4. Children and Young People

Chapter Summary

- The number of births in Wirral was the highest in the last 13 years in 2011, with 3,802 live births in the borough
- The number of young people in Wirral who are not in education, employment or training (NEET) is higher in Wirral compared to national and regional averages. There are some groups at a higher risk of becoming NEET (e.g Looked After Children).
- Wirral has nearly double the number of children in care (100 per 10,000 population) compared to the national figure (59 per 10,000 population).
- In 2012, Wirral had a higher proportion of children assessed as being in need (4%) than the national average (3.6%). Family dysfunction (38.4%) followed by abuse or neglect (34.4%) was the highest recorded category of need at initial assessment.
- The rate of referral to children's social care fell between 2009 and 2012, but the proportion of referrals that result in initial and core assessments increased over the same period. The main presenting issues were domestic violence, parental substance misuse and parental mental health.
- The rate of children subject to a Child Protection Plan increased between 2008 and 2012 to 55.0 per 10,000 (higher than the England average of 37.8 per 10,000). The main reasons for children becoming subject to a child protection plan were neglect (46.2%) and physical abuse (43.4%).
- The 20% most deprived section of the Wirral population continued to have higher rates of infant mortality than Wirral overall in 2008-10 (and Wirral in turn, had higher rates than England).
- Service providers should be aware of the difference in birth rates between affluent and more deprived areas when considering the need for neonatal care.
- Evidence suggests targeting areas of deprivation to increase breastfeeding rates and continuing data collection on breastfeeding in order to inform interventions.
- There is a need for targeted action on smoking in pregnancy in more deprived areas and amongst younger women
- Wirral's teenage conception rate in 2010 (47.3 per 1,000) was higher than both the North West average (40.7 per 1,000) and England (35.4 per 1,000). Rates for 2011 are currently only available for Wirral (England and the North-West not yet available) and show a marked decrease in Wirral, to 36.9 per 1,000 (Go to Sexual Health Chapter for further details)
- There are several areas of Wirral where Measles, Mumps and Rubella (MMR) uptake is lower than the required 95% required for 'herd immunity'. In 2010-11, this was mainly deprived wards such as Birkenhead, Tranmere and Seacombe, but Thurstaston also had poor rates and is a fairly affluent ward.
- There is a lack of robust data on the prevalence of chronic diseases in children and young people, including mental health problems. Local agreement on the definition of complex needs is also required.
- The number of road traffic accidents in which people were killed or seriously injured (KSI) in Wirral reduced by 53% between 1994-98 and 2010(from 37 to 18). This means Wirral met the national target to reduce these kinds of accidents by 50%.
- The rate of child poverty in Wirral was 24.9% in 2009. This is 17,615 children. This is up 0.7% from 24.2% in 2008, equating to an increase of 615 children.
- Wirral has a higher rate of emergency admissions for unintentional and deliberate injuries in those aged 0-17, compared to the regional and national average

- Alcohol is a significant problem for children and young people in Wirral. This can cause a wide range of associated problems including injuries and accidents, risk taking behaviour, cognitive problems and long term risks to health.
- Although Wirral has achieved a reduction in the number of children who are obese in Reception and Year 6 in recent years, the number of overweight children was still higher locally compared to the North West and England in 2010-11.
- Data from 2005-06 showed that dental decay amongst Wirral five year olds was a considerable problem in some of the more deprived areas of Wirral. More recent local data is not yet available (expected July 2013) but targeted interventions in these areas should continue based on existing data.
- In Wirral, child behaviour, health issues, parenting and school behaviour were the predominant reasons for multi-agency early intervention using the Common Assessment Framework (CAF) during 2011-12.

4.1 Socio demographics

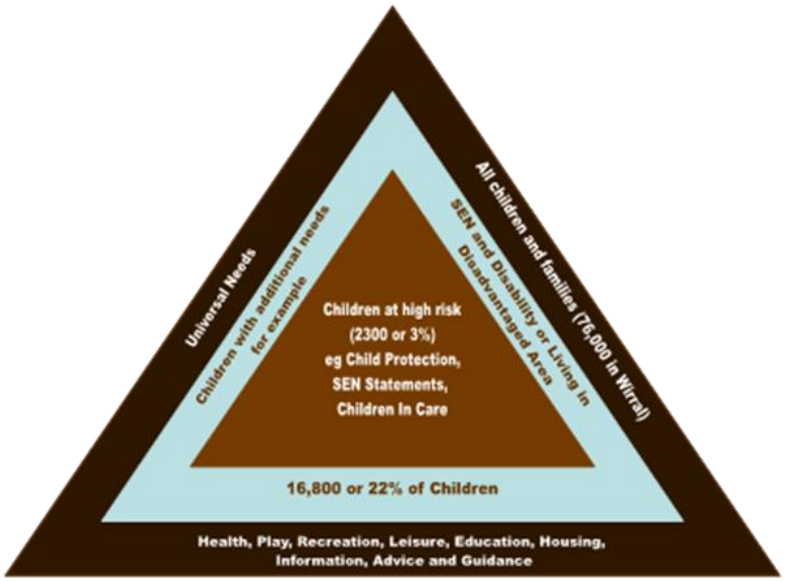
There are approximately 76,000 children and young people aged 0-19 currently living in Wirral (ONS, 2011) and 3,802 births in Wirral in 2011. Overall, most of these children and young people will fulfil their aspirations and healthy, safe and well educated; have easy access to recreation, sport and leisure; be able to make a positive contribution to our society; and be well prepared for their working lives.

- Most children and young people will live in a decent home and live in a pleasant environment; near a park or open space, with opportunities to explore and have fun.
- Most children and young people are healthy. The Borough is well served by health centres and children and young people are well supported by a community paediatric team, health visitors, school nurses and others.
- Children and young people generally do well in Wirral schools. The take up of nursery placements or a place in an early years setting (from the entitlement age of 3) is good. Most schools are assessed by OFSTED as good or outstanding; children do consistently well in all key stages. 97% of 16 year olds stay on in school or college or go into worked based learning.
- The local Connexions Service gives good support in providing information, advice and guidance for all young people 13-19yrs (up to 25yrs for those with particular needs), and targeted services exist for young people who are vulnerable or not clear about their future.
- However, while overall Wirral is a positive place for children and young people to grow up, some do not fulfil their potential. There are great disparities in Wirral, not least in wealth. Some areas, mostly in the west of the peninsula, are very affluent; whilst on the east of the peninsula there are high levels of poverty and deprivation which has an impact upon children's lives and development. The challenge is to eliminate those disparities in outcome and ensure that all young people have the best possible start in life.

4.1.1 Population

Figure 4.1.1 Children and Young People triangle of need

Of the 76,000 children in Wirral, approximately 25% (19,100 children) at any one time will have additional needs (including children at high risk) which require some kind of extra support. (Children and Young Peoples Plan 2011/12). Most will live in the more disadvantaged areas of Wirral. Within this 25% (or 19,100 children), about 2,300 will have more complex needs and require a much higher level of support; for example, they will be placed in care or have severe disabilities.



Source: Children and Young Peoples Plan 2011-12 (Children and Young People's Department)

At the end of Quarter 4 (Jan-Mar) 2011, there were 75,417 children and young people (aged 0-19 years) registered with a Wirral GP, making up 22.8% of the total population of Wirral. See tables 4.1.1a and 4.1.1b.

Table 4.1.1a: Number of children registered with a Wirral GP, Q4 (Jan-March) 2011

Age band	Number	%
0-4	18,708	5.7%
5-9	18,267	5.5%
10-14	18,436	5.6%
15-19	20,006	6.0%
Total 0-19	75,417	22.8%

Source: NHS Wirral Management Information Service (MIS) 2011

Table 4.1.1b: Population projections for children and young people in Wirral (Mid 2011-Mid 2031, figures shown in thousands)

Age Group	2008	2011	2015	2019	2024	2029	2033	% change 2008 to 2033
0-4	18.2	18.7	18.1	18.0	17.6	16.9	16.5	-9.3%
5-9	17.4	17.9	19.0	18.6	18.4	18.1	17.5	0.6%
10-14	19.3	18.0	17.5	18.9	18.7	18.6	18.3	-5.2%
15-19	20.6	18.8	17.1	16.1	17.6	17.4	17.3	-16.0%
Total 0-19	**75.5**	**73.4**	**71.7**	**71.6**	**72.3**	**71.0**	**69.6**	**-7.8%**

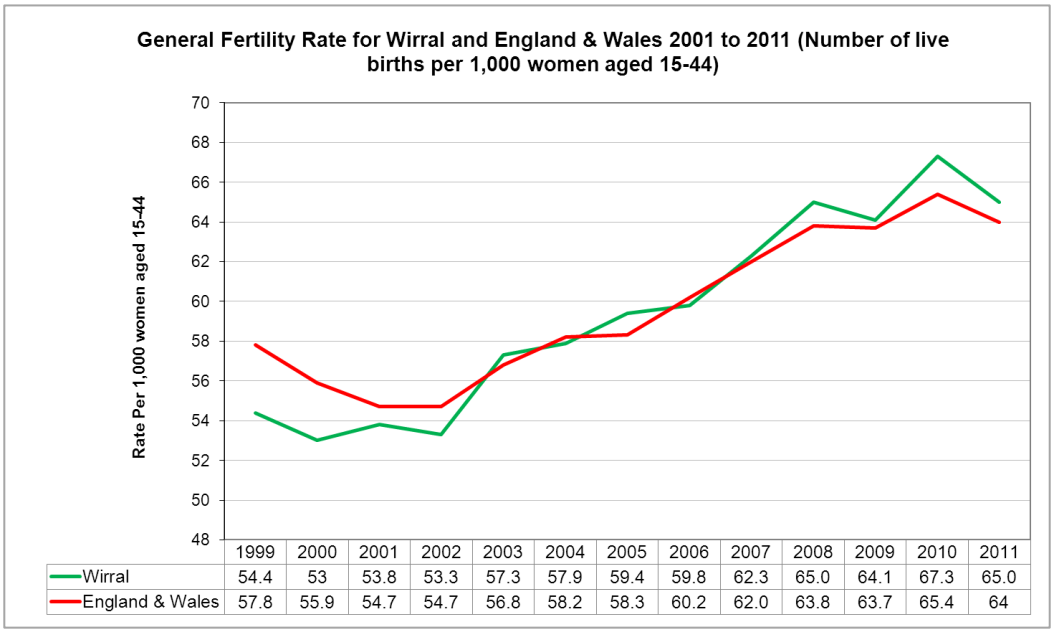
Source: ONS 2008-based Subnational Population Projections

- The number of children aged 0-4 is projected to decrease by 9.3% by 2033
- The population aged 10-14 is projected to decrease by 5.2% by 2033;
- The population aged 15-19 years will decrease by 16% between 2008 and 2033.

4.1.2 Live births

Fertility rates refer to the number of live births relative to the number of women in the population (the general fertility rate is per 1,000 females aged 15-44 years).

Figure 4.1.2a: Fertility rates for Wirral and England & Wales (1999 to 2011)



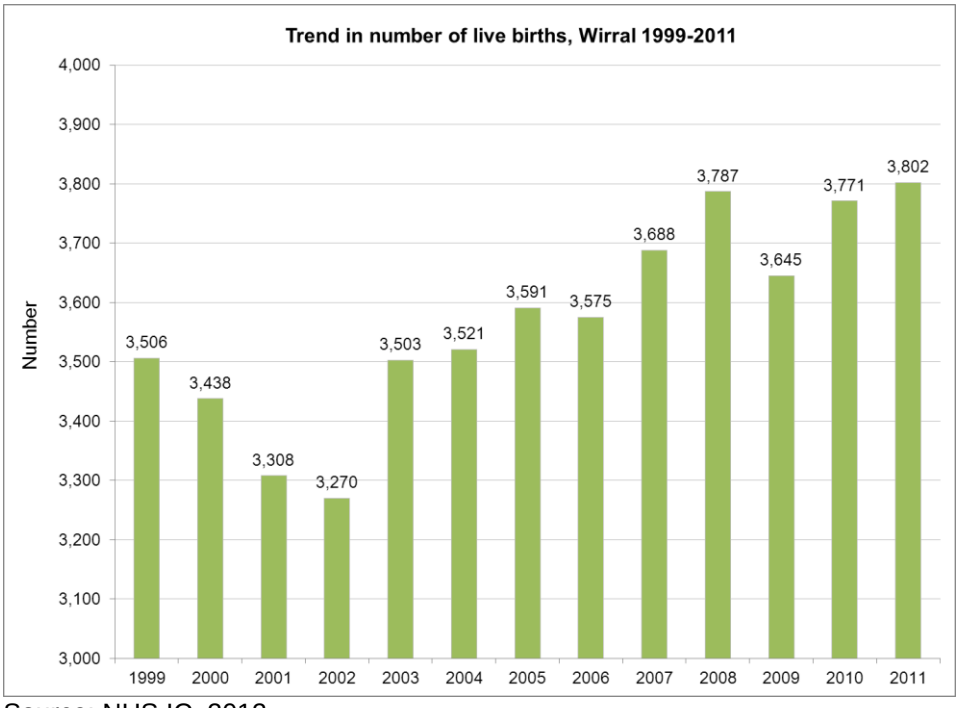
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Wirral	54.4	53	53.8	53.3	57.3	57.9	59.4	59.8	62.3	65.0	64.1	67.3	65.0
England & Wales	57.8	55.9	54.7	54.7	56.8	58.2	58.3	60.2	62.0	63.8	63.7	65.4	64

Source: NHS Information Centre and ONS, 2012

As Figure 4.1.2a shows, the general fertility rate in England and Wirral had been rising since 2002, but then showed a decrease in 2011. This may be due to the higher number of women (as revealed by 2011 Census).

The population of women of child bearing age (15-44 years) is projected to decrease in Wirral over the coming years, which likely to have an impact on future fertility rates. The trend in the actual number of live births in Wirral over the same period is shown in Figure 4.1.2b below.

Figure 4.1.2b: Trend in number of live births in Wirral (1999 to 2011)

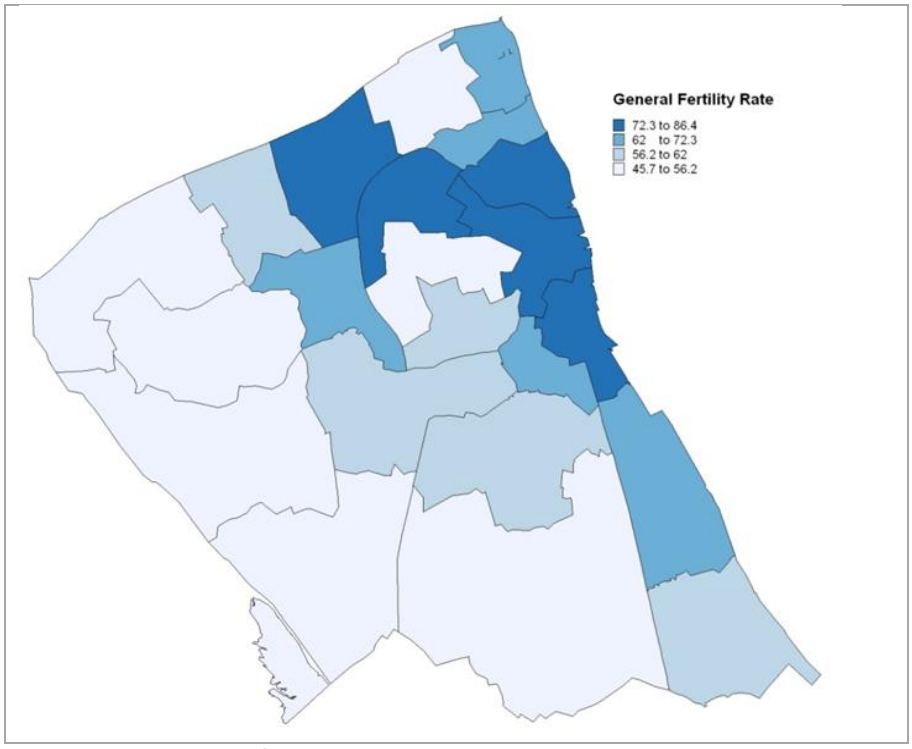


Source: NHS IC, 2012

The lowest number of live births in recent years occurred in 2002, when there were 3,270 live births in Wirral. Since then, the number of births has slowly begun to rise again and by 2011, there were 3,802 live births in Wirral, the highest figure over the period shown.

The fertility rate is higher in some wards on the east of Wirral, compared to wards on the west. See map 4.1.2c

Map 4.1.2c: General fertility rate by Wirral ward (2007-09, 3 years pooled)



As the map shows, fertility rates in Wirral are higher in the more disadvantaged wards, compared to the more affluent west of Wirral. This is likely to impact on the provision of health and social care services as deprivation is linked to a number of infant health issues such as low birth weight, higher rates of hospital admissions, reduced breastfeeding rates, learning disability and higher than average smoking in pregnancy rates.

Source: NCHOD and ONS, 2008

In Wirral there are more births to women aged under 20 years than the regional and national average, see table 4.1.2d.

Table 4.1.2d: Live births by age of mother 2010

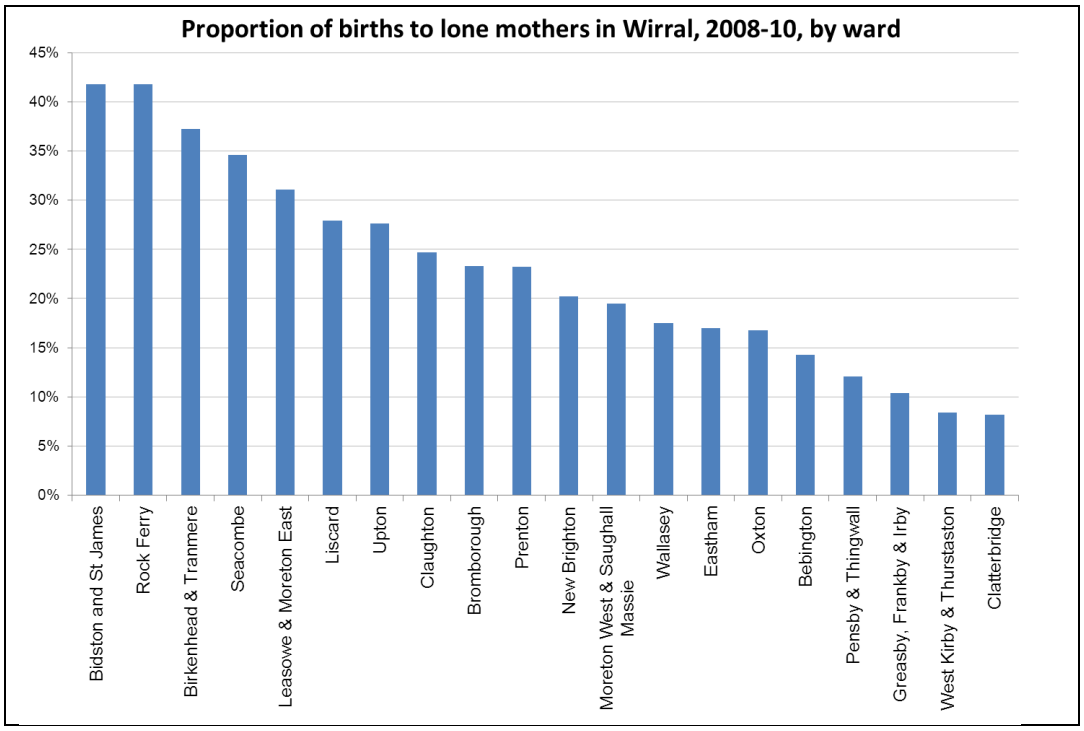
	Number of Births per 1,000 population									
Area of residence	**No. of births**	**All Ages**	**<18**	**<20**	**20-24**	**25-29**	**30-34**	**35-39**	**40-44**	**45+**
Merseyside	16,384	60.5	12.2	24.6	67.7	103.3	115.5	54.0	10.4	0.4
Knowsley	1,857	60.5	10.6	24.1	85.3	120.0	100.7	43.1	*	*
Liverpool	5,738	56.7	11.8	21.3	48.8	88.1	112.6	56.0	12.5	*0.5*
Sefton	2,862	59.1	7.3	17.4	69.4	117.2	128.2	55.9	10.1	*0.4*
St. Helens	2,156	62.7	18.2	31.6	96.6	109.3	111.3	46.6	*	*
Wirral	3,771	67.3	14.2	32.6	92.9	113.6	121.0	59.9	11.9	*0.5*
Northwest	89,199	65.3	13.1	27.4	78.3	114.6	118.8	55.3	10.2	0.6
England	687,007	65.5	11.2	23.9	73.6	107.6	118.1	62.1	12.7	0.9

Note: * Denotes disclosure controlled to protect the confidentiality of individuals
Source: ONS 2012

4.1.3 Births to Lone Mothers

In Wirral in 2008-10, 24.9% of all births were to lone mothers (births registered solely by the mother or jointly by parents who are living at different addresses). This varied considerably by ward however, see Figure 4.1.3a below.

Figure 4.1.3a: Proportion of births to lone mothers, by Wirral ward (2008/10)



A larger percentage of lone births in Wirral in 2008-10 were to mothers in Bidston & St James, Rock Ferry and Birkenhead & Tranmere. Clatterbridge and West Kirby & Thurstaston wards had the lowest proportions in Wirral.

Source: ONS, 2012

4.1.4 Annual Child Health Profile for Wirral

The chart below (4.1.4a) shows how Wirral compares to England on a number of indicators in 2012. It is part of an annual report produced by ChiMat (Child & Maternal Health Observatory). The red line indicates England average. Red dots indicate performance significantly worse than England; green dots indicate significantly better performance.

The full Wirral Child Health Profile 2013 is available via our JSNA site, but below is a spine chart which summarises how Wirral compares to national and regional comparators on a number of key indicators.

