abuse. Children can witness domestic abuse either directly, such as seeing kicking or punching, but also indirectly, such as hearing such events behind closed door or seeing injuries or upset afterwards. Domestic abuse can also place strain on the relationship between a child and parent, creating distance, worry that parents will separate and fear.

In Solihull in 2018, 583 children identified as ‘in need’ had abuse or neglect identified as the primary reason which represents 122 in 10,000 children. The children’s commissioner has projected that in Solihull 5.75% (2,700) of 0-17 year olds are living in households where an adult experienced domestic abuse in the last year. In Solihull 56.4% of children in need had domestic violence identified as a factor at the end of assessment in 2021, this compares to 52.3% in England. Domestic abuse is also known to have increased during the COVID-19 pandemic.

Parental substance use

Most parents who drink alcohol or take drugs do not cause harm to or neglect their children but children living with parents with problem alcohol or drug use can be at greater risk. Parents who misuse drugs or alcohol often lead less settled lives and have difficulties in understanding and responding to their children’s needs, placing them at increased risk of neglect. People who are dependent on alcohol are also more likely to have problems with their mental and physical health. Children may also be exposed to crime if parents or carers use this to pay for their dependency. Partnerships between children’s services and alcohol and drug services, combined with effective interventions can contribute to improved outcomes.

In Solihull 20.1% of children in need had alcohol misuse identified as a factor at the end of assessment in 2021, this compares to 19.8% in England. Almost a quarter, 24.7% of children in need had drug misuse identified as a factor in Solihull compared to 23.7% in England.

Projections by the children’s commissioner estimates that 3.63% (1710 children aged 0-17 years old) of children are living in households where an adult has an alcohol or drug dependency.

For many the COVID-19 pandemic caused increased worry and stress and national lockdowns made life difficult leading to increased drug and alcohol use for some people. Drug and alcohol treatment services remained open throughout the pandemic in Solihull although a physical presence was not able to be maintained due to the closure of buildings and outreach facilities during the national lockdowns. This is thought to have impacted on the number of new presentations to drug and alcohol services (Solihull Public Health , 2022).

Parental mental health issues

Poor parental mental health is associated with an increased risk of subsequent behavioural and emotional difficulties in children. Slightly under one third of children in the UK live with at least one parent reporting symptoms of emotional distress (31.6% in 2018 to 2019). If this percentage were applied to the population of Solihull, then approximately 15,000 children might be expected to have at least one parent reporting symptoms of emotional distress, indicative of mental health problems such as anxiety or depression. This measure varies depending on whether parents are working.

Children in couple-parent families where at least one parent is working have a slightly lower likelihood of at least one parent reporting symptoms of emotional distress (24.7%) than the UK average, while those in workless families have a far higher chance (49.8%).

During pregnancy and the year after birth, many women experience common mild mood changes. Some women can be affected by common mental health problems, including anxiety disorders (13%) and depression (12%). The risk of developing a severe mental health condition such as postpartum psychosis (which affects between 1 and 2 in 1000 women who have recently given birth), severe depressive illness, schizophrenia and bipolar illness is low but increases after childbirth. The impact of poor mental health can be greater during this period, particularly if left untreated. Young mothers also have higher rates of poor mental health up to three years after birth.

Based on the number of women giving birth in Solihull, [PHE's Perinatal Mental Health tool](#) presents estimates of the prevalence of specific conditions. 4 women in Solihull are estimated to suffer with postpartum psychosis annually and 54 women are estimated to have severe depressive illness in the perinatal period. Between 179 and 268 women in Solihull are thought to suffer with mild-moderate depressive illness in perinatal period. Adding all these estimates together will not give an overall estimate of the number of women with antenatal or postnatal mental health conditions locally, as some women will have more than one of these conditions. It is believed that overall between 10% and 20% of women are affected by mental health problems at some point during pregnancy or the first year after childbirth. Nationally 52.1% of all children in need assessments in 2021 included mental health as an identified factor, compared to 63.2% in Solihull.

The Children's Commissioner has projected proportions of children living in households where an adult has a clinically diagnosable mental health condition. This equates to in 11.69% of children, or 5490 children aged 0-17 years old in Solihull.

Young people in contact with the youth justice system

Children who offend or are at risk of offending have been identified as a subgroup experiencing disadvantage, often at multiple levels. Children and young people who offend are also more likely not to be in education, employment or training. There is also an association between young people who have difficulties with communication and youth offending; 60% of young offenders have communication difficulties. The health and wellbeing needs of children and young people tend to be particularly severe by the time that they are at the risk of receiving a community sentence and more so when they receive custodial sentences.