4.1.4a: Wirral Child Health Profile 2012

Wirral Child Health Profile — March 2013

Summary of child health and well-being in Wirral

The chart below shows how children's health and well-being in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Not significantly different
- Significantly better than England average
- Regional average

England average; 25th percentile – 75th percentile; *range of values that differ significantly from the average*

	Indicator	Local no. per year	Local value	Eng. ave.	Eng. worst	Eng. best
Preventable mortality	1 Infant mortality rate	18	4.7	4.4	8.0	2.2
	2 Child mortality rate (age 1-17 years)	9	14.1	13.7	23.7	7.5
Health protection	3 MMR immunisation (by age 2 years)	3,513	93.4	91.2	78.7	97.2
	4 Diphtheria, tetanus, polio, pertussis, Hib immunisations (by age 2 years)	3,672	97.6	96.1	85.7	98.8
	5 Children in care immunisations	440	84.6	83.1	0.0	100.0
	6 Acute sexually transmitted infections (including Chlamydia)	1,412	37.2	35.6	75.2	19.9
Wider determinants of ill health	7 Children achieving a good level of development at age 5	2,261	60.8	63.5	51.5	76.5
	8 GCSE achieved (5A*-C inc. Eng and maths)	2,477	65.4	59.4	40.9	79.6
	9 GCSE achieved (5A*-C inc. Eng and maths) for children in care	-	-	14.6	0.0	40.0
	10 Not in education, employment or training (age 16-18 years)	1,090	8.9	6.1	11.8	1.6
	11 First time entrants to the Youth Justice System	198	648.2	876.4	2,436.3	342.9
	12 Children living in poverty (aged under 16 years)	14,875	25.3	21.1	45.9	7.4
	13 Family homelessness	74	0.5	1.7	7.4	0.1
	14 Children in care	675	100.0	59.0	150.0	19.0
	15 Children killed or seriously injured in road traffic accidents	18	31.1	22.1	47.9	4.4
Health improvement	16 Low birthweight	254	6.6	7.4	11.0	5.0
	17 Obese children (age 4-5 years)	347	9.7	9.5	14.5	5.8
	18 Obese children (age 10-11 years)	627	19.8	19.2	27.8	12.3
	19 Participation in at least 3 hours of sport/PE	24,163	55.6	55.1	40.9	79.5
	20 Children's tooth decay (at age 12)	-	0.8	0.7	1.5	0.2
	21 Teenage conception rate (age under 18 years)	276	47.3	35.4	64.7	6.2
	22 Teenage mothers (age under 18 years)	81	2.2	1.3	2.8	0.3
	23 Hospital admissions due to alcohol specific conditions	79	117.9	55.8	138.3	16.9
	24 Hospital admissions due to substance misuse (age 15-24 years)	57	148.9	69.4	186.3	25.7
Prevention of ill health	25 Smoking in pregnancy	482	13.2	13.2	29.7	2.9
	26 Breastfeeding initiation	2,029	55.6	74.0	41.8	94.3
	27 Breastfeeding at 6-8 weeks	1,119	30.2	47.2	19.7	82.8
	28 A&E attendances (age 0-4 years)	8,365	448.6	483.9	1,187.4	136.3
	29 Hospital admissions due to injury (age under 18 years)	943	139.2	122.6	211.1	72.4
	30 Hospital admissions for asthma (age under 19 years)	155	216.6	193.9	484.4	73.4
	31 Hospital admissions for mental health conditions	57	84.2	91.3	479.7	22.6
	32 Hospital admissions as a result of self-harm	112	165.4	115.5	311.9	26.0

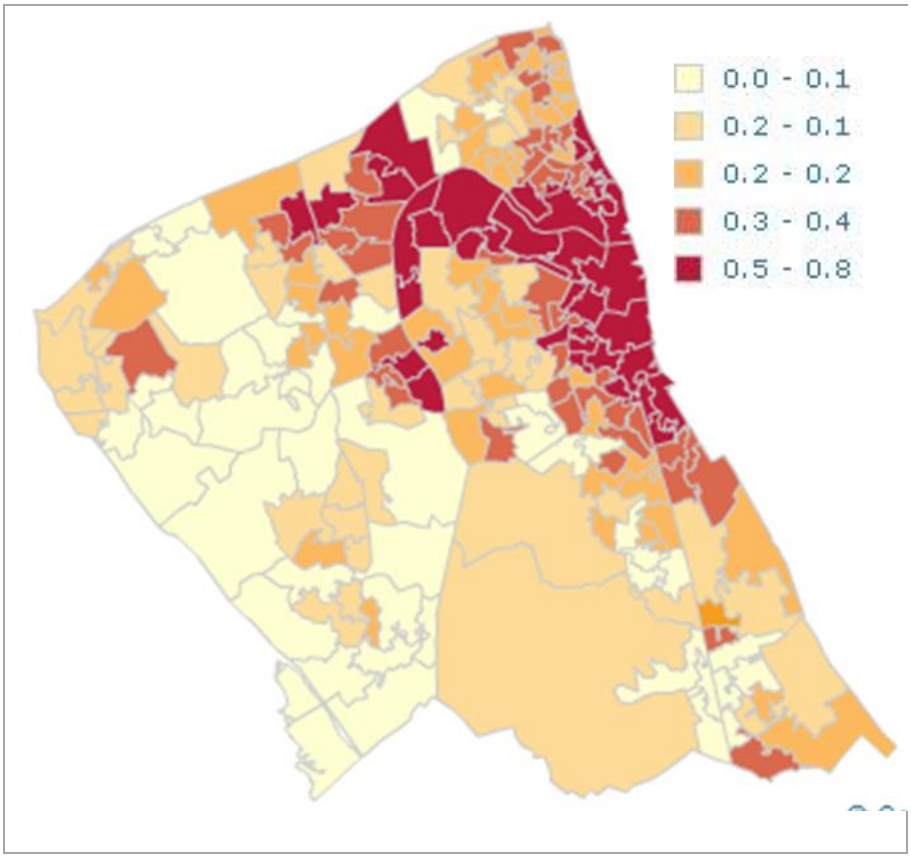
Source: http://www.chimat.org.uk/, March 2013
Note: data for each indicator are from differing time periods, please consult data from link above to establish date period

4.2 Deprivation

4.2.1: Income Deprivation Affecting Children Index (IDACI) 2010

The 2010 Income Deprivation Affecting Children Index (IDACI) is produced by the Department for Communities and Local Government. It measures the proportion of children under the age of 16 in an area living in low income households. It is a supplementary index to the main Indices of Deprivation (IMD) and is provided at lower super output area level (LSOA).

Map 4.2.1a: Income Deprivation Affecting Children Index Score 2010 by Wirral LSOA



The disparity in deprivation in Wirral is reflected by the range of ranks in Wirral LSOAs, with the most deprived LSOA in Wirral ranking 78, with the highest ranking LSOA ranking 32,205 (1 being the most deprived, and 32,482 the least deprived LSOA).The map shows LSOAs in Wirral by their IDACI (2010) score. Scores range from 0 to 0.77, meaning that the proportion of children living in low income households ranges from 0% in some areas to 77% in others.

Source: NHS Wirral Instant Atlas http://info.wirral.nhs.uk/instant-atlas/imd2010/atlas.html?select=00CBFE using DCLG, 2011 data

4.2.2 Child and Family Poverty

Wirral recognises that poverty is damaging to children, families and entire communities and should be addressed through a clear strategy and targeted intervention. Tackling child and family poverty is critical to wider efforts with partners to deliver long-term objectives for prosperity and a better quality of life for all in Wirral.

In order to address child and family poverty it is important to understand the extent and nature of needs in Wirral and also establish what resources are available to tackle poverty issues. This requires an in depth analysis of the quantitative and qualitative intelligence that is available.

Wirral Metropolitan Borough Council's Child and Family Poverty Needs Assessment draws together information from other local needs assessments as well as new data and research to provide a picture of poverty in Wirral. The needs assessment is used to determine clear priorities for our local Child and Family Poverty Strategy and provide the foundations for strategic investment

4.2.2a Why do we need a child and family poverty needs assessment?

The requirement for Local Authorities to produce a child poverty needs assessment was introduced by the Child Poverty Act (2010). This was a landmark occasion for the child poverty agenda as it enshrined in law the Government's commitment to eradicating child poverty by 2020. Wirral and its Liverpool City Region partners took the decision to

broaden the assessment to cover 'child and family' poverty in acknowledgment that poverty impacts on entire families.

4.2.2b Measuring Child Poverty

There is extensive debate about the way in which child poverty is, or should be, measured. However, the use of household income to measure poverty is the most universally accepted method and provides us with statistics about levels of child poverty in the UK, the Liverpool City Region and Wirral. In Autumn 2011, Her Majesty's Revenue & Customs (HMRC) released data for the revised Child Poverty measure which was previously National Indicator 116, this data is for 2009. The proportion of children in poverty is calculated as:

$$\frac{\text{Number of children in families in receipt of either out of work benefits, or tax credits where their reported income is less than 60\% of median income}}{\text{Total number of children in the area}}$$

4.2.2c: National Analysis

Data from 2009 showed that 21.3% of all children in the UK were in poverty, this equates to around 2.4 million children. This was up 0.4% from 20.9% in 2008. Of the total number of all children in poverty, 77% came from families claiming either Income Support or Job Seekers Allowance*, and 68% came from lone parent households.

4.2.2d: Regional Analysis

Data from 2009 showed that 23.1% of all children in the North West were in poverty, this equated to around 350,000 children. This was up 0.3% from 22.8% in 2008, an increase of around 9,000 children. Of the total number of all children in poverty, 79% come from families claiming either Income Support or Job Seekers Allowance*, and 68% come from a lone parent household.

4.2.2e: Wirral Analysis

The rate of child poverty in Wirral in 2009 was 24.9%, this equated to 17,615 children. This was up 0.7% from 24.2% in 2008, an increase of around 615 children. Wirral compared well compared to the Liverpool City Region (LCR) local authorities as shown the table below:

Table 4.2.2e: Child poverty rates in Liverpool City Region (LCR) authorities in 2009

Local Authority	% of under 16s 'in Poverty'	% of all children 'in Poverty'
Halton	28.0%	27.2%
Knowsley	33.1%	32.3%
Liverpool	35.1%	34.4%
Sefton	21.0%	20.3%
St. Helens	26.3%	25.2%
Wirral	**25.9%**	**24.9%**
North West	**23.7%**	**23.1%**
England	**21.9%**	**21.3%**

Source: Liverpool City Region Child Poverty Strategy, 2010

Wirral was the second least deprived authority in the LCR in 2009 (just behind Sefton), but was still above both regional and national averages for the percentage of children living in poverty. Of the total number of all children in poverty, 84% came from families claiming either Income Support or Job Seekers Allowance*, and 76% came from lone parent households.

* This can include people in part-time employment of up to 16hrs a week.

4.2.2f: Ward Analysis

Ward level analysis in Wirral showed distinct differences across the borough. There was a 49.7% difference between children living in poverty in Heswall (4.5%) and Bidston & St James (54.2%). Fifteen wards in the borough were above the Wirral average, showing that there were severe concentrations of child poverty within just 7 wards. The table below showed how the Wirral wards compared.

Table 4.2.2f: Change in percentage of children living in poverty between 2008 & 2009

Ward Name	% of all children in poverty 2009	% increase from 2008
Bebington	14.4%	Up 5.9%
Bidston and St James	54.2%	Down 1.1%
Birkenhead and Tranmere	49.4%	Down 2.9%
Bromborough	24.4%	Down 5.8%
Clatterbridge	6.3%	Up 3.3%
Claughton	22.5%	Up 3.2%
Eastham	13.3%	Up 7.3%
Greasby, Frankby and Irby	6.6%	0.0%
Heswall	4.5%	Down 11.8%
Hoylake and Meols	9.5%	Up 17.3%
Leasowe and Moreton East	35.0%	Up 4.2%
Liscard	29.6%	Up 3.1%
Moreton West and Saughall Massie	20.3%	Up 12.2%
New Brighton	23.4%	Up 5.4%
Oxton	16.8%	Up 9.8%
Pensby and Thingwall	10.8%	Up 16.1%
Prenton	16.8%	Up 4.3%
Rock Ferry	45.3%	Up 4.1%
Seacombe	44.4%	Up 4.0%
Upton	28.5%	Up 5.2%
Wallasey	10.6%	Up 5.0%
West Kirby and Thurstaston	10.7%	Down 7.0%
Wirral Total	**24.9%**	**+ 0.7%**

Source: Wirral Council 2011

- Between 2008 to 2009, 5 wards reduced the percentage of children living in poverty, whilst 16 wards saw an increase. (1 ward has remained the same)
- Hoylake & Meols saw the biggest percentage increase in child poverty (17.3% since 2008), whilst Bromborough saw the biggest improvement out of all the wards (reduction of 5.8% since 2008).

4.2.2g Wirral response to child and family poverty

Living in poverty is not just about struggling to make ends meet. Its impact differs from one family to another but overall, children in poverty are more likely to under achieve at school, have poor employment prospects and poor health in later life. Plus, when they have children of their own, these outcomes are likely to be repeated.

Child poverty in Wirral is linked to a wide range of deprivation issues, amongst them worklessness, poor housing, poor health and low levels of educational attainment and skills. There can also be other issues such as domestic violence, abuse or neglect, child or parental illness or disability, socially unacceptable or criminal behaviour, drug or alcohol use and family dysfunction. Referrals to the local authority about children in need in Wirral are higher from the deprived areas most affected by child poverty.

Tackling poverty in Wirral therefore means addressing a range of complex problems within families and communities. A number of steps have been taken to develop a meaningful strategy and action plan to address child and family poverty in Wirral which takes into account the range of issues and services which are involved.

Firstly, the extent and nature of child and family poverty were set out in the first Wirral Child and Family Poverty Needs Assessment. This is in line with the statutory requirements set out in the national Child Poverty Act (2010). The needs assessment set out detailed information about the local population and the range of issues which can influence deprivation and poverty. It also drew on issues identified here in the Wirral Joint Strategic Needs Assessment (JSNA).

4.2.3 Free school meal (FSM) entitlement

Free school meals can be a useful indicator for deprivation. Children are eligible for free school meals if their parents:

- Receive Income Support, Income-Based Jobseekers Allowance, or Guaranteed Pension Credit
- Receive Child Tax Credit with a total annual taxable income of less than £16,190 and are NOT receiving Working Tax Credit
- Have successfully obtained asylum status
- Claim Employment and Support Allowance

In Wirral Council maintained schools the free-school meal (FSM) eligibility of pupils is collected in the termly School Census.

Table 4.2.3a: FSM figures in Wirral maintained schools by school phase over time

	Year	Number on Roll	Number Eligible for FSM	% Eligible for FSM
Primary	**2009**	23,649	6,301	27%
	2010	23,642	6,505	28%
	2011	23,692	6,639	285
	2012	24268	5524	23%
Secondary	**2009**	22,836	4,960	22%
	2010	22,562	5,210	23%
	2011	22,144	5,134	23%
	2012	21995	3553	16%
Special	**2009**	920	469	51%

	2010	890	454	51%
	2011	868	438	50%
	2012	923	414	45%
All	**2009**	47,405	11,730	25%
	2010	47,094	12,169	26%
	2011	46,704	12,211	26%
	2012	47186	9491	20%

Source: The January School Census, CYPD, the Information Section 2010.

- Between 2008 and 2012, there have been falling rolls in maintained schools, and the Wirral pupil population has reduced by approximately 2.7%.
- Between 2009 and 2011 the percentage of pupils eligible for FSM increased by 1%. Data for 2012 now shows that there has been a decrease in pupils eligible for FSM by some 6% overall while the school roll has remained fairly static.
- The percentage of FSM pupils in special schools has remained stable.

Table 4.2.3b: January 2011 free school meal percentages by School District and Area.

	%
Wirral	**26.4**
Birkenhead	**40.3**
Bidston & St James/Claughton	45.0
Prenton/Oxton	18.9
Birkenhead & Tranmere/Rock Ferry	51.3
Wallasey	**30.8**
Liscard/Seacombe	41.3
New Brighton & Wallasey	19.0
Leasowe, Moreton East & West/Saughall Massie	30.2
South Wirral	**15.9**
Clatterbridge & Bebington	12.1
Bromborough & Eastham	19.9
West Wirral	**12.9**
Hoylake/Meols/West Kirby/Thurstaston	9.5
Greasby/Frankby/Irby/Upton	19.8
Pensby/Thingwall/Heswall	7.7

Source: The January School Census, CYPD, the Information Section 2010.

- There is high FSM eligibility in areas of greatest deprivation, with 40.3% of pupils eligible in the Birkenhead District compared to 12.9% in West Wirral District, a difference of 27.4%.
- The highest % of children receiving FSM is in Birkenhead/Tranmere and Rock Ferry school cluster area at 51.3% compared to the lowest of 7.7% in Pensby/Thingwall and Heswall, a difference of 43.6%.

4.3 Education

4.3.1 School Attendance

Over the last three years Wirral's attendance has been broadly in line with the national average at both primary and secondary level. Attendance in the 2009/10 Academic Year was:

- 94.7 % in Wirral Primary schools;

- 93.7% in Wirral Secondary Schools;
- Compared to national average of 94.8% and 93.1% for primary and secondary schools respectively.

Wirral's special school overall attendance for 2009/10 was 92.2%, compared to the national average of 89.7%

Table 4.3.1a: Percentage of Persistent Absence (PA) pupils in Wirral schools and comparison with national data (NI 87 target), 2007-2011

		2007/08	2008/09	2009/10	2010/11
Primary	**Target**				
	Wirral	1.7	1.8	1.5	
	National	1.7	1.5	1.4	
Secondary	**Target**		6.4	4.8	4.0
	Wirral	4.9	4.5	3.7	
	National	5.6	4.9	4.2	

Source: DfE Statistical First Release Pupil Absence in Schools in England

Persistent Absence

- In December 2006, the Department for Children, Schools and Families [DCSF] introduced the concept of Persistent Absence [PA]. Pupils with below 80% attendance were defined as Persistently Absent.
- Secondary schools with more than 10% of their population within this category in the first two terms of 2005/06 were defined as Priority Schools for 2006/07. Wirral had eight such secondary schools.
- In the four years to 2010-11, there have been significant improvements in the targeted schools. The three most improved secondary schools improved their attendance by 4.43%, 3.78% and 3.69% respectively.
- Reductions in the level of Persistent Absence in the three schools were 6.65%, 14.44% and 11.92% respectively.
- Overall, the level of Persistent Absence in Wirral's secondary schools reduced from 8.0% in 2005/06 to 4.5% in 2008/09 ahead of the DCSF target of below 5% by 2011.
- In 2009-10, eight secondary schools were targeted because they had recorded PA levels of above 6.1% the previous year. Seven of the eight schools showed a reduced proportion of PA in comparison with the previous year. One school showed a small increase.
- Fifteen Wirral primary schools were identified by DCSF in2009/10 as having higher than the national average level of PA and these were targeted for additional support along with specific pupils. Ten of the fifteen schools showed improved attendance. Issues at the five primary schools which did not show improvement are being addressed.

4.3.2 Educational Attainment

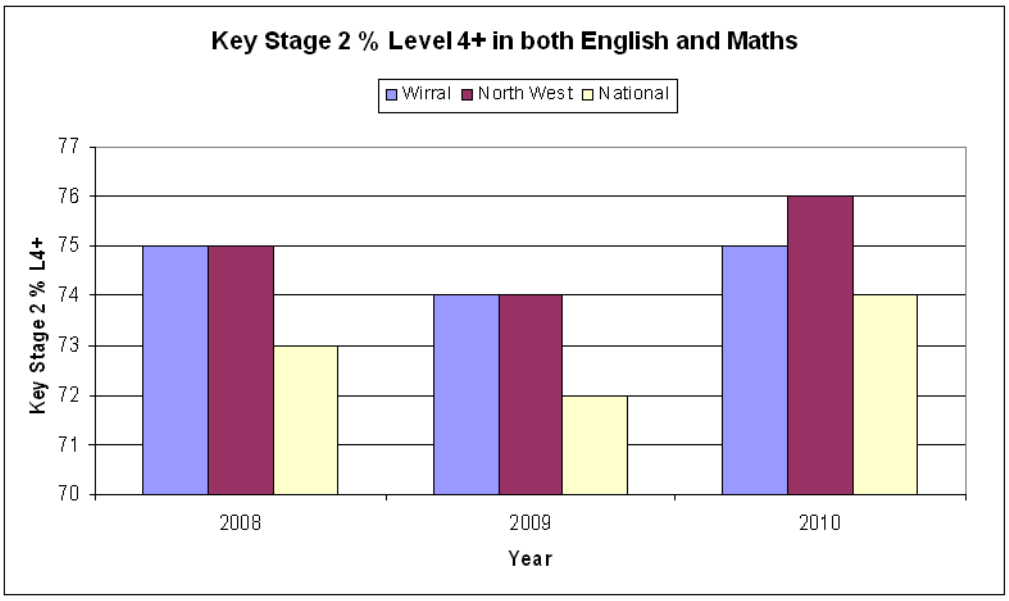
Primary

Key stage tests and teacher assessments are designed to assess pupils' progress in the core subjects (Maths, English and Science) at the end of each Key Stage. Key Stage 2 includes pupils aged 7 to 11 years and Level 4 is the level expected for most 11 year

olds. See figure 4.3.2a for percentage of Wirral Key Stage 2 children achieving Level 4 in English and Maths.

Figure 4.3.2a: Key Stage Two % Level 4+ in both English and Maths 2010

As the chart shows, in 2010, 75% of Wirral pupils achieved Level 4 in both English and Maths. This is above the national (but not North-West) average. Results do vary widely by district, as shown in Table 4.3.2a below.



Source: DfE Statistical First Release: National Curriculum Assessments at Key Stage 2 2010

Table 4.3.2a: Key Stage Two 2010 % Level 4+ in both English and Maths by district and area (resident pupil postcode)

	2010	
	Pupils	**%L4+ Eng & Ma**
Wirral	**3555**	**75.1**
Birkenhead District	**1077**	**68.8**
Bidston & St James/Claughton	430	69.1
Prenton/Oxton	261	74.7
Birkenhead and Tranmere/Rock Ferry	386	64.5
Wallasey District	**985**	**72.9**
Liscard/Seacombe	340	65.3
New Brighton & Wallasey	327	79.5
Leasowe Moreton East & West/Saughall Massie	318	74.2
South Wirral District	**615**	**79.2**
Clatterbridge & Bebington	325	83.7
Bromborough & Eastham	290	74.1
West Wirral District	**858**	**82.6**
Pensby/Thingwall/Heswall	258	88.8
Hoylake/Meols/West Kirby/Thurstaston	263	80.2
Greasby/Frankby/Irby/Upton	337	79.8

Source: MBW, Wirral CYPD Information Section, values calculated from National data-feeds

There are significant disparities in attainment between areas of the borough, with children in the Birkenhead district achieving 68.8% Level 4+ in both English and Maths compared to 82.6% in West Wirral, a gap of 13.8%.

Secondary

At Key Stage 4 pupils are assessed through GCSE (General Certificate of Secondary Education) examination or equivalent qualifications.

Figure 4.3.2b: Key Stage Four % 5+A*- C including English and Maths 2010

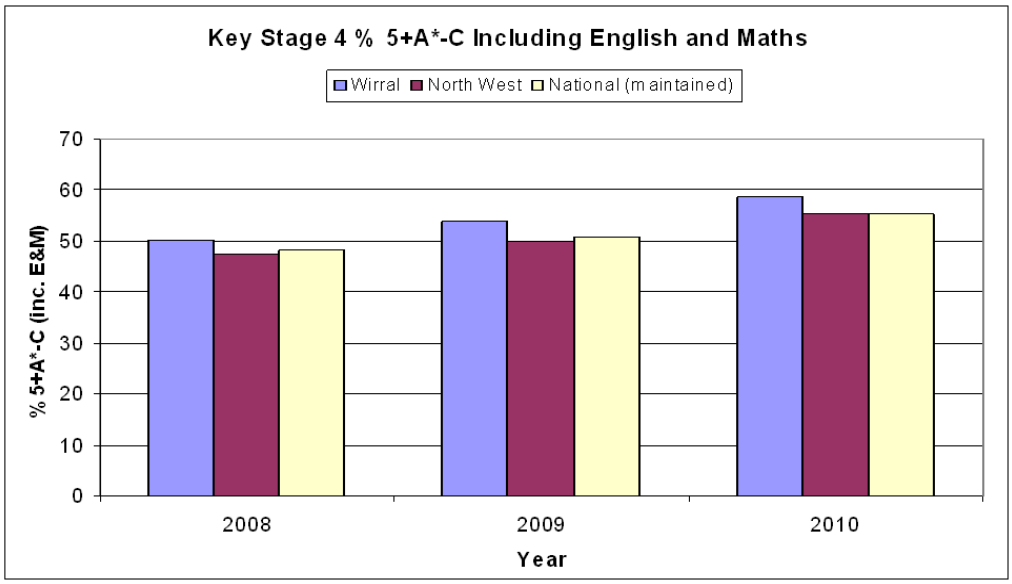


Figure 4.3.2b shows the proportion of pupils achieving 5 GCSEs at grade A*- C including English and Maths. Wirral is performing better than the national and regional average in this indicator.

Source: DfE Statistical First Release: GCSE and Equivalent Results in England

- Achievement of 5+ A*- C including English and Maths (NI 75) has improved by 12.4% from 2006 to 2010. Wirral figures on this indicator are consistently above both the North West and National figures
- In 2010 Wirral was 3.5% above the North West and 3.4% above the national average. See table 4.3.2b for a summary of results by Wirral district in 2010.

Table 4.3.2b: 2010 KS4 performance indicator data by school district and area, 2010

	2010			
School District & Area	**Pupils**	**%5+ A*- C**	**%5+ A*- C (incl EM)**	**%5+ A*- G**
National		76.3	55.3	94.8
Wirral		79.9	58.7	95.5
Birkenhead District	**1132**	**78.4**	**50.0**	**92.8**
Bidston & St James/Claughton	418	78.2	47.1	93.1
Prenton/Oxton	303	90.1	69.6	97.0
Birkenhead & Tranmere/Rock Ferry	411	70.1	38.4	89.3
Wallasey District	**1130**	**69.6**	**48.1**	**94.1**
Liscard/Seacombe	414	66.7	44.4	92.0
New Brighton & Wallasey	341	73.6	56.0	96.2
Leasowe/Moreton E & W/Saughall Massie	375	69.3	44.8	94.4
South Wirral District	**653**	**85.6**	**64.3**	**96.3**
Clatterbridge & Bebington	363	89.8	73.3	97.8
Bromborough & Eastham	290	80.3	53.1	94.5
West Wirral District	**968**	**85.1**	**71.5**	**96.8**
Pensby/Thingwall/Heswall	273	89.0	77.3	98.5
Hoylake/Meols/West Kirby/Thurstaston	312	89.7	77.9	97.8
Greasby/Frankby/Irby/Upton	383	78.6	62.1	94.8

Source: Wirral CYPD Information Section, values calculated from National data feeds 2010.
Note: incl EM = including English & Maths

- There are significant disparities in attainment between areas of the borough, with children in Birkenhead District achieving 50% 5+ A*-C including English and Maths, compared to 71.5% in West Wirral, a gap of 21.5%.

Wirral's Children and Young Peoples Plan 2011/12 sets a priority as, "To raise the achievement of all our young people and to narrow the gap in attainment experienced by our most disadvantaged children"

4.3.3 Educational attainment of Children in Care (CiC)

There is a significant gap between the educational attainment of Children in Care (CiC) and all children. In Wirral in 2010, Key Stage 2 results for Children in Care were below that of all children, see table 4.3.3a.

Primary

Table 4.3.3a: Percentage of CiC achieving Key Stage 2 Level 4+ in English & Maths

	Wirral %			National %		
KS2 % L4+	**All**	**CiC**	**The Gap**	**All**	**CiC**	**The Gap**
English						
2008	84	62	22	81	46	35
2009	83	59	24	80	46	34
2010	83	52	31	81	45	36
Maths						
2008	79	62	17	79	44	35
2009	80	50	30	79	46	33
2010	82	56	26	81	44	37
English & Maths						
2008	75	56	19	73	35	38
2009	74	36	38	72	35	37
2010	75	48	27	74	36	38

Source: DfE Published SSDA903 data, CYPD, the Information Section.

- In 2010, CiC in Wirral achieved 27% below the Wirral average in KS2 Level 4+ in both English and Maths (48% of CiC achieved level 4+)
- In all areas, Wirral CiC achieved above the national average in 2010, and the attainment gap between CiC and all pupils was smaller in Wirral than nationally.

The gap is still evident at Key Stage 4, see table 4.3.3b

Secondary

Table 4.3.3b: Percentage of CiC achieving Key Stage 4 (5+ A*- C GCSEs including English and Maths)

KS4 5+ A*-C incl E&M GCSE	Wirral %			National %		
	All	**CiC**	**The Gap**	**All**	**CiC**	**The Gap**
2008	50	11	39	48	9	39
2009	54	7	47	51	10	41
2010	59	8	51	55	12	43

Source: DfE Published SSDA903 data, CYPD, the Information Section.

- At KS4 in 2010, only 8% of CiC in Wirral attained 5 or more GCSEs at grade A*-C including English and Maths GCSE, compared to 59% of all Wirral pupils.
- Wirral's gap is similar to the national gap for CiC

Action plans, including improved Personal Educational Planning for Children in Care, as well as improved consultation with young people to support raised attainment are underway (Wirral 2011-12 Children & Young Peoples Plan)

4.3.4 Educational attainment of children from black and minority ethnic groups

Wirral has a small proportion of pupils from black and minority ethnic (BME) groups. There are some differences between the ethnic groups, but it is difficult to analyse the data due to the small numbers. The two tables below display educational attainment (Key Stage 2 and Key Stage 4) for Wirral and England by BME group in 2010.

Table 4.3.4a: Attainment of Black and Minority Ethnic Groups at Key Stage 2 in 2010

	Wirral				England		
Ethnicity	**Total KS2 Pupils**	**% L4+ English & Maths**	**% L4+ English**	**% L4+ Maths**	**% L4+ English & Maths**	**% L4+ English**	**% L4+ Maths**
Bangladeshi	16	56	69	56	72	80	78
Indian	12	100	100	100	82	87	87
Any Other Asian Background	13	69	85	69	76	81	83
Pakistani	…	83	83	100	68	76	74
Black African	7	86	86	86	70	78	76
Black Caribbean	…	50	50	75	66	78	73
Any Other Black Background	…	100	100	100	65	75	71
Chinese	24	75	83	88	85	87	92
Any Other Mixed Background	27	93	96	96	74	83	81
White and Asian	15	73	73	73	81	87	85
White & Black African	10	60	70	80	75	83	81
White & Black Caribbean	10	80	90	90	71	79	78
Information Not Yet Obtained	…	100	100	100	-	-	-
Any Other Ethnic Group	…	100	100	100	69	74	78
Refused	26	77	77	89	-	-	-
White British	3,338	75	82	82	74	81	81
White Irish	11	73	82	82	79	85	84
Any Other White Background	30	83	87	87	68	73	78
Gypsy/Roma	…	0	0	0	23	31	31

Source: Wirral values calculated from National data feed
National figures from DfE Statistical First Release: Attainment by Pupil Characteristics
Note: = data has been suppressed due to low numbers

Table 4.3.4b: Attainment of Black and Minority Ethnic Groups at Key Stage 4 in 2010

Ethnicity	Wirral Total KS4 Pupils	Wirral % 5+ A*-C (incl English & Maths)	England % 5+ A*-C (incl English & Maths)
Bangladeshi	14	71	54
Indian	17	82	71
Any Other Asian Background	…	50	58
Pakistani	…	60	49
Black African	6	50	53
Black Caribbean	…	50	44
Any Other Black Background	…	100	46
Chinese	18	83	75
Any Other Mixed Background	24	79	58
White & Asian	10	90	65
White & Black African	9	67	56
White & Black Caribbean	9	44	45
Information Not Yet Obtained	17	71	-
Any Other Ethnic Group	8	75	51
Refused	16	56	-
White British	3,754	57	55
White Irish	13	69	63
Any Other White Background	29	55	51

Source: Wirral values calculated from National datafeed
National figures from DfE Statistical First Release: Attainment by Pupil Characteristics
Note: … = data has been suppressed due to low numbers

- In general, at both Key Stage 2 and Key Stage 4 BME pupils in Wirral perform better than the national average.
- The exceptions at KS2 are Bangladeshi, Other Asian, Black Caribbean, White and Asian and White and Black African groups.
- The exceptions at KS4are Black African, White and Black Caribbean and Other Asian groups.
- Whilst numbers are small, priority is being given to supporting improved attainment where this is an issue for a specific minority ethnic group.

4.3.5 Attainment in children with Special Educational Needs (SEN)

The term 'special educational needs' (SEN) refers to children who have learning difficulties or disabilities that make it harder for them to learn or access education than most children of the same age. Children with a SEN should be supported to reach their full potential in school.

The gap in attainment between children with SEN and all children is considerable, but in Wirral the gap is smaller than the national average for Key Stage 2 attainment, see table 4.3.5a.

Table 4.3.5a Key Stage 2 % Level 4+ in English and Maths by SEN

	Wirral			England		
Year	% L4+ E&M NonSEN Pupils	% L4+ E&M SEN Pupils	Gap %	% L4+ E&M NonSEN Pupils	% L4+ E&M SEN Pupils	Gap %
2008	89	37	52	*86*	*32*	*54*
2009	89	38	52	*86*	*31*	*54*
2010	89	39	50	*87*	*33*	*54*

Source: DfE Statistical First Release: Attainment by Pupils Characteristics
Data note: The definition for NI104 excludes pupils for whom there is no information about SEN at the start of KS2

- In 2010 in Wirral the gap between SEN pupils and all pupils for Key Stage 2 (Level 4+) was 50%. This is lower than the national gap of 54% but is still significant and an issue which needs to be addressed

The gap is still evident at Key Stage 4, see table 4.3.5b.
Table 4.3.5b: Key Stage 4 % 5+A*-C Including English and Maths by SEN

	Wirral			England		
Year	% 5+A*-C (incl E&M) NonSEN Pupils	% 5+A*-C (incl E&M) SEN Pupils	Gap %	% 5+A*-C (incl E&M) NonSEN Pupils	% 5+A*-C (incl E&M) SEN Pupils	Gap %
2008	60	13	48	*57*	*12*	*45*
2009	66	15	51	*61*	*17*	*45*
2010	72	19	53	*66*	*20*	*46*

Source: DfE Statistical First Release Attainment by Pupils Characteristics
Data note: The definition for NI105 excludes pupils for whom there is no information about SEN at the start of KS4

- In 2010, the gap between SEN pupils and all pupils for Key Stage 4 (5 GCSEs A* - C including Maths/English) was 53% in Wirral, compared to a gap in England of 46%

4.3.6 Special Educational Needs and Disability (SEND)

Assessment of children with special educational needs & disability (SEND) is outlined in the SEND Code of Practice which promotes a common approach to identifying, assessing and providing for all children's special educational needs. The Code advocates a continuum of provision – a graduated approach. Schools meet most children's learning needs through "differentiation" of the curriculum, which means teachers tailor their approaches to suit individual pupils' different learning needs and styles. Where children do not respond to differentiation and do not make adequate progress, there is a need for the school to do something additional or different. This school based SEND provision is described in the Code as School Action and School Action Plus.

School Action could be further assessment, additional or different teaching materials or a different way of teaching. School Action Plus is where School Action has not helped the child to make adequate progress, and the school asks for outside advice from the

LA's support services, or from health or social work professionals. This could be advice from a speech and language therapist on a language programme or an Occupational Therapist's suggestions or a medical. The Code defines 'adequate progress' and lists different kinds of progress, depending on the starting point and expectations for a particular child. Essentially, what is considered to be adequate progress for a particular child is a matter for the teacher's professional judgement.

If a child's needs cannot be met through School Action Plus**,** the LA may consider the need for a statutory assessment and, if appropriate, make a multi-disciplinary assessment. Following that, the LA may decide to make and implement a Statement of Special Educational Needs, setting out the child's needs in detail and the special educational provision to be made for them.

- The number and percentage of children in primary schools with statements has reduced over time, with a 0.3% reduction between 2009 and 2011.
- The percentage of secondary statements has remained steady, in line with the national picture. In special schools there has been a small decrease in the percentage of statements issued, compared to a small increase nationally.

See table 4.3.6a for a summary of statements in Wirral.

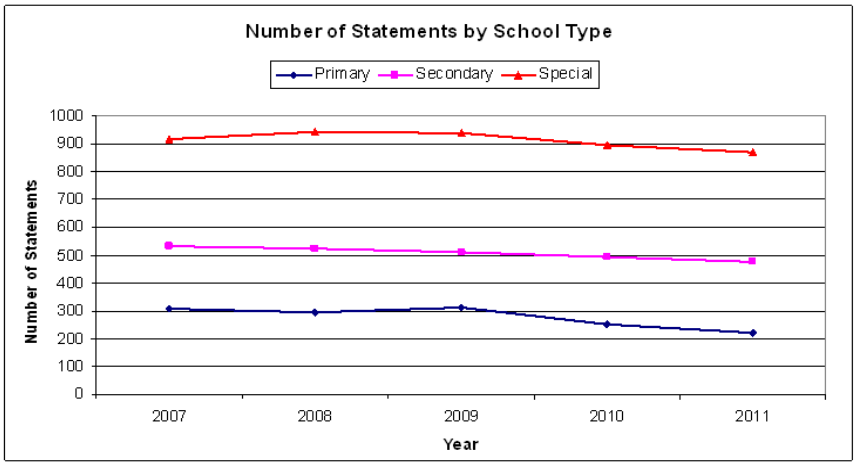
Table 4.3.6a: Number of statements in Wirral Schools in comparison with England

	Year	No. of pupils	Statements	Wirral %	National %
Primary	**2009**	25414	313	1.2	1.4
	2010	25462	249	1.0	1.4
	2011	25501	219	0.9	1.4
Secondary	**2009**	22836	509	2.2	2.0
	2010	22562	492	2.2	2.0
	2011	22144	475	2.1	2.0
Special	**2009**	939	938	99.9	96.2
	2010	901	897	99.6	96.3
	2011	875	870	99.4	96.4
Total	**2009**	49189	1760	3.6	2.8
	2010	48925	1638	3.3	2.8
	2011	48520	1564	3.2	2.8

Source: Wirral Data from January School Census, National data source DfE Statistical First Release SFR14/2011

Figure 4.3.6a: Trend in the numbers of statements in Wirral Schools over time (2007-11)

The number of SEND statements issued 2007-11 in Wirral secondary schools decreased slightly, but the *percentage* remained constant, indicating it was due to falling rolls. During 2009-11, statements issued in primary schools also decreased, but the *percentage* issued also fell, suggesting a 'real' decrease, not a fall in rolls.



Source: Wirral Data from January School Census, National data source DfE Statistical First Release SFR14/2011

The area of need is also defined as set out in the SEND Code of Practice. The areas are Cognition and Learning; Behaviour, Emotional and Social Development; Communication and Interaction; Sensory and/or Physical Needs and Other. These categories are sub-divided to provide more detailed information which is collected in the School Census. See Table 4.3.6b for a summary of SEND need types in Wirral schools.

Table 4.3.6b: Summary of SEND Need Types in Wirral Schools, January 2011

Cognition and Learning Need	**Moderate**	**Specific**	**Severe**	**Profound and Multiple**
School Action +	700	1,127	6	0
Statement	301	192	323	67
Wirral Number	1,001	1,319	329	67
Wirral %	19.0	25.0	6.2	1.3
National %	22.9	11.1	4.2	1.4
Sensory and/or Physical Needs	**Hearing**	**Visual**	**Multi-Sensory**	**Physical**
School Action +	43	48	2	132
Statement	16	9	0	52
Wirral Number	59	57	2	184
Wirral %	1.1	1.1	0.0	3.5
National %	2.3	1.3	0.1	3.8
Communication & Interaction	**Speech & Language**	**Autistic Spectrum Disorder**	**Behaviour Emotional and Social Difficulties**	**Other**
School Action +	341	149	983	173
Statement	105	251	239	9
Wirral Number	446	400	1,222	182
Wirral %	8.5	7.6	23.2	3.5
National %	17.2	8.8	22.5	4.3
	Total			
School Action +	3,704			
Statement	1,564			
Wirral	5,268			

Source: Wirral Data from January School Census, National data source DfE Statistical First Release SFR14/2011

Learning & Cognition Needs:

- The proportion of children identified as having Specific Learning difficulties is over twice the national average figure at 25% versus 11.1%.
- Wirral's overall percentage for Moderate Learning Difficulties (MLD) is less than the national average.
- Wirral is also 2% higher than the national average for the proportion of pupils identified as having Severe Learning Difficulties.

Sensory and/or Physical Needs:

- The proportion of pupils recorded as having some form of Hearing, Physical or Sensory difficulties is lower in all 'types' of need than the national average.
- The numbers of pupils with Hearing impairments is half the national average.

Communication and Interaction Needs:

- In the area of Speech, Language and Communication Needs the proportion of pupils identified in Wirral is half the national average – 8.5% versus 17.2%.

Table 4.3.6c: Special Educational Needs and Disability provision in Wirral Maintained schools (2011-12)

Primary Provision 2011-12	
Special Schools	**Number of Places**
Moderate Learning Difficulty	80
Complex Learning Difficulty	210
Specific Learning Difficulty	66
Emotional and Behavioural Difficulty	50
Communication Difficulty	40
Physical and Mental Health	100
Total	**546**
Education Inclusion Bases in Mainstream Schools	**Number of Places**
Hearing Disability	12
Visual Disability	10
Language Difficulties	40
Social and Communication Difficulties	40
Emotional and Behavioural Difficulty	8
Education Inclusion Base	54
Total	**164**
Secondary Provision 2011-12	
Special Schools	**Number of Places**
Moderate Learning Difficulty	220
Complex Learning Difficulty	200
Emotional and Behavioural Difficulty	90
Physical and Mental Health	100
Total	**610**
Education Inclusion Bases in Mainstream Schools	**Number of Places**
Moderate Learning Difficulty	70
Emotional and Specific Learning Difficulty	40
Aspergers Syndrome	15
Total	**125**
Visual Difficulties	Provision by need
Physical Difficulties	Provision by need

Source: Primary/Secondary Education in Wirral 2011-2012, Information for Parents

Places in Special Schools and Education Inclusion bases are under constant review to ensure that needs are met.

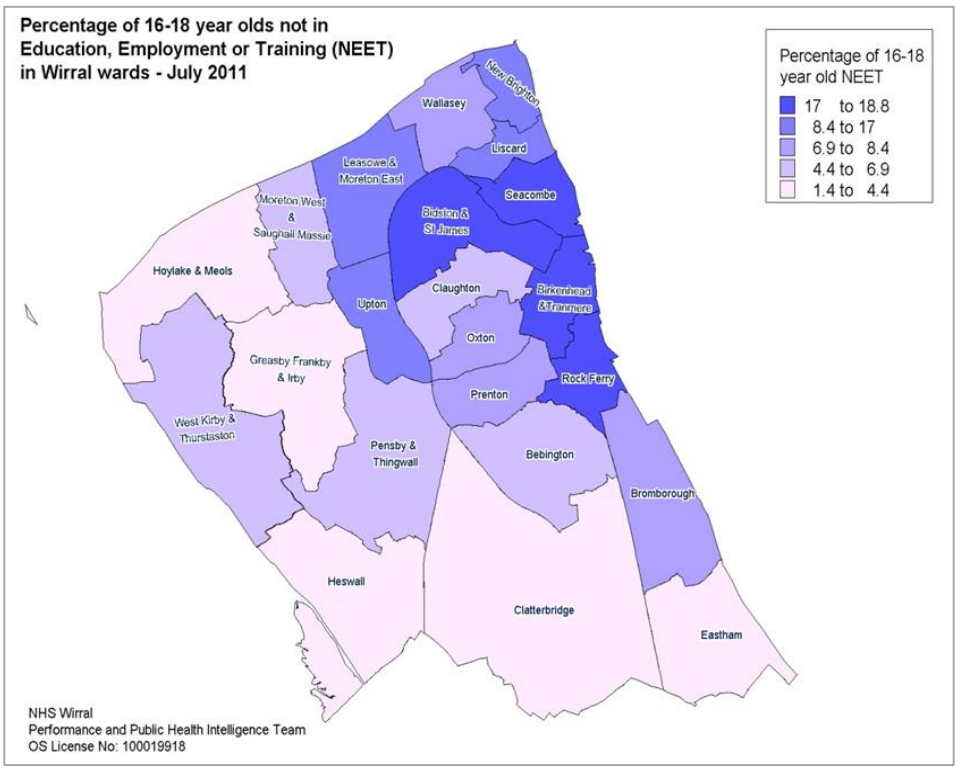
4.3.7 Young People Not in Education Employment or Training (NEET)

The reason young people NEET is an important issue was usefully summarised in 2009 by Professor Alan Maryon-Davis, President of the Faculty of Public Health, who identified that:

> *'NEETs are more likely to be living unhealthy lifestyles... are more likely to smoke, drink and have poor diets... also have more chance of getting caught up in violent situations and having mental health problems'*

The percentage of young people NEET, whilst remaining fairly stable between 1997 and 2007, started to rise nationally in 2007-08, slightly ahead of the adult unemployment figures starting to rise. According to a Local Government Association Report, Hidden Talents, between 2010 and 2011, there was an increase of 13% in those classified as NEET in England.