Children with learning difficulties and neuro-disability are overrepresented in the youth justice system. Having these conditions can make it more difficult to cope with justice processes, such as police interviews, court proceedings or compliance with the requirements of a community sentence. As young people are admitted to custody their needs (including health needs) are assessed. Through this process, young people entering youth custody have been found to have disproportionate health needs (often undiagnosed or untreated) when compared to the general population, including mental health (33%), substance misuse (including alcohol) (45%), and learning difficulties or disabilities (32%). [PHE's evidence review: smoking, drinking and drug use among hard to reach children and young people offers further information about this topic.](#)

In Solihull in 2021, 19.69 10-to-17 year-olds received their first conviction or youth caution, a rate of 90.6 in every 100,000. This is similar to the West Midlands region (134.8 per 100,000) and is better than England (146.9 per 100,000) overall.

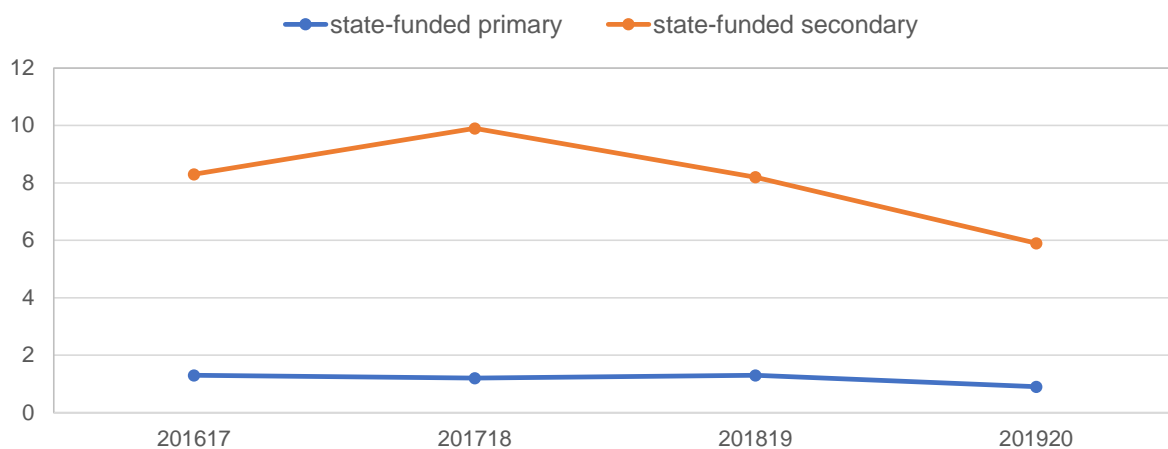
School absence

Persistent absence from school can be more common in children from families with multiple problems such as those taking part in the Troubled Families Programme. Addressing the wider issues within the family may make it more likely for children to attend school and achieve the education and training which will make them less vulnerable to worklessness themselves as young adults. In Solihull in 2020/21, 15.5% children in state-funded secondary schools were persistent absentees which is slightly better than West Midlands region (15.6%) but worse than England (14.8%).

School exclusions

The rate (per 100) of fixed period exclusions in primary and secondary schools in Solihull in 2019/20 are 0.9 and 5.9 respectively, this is lowest rates since 2016/17 (Figure 4, Table 3).

Figure 4: Rate of exclusion per 100 pupils, Solihull Secondary and Primary Schools (State-funded), 2016/17 – 2019/20



Source: Department for Education, permanent exclusions and suspensions in England

Table 3: Primary and Secondary fixed exclusion rate per 100 pupils, Solihull state-funded schools, 2019/20

	Primary school fixed period exclusions: rate per 100 pupils	Secondary school fixed period exclusions: rate per 100 pupils
Solihull	0.9 (199)	5.9 (1,063)
West Midlands	1.1 (5,603)	6.9 (26,531)
England	1.0 (47,261)	7.4 (253,307)

Source: Department for Education, permanent exclusions and suspensions in England

Teenage pregnancy

Although a high number of teenage parents in a population may mean that more children are vulnerable, at an individual level many teenage parents will parent effectively and raise healthy children, without negative outcomes. At a population level, teenage pregnancy can make both the young parents and their children more vulnerable to poorer health and other outcomes. Teenage mothers are more likely than other young people not to be in education, employment or training; and by the age of 30, are 22% more likely to be living in poverty than mothers giving birth aged 24 or over. Young fathers are twice as likely to be unemployed aged 30, even after taking account of deprivation. Children born to teenage mothers have a 63% higher risk of living in poverty, and mothers under 20 have a 30% higher risk of poor mental health up to three years after giving birth. At an individual level the strongest associated risk factors for pregnancy before 18 include family poverty, slower than expected academic progress between ages 11-14, persistent school absence by age 14 and being in care. It is estimated that preventing adverse childhood experiences in future generations would reduce levels of unintended teenage pregnancy by 44%.