Map 4.3.7a: Percentage of NEETs aged 16-18 by Wirral ward July 2011



In Wirral, the NEET target is measured annually using a moving average of the November, December and January figures. The ward with the highest percentage of 16-18yrs NEET was Rock Ferry at 18.8%, the lowest was Heswall at 1.4%. The most recent NEET figure for Wirral overall was 9.2% (July 2011)

Data: Greater Merseyside Connexions, 2011
Note: The total cohort figure excludes young people who have moved out of contact or did not have their ward listed

4.4 Youth Justice System

4.4.1 First Time Entrants (FTE) into the Youth Justice System

Wirral has consistently reduced the number of young people entering the Youth Justice System for the first time entrants to the Youth Justice System since 2008-09. Wirral is performing well in comparison to regional and national performance for NI 111 during 2010-11.Local target and actual data or 2008-11 is shown below in table 4.4a

Table 4.4.1a Youth Justice Board Performance Summary, 2008-11

Target data	2008-9	2009-10	2010-11
FTE target numbers	*527*	*516*	*496*
Target Reduction %	0%	-2%	-4%
Target Rate per 100,000	1,600	1,570	1,500
Actual (from Police National Computer)	**2008-09**	**2009-10**	**2010-11**
Actual FTE numbers	449	369	198
Actual reduction %	-15%	-28%	-60%
Actual rate per 100,000	1,363	1,120	600
Population	32,952	32,952	32,952

Source: Youth Justice Board Youth Offending Team (YOT) Data Summary April 2010 to March 2011

The Youth Justice Board Performance Summary for April 2011 to June 2011 reported a 44.9% reduction in the number of First Time Entrants (FTE's) to the Youth Justice System (YJS) compared to the same period in the previous year.

In Wirral, prevention projects are appropriately located following on-going data analysis and there is an increased awareness of the key issues/offences for young people. A

systematic approach to FTE analysis has been developed over time which has continued to help ensure the effective targeting of resources. There are a number of activities linked to reducing FTE which include:

- Working closely with Partner Agencies, Police and Courts;
- The Integrated Youth Support Strategy has been implemented, this also includes Targeted Youth Support which targets "at risk" young people;
- Work is on-going with accommodation providers to offer homeless young people at risk of offending access to suitable accommodation;
- Engagement in positive activities via Junior and Senior Youth Inclusion Programmes;
- The introduction of "Triage" (a Restorative Justice Protocol between the Police and YOS) to ensure that all young people at risk of entering the YJS for the first time are diverted to Restorative Justice (an alternative to prosecution) has been hugely successful. Work is on-going with Merseytravel and British Transport Police to work together to introduce the Triage model in relation to fare evasion offences for FTE's.

4.5 Health & Wellbeing

4.5.1 Infant Mortality

Infant mortality (or infant death rate) is the number of deaths in infants aged under one year per 1,000 live births and consists of two components:

- The neonatal mortality rate: The number of neonatal deaths (occurring in the first 28 days of life) per 1,000 live births.
- The post-neonatal mortality rate: The number of infants who die between 28 days and less than one year, per 1,000 live births.

The infant mortality rate reflects the overall health of the population as it is influenced by wider determinants of health such as the pre-conception and antenatal health of mothers, plus social, economic and environmental factors. High infant mortality rates are associated with deprivation. To monitor inequalities in infant mortality, Wirral uses the 20% most deprived Lower Super Output Areas (according to the Index of Multiple Deprivation) as a proxy for populations from routine and manual occupation groups.

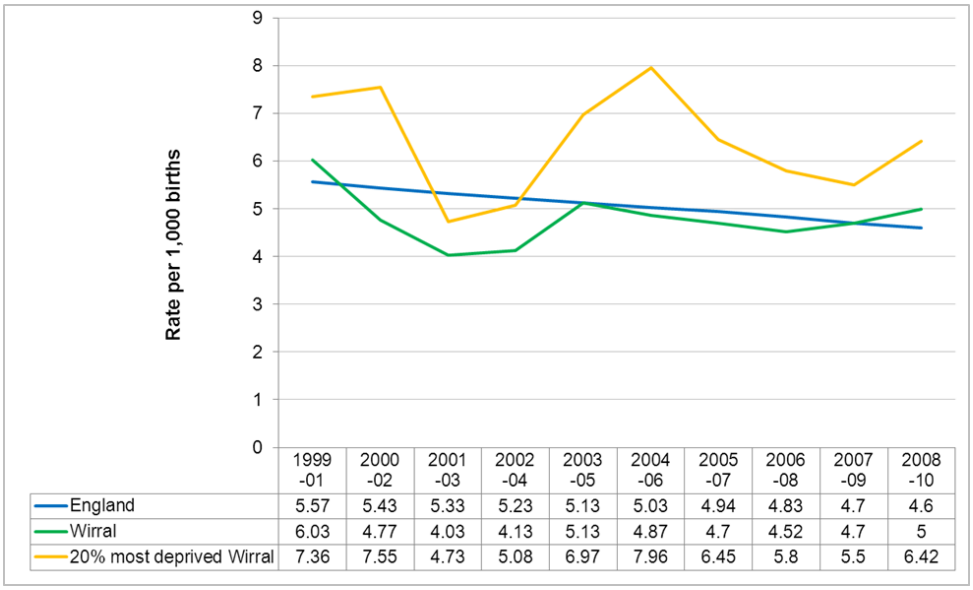
Table 4.5.1a: Infant Mortality Rates per 1,000 in England, Wirral, 20% most deprived areas in Wirral1999-2009 (3-year rolling averages)

	1999-01	2000-02	2001-03	2002-04	2003-05
England	5.6	5.4	5.3	5.2	5.1
Wirral	6.0	4.8	4.0	4.1	5.1
20% most deprived Wirral	7.4	7.6	4.7	5.1	7.0
	2004-06	**2005-07**	**2006-08**	**2007-09**	**2008-10**
England	5.0	4.9	4.8	4.7	4.6
Wirral	4.9	4.7	4.5	4.7	5.0
20% most deprived Wirral	8.0	6.5	5.8	5.5	6.4

Source: NCHOD and ONS Annual Birth and Death Extracts, 2010

- In 2008-10, the infant mortality rate was 5.0 per 1,000 live births in Wirral, compared to 4.6 in England
- At baseline (1999-01), the difference between the 20% most deprived areas and Wirral as a whole was 1.36 deaths per 1,000 live births
- As infant deaths involve such small numbers it is to be expected that there will be some fluctuation. It should be noted that none of the differences on this chart are statistically significant as the numbers are very small.

Figure 4.5.1a: Infant mortality rate per 1,000 live births, 1999-09(3 year rolling rates)



	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10
England	5.57	5.43	5.33	5.23	5.13	5.03	4.94	4.83	4.7	4.6
Wirral	6.03	4.77	4.03	4.13	5.13	4.87	4.7	4.52	4.7	5
20% most deprived Wirral	7.36	7.55	4.73	5.08	6.97	7.96	6.45	5.8	5.5	6.42

Infant mortality rates have generally shown a downward trend both nationally and locally, despite a peak during 2004-06. Rates appear to increasing slightly in the most recent time periods for both Wirral and the 20% most deprived areas of Wirral

Source: NCHOD and ONS Annual Birth Death Extracts, 2010

There is published evidence-based guidance on effective interventions for reducing infant mortality published by the Department of Health. These include reducing obesity in routine and manual occupation groups, improving pre-conception care, targeting smoking in pregnancy, teenage conceptions, encouraging early booking-in of pregnancy and education and action to prevent sudden unexpected death in infancy. Other effective interventions that address the wider determinants of health include addressing overcrowding and child poverty.

4.5.2 Low Birth Weight Babies

Low birth weight is defined as below 2,500g. It is closely correlated with poor health in the first four weeks of life. Longer term impacts can last into adulthood and include cognitive impairments, diabetes, heart disease as well as physical disabilities (World Health Organisation). In Wirral between 2007-09, there were 775 (or 6.9%) babies who were born with a weight of under 2,500g, compared to 7.5% in England

Low birth weight is linked to many factors, including maternal smoking, multiple births and poor maternal nutrition. Babies born to parents who live in areas of high deprivation are much more likely to be of low birth weight compared to babies born to parents who live in affluent. Table 4.5.2a shows the relationship between deprivation (measured by IMD 2010) and low birth weight.

Table 4.5.2a: Low birth weight babies by IMD 2010 national quintile, 2007/9

IMD 2010 National Quintiles	Number of low birth weight babies (<2500g)	Total births	Rate of low birth weight per 1,000 births
1 most deprived	417	4974	83.84
2	128	1939	66.01
3	78	1437	54.28
4	83	1450	57.24
5 least deprived	69	1380	50.00

Source: ONS Annual Birth Tables, 2010

Ward level data also confirms this relationship see table 4.5.2b.

Table 4.5.2b: Low birth weight babies by Wirral ward (2007-09)

Ward of Residence	Total Number of Live and Still Births	Total number of Births <2500	% of all Births
Bidston & St James	816	81	10%
Upton	555	50	9%
Seacombe	867	73	8%
Birkenhead &Tranmere	904	75	8%
Leasowe & Moreton East	651	53	8%
Rock Ferry	706	52	7%
Claughton	497	36	7%
Liscard	566	40	7%
Prenton	440	31	7%
Moreton West & Saughall Massie	483	33	7%
Hoylake and Meols	329	20	6%
Bromborough	593	36	6%
New Brighton	529	32	6%
Pensby & Thingwall	342	20	6%
Greasby, Frankby & Irby	318	18	6%
Wallasey	361	19	5%
Eastham	442	23	5%
Oxton	432	22	5%
Bebington	436	21	5%
West Kirby & Thurstaston	298	14	5%
Heswall	282	13	5%
Clatterbridge	332	13	4%

Source: ONS, 2010

- The highest percentage of low birth weight babies are found in Bidston & St. James and Upton wards
- The lowest rates are found in Heswall and Clatterbridge wards

4.5.3 Breastfeeding

Breastfeeding benefits both mother and baby in the short and long term. The UK has one of the lowest rates of breastfeeding worldwide, especially among families from disadvantaged groups. Breastfed babies experience fewer stomach upsets, infections and dental problems and are at a reduced risk of obesity. For mothers, breastfeeding may help protect against breast and ovarian cancer in later life and they may find it easier to return to their pre-pregnancy weight (NHS Choices).

Current UK policy is to promote exclusive breastfeeding (feeding only breast milk) for the first 6 months. Thereafter, it recommends that breastfeeding should continue for as long as the mother and baby wish, while gradually introducing a more varied diet (DH 2003). Evidence shows that the longer the baby is breastfed, the greater the benefit (World Health Organisation).

Breastfeeding initiation is used as an indicator for breastfeeding; any mother that initiates breastfeeding is included within this data, even if only one attempt to breastfeed

is made. Breast feeding initiation rate has been used as a proxy for monitoring the infant mortality target by PCTs.

Wirral has a local target to increase breastfeeding initiation rates by 2% per year, focusing particularly on women from disadvantaged groups.

The latest figures from the Department of Health's five-yearly Infant Feeding Survey (Renfrew and IFF Research 2011) showed breastfeeding initiation rates rose during the period of 2005-2010 from 76% to 81% across the UK. Results from the 2005 Infant Feeding Survey showed that the Breastfeeding Initiation rate was 66% in the North West and 78% nationally. Data for Wirral 2010-11 showed that:

- Breastfeeding initiation was 55.5%, much lower than North West and UK rates
- Breastfeeding initiation varied by deprivation, ranging from 41% in women from the most deprived groups, to 74% amongst women from the least deprived groups
- Breastfeeding initiation also varied greatly by ward (reflecting their varying levels of deprivation)

4.5.3a: Trend in breastfeeding initiation in Wirral 2004-5 to 2010-11

Year	% Maternities where breastfeeding was initiated Wirral
2004-05	52.4%
2005-06	54.2%
2006-07	54.7%
2007-08	54.0%
2008-09	53.3%
2009-10	56.9%
2010-11	55.5%
2011-12	55.6%

Source: Department of Health, Vital Signs Monitoring Return

4.5.3b: Breastfeeding initiation rate at delivery for Wirral births by deprivation (2011-12)

2011-12	Percentage (%)
Wirral (all)	54.4%
Wirral (20% most deprived)	41.9%
Wirral (20% least deprived)	63.9%

Source: Wirral University Teaching Hospital Foundation Trust (WUTH) 2011
Note: this table relates only to maternities at WUTH and does not include the 8% of births which take place outside of Wirral e.g Liverpool Womens Hospital.

Breastfeeding initiation rates also vary considerably by Wirral ward, see table 4.6.3c.

Table 4.5.3c: Breastfeeding initiation rate by Wirral ward (2011-12)

Ward of Residence (2004 boundaries)	Breast Feeding Initiation % 2011-12
Bebington	66.4%
Bidston and St James	31.8%
Birkenhead and Tranmere	43.1%
Bromborough	55.6%
Clatterbridge	73.3%
Claughton	55.7%
Eastham	53.9%

Greasby, Frankby and Irby	73.8%
Heswall	81.4%
Hoylake and Meols	82.4%
Leasowe and Moreton East	44.5%
Liscard	45.6%
Moreton West & Saughall Massie	56.6%
New Brighton	56.2%
Oxton	64.9%
Pensby and Thingwall	59.8%
Prenton	56.3%
Rock Ferry	48.0%
Seacombe	41.0%
Upton	46.2%
Wallasey	61.6%
West Kirby and Thurstaston	81.8%
Wirral	**54.4%**

Source: Wirral University Teaching Hospital Foundation Trust (WUTH) 2011
Note: this table relates only to maternities at WUTH and does not include the 8% of births which take place outside of Wirral e.g Liverpool Womens Hospital.

- Breastfeeding initiation is lowest in Bidston & St James ward (31.8%)
- Hoylake and Meols (82.4%) and West Kirby & Thurston (81.8%) had the highest initiation rates in Wirral

Breastfeeding initiation rates on their own are not an indicator of long term health benefits for either mother or baby. The success of breastfeeding depends on continuity rates. Consequently, the prevalence of breastfeeding at 6-8 weeks is a key target which Wirral monitors in order to help improve the health and wellbeing of children and young people. See table 4.5.3d for breastfeeding over the last 3 years.

Table 4.5.3d: Percentage breastfeeding at 6-8 weeks, 2008-09 to 2011/12

Year	Breast Feeding 6-8 weeks
2008/09	28.0%
2009/10	30.5%
2010/11	29.9%
2011/12	30.2%

Source: Wirral University Teaching Hospital Foundation Trust (WUTH) 2011

Table 4.5.3e below illustrates the percentage of babies still breastfed at 6-8 weeks in 2011-12, by Wirral ward.

Table 4.5.3e: Percentage breastfeeding at 6-8 weeks by Ward, 2011-12

Ward Of Residence	Percentage Breastfeeding at 6-8 weeks
Bebington	45.8%
Bidston and St James	8.6%
Birkenhead and Tranmere	26.3%
Bromborough	28.6%
Clatterbridge	51.8%
Claughton	27.6%

Eastham	34.2%
Greasby, Frankby and Irby	49.0%
Heswall	56.7%
Hoylake and Meols	57.8%
Leasowe and Moreton East	20.2%
Liscard	23.7%
Moreton West and Saughall Massie	21.0%
New Brighton	34.6%
Oxton	31.7%
Pensby and Thingwall	40.5%
Prenton	23.9%
Rock Ferry	21.7%
Seacombe	15.6%
Upton	26.0%
Wallasey	32.8%
West Kirby and Thurstaston	53.3%

Source: Wirral University Teaching Hospital Foundation Trust (WUTH) 2011

Table 4.5.3f: Percentage breastfeeding at 6-8 weeks, 2011-12

No. of Checks	Not Breastfeeding	Mixed	Exclusive breastfeeding	% breastfeeding at 6-8 weeks
3709	2590	333	786	30.17%

Source: Wirral University Teaching Hospital Foundation Trust (WUTH) 2011

- The average during the 1st quarter of 2011/12 (Apr-Jun) for breastfeeding at 6-8 weeks is 30%. The total for 2011/12 breastfeeding at 6-8 weeks is 30.17%.
- This is both mixed feeding and exclusive breastfeeding rates together. This is a Wirral average and so will disguise the variation in rates across the borough.

Breastfeeding duration data (up to six months) has been collected in Wirral since 2007 to comply with UNICEF Baby Friendly standards. This data is collected retrospectively by Wirral Health Visitors. The findings show that:

- Rates of breastfeeding drop off dramatically in the first few weeks and months;
- Less than 1 in 10 women report breastfeeding for six months.

To increase both initiation and duration rates requires a multi-faceted partnership approach across the whole health economy, children's centres and more broadly in workplaces, educational establishments and in the voluntary sector. NICE (2006) recommends the following evidence based actions:

- Implementing UNICEF Baby Friendly Initiative in maternity and community settings
- Education and peer support programmes – routinely delivered by health professionals/practitioners and peer supporters
- Changes to policy and practice within community and hospital settings – to support effective positioning and attachment, baby led feeding and sound consistent advice and support
- Targeted support for women on low incomes from one health professional
- One to one needs-based antenatal education combined with post-natal support through the first year, particularly amongst white, low income women

- Local media and education programmes developed to target teenagers and shift attitudes towards breastfeeding

In Wirral, the multi-agency Breastfeeding Steering Group oversees a strategic action plan designed to implement the actions above. Some of these actions are also key priorities within the Children and Young People's Plan which is overseen by the Being Healthy Group. It is also in the Local Area Agreement and the NHS Wirral Strategic Commissioning Plan (in the obesity section).

4.5.4 Smoking in Pregnancy

The impact of smoking during pregnancy on maternal and foetal health is significant not only in terms of morbidity and mortality, but also in terms of healthcare costs. Evidence has demonstrated that babies born to women who smoke during pregnancy are around 40% more likely to die within the first four weeks of life than babies born to non-smokers.

Smoking during pregnancy can result in the increased risk of miscarriage, premature birth, low birth weight and stillbirth. It is also associated with sudden infant death syndrome (SIDS), childhood respiratory illnesses and attention deficit hyperactivity disorder (ADHD) and behavioural problems.

The total annual cost to the NHS of smoking during pregnancy is estimated to range between £8.1 million and £64 million for treating the resulting problems for mothers and between £12 million and £23.5 million for treating infants aged 0–12 months (Department of Health 2011-12).

Table 4.5.4a shows smoking status of women booking in and delivery during Quarter 1 of 2011-12 (Apr–Jun 2011).

Table 4.5.4a: Smoking status of women at booking in and delivery at Wirral University Teaching Hospital Foundation Trust, 2011-12

Smoking status	12 months prior to booking in	At booking in	At delivery
Smoking	28%	19%	13%
Not Smoking	66%	75%	87%
No recorded	6%	6%	0%

Source: WHIS/Wirral Stop Smoking Service

- 13% of mothers were smoking at delivery in Wirral
- Of the 1001 women who reported that they smoked in the 12 months prior to their booking in, 463 (54%) continued to smoke throughout their pregnancy.

Smoking in pregnancy is strongly associated with deprivation and contributes to health inequalities. This means we must continue to address the issue and ensure that all mothers, including those from more deprived areas receive the support they need to quit smoking before and during pregnancy. Table 4.6.4b shows smoking in pregnancy rates by ward.

Table 4.5.4b: Smoking in pregnancy by Wirral Ward in Q1 of 2011-12 (Apr–Jun 2011)

Ward	Percentage (%)
Clatterbridge	0%
Heswall	1%
Hoylake & Meols	4%
Greasby, Frankby and Irby	5%
Wallasey	7%
West Kirby and Thurstaston	7%
New Brighton	7%
Moreton West and Saughall Massie	8%
Eastham	9%
Bebington	9%
Upton	9%
Oxton	9%
Pensby and Thingwall	9%
Liscard	11%
Bromborough	12%
Prenton	13%
Leasowe and Moreton East	15%
Claughton	18%
Rock Ferry	18%
Seacombe	23%
Birkenhead & Tranmere	23%
Bidston & St James	26%

Source: Wirral University Teaching Hospital Foundation Trust, 2011

- There are higher rates of smoking in pregnancy in wards like Bidston & St James, Seacombe and Birkenhead & Tranmere.

4.5.5 Teenage Conceptions

(For information on teenage conceptions please go to Wirral JSNA Sexual Health chapter via this link)

Teenage conception rates are measured by adding the number of still and live births to the number of legal abortions to calculate how many females aged 15-17 per 1,000 have been pregnant per year.

- Locally calculated figures* for 2011 give Wirral a teenage conception rate of 36.9 per 1,000. This equates to 211 under 18 conceptions (figures not yet available for England or North-West for comparison, expected February 2013)
- (*calculated by NHS Wirral Performance & Public Health Intelligence Analysts)
- This is a large decrease from 2010, when the rate in Wirral was 47.3 per 1,000. In 2010 (when we can compare Wirral figures to England and the North-West), Wirral had higher rates than both.
- In 1998, national targets were set to reduce under 18 conceptions by 50% by 2010. Table 15.3.1a shows that Wirral compared poorly in 2010 to Merseyside, the North West and England as a whole on achievement of this target (6.5% reduction compared to a national average of 24%).

Although there is no longer a National Teenage Pregnancy Strategy, Wirral continues to monitor teenage conception rates and refresh the local Teenage Pregnancy Action Plan (most recently in 2012-13). A local target has been agreed to reduce teenage conceptions by 5% during 2012 and 2% thereafter to 2015, taking a targeted approach in those areas where teenage conception rates are highest (Bidston, Birkenhead, Egerton, Leasowe, Liscard, New Brighton, Seacombe, Tranmere and Upton).

Reducing teenage conception rates is a key indicator in the Child & Family Poverty Strategy and has now been integrated into the wider remit of sexual health and youth policy.

A new Wirral JSNA chapter (May 2013) has been added on sexual health and the following content can now be found there:

- Teenage Conceptions (Under 16s and Under 18s)
- Abortion rates
- Trends
- Outcomes
- Housing
- Risk Factors
- Consultation and engagement

(For information on teenage conceptions, go to Wirral JSNA Sexual Health chapter)

4.5.6 Childhood Immunisations

The national vaccination programme provides protection against a number of communicable diseases that once caused considerable morbidity in children. The World Health Organisation (WHO) recommends that to maintain herd immunity (enough people vaccinated to avoid an outbreak/ epidemic) at least 95% of children should receive:

(i) 3 primary doses of diphtheria, tetanus, polio, pertussis (whooping cough) in the first year of life
(ii) One dose of Measles, Mumps and Rubella (MMR) vaccine by two years of age

Herd immunity acts to protect children who have not been vaccinated, either because they are not yet old enough or for other reasons, such as medical conditions. If herd immunity levels are not achieved, the risk of outbreaks and epidemics is increased.

In England, a revised schedule has been used since September 2006, which now includes the pneumococcal vaccine (PCV) and a *Haemophilus influenzae* (Hib) and Meningitis C (MenC) booster. The schedule was further updated in September 2010 resulting in the Hib/MenC and PCV vaccination being given at the same visit, between 12 and 13 months of age, rather than 1 month apart at 12 and 13 months of age. See table 4.5.6a for a summary of the immunisation schedule.

Table 4.5.6a: Immunisation schedule

Vaccine	Age	Notes
Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib)	1st dose: 2 months 2nd dose: 3 months 3rd dose: 4 months	Primary course
	1st dose: 2 months	Primary course

PCV Meningitis C	2nd dose: 4 months 1st dose: 3 months 2nd dose: 4 months	Primary course
Hib/Meningitis C MMR PCV	Between 12 and 13 months Between 12 and 13 months Between 12 and 13 months	Booster Primary course Booster
Diphtheria, tetanus, pertussis, polio MMR Second dose	3 yrs/4 mths – 5 yrs 3 yrs/4 mths – 5 yrs	Booster: 3 yrs after completion of primary course
BCG (Bacillus Calmette-Guerin: tuberculosis vaccine)	At or soon after birth to 'at-risk' infants only	-
Diphtheria, tetanus and polio	13 yrs – 18 yrs	Booster

Source: http://www.nhs.uk/Planners/vaccinations/Pages/Vaccinationchecklist.aspx

Wirral's performance on child vaccinations aged 1 year, 2 years and 5 years are summarised in tables 4.5.6b to 4.5.6d respectively.

Table 4.5.6b: Percentage of children immunised by age 1, Wirral, North West & England (2010-11)

Vaccine Type	Wirral	North West	England
Diphtheria, Tetanus, Polio, Pertussis and Hib	94.9	95.1	94.2
Meningitis C	94.7	94.5	93.4
Pneumococcal Disease (PCV)	94.2	94.7	93.6

Source: NHS Immunisation Statistics, The Information Centre, 2012

Table 4.5.6c: Percentage of children immunised by age 2, Wirral, North West & England (2010-11)

Vaccine Type	Wirral	North West	England
Diphtheria, Tetanus, Polio, Pertussis and Hib	97.2	96.8	96.0
MMR	90.1	91.2	89.1
Meningitis C	96.5	95.3	94.8
Meningitis C/Hib	94.0	93.3	91.6

Source: NHS Immunisation Statistics, The Information Centre, 2012

Table 4.5.6d: Percentage of children immunised by age 5, Wirral, North West & England (2010-11)

Vaccine Type	Wirral	North West	England
Diphtheria, Tetanus, Polio: Primary	96.3	96.1	94.7
Diphtheria, Tetanus, Polio: Booster	91.1	88.2	85.9
Hib: Primary	96.2	94.9	94.2
MMR: 1st dose	94.7	94.3	91.9
MMR: 1st and 2nd dose	88.2	86.4	84.2

Source: NHS Immunisation Statistics, The Information Centre, 2012

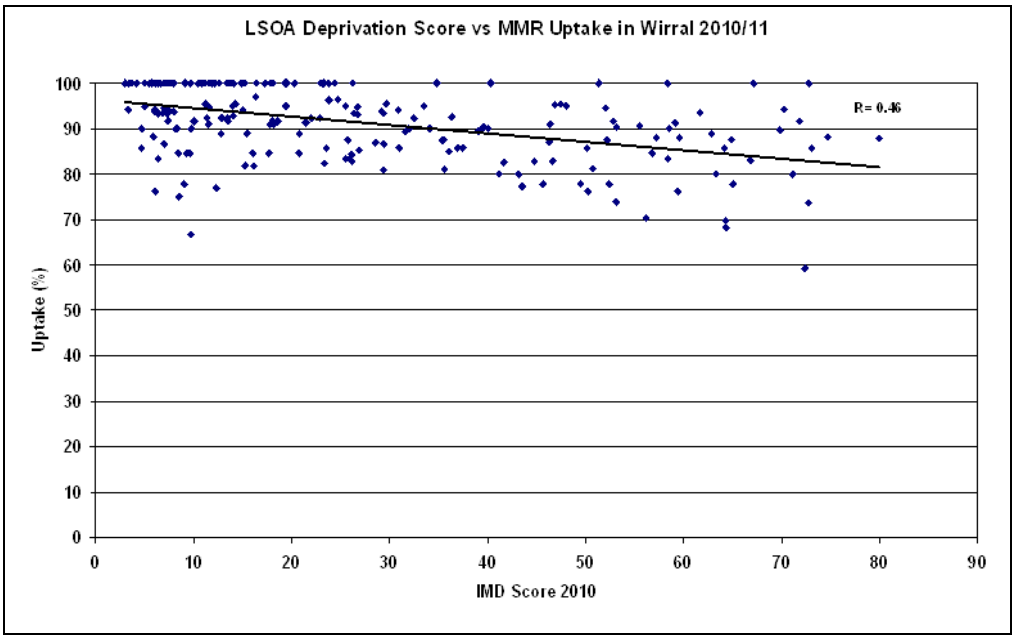
- Wirral performs well on these immunisations compared to the national average,

- Wirral is considerably below the 95% WHO target for MMR coverage by 2 and 5 of age; this is also the case for the North West and England.
- Wirral is slightly above the 95% WHO target for the 3 primary doses of diphtheria, tetanus, polio and pertussis in the first year of life, this is also the case regionally.

Figure 4.5.6e illustrates correlation between MMR uptake and deprivation

Figure 4.5.6e: Correlation between MMR uptake and IMD2010 Deprivation Scores, LSOA, 2010-11

Each dot represents an LSOA in Wirral. Deprivation (measured by IMD score across the horizontal x axis), and the percentage of children covered by MMR at two years (the vertical y axis) appear to be correlated (negatively)
The chart above shows a correlation of r =0.46, i.e. uptake of vaccinations decrease as deprivation increases



Source: Wirral Performance & Public Health Intelligence Team, 2011

Immunisation uptake is outlined in table 4.5.6f.This is defined as all those children who have had 3 doses of the diphtheria vaccine by the age of 1 year.

Table 4.5.6f: Immunisation uptake in 1 and 2 year old children 2010-11

Census Ward	Uptake of Primary Immunisation up to age 1 year*			Uptake of 1st dose MMR Immunisation		
	Number Immunised	Population of 1 year olds	Uptake %	Number Immunised	Population of 2 year olds	Uptake %
Bebington	149	150	99.3	122	137	89.1
Bidston	164	178	92.1	190	224	84.8
Birkenhead	207	232	89.2	180	201	89.6
Bromborough	214	228	93.9	157	174	90.2
Clatterbridge	119	121	98.3	125	130	96.2
Claughton	136	140	97.1	146	158	92.4
Eastham	132	136	97.1	142	149	95.3
Egerton	180	188	95.7	148	171	86.5
Heswall	115	116	99.1	122	127	96.1
Hoylake	141	148	95.3	136	138	98.6
Leasowe	194	200	97.0	204	231	88.3
Liscard	185	194	95.4	177	204	86.8

Moreton	132	139	95.0	131	138	94.9
New Brighton	172	178	96.6	160	174	92.0
Oxton	149	156	95.5	137	151	90.7
Prenton	128	132	97.0	127	139	91.4
Royden	104	105	99.0	127	137	92.7
Seacombe	232	253	91.7	219	251	87.3
Thurstaston	109	119	91.6	136	150	90.7
Tranmere	239	263	90.9	181	230	78.7
Upton	183	190	96.3	168	183	91.8
Wallasey	118	124	95.2	129	134	96.3

Source: Wirral Management Information System (MIS), 2011

- The wards Bidston, Birkenhead, Tranmere, Seacombe and Thurstaston perform poorly on immunisation uptake of the primary courses, particularly with MMR.

HPV (Human Papilloma Virus) vaccination

HPV (Human Papilloma Virus) vaccination became part of the routine programme in Wirral (and England) in September 2009. All Year 8 girls can now vaccinated against the virus. As with other vaccinations for Wirral schoolchildren, HPV vaccination is given by the Wirral School Nursing Service. Three doses over a six month period are needed to ensure protection.

It is estimated that HPV vaccination will prevent around 400 cervical cancer deaths per year in England, because vaccination against HPV (in those not already infected) offers protection against the strains of the virus which cause about 70% of all cervical cancers.

The vaccination cannot protect against all strains of HPV, so women who have not had the vaccine still need to be screened (see Chapter 3: Health & Wellbeing for more information on cervical screening in Wirral).

Figure 4.5.6g: Uptake of HPV vaccination in Wirral, 2009 to 2012

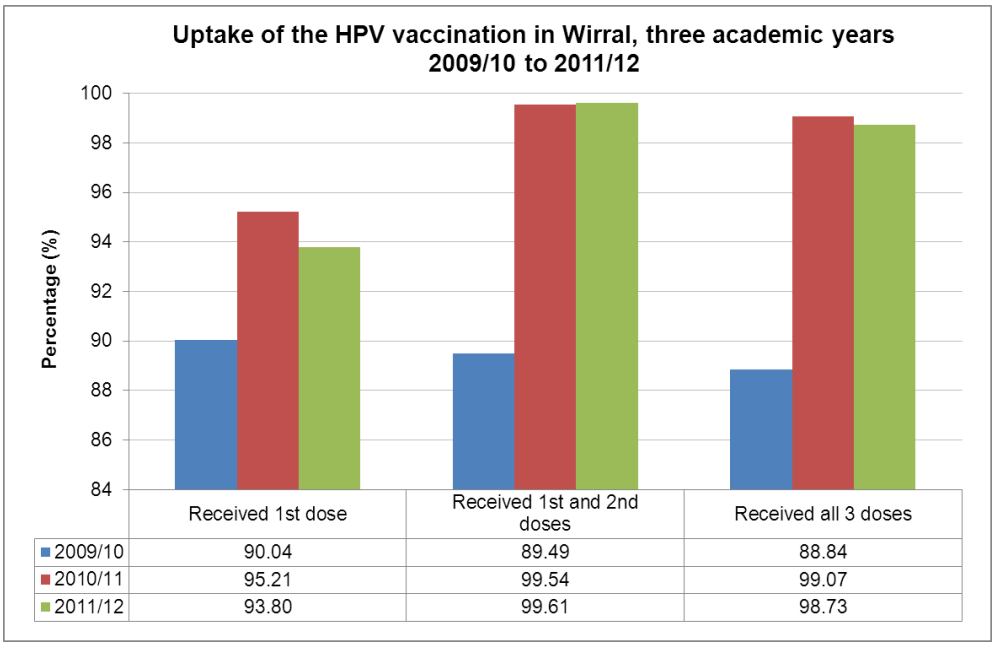


Figure 4.5.6g shows uptake of HPV vaccination during the first three years of the programme. The first year is always a challenge, but after this, the percentage receiving all 3 required doses was very high in 2010/11 and 2011/12 at 99.07% and 98.73%.

4.5.7 Unintentional injuries and accidents

Unintentional injury is the largest cause of mortality in children in the UK and shows a clear relationship with inequalities. Children from deprived backgrounds are 13 times more likely to die as a result of an injury (any kind) and 37 times more likely to die as a result of fire, flame or smoke injuries than children with parents in the higher managerial or professional occupations (Children's Plan, 2007).

Wirral's rate for emergency admissions for unintentional or deliberate injuries for 0-17 year olds is measured by the NI70 target (NI70 Reduce emergency hospital admissions caused by unintentional and deliberate injuries to children and young people aged 0-17)

- Wirral was significantly higher than the national average on NI70 in 2009/10. The rate was 136.6 per 10,000 children under 17 years, compared to 123.3 in England. (Source: South West Public Health Observatory, 2012)

When children are very young (up to the age of four) evidence shows they are most likely to be injured in the home, reflecting where they spend most of their time; the accident they are most likely to sustain being a fall.

- In Wirral in 2010-11, the rate per 1,000 of injuries in children aged 0-4 was 142 per 1,000. The majority of these injuries were caused by a fall

Source: Trauma Injury Intelligence Group, 2012

Road Traffic Accidents (RTAs)

RTAs are the most common kind of accident for a child over the age of four to sustain and targets have been set by the government to reduce them. Specifically, the target has been to reduce the number of children aged under 16 killed or seriously injured (KSI) by 50% by 2010, using 1994-98 as the baseline (DfT, 2003).

Nationally, there has been a reduction of 62% (as of 2010), compared to 53% locally. The average number of children killed or seriously injured (KSI) in RTAs in Wirral has reduced from an average of 38 in 1994-98 to 18 in 2010. See Table 4.5.7a.

Table 4.5.7a: Reported child KSI casualties: 1994-98 baseline average and 2007-10

Area	1994-98 baseline years (average)	2007	2008	2009	2010	2010 percentage change on baseline
Wirral	38	23	14	22	18	53%
North West	983.8	450	449	429	411	58%
England	5,729	2,671	2,402	2278	2,168	62%

Source: http://assets.dft.gov.uk/statistics/tables/ras30058.xls

RTAs show an association with deprivation, for example, the Merseyside Local Transport Plan 2006-11 found that 65% of all injuries to child pedestrians occurred in those Lower Super Output Area's (LSOAs) which fell into the most deprived 10% of LSOA's in the country (Merseyside Local Transport Plan 2006-2011 http://www.letstravelwise.org/files/138849671_LTP_complete(reduce).pdf).

4.5.8 Mortality and Hospital Admissions

The all-cause mortality rate measures deaths in children age 1-14 years old. Table 4.5.8a describes mortality rates for children age 0-14 in Wirral compared to the North West and England per 100,000 population.

Table 4.5.8a: All-cause mortality rate in Wirral (children aged 1-14), 2007-09 (pooled)

All-cause mortality rate (per 100,000 population)	Males		Females	
	1-4	5-14	1-4	5-14
Wirral	26.8	10.6	33.2	14.9
North West	22.5	11.7	24.8	8.9
England	21.4	11.4	19.2	9.4

Source: National Centre for Health Outcomes Development (NCHOD, now the NHS IC), 2011

- Mortality for 1-4 year olds in Wirral is higher than the regional and England rates for both male and female.
- Mortality for 5–14 year olds in Wirral is lower for males compared to the North West and England but higher for females.
- Overall Mortality for persons is higher in Wirral for both age ranges compared to England and North West rates.

Emergency (non-elective) Hospital admissions

There are considerably more emergency admissions to hospital in Wirral for children and young people than planned admissions. Table 4.5.8b summarises the key causes of admissions for children by age group during 2010-11

Table 4.5.8b: Hospital admissions by cause in Wirral, 2010-11

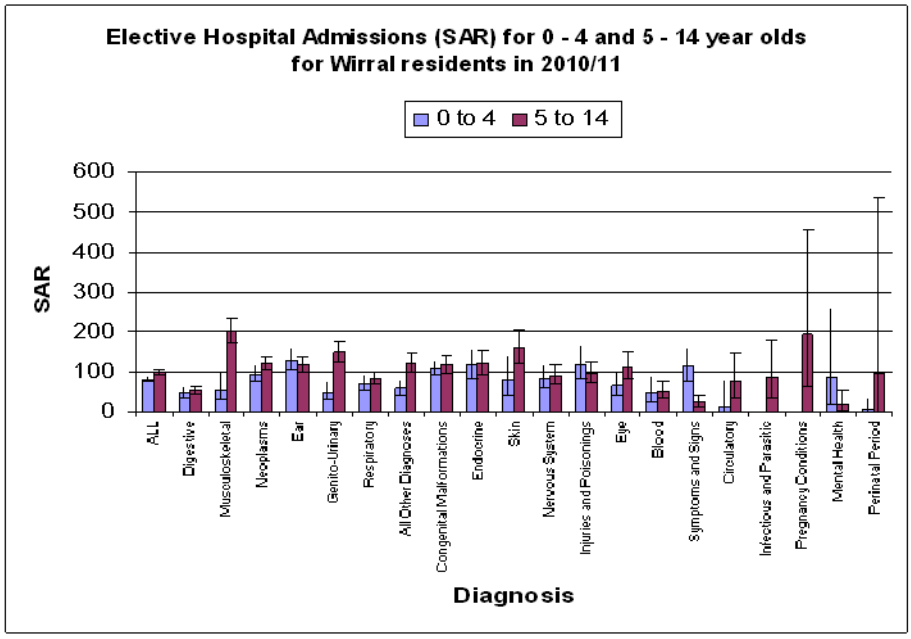
Age	Emergency admission	Elective (planned) admission
0-4 years	Total admissions: 3691 Top 3 • Viral infection (527) • Acute Bronchitis (424) • Upper respiratory infections (418)	Total admissions: 809 Top 3 • Other congenital anomalies (102) • Otitis media (middle ear) and related conditions (71) • Genitourinary congenital anomalies (61)
5-14 years	Total admissions: 2133 Top 3 • Abdominal pain (218) • Fracture of upper limb (154) • Superficial injury, contusion (113)	Total admissions: 1799 Top 3 • Disorders of teeth and jaw (159) • Otitis media and related conditions (123) • Acute and chronic tonsillitis (111)

Source: Dr Foster Intelligence 2011

Tables 4.5.8c and 4.5.8d show Elective (planned) and Non-elective Hospital Admissions (Standardised Admission Ratio) for 0-4 and 5-14 year olds for Wirral residents in 2010-11 in Wirral

Figure 4.5.8c: Elective (planned) Hospital Admissions (Standardised Admission Ratio) for 0-4 and 5-14 year olds for Wirral residents in 2010-11

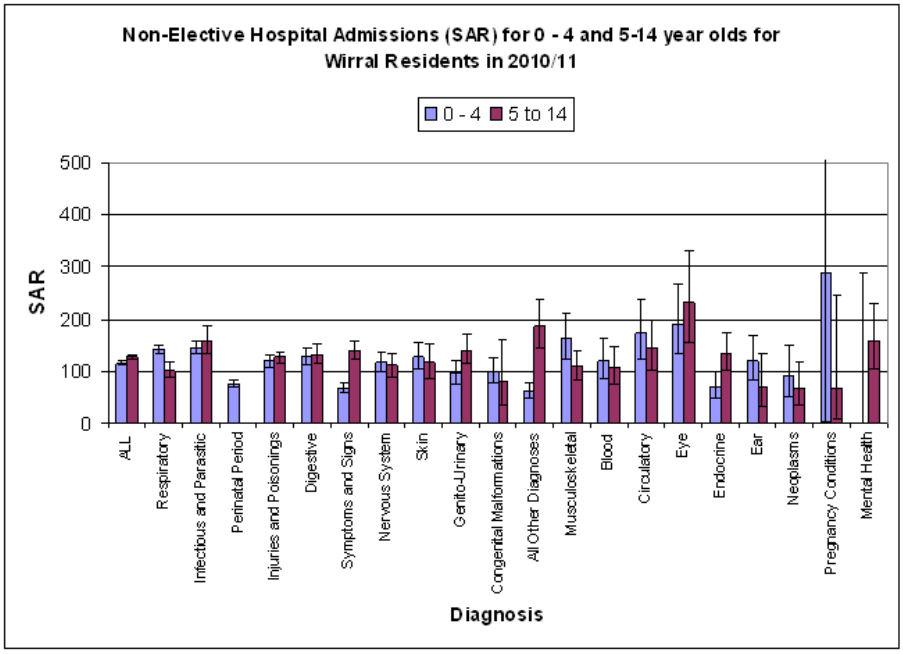
The standardised admission ratio (SAR) for elective admissions for children aged 0-4 years and 5-14 years is lower than the national average. The highest SAR for 0-4 year olds was for ear problems, whilst for 5-14 year olds it was for musculo-skeletal problems.



Source: Dr Foster Intelligence 2011

Figure 4.5.8d: Non-elective Hospital Admissions (Standardised Admission Ratio) for 0-4 and 5-14 year olds for Wirral residents in 2010/11

The standardised admission ratio for children aged 0-4 years and 5-14 years for non-elective admissions is higher than the national average.
For non-elective admissions for 0-4 year olds the highest standardised admission ratio was for Pregnancy Conditions, while for 5-14 year olds it was Eye problems.