In 2020 in Solihull 10 (0.5%) women giving birth were aged under 18 years. This rate is similar to West Midlands region (0.8%) and is similar to England (0.6%).

Special educational needs

Children are defined as having special educational needs (SEN) if they have a learning difficulty or disability which calls for special educational provision to be made for them. Nationally in 2017/18, 24.2% of children receiving SEN support achieved a good level of development at the end of reception compared to 77% of children with no identified SEN. In Solihull in 2021/22, 16.9% of school children had special educational needs, which is similar to West Midlands region (16.9%) but higher than England (16.3%).

Protective factors

By contrast, some factors can mean that children are less vulnerable to poor outcomes, guarding against the negative impact of the risk factors listed above. These factors can contribute to the resilience of a child, though it should be noted that these factors are not exhaustive, and that the absence of these does not mean that a child cannot be resilient. In many cases sources of resilience are difficult to quantify.

Community engagement

Children who live in a supportive community are more likely to be resilient to the harmful impact of vulnerability such as mental health problems in their adult lives. Taking part in community activities can take many forms.

Social inclusion

Loneliness has been shown to affect an individual's wellbeing and has been linked to poor physical and mental health. Young people aged 16-24 are significantly more likely than most other age groups to report feeling lonely often or always (32.7%) and are the least likely age group to report never experiencing loneliness (11.4%). The Office for National Statistics have recently published national measures of loneliness to explore this further.

Access to outdoor play areas and green spaces

There is good evidence for the benefits of physical activity on wellbeing in both adults and children. In 2014/15, 12.6% of fifteen-year-olds were physically active for at least one hour per day seven days a week, which is similar to West Midlands region (13.8%) and is similar to England (13.9%). The UK chief medical officer (CMO) recommends that children and young people aged 5-18 years are physically active for an average of at least 60 minutes per day across the week. In 2019/20 it was estimated that 40.2% of Children and young people in Solihull met the CMO recommendation, this is lower than, but not statistically different to, both the West Midlands (44.4%) and England rate (44.9%).

Access to green spaces is also good for physical and mental health. In Solihull in 2015/16, 24.7 % of people of all ages exercised outdoors, which is similar to the West Midlands region (17.7%) and England (17.9%). Nationally, 70% of children under 16 report spending time outside at least once a week, falling to 64% of 16 to 24-year-olds.

Work, health and poverty

There are clear links between income, work and health affecting both adults and children. Children in less affluent families are more likely to report lower Warwick-Edinburgh Wellbeing Score (WEMWBS) scores (a higher the score indicates higher self-reported wellbeing). A proxy measure for family income is the percentage of children eligible for free school meals. In 2021/22 in Solihull, 22.7% of children are eligible for free school meals, which is lower than West Midlands region (26.5%) and is similar to England (22.5%). In Solihull this is a slight increase on the previous year when 21% of pupils were eligible.

Children are likely to be less vulnerable where both they and their families have had a good education and are in work. There is an established link between outcomes for children who grow up in working families and those who are not in work. While the number of children in workless families has declined nationally, approximately 1.2 million children in the UK lived in workless families in the final quarter of 2018. About 80% of these were long-term workless families.

Young people who are out of work and education are at greater risk of a range of negative outcomes including poor health, depression or early parenthood. On the other hand, having

a stable job or being in education can build resilience in young people, give them access to peer support and mentoring, as well improve wellbeing by helping to build a sense of self-worth. In Solihull in 2020 4.4% of children and young people are not in education, employment or training, which is better than West Midlands region (5.7%) and is better than England (5.5%).

Positive relationships with parents, other trusted adults and peers

When protected by supportive relationships with adults, a child is better placed to learn how to cope with everyday challenges. Adults who could provide a supportive relationship include parents, grandparents or members of the extended family but equally could be a teacher, support worker or other role model in the wider community. In addition to the support of adults, children and young people who have a reliable circle of friends have been found to be less badly affected should they have multiple adverse childhood experiences. Where supportive relationships with parents, other adults and peers are in place, the chance of poor childhood health as a result of such experiences has been found to reduce from 60% of children to 21%. The Health Behaviours in School-aged Children study has found that in England 77% of young people agreed that when they talk someone always listens to them and 59% agreed that they got emotional support from their family, though both figures decrease as children get older.

Self-esteem

Building resilience and establishing positive mental wellbeing can make it less likely that a child who has experienced one or more of the risks listed above has poorer outcomes as a result. In 2015 a lifestyle survey of 15 year-olds in England asked respondents to answer a series of questions to establish how satisfied they were with their lives currently. It also established a wellbeing score based on the Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS). Children who report higher WEMWBS scores are less likely to engage in risky behaviours such as drinking or smoking and more likely to state that their general health is excellent.

Table 4: Mean WEMWBS score at age 15 and proportion reporting low life satisfaction at age 15, Solihull, West Midlands and England, 2014

	Mean score of the 14 WEMWBS statements at age 15	Percentage reporting low life satisfaction at age 15
Solihull	48.5	12.5
West Midlands	47.8	13.2
England	47.6	13.7

Source: NHS Digital, [Health and Wellbeing of 15-year-olds in England](#)

In 2022 just 30% of Solihull pupils had high self-esteem according to the health related behaviour questionnaire, this was a decrease of 7 percentage points on the previous survey. 45% of the pupils that completed the survey worry ‘ a lot’ about their family, 34% worry about friendships and 32% worry about keeping well. A quarter worry about school work.

The health related behaviour questionnaire (HRBQ) is collected every 2 years from Solihull pupils aged 6-15 years. The survey gathers information on pupils on a number of health

topics such as Drugs, alcohol and tobacco, emotional health and wellbeing, healthy eating and sex and relationships, amongst other things. The HRBQ is used to support the planning of services and the Solihull Health Schools Programme. Further information on the 2022 HRBQ results can be found here: [2022 HRBQ](#).

Educational attainment

It is important that all children reach their academic potential through education and training, ensuring that a child’s background does not determine his or her future outcomes, and encouraging social mobility. Unfortunately, socio-economic factors mean that not all children currently reach their potential and so action to tackle these underlying factors is needed.

Children are assessed at various points, data from which can help inform both the education of individual children but also the planning of services which bring benefit to larger groups in the community.

As children come to the end of reception, their readiness for school is assessed. In Solihull in 2018/19, 72.6% of children achieved a good level of development at the end of reception which is better than West Midlands region (70.1%) and is similar to England (71.8%). 56.2% of children with free school meal status achieved this level which is similar to West Midlands region (57.2%) and is similar to England (56.5%).

Attainment 8 measures the achievement of a pupil at the end of Key Stage 4 (age 15 to 16) and replaced previous indicators based solely on GCSE results in 2017. Further details about the measure are available from the [Department for Education](#). The most recent attainment 8 scores (2020/21) are shown in the table below, where higher scores represent better average achievement.

Table 5: Average Attainment 8 score in all Solihull Children and Children in Care

	Average Attainment 8 score	Average Attainment 8 score of children in care
Solihull	53.3	21.7
West Midlands	49.5	23.1
England	50.9	21.4

Source: Department for Education

Academic achievement is not the only benefit of education, with connectedness to school having been shown to have direct positive outcomes in terms of reduction of violence, substance misuse and teenage pregnancy rates. In England 32% of young people (aged 11 to 15) reported liking school ‘a lot’.

Language development

Children who do not develop good oral language in early life are at greater risk of experiencing problems with literacy later on, potentially impairing their ability to reach their academic potential. As the National Institute for Health and Care Excellence (NICE) explains: “Children and young people with communication difficulties are at increased risk of social, emotional and behavioural difficulties and mental health problems. So identifying their speech and language needs early is crucial for their health and wellbeing. Many young children whose needs are identified early do catch up with their peers”.

Early prevention can ensure that all children start school in a position to flourish and avoid the development of gaps which can have a lasting detrimental impact on social mobility. Research has shown that “children who had poor language skills at age five were about six times less likely to reach the expected standard in English and about 11 times less likely to reach the expected standard in maths at age 11”. In addition, 15% of pupils with identified speech, language and communication needs achieve the expected standard in reading, writing and maths at the end of primary school, compared with 61% of all pupils. As the government’s national plan to improve social mobility through education states: “Children who arrive at school in a strong position will find it easier to learn, while those already behind will face a growing challenge: early advantage accumulates, but so too does early disadvantage”.

In 2020/21, 1,663 children in Solihull had reached the expected level of development in communication skills when they were assessed between the ages of 2 and 2 ½ years of age. This represents 92.7% children reaching the expected standard in communication at this age, which is better than England (86.8%) overall and is better than West Midlands region (78.1%). At the end of reception 2,165 children in Solihull had reached the expected level of development in communication and language skills. This represents 80.3% children reaching the expected standard in communication and language at this age, which is worse than England (82.2%) overall and is similar to West Midlands region (79.8%).

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