Source: Dr Foster Intelligence 2011

Tables 4.5.8e and 4.5.8f show rates of emergency admissions in Wirral compared to the North West and NHS Cheshire, Warrington and Wirral. Wirral ranks in the 10th out of 24 PCTs in Northwest region (where 1 is best).

Table 4.5.8e: Emergency admissions in 0-19s in Merseyside PCTs, 2010-11

PCT	Emergency admissions per 1000 population	Northwest Rank (out of 24)
Halton & St Helens PCT	102.14	15
Knowsley PCT	129.84	23
Liverpool PCT	133.82	24
Sefton PCT	92.7	9
Wirral PCT	96.19	10
Merseyside	**111.37**	
All Northwest	**99.07**	

Source: Dr. Foster & ONS for population estimates

- **Wirral performs slightly better compared to the North Region, for the rates of emergency admission to hospital for children (aged 0 -19 years).**

Table 4.5.8f: Emergency admissions in NHS Cheshire, Warrington & Wirral Cluster and individual PCTs which make up the cluster, compared to North West, 2010-11 (0-19s)

Area	Emergency admissions per 1,000 population	North West Rank (out of 24)
Western Cheshire PCT	61.7	1
Warrington PCT	87.5	7
Wirral PCT	96.2	10
Central & Eastern Cheshire PCT	121.3	21
NHS Cheshire, Warrington & Wirral	**92.8**	
North West	**99.1**	

Source: Dr. Foster & ONS for population estimates

- Wirral emergency (non-elective) admission rate is slightly higher the overall Cluster (NHS Cheshire, Warrington and Wirral) average.
- Wirral performs well compared to North West region, with a rate of 96.2, slightly below the regional average of 99.1

4.5.9 Respiratory Conditions

Asthma is a chronic respiratory condition that affects children and adults. A large proportion of admissions can be avoided with regular review with healthcare professionals and preventative measures.

Table 4.5.9a & 4.5.9b describes the admission rates for children aged 0 -17 in Wirral, this data does not include attendances to Accident and Emergency departments.

- The North West as a whole performs particularly poorly when it comes to admissions to hospital for asthma and the Wirral admission rate is lower than North West average per 100,000 population

Table 4.5.9a: Children with Acute or Additional Health Needs: Emergency Admissions to hospital for Wirral and the North West 2009-10

	Admission rate per 100,000 population Wirral	North West Admission rate per 100,000
Asthma Admissions 2009-10	345.3	351.3

Source: CHIMAT (http://atlas.chimat.org.uk/IAS)

Emergency Admissions to hospital for Lower Respiratory Tract Infections (LRTIs)

Lower respiratory tract infections such as bronchiolitis (a viral infection), and pneumonia in children are associated with deprivation, breastfeeding rates and exposure to tobacco smoke. Rates of emergency admissions for LRTIs amongst the under 16s in Wirral are higher than that of England, the North West and other Industrial Hinterlands* areas.

Table 4.5.9b: Rate of emergency admissions to hospital for lower respiratory tract infections in children aged <16, Wirral, North West & England 2009-10

	Wirral	North West	Industrial Hinterlands	England
Indirectly age standardised rate per 100,000	500.39	416.83	492.25	335.32

Source: NHS IC
Notes: ICD10 codes: J10.0, J11.0, J11.1, J12.-, J13, J14, J15.-, J16.-, J18.0, J18.1, J18.9, J21.-
*Industrial Hinterlands: Group of demographically similar areas to Wirral devised by ONS to aid relevant comparisons

4.6 Lifestyle and health

4.6.1 Alcohol

Alcohol is a powerful drug and can cause a wide range of problems for anyone who drinks to harmful levels; but particularly children. Children and young people who consume alcohol are at an increased risk of injury, accidents, sexually transmitted infections, pregnancy, cognitive problems and risk long-term problems with their health. Drinking at an early age is associated with a higher risk of alcohol problems in later life (Grant & Dawson, 1997).

The HELP surveys asked children about alcohol use in the last 4 weeks. Table 4.6.1a shows the results for Wirral and the UK.

Table 4.6.1a: Alcohol consumption by Wirral pupils, 2010-11

Response	Secondary School HELP Survey 2011 (%)	Primary School HELP Survey 2011(%)
In the last four weeks, how many times have you been drunk?		
None/never had an alcoholic drink	42.1	46.5
Once	12.2	5
Twice	6.4	0.9
Three or more times	11.3	2
Don't want to say	3.5	2.3
Don't know/can't remember	4.8	3.2
I have never been drunk	19.6	40.2

Source: HELP Survey, Spring 2011

Hospital admission rates for alcohol-specific conditions amongst children and young people (under 18) are considerably higher in Wirral compared to regional and national figures. Although Wirral's rate has reduced from 159.95 (2003-04 to 2005-06) to 136.71 (2007-08-2009-10), the rate of admissions per 100,000 population is double in Wirral compared to the national rate of 61.81. See table 4.6.1b.

Table 4.6.1b: Hospital admissions for alcohol-specific conditions in Wirral, North West and England (rate per 100,000 population), 2003-04 to 2009-10

Year	Wirral	North West	National
2007/08 - 2009/10	136.71	102.81	61.81
2006/07 - 2008/09	162.76	113.33	66.41
2005/06 - 2007/08	178.31	121.73	71.34
2004/05 - 2006/07	174.51	118.02	69.62
2003/04 - 2005/06	159.95	103.73	65.94

Source: http://www.lape.org.uk/atlas/Full%20Screen%20View/atlas.html

4.6.2 Smoking

The percentage of children in Wirral whom indicated that they had tried smoking during the 2011 annual HELP survey is outlined in table 4.6.2a (split by primary and secondary school). Smoking in childhood is associated with continued smoking in later life. Children who smoke are also more likely to develop health problems, coughs, wheeziness and shortness of breath. A child is three times more likely to smoke if a parent smokes (Cancer research UK).

Table 4.6.2a: Self-reported experiences with cigarettes by Wirral pupils 2009-10

Response	Secondary HELP Survey 2011 (%)	Primary HELP survey 2011 (%)
Tick the box next to the sentence that best describes you:		
I have never smoked	70.1	93.3
I have only ever tried smoking once	12.5	2.3
I used to smoke sometimes but I never smoke a cigarette now	5.8	0.7
I sometime smoke cigarettes now but I don't smoke as many as one a week	2.3	0.2
I smoke between one and six cigarettes a week	0.7	0.1
I usually smoke more than six cigarettes a week	5.1	0.5
I don't want to say	3.5	2.8

Source: HELP Survey, Spring 2011

4.6.3 Drug misuse

Self-reported data about the number of children aged 11-15 years who have taken drugs were also collected in the HELP survey in 2010-11. This survey asked "In the last 4 weeks, how often have you taken any of the following drugs?" See Table 4.6.3a.

Table 4.6.3a: In the last 4 weeks, how often have you taken any of the following drugs?

Response	Secondary School HELP Survey 2010/11 (%)		
	Cannabis or skunk	Solvents, glue or gas (to inhale or sniff)	Other drugs (like cocaine, LSD, ecstasy, heroin, crack, speed, magic mushrooms, etc.)
Never	50%	64.3%	64.6%
Once	7.7%	2%	1%
Twice	2.9%	2.0%	2.1%
Three or more times	21.2%	13.3%	12.5%
Prefer not to say	5.8%	6.1%	5.2%
Don't know/can't remember	12.5%	12.2%	14.6%

Source: HELP survey 2010-11

The results of this Wirral survey showed that of Year 8 and 10 pupils:

- 50% had never taken cannabis or skunk in the last four weeks compared to 64% for solvents and other drugs.
- Between 5% and 6% of pupils in Wirral preferred not to say which drugs they had taken in the last four weeks.

4.6.4 Fruit and vegetable consumption

National data through the Health Survey for England shows that consumption of 5 portions of fruit and vegetables per day has increased over the years and the proportion of children eating no fruit and vegetables has reduced. See table 4.6.4a.

Table 4.6.4a: Child fruit and vegetable consumption by gender (%), 2004-2010

	2004	2005	2006	2007	2008	2009	2010
Boys							
None	10	6	7	6	7	5	6
5 a day	13	18	19	21	19	21	19
Girls							
None	8	5	6	4	4	4	6
5 a day	12	17	22	21	20	22	20

Source: Health Survey for England (2001-2010)

In 2010, the mean number of fruit and vegetable portions consumed each day was 3.2 for boys and 3.3 for girls.

The Help survey examined the consumption of fruit and vegetables in school-age children. The proportion of children reporting that they ate no fruit and vegetables was 14.6% Secondary School Age compared to 4.2% primary school age.

The proportion eating 5 or more daily portions was:

- 23% in Wirral primary schools compared to 15.7% in Wirral Secondary schools

This survey data indicates that Wirral children are reportedly eating fewer fruit and vegetables than children across the country as a whole, with consumption levels lower than the Health Survey for England findings.

4.6.5 Physical activity

There is a lack of local data that accurately measures activity levels amongst Wirral children. The percentage of schools providing pupils with two hours (or more) of physical education (P.E.) each week can act as a proxy indicator. See table 4.6.5a for a summary of Wirral's performance.

Table 4.6.5a: Percentage of pupils in Wirral in each Key Stage group who participate in at least 2 hours of high quality PE in typical week (2009-10)

	% doing 2 hours PE per week	
School Year	**Wirral**	**National**
Years 1 - 2	94	93
Years 3 - 6	95	95
Years 7 - 9	79	87
Years 10 - 11	53	64
Years 12 - 13	30	23
Years 1 - 11	**82**	**86**
Years 1 - 13	**77**	**82**

Source: PE and Sport Survey, DSCF 2009-10

- Key Stage group Years 3-6 have the highest percentage of participation across Wirral with 95%
- The key stage group with the lowest participation rate is Years 12-13 (23%)

4.6.6 Overweight and obesity

Overweight and obesity are becoming more prevalent in children and young people. Children may be eating more foods that are high in fat, sugar and calories and are less active than many years ago due to the increase in use of the motor car and more 'screen time' (time in front of TVs and computer games).

As well as causing health problems in childhood, in a growing number of cases, overweight and obese children are more likely to be overweight and obese adults, which can have a significant impact on health, for example, high blood pressure, heart problems, diabetes, joint problems and cancer. Until recent years, there was no reliable local data regarding the number of children in Wirral who were overweight or obese.

The National Child Measurement Programme now provides us with more robust information; in Wirral in 2010-11, 98.1% of Reception year pupils and 96.5% of year 6 pupils had their heights and weights recorded.

Table 4.6.6a shows Wirral compared to national and North West data.

Table 4.4.6a: Childhood obesity rates for reception and year 6 pupils, Wirral, North West and England (2010-11)

	Overweight		Obese	
	Year R	**Year 6**	**Year R**	**Year 6**
Wirral	15.2	15.2	9.4	18.6
North West	13.6	14.6	9.6	19.7
England	13.2	14.4	9.4	19.0

Source: National Child Measurement Programme 2010/11:www.ic.nhs.uk

- At Reception, 15.2% of children measured were overweight compared to 13.2% nationally
- The percentage of obese children in reception is 9.4% in Wirral, slightly lower than the North West average and the same as the England average.
- Year 6 rates of obesity are lower in Wirral than they are nationally

For further information and maps detailing Wirral's child measurement programme go to: http://info.wirral.nhs.uk/instant-atlas/NCMPAnnualReport/atlas.html?select=00CBFE

4.6.7 Dental health

Child dental health data is considered a reliable proxy measure of child health and diet and it is well recognised that despite overall improvements in oral health over the last three decades, inequalities still exist with rates of caries (decay). In Wirral (2008-09) the percentage of children aged 12+ with decayed, missing or filled teeth (DMFT) was 36%. Wirral compares well to the North West, but poorly with England, see table 4.6.7a.

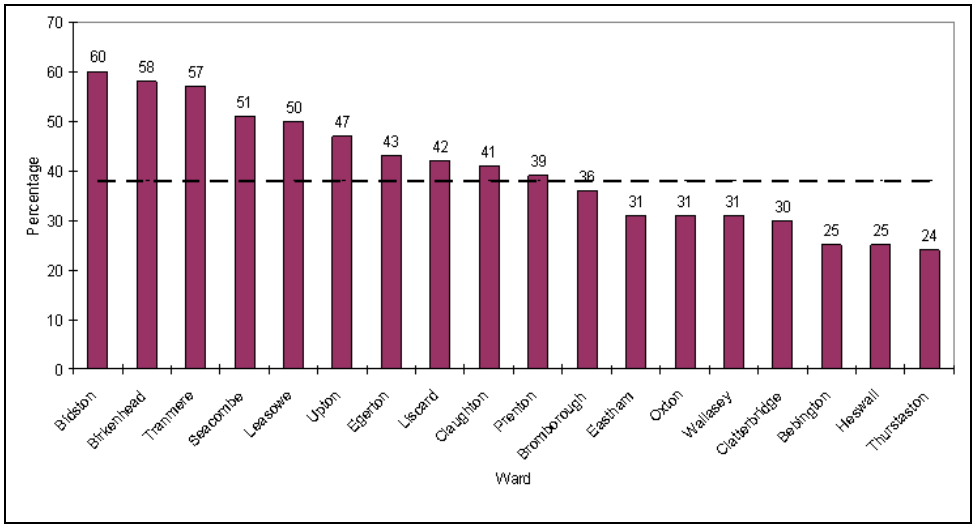
Table 4.6.7a: Mean number of DMFT in Wirral children aged 12 years, 2008-09

Locality	Decayed missing and filled Teeth (DMFT)	Decayed Teeth (DT)	Missing Teeth (MT)	Filled Teeth (FT)	% DMFT>0	%DT>0
England	0.74	0.32	0.07	0.35	33.4%	17.5%
Northwest	0.95	0.44	0.1	0.4	39.8%	22.6%
Birkenhead	0.87	0.3	0.14	0.43	40%	20%
Wallasey	0.88	0.43	0.04	0.41	44%	27%
Bebington & W Wirral	0.7	0.37	0.1	0.23	29%	18%
Wirral*	0.78	0.36	0.09	0.33	36%	19.90%

Source: www.communityhealthprofiles.info

Figure 4.6.7a: Percentage of 5 year olds with active dental decay in the primary dentition (baby teeth), by Wirral ward, 2005-06

Overall figures for Wirral mask large variations in dental health across the borough, as the chart shows. Bidston and Birkenhead (the most deprived wards in Wirral) have by far the largest percentage of children with DMFT.



Source: Dental Health, Wirral PCT & NHS Dental health observatory www.dental-observatory.nhs.uk

- In 2005-06, the percentage of 5 year olds with active decay in primary dentition ranged from 24% in Thurstaston to 60% in Bidston (Wirral average of 38%).
- The wards of highest deprivation show the highest percentage of children with active decay in their 'baby teeth', with the least deprived wards showing the lowest levels of decay.

Wirral is currently awaiting validation of results from a recent dental survey of 3 year olds. The dental health survey will be published as soon as it becomes available.

4.7 Child Protection and Looked After Children

For information on the educational attainment of Looked after Children, see section 4.3.3

The definition of a child in need is defined by Section 17(10), Children Act 1989 as:

- He/she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority.
- His/her health or development is likely to be significantly impaired, or further impaired without the provision for him/her of such services.
- He/she is disabled.

The Act further states that 'development' means physical, intellectual, emotional, social or behavioural development and 'health' means physical and mental health.

Whilst Children in Need of support and protection are the responsibility of all agencies in Wirral who work with children under the Children Act 1989 and Children Act 2004 with each agency delivering different elements of service to meet the needs of children and families, the local authority children's social care has the lead responsibility for the assessment of children in need.

A review of the effectiveness of the current system for child protection was commissioned by the government and undertaken by Professor Eileen Munro. "The Munro Review of Child Protection: Final Report A child-centred system", Department for Education May 2011. The Munro report recommended a greater emphasis on early help for children, the removal of unnecessary or unhelpful prescription and a focus on essential rules for effective multi-agency working and on the principles that underpin good practice. The government is implementing many of the recommendations through the Child and Families Bill and the Family Justice Review.

Children and young people were asked their views about child protection procedures as part of the Munro review nationally and the most important for them was: their social worker; the importance of knowing what is happening; being able to have a say at meetings and visits; getting decisions right; being able to trust social workers and concerns about the child protection process.

According to the Children in Need Census Guidance (2011-12, DfE) for the annual Children in Need Census, 'Children in Need' are those assessed to be in need by children's social care services after initial assessment, even if no further action is taken. This includes children who are looked after and those subject to a child protection plan. The Initial Assessment is a brief assessment undertaken by a children's social care social worker to determine whether the child is a Child in Need including whether the child is suffering or likely to suffer, significant Harm.

Initial Assessments are completed in line with the Framework for Assessment of Children in Need and their Families and from 15th April 2013, according to the revised Working Together to Safeguard Children Guidance in 2013

The process for referral and assessment for services is measured at various stages in the process. There is the initial contact with children's social care which may or may not lead to a referral. When a referral is accepted, this will usually be followed by an initial assessment to be completed in 10 days. If further assessment is required, a core assessment will be completed in 35 days*. Initial assessment may identify a complex range of needs that require fuller assessment and a longer period of social work intervention, which will then result in a core assessment. If it is suspected that the child is suffering or is likely to suffer significant harm, a Section 47 enquiry will be initiated.

**[note the statutory requirement ceased in April 2013 to have separate initial and core assessments, however Wirral is currently continuing with this process]*

Wirral has agreed levels and thresholds of need that define the criteria for accessing preventative and protective services. Children in Need have the universal needs of all children and more complex additional needs than those requiring a Common Assessment Framework (CAF).

Within Wirral, the term 'Children in Need' is commonly used to mean those who meet the threshold for initial assessment, but who do not require child protection services. Data presented here includes all those assessed as being in need, including child protection and looked after children. In addition, separate data are presented below for child protection and looked after children.

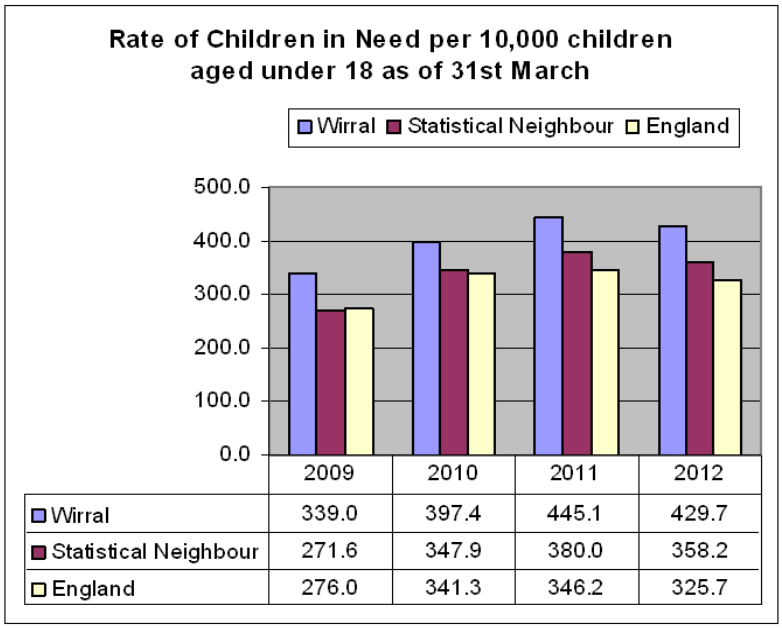
The rate of children in need, referral rates for initial assessment, core assessment, section 47 enquiry, children subject to child protection plan and the number of looked after children provide evidence of the particular needs of the most vulnerable children in Wirral and those who are at most risk.

4.7.1 Level of need (Children in Need)

Approximately 4% of all Wirral children aged under 18 were assessed as being in need on 31st March 2012 (2,904 children). This is higher than both Wirral's statistical neighbours (3.6%) and the England average (3.3%).

Figure 4.7.1a: Wirral rate of children in need per 10,000 children (31/03/2012)

Note: Wirral's statistical neighbours are Sefton, Darlington, Stockton-on-Tees, Lancashire, Telford and Wrekin, Bury, St. Helens, Halton, Tameside, Leeds
The figures are compiled from the new 2008-09 Children in Need (CIN) census which replaced the previous census that was completed in 2000, 2001, 2003 and 2005.
2013 data will be available after validation in September/October 2013



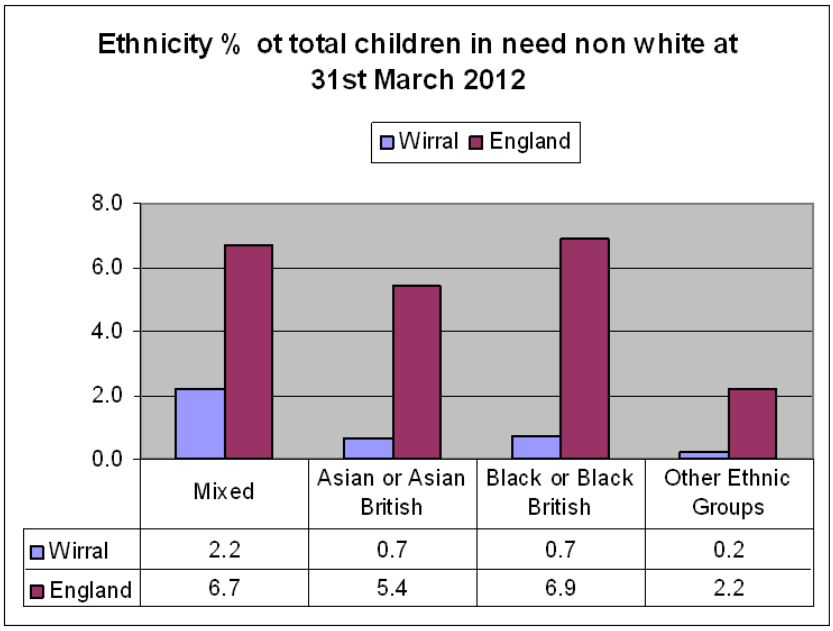
	2009	2010	2011	2012
Wirral	339.0	397.4	445.1	429.7
Statistical Neighbour	271.6	347.9	380.0	358.2
England	276.0	341.3	346.2	325.7

Source: Local Area Interactive Tool (LAIT), 20th December 2012

In Wirral the highest recorded need at initial assessment for Children in Need at 31st March 2012 was family dysfunction (38.4%) followed by abuse or neglect (34.4%) compared to England where abuse and neglect is the highest reason for referral (45.5%) with family dysfunction much lower (18.1%).

Figure 4.7.1b: Percentage (%) of non-white children in need, Wirral at 31st March 2012

The proportion of children from Black and Racial Minority Communities in need, is relatively low (3.8%) compared to the England average (21.2%). This is a reflection of the small proportion of black and racial minority communities in Wirral in general (5% non-white British, Census 2011, ONS) compared to England and Wales (19.5% non-white British, Census 2011, ONS).

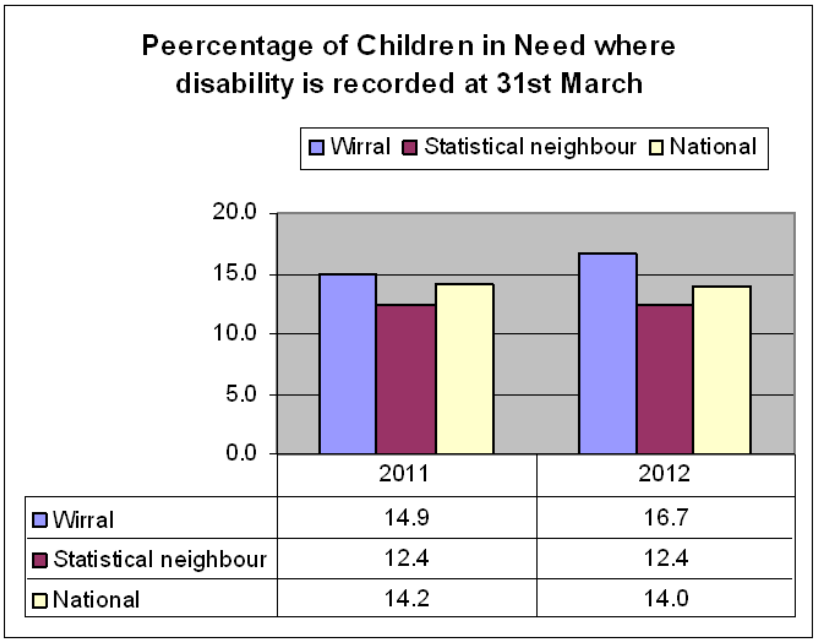


	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Groups
Wirral	2.2	0.7	0.7	0.2
England	6.7	5.4	6.9	2.2

Source: DfE: Characteristics of Children in Need in England, 2011-12
Note: 2013 data will be available after validation in September/October 2013

Figure 4.7.1c: Percentage (%) of children in need with a recorded disability, 31st March 2012

As Figure 4.7.1c shows, Wirral has a higher proportion of children in need where disability is recorded (16.7% in 2012) than statistical neighbours and the England average (see Figure 4.9.1c



	2011	2012
Wirral	14.9	16.7
Statistical neighbour	12.4	12.4
National	14.2	14.0

Source: DfE: Characteristics of Children in Need in England, 2010-11, Final, DfE: Characteristics of Children in Need in England, 2011-12
Note: data not collected in the same way prior to 2010-11
2013 data will be available after validation in September/October 2013

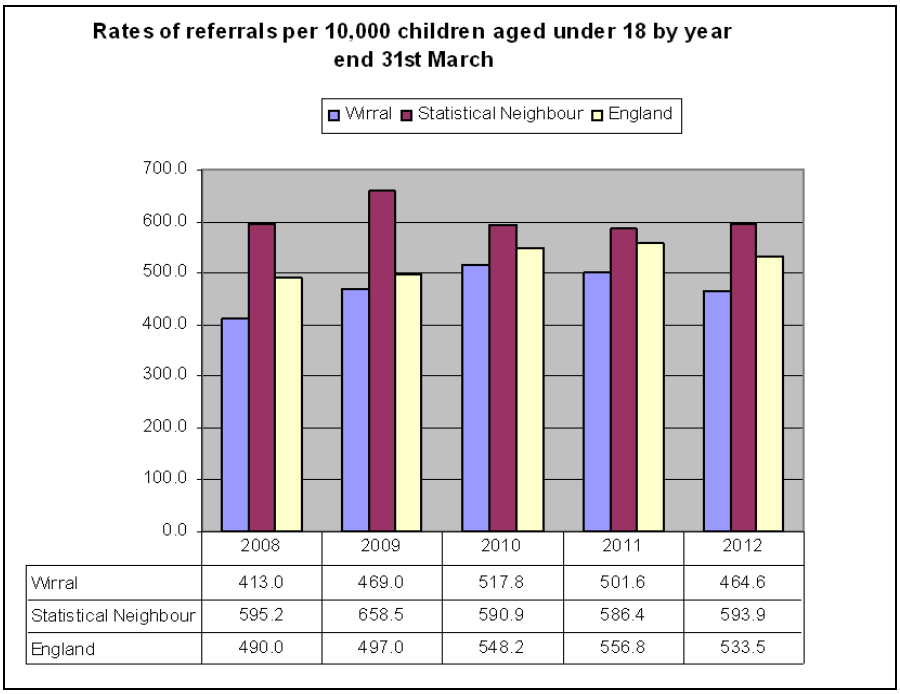
4.7.2 Referrals to children's social care

A referral is taken by children's social care when a parent, professional or member of the public either expresses concern about a specific child's welfare, or makes a request for a service on behalf of a child. Not all referrals result in an initial assessment, as children's social care may decide no further action is required following further enquiries.

Figure 4.7.2a: Numbers of referrals per 10,000 children aged under-18, 2008-12

The rate of referral to Children's Social Care, as described in the chart, has fallen over the last 2 years. Over the 5 years, it was lower than Wirral's statistical neighbours and the England average. However the rate of initial assessments is higher.

Note: Wirral's statistical neighbours are Sefton, Darlington, Stockton-on-Tees, Lancashire, Telford and Wrekin, Bury, St. Helens, Halton, Tameside, Leeds. 2013 data will be available after validation in September/October 2013



	2008	2009	2010	2011	2012
Wirral	413.0	469.0	517.8	501.6	464.6
Statistical Neighbour	595.2	658.5	590.9	586.4	593.9
England	490.0	497.0	548.2	556.8	533.5

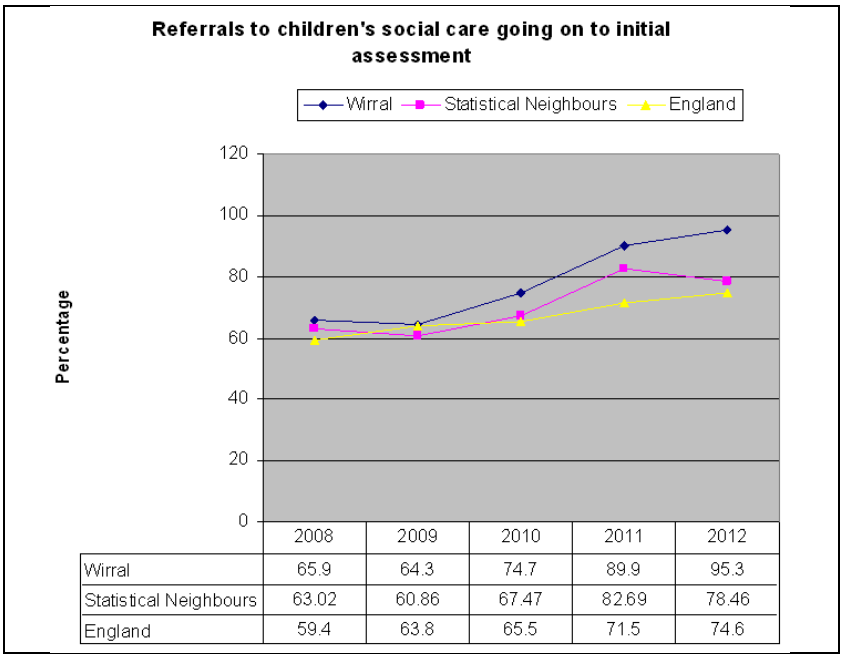
Source: DCSF: Referrals, Assessments and Children and Young People who are the subject of a Child Protection Plan, England - year ending 31 Mar 2008, DCSF: Referrals, Assessments and Children and Young People who are

the subject of a Child Protection Plan, England - year ending 31 March 2009, DfE: Children In Need in England, including their characteristics and further information on children who were the subject of a child protection plan (2009-10 Children in Need census, Final), DfE: Characteristics of Children in Need in England, 2010-11, Final, DfE: Characteristics of Children in Need in England, 2011-12

Figure 4.7.2b: Referrals to children's social care going onto initial assessment

Although the rate of referral decreased in Wirral between 2008-12, the percentage of referrals resulting in an initial assessment increased from 65.9% in 2008 to 95.3% in 2012, demonstrating an improvement in appropriate referrals.

2013 data available after validation in September/October 2013.
Source: Source: Local Area Interactive Tool (LAIT, 2012). Note: Wirral's statistical neighbours are Sefton, Darlington, Stockton-on-Tees, Lancashire, Telford and Wrekin, Bury, St. Helens, Halton, Tameside, Leeds



	2008	2009	2010	2011	2012
Wirral	65.9	64.3	74.7	89.9	95.3
Statistical Neighbours	63.02	60.86	67.47	82.69	78.46
England	59.4	63.8	65.5	71.5	74.6

Table 4.7.2c shows that over the last 3 years there has been an increase in the proportion of core assessments completed compared to initial assessments, which is similar to the proportion for England and statistical neighbours.

Table 4.7.2c: Percentage (%) of core assessments completed and compared to initial assessments completed in year

	2008	2009	2010	2011	2012
Wirral	30.9	34.3	37.7	35.6	48.4
Statistical neighbours	29.9	29.1	33.5	39.2	43.4
England	32.9	34.6	35.9	42.2	48.9

Source: DCSF: Referrals, Assessments and Children and Young People who are the subject of a Child Protection Plan, England - year ending 31 Mar 2008 and year ending 31 March 2009, DfE: Children In Need in England, including their characteristics and further information on children who were the subject of a child protection plan (2009-10 Children in Need census, Final), DfE: Characteristics of Children in Need in England, 2010-11, Final, DfE: Characteristics of Children in Need in England, 2011-12
Note: calculation based on information in the above sources.
Data not available for 2013 until it is published after validation in September/October

Table 4.7.2d shows that the by far the greatest reason for initial contact being made with children's social care requesting a service is domestic violence, followed by parental substance misuse and parental mental health.

Table 4.7.2d: Range and number of issues stated at initial contact with children's social care, 2012-13

Contact Stated Issues	Number
Domestic Violence	2059
Parental Substance Misuse	747
Parental Mental Health	266
Child Mental Health	190

Child Substance Misuse	156
Team Around the Child	140
Common Assessment Framework	122
Child Learning Difficulty	100
Parental Learning Difficulty	29
Sexual Exploitation	16
Teenage Relationship DV	8
Total issues	**3833**

Source: Report from Wirral Council children's social care Integrated Children's System (7/5/13) for the period 1st April 2012 to 31st March 2013.
Note: The data in this table is initial contact. Not all initial contacts result in a referral. Numbers exceed total as there can be more than one issue for each contact.

Data is not available to follow the issues in a similar way through to referral, initial and core assessment, as information is recorded subsequently to meet the requirements of reporting to the Department for Education.

4.7.3 Current services in relation to need (Children in Need)

Wirral's high numbers of children in need compared to other local authorities in 2012 (429.7 compared to England average of 325.7 and statistical neighbours average of 358.2 per 10,000 population, see Figure 4.7.1a), means increased pressure on social work services for assessments, ongoing reviews and the provision and commissioning of required services. The increasing proportion of referrals requiring initial assessment and then a core assessment both locally and nationally (see Figures 4.7.2b and c) are a reflection of improvements in the understanding of the appropriateness of making referrals and the complexity of the cases. This is resulting in more cases requiring longer term interventions and service provision.

4.7.4 Projected service use (Children in Need)

The publication of the revised Working Together to Safeguard Children Guidance in 2013 will impact on how the local authority and partners safeguard children via the emphasis on providing early help to children and families. This should assist in reducing the number of families requiring high level intervention. Wirral Council is addressing this issue though changes to its structures, working around targeted services and a single gateway to services.

In addition, the new Working Together Guidance redefines the assessment process. Initial and Core assessments will be replaced by a single assessment process which should take no longer than 45 days from the point of referral. A less prescriptive process should allow social workers to concentrate more on improving outcomes for children and young people. This also meets with the expressed views of young people about the importance of a relationship with their social worker.

Children and families will be affected by the general economic climate, including the pressures of unemployment and poverty, combined with government welfare reforms. The impact of these issues is unknown, but is likely to result in an increase in referrals.

4.7.5 Child Protection

Section 47 of the Children Act 1989, places a duty on local authorities to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm. A court may only make a Care Order or Supervision Order in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer significant harm; and
- That the harm or likelihood of harm is attributable to a lack of adequate parental care or control (section 31)

Under Section 31(9) of the Children Act 1989, as amended by the Adoption and Children Act 2002:

- **'Harm'** means ill-treatment or the impairment of health or development, including for example impairment suffered from seeing or hearing the ill-treatment of another;
- **'Development** 'means physical, intellectual, emotional, social or behavioural development;
- **'Health'** means physical or mental health; and
- '**Ill-treatment**' includes sexual abuse and forms of ill-treatment that are not physical.

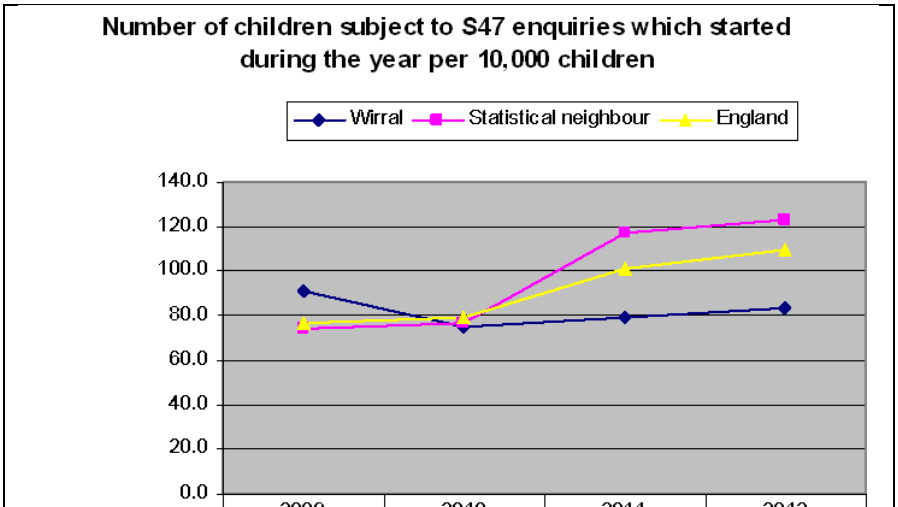
Following a section 47 enquiry, an initial child protection conference brings together family members, the child who is the subject of the conference (where appropriate) and those professionals most involved with the child and family. The purpose of the initial conference is to bring together and analyse in an inter-agency setting, the information which has been obtained about the child's development needs, plus the parents' or carers' capacity to respond to these needs, ensure the child's safety and promote the child's health and development within the context of their wider family and environment. The child protection conference may decide that child will be subject to a child protection plan as they are at continuing risk of significant harm.

4.7.6 Level of need (Child Protection)

Figure 4.7.6a: Number of children subject to Section 47 enquiries which started during the year per 10,000 children

As the chart shows, the number of Section 47 enquiries undertaken in Wirral has increased over the last 3 years (2010 to 2012). This is now however, as significant an increase as is the case nationally or for Wirral's statistical neighbours.

Note: data taken from CIN census started in 2008-2009. Data not available for 2013 until it is published after validation in September/October



	2009	2010	2011	2012
Wirral	90.9	75	79	84
Statistical neighbour	74.1	77	117	123
England	76.4	80	101	110

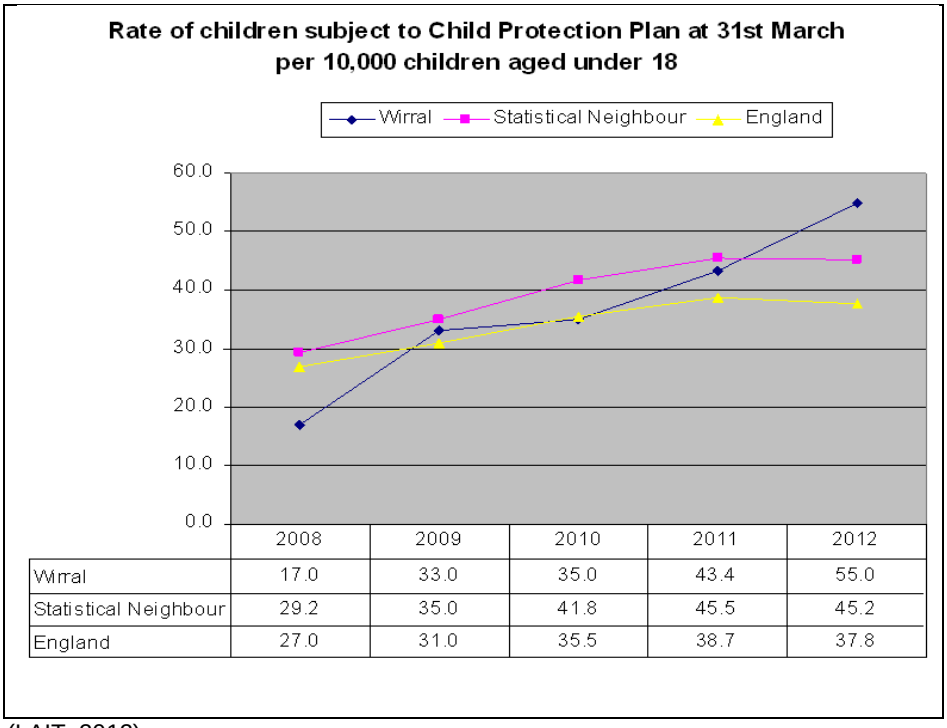
Source: Source: Local Area Interactive Tool (LAIT, 2012)

Wirral's statistical neighbours are Sefton, Darlington, Stockton-on-Tees, Lancashire, Telford and Wrekin, Bury, St. Helens, Halton, Tameside, Leeds

Figure 4.7.6b: Rate of children subject to Child Protection Plan at 31st March per 10,000 children aged under 18

As the chart shows however, the number of children with child protection plans in proportion to the population has increased more than for our statistical neighbours or England.

Note: Note: Wirral's statistical neighbours are Sefton, Darlington, Stockton-on-Tees, Lancashire, Telford and Wrekin, Bury, St. Helens, Halton, Tameside, Leeds Data not available for 2013 until it is published after validation in September/October



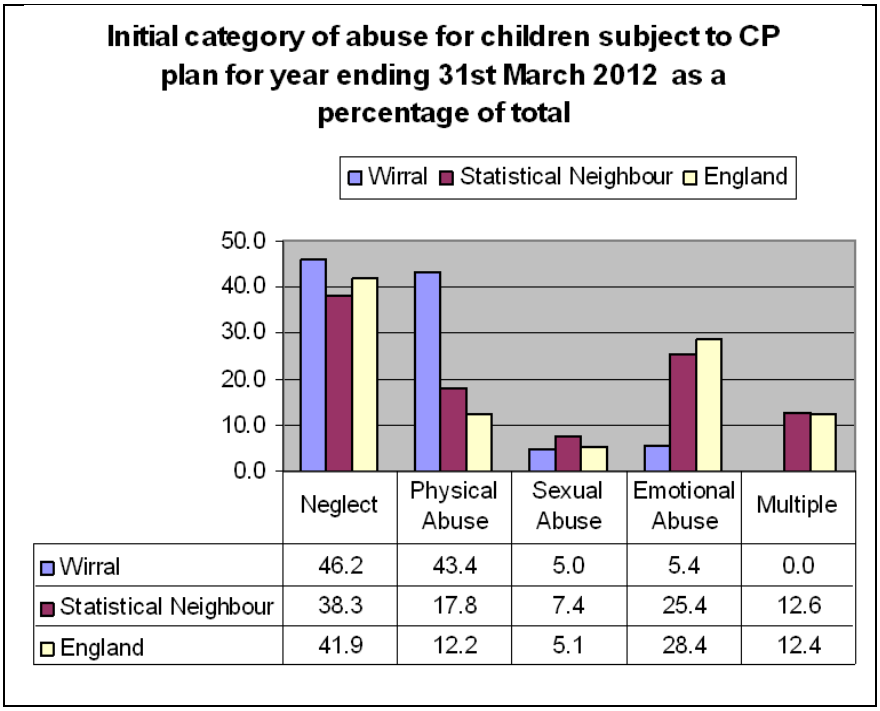
	2008	2009	2010	2011	2012
Wirral	17.0	33.0	35.0	43.4	55.0
Statistical Neighbour	29.2	35.0	41.8	45.5	45.2
England	27.0	31.0	35.5	38.7	37.8

Source: Local Area Interactive Tool (LAIT, 2012)

Figure 4.7.6c shows the initial reasons for children becoming subject to a child protection plan.

Figure 4.7.6c: Initial category of abuse for children subject to child protection plan for the year ending 31st March 2012 as percentage of the total

As the chart shows, the most common reason for children becoming subject to a Child Protection Plan in Wirral was neglect (46.2%). This is similar to the national position. The second most common reason was physical abuse (43.4%), which is significantly *different* from the national position (12.2%). Wirral appears to have a very low percentage where emotional abuse is the reason, compared to national and statistical neighbours, but this may be due to recording in Wirral*.



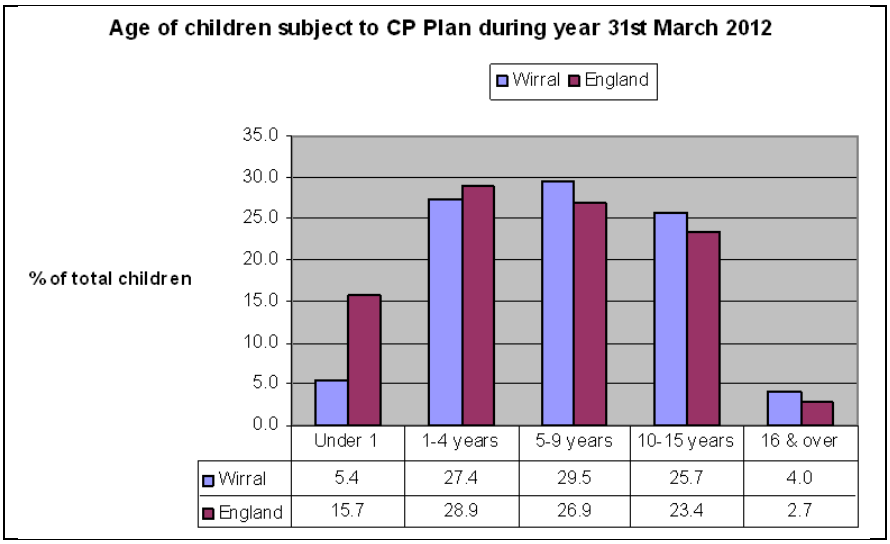
	Neglect	Physical Abuse	Sexual Abuse	Emotional Abuse	Multiple
Wirral	46.2	43.4	5.0	5.4	0.0
Statistical Neighbour	38.3	17.8	7.4	25.4	12.6
England	41.9	12.2	5.1	28.4	12.4

Source: Local Area Interactive Tool (LAIT, 2012)

Note: Wirral's statistical neighbours are Sefton, Darlington, Stockton-on-Tees, Lancashire, Telford and Wrekin, Bury, St. Helens, Halton, Tameside, Leeds
Data not available for 2013 until it is published after validation in September/October
*Wirral's case recording system does not allow or recording multiple initial category of abuse.

Figure 4.7.6d: Age of children subject to a child protection plan during 2011-12

Figure 4.7.6d shows that whilst most children subject to a child protection plan in Wirral are under 9 years old, the numbers of those under 4 are lower than the national average. In addition, the proportion of those aged under one year old is significantly lower than England (5.4% versus 15.7%).



	Under 1	1-4 years	5-9 years	10-15 years	16 & over
Wirral	5.4	27.4	29.5	25.7	4.0
England	15.7	28.9	26.9	23.4	2.7

Source: DfE: Characteristics of Children in Need in England, 2011-12
Note: it was not possible to make a comparison with statistical neighbours due to the DfE suppressing data where the numbers of children were between 1 and 5.
Note: Data not available for 2013 until it is published after validation in September/October

4.7.7 Current services in relation to need (Child Protection)

The services that children and young people and their families receive when they are subject to child protection enquiries include an allocated social worker to work with the family, ongoing social work assessments and other specialist assessments, child protection multi-agency meetings to plan the intervention, the provision of other workers to support the family, nursery provision, and parenting support programmes.

The increasing number of children subject to child protection enquiries and plans has put increasing pressure on social work services and related family support services.

4.7.8 Projected service use Child Protection

The current economic climate, increasing child poverty and the government's welfare reform programme are all likely to mean increasing pressure on families resulting in a continuing increase in the use of child protection services. The expectation is however, that earlier intervention through targeted services will have an impact in reducing the need for child protection services.

An increased focus on early intervention through targeted services should enable support to be provided as safe alternatives to being part of the child protection process.

4.7.9 Looked After Children

Whilst children are best looked after within their families with parents playing a full part in their lives, sometimes compulsory intervention in family life is necessary to safeguard the health and wellbeing of children.

There are two ways in which local authorities assume the responsibility to provide care for children and young people. One is through voluntary arrangements (Section 20 Children Act 1989). The other is through an order made by the Court under Section 31 (Care Order or Supervision Order) Children Act 1989 or Section 38 (Interim Care Order) Children Act 1989.

The decision for a child to become Looked After will be made by Wirral Council in the following circumstances:

- All attempts at intervention to maintain and support the child with his or her family have broken down;
- The child has been abandoned;
- The child would be at risk of significant harm by remaining with the family;
- The child is disabled and a series of short break placements is necessary to provide respite for his or her carers.

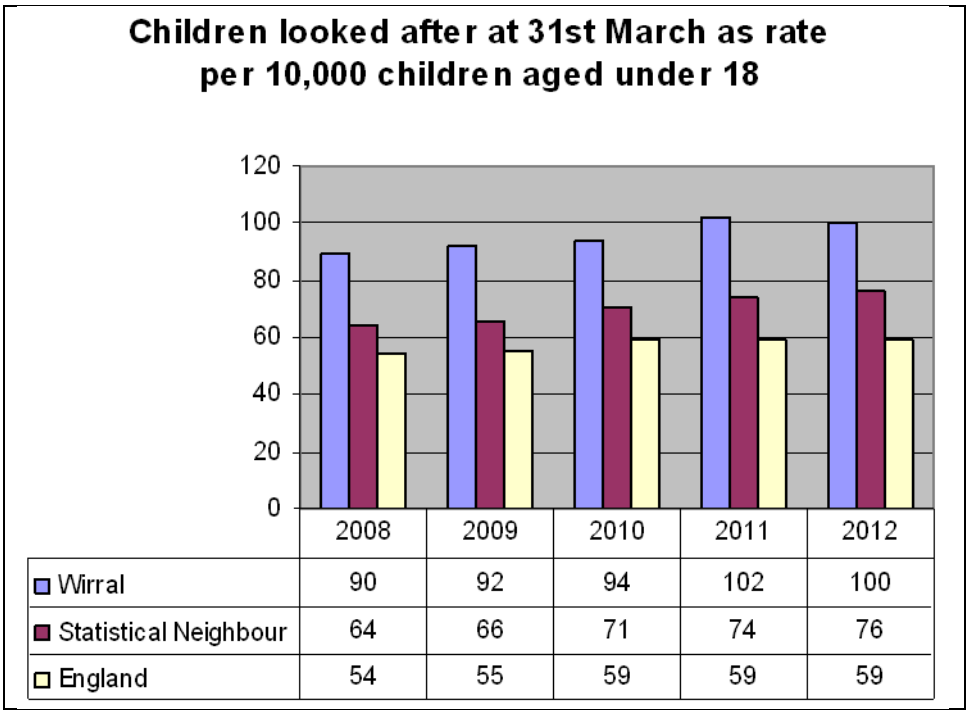
Wirral Council has the responsibility as a 'Corporate Parent' of improving outcomes and actively promoting the life chances of children they look after. This is done while they are in care and by securing permanency through adoption or special guardianship if they are unable to return to their birth family.

4.7.10 Level of need (Looked After Children)

Historically Wirral has had a higher number of children in care compared to both statistical neighbours and nationally. See Figure 4.7.10a below.

Figure 4.7.10a: Children looked after (rate per 10,000 children aged under 18), 2008-12

The chart shows that the rate of looked after children has fluctuated over the years. Its lowest level of 90 per 10,000 population was in 2008, whilst it reached a peak in 2011 of 102 per 10,000 population. In terms of numbers, in April 2006, when the Children and Young People's Department was formed, there were 683 Looked After Children (LAC). This number was slightly lower number at 675 by March 2012.



	2008	2009	2010	2011	2012
Wirral	90	92	94	102	100
Statistical Neighbour	64	66	71	74	76
England	54	55	59	59	59

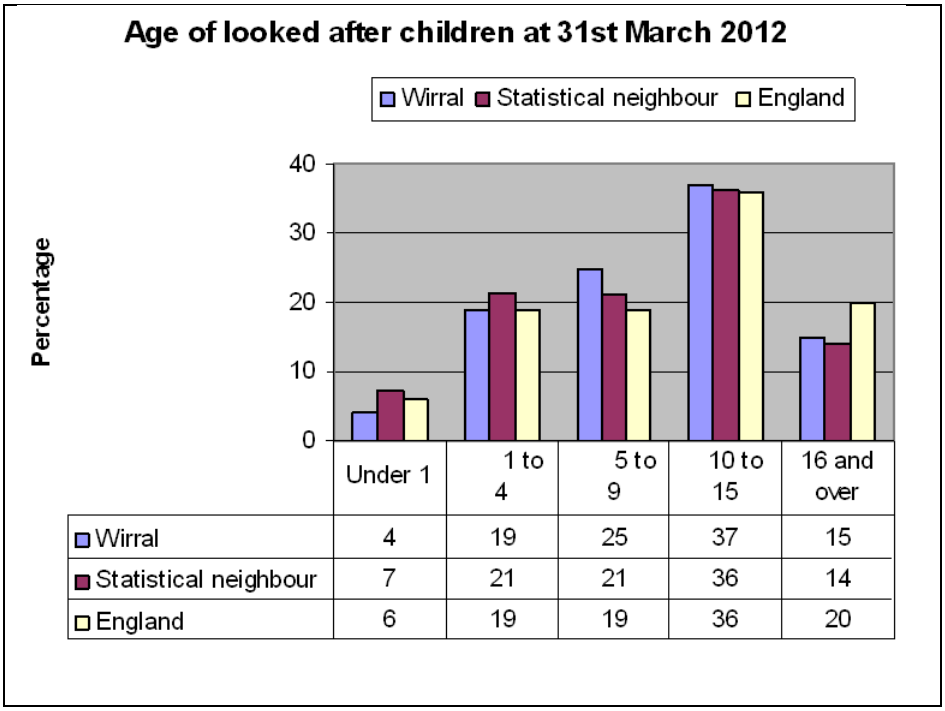
Source: DfE: Children Looked After by Local Authorities in England (including adoption and care leavers) - year ending 31 March 2012 (updated). Data not available for 2013 until it is published after validation in September/October

Note: Note: Wirral's statistical neighbours are Sefton, Darlington, Stockton-on-Tees, Lancashire, Telford and Wrekin, Bury, St. Helens, Halton, Tameside, Leeds

Figure 4.7.10b below shows the age breakdown of looked after children in Wirral in 2012.

Figure 4.7.10b: Age of looked after children at 31st March 2012

The highest percentage of children in care in Wirral fall into the age range of 10-15 years old (37%), similar to the national picture (36%). There is a relatively small percentage of children in care as babies under 1 and Wirral has a smaller percentage (4%) than England (6%) or statistical neighbours (7%). Wirral has a slightly larger proportion of children aged 5 to 9 years (25%) compared to the national average (19%) and the statistical neighbour average (21%).



	Under 1	1 to 4	5 to 9	10 to 15	16 and over
Wirral	4	19	25	37	15
Statistical neighbour	7	21	21	36	14
England	6	19	19	36	20

Source: DfE: Children Looked After by Local Authorities in England (including adoption and care leavers) - year ending 31 March 2012 (updated). Data not available for 2013 until it is published after validation in September/October.

Most children are placed with foster carers (75%) for both Wirral and nationally. Wirral has a high percentage (12%) of children placed with parents compared to the national picture of 5%., see Table 4.7.10c

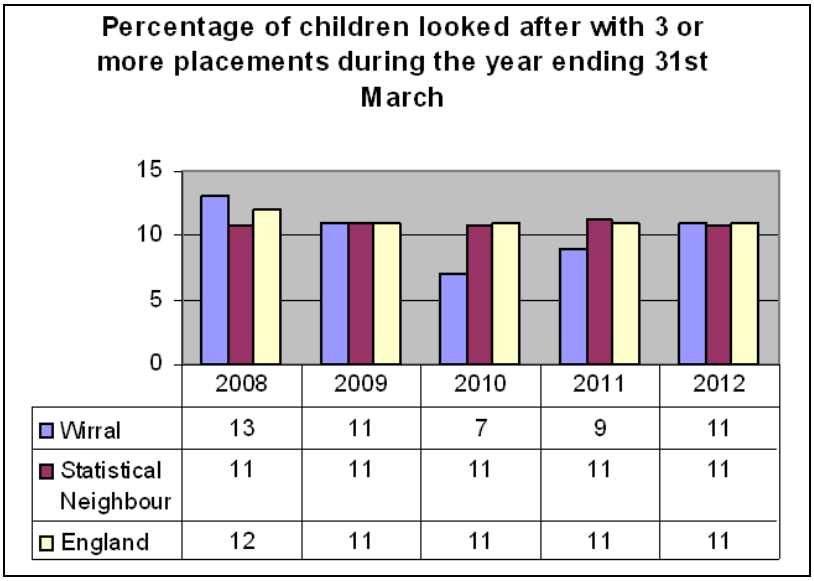
Table 4.7.10c: Children Looked After at 31st March 2012 by the type of placement

	England	Wirral
Foster placements	75%	75%
Placed for adoption	4%	2%
Placement with parents	5%	12%
Other placement in the community	3%	3%
Secure units, children's homes and hostels	9%	5%
Other residential settings	2%	..
Residential schools	1%	1%

Source: DfE: Children Looked After by Local Authorities in England (including adoption and care leavers) - year ending 31 March 2012 (updated)
Note: Data not available for 2013 until it is published after validation in September/October
Note: statistical neighbour data is not included due small numbers in many local authorities.
Data not available for 2013 until it is published after validation in September/October

Figure 4.7.10d: Percentage of children looked after with 3 or more placements during the year ending 31st March

Figure 4.7.10d suggests that the stability of placements for looked after children have generally been good over the last 5 years (2008–12). In 2012, only 11% of looked after children had 3 or more placement moves. This is the same as both Wirrals statistical neighbours and England. There has however, been a small increase since 2010, when the percentage of those having 3 or more placement moves was 7%.



	2008	2009	2010	2011	2012
Wirral	13	11	7	9	11
Statistical Neighbour	11	11	11	11	11
England	12	11	11	11	11

Source: DfE: Children in care and adoption performance tables, November 2012
Note: Note: Wirral's statistical neighbours are Sefton, Darlington, Stockton-on-Tees, Lancashire, Telford and Wrekin, Bury, St. Helens, Halton, Tameside, Leeds.
Data not available for 2013 until it is published after validation in September/October

Most of the placement provision for looked after children in Wirral is by the local authority. This is higher than both statistical neighbour and England averages, see table below.

Table 4.7.10e: Children Looked After by Placement Provider at 31st March 2012

Percentage of all looked after children	Wirral Council Provision	Private provision
Wirral	73.3	12.6
Statistical neighbours	61.2	26.1
England	59.2	30.8

Source: DfE: Children Looked After by Local Authorities in England (including adoption and care leavers) - year ending 31 March 2012 (updated). Data not available for 2013 until after validation in September/October.
Note: numbers are too low for other types of provision to be reported for each local authority therefore only the main provision is included in this table

As most children are placed with foster carers, there is pressure on the local authority to recruit sufficient foster carers to meet local need. It is well recognised that placement within a stable home situation is more beneficial, compared to living in residential care. Wirral has made some improvement in the number of foster carers recruited, including a small increase in the number that are not white British, see Table 4.7.10f

Table 4.7.10f: Approved Foster Carers, on 31st March each year

Year end	2011	2012
White British foster carers	456	496
Non-white British foster carers	4	8
Total	460	504

Source: Ofsted dataset 31st March 2013; Ofsted dataset 2012; Ofsted dataset 2011
Note: this data is for individual foster carers NOT households

The recruitment and approval of foster carers over the last 2 years has remained approximately the same, with a small dip in 2012, see Table 4.7.10g. Therefore

improvements in the number of foster carers are a combination of improved retention and more than one application made for each household.

Table 4.7.10g: Recruitment of foster carer households during year 1st April to 31st March

	2011	2012
New applications in the year	135	110
Applications approved in the year	82	54

Source: Ofsted dataset 31st March 2013; Ofsted dataset 2012; Ofsted dataset 2011
Note: applications approved will include applications from the previous year. This data is for number of households (NOT individual carers)

Children and young people can leave care for a number of reasons. This can be a return home to live with their birth family, it can be a planned move to permanency outside their birth family through adoption, residence order (RO) or Special Guardianship (SGO) or as a young person reached adulthood they can move to independent living or adult residential care.

The reasons that children and young people leave care in Wirral is similar to the national picture with a slightly smaller number leaving care for adoption - 10% in Wirral compared to 12.58% nationally as described in Table 4.710h. A slightly higher percentage leave care in Wirral as a result of Special Guardianship Order, 10.00% in Wirral compared to 7.79% nationally. The total number of children leaving care in Wirral in 2012 was 200.

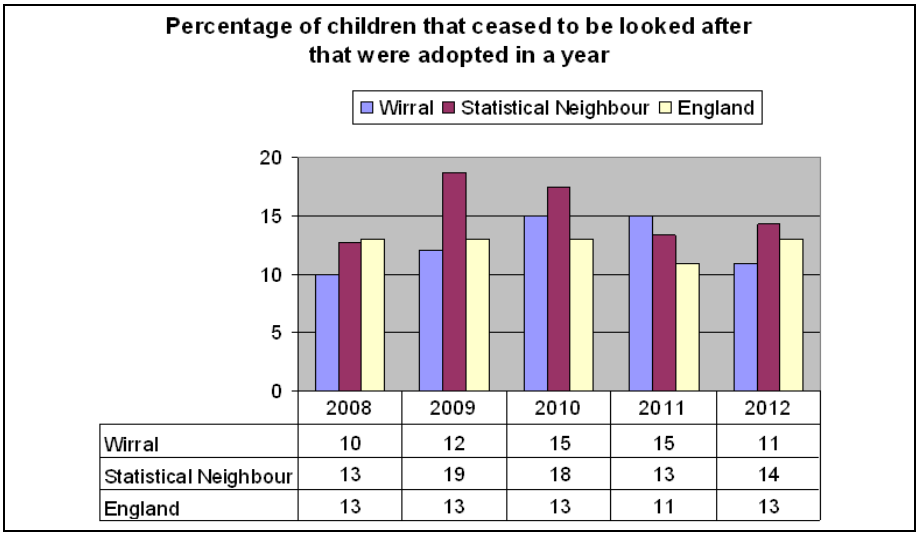
Table 4.7.10h: Reasons by percentage (%) for children and young people leaving care during the year ending 31st March 2012

Reason	England	Wirral
Adoption	12.58	10.00
Died	0.15	0
Care of another LA	0.69	0
Returned home to live with parents or relatives	37.15	32.50
Residence Order (RO)	4.72	5.00
SGO (Special Guardianship Order)	7.79	10.00
Moved to independent living	13.60	10.00
Adult residential care	1.72	..
Sentenced to custody	1.54	..
Other	20.11	27.50

Source: DfE: Children Looked After by Local Authorities in England (including adoption and care leavers) - year ending 31 March 2012 (updated)
Note: Comparisons with statistical neighbours not possible due to small numbers and confidentiality. Percentages not exact due to rounding (to the nearest 10 for England, to nearest 5 for local authority). Numbers less than 5 suppressed. Data not available for 2013 until it is published after validation in September/October

Figure 4.7.10i: Percentage (%) of children ceasing to be looked after as a result of adoption

The proportion of looked after children that leave care as a result of adoption has varied over the last 5 years (2008-12) compared to both national and statistical neighbours. Fluctuations can be the result of the number leaving care as well as the numbers being adopted.

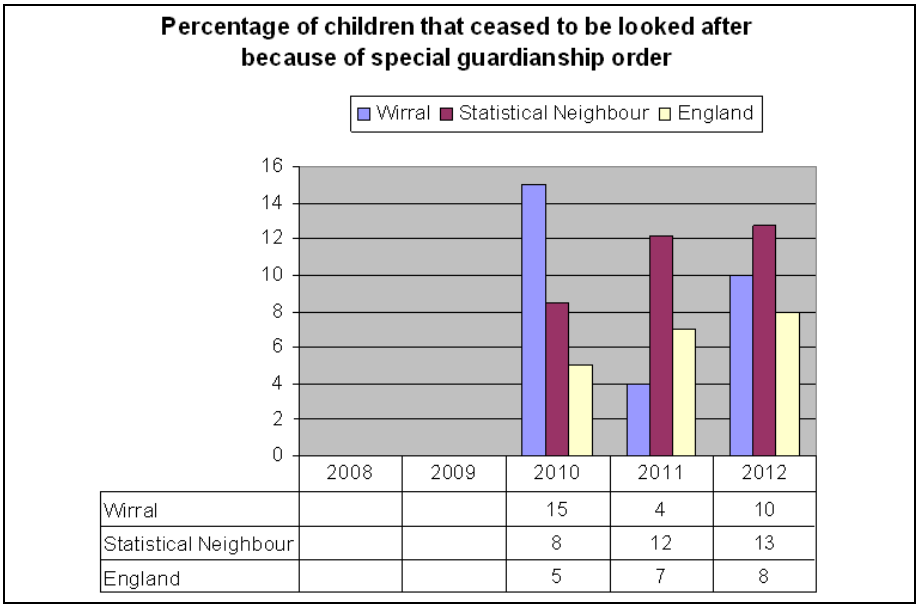


	2008	2009	2010	2011	2012
Wirral	10	12	15	15	11
Statistical Neighbour	13	19	18	13	14
England	13	13	13	11	13

Source: DfE: Children Looked After by Local Authorities in England (including adoption and care leavers) - year ending 31 March 2012 (updated)
Note: Wirral's statistical neighbours are Sefton, Darlington, Stockton-on-Tees, Lancashire, Telford and Wrekin, Bury, St. Helens, Halton, Tameside, Leeds
Data not available for 2013 until it is published after validation in September/October

Figure 4.7.10j: Percentage of children ceased to be looked after as a result of SGO

The proportion of looked after children who left care as a result of special guardianship has also varied over the last 3 years (data was not published prior to 2010) compared to both national and statistical neighbours. Fluctuations can be the result of the number leaving care as well as the numbers being adopted.



	2008	2009	2010	2011	2012
Wirral			15	4	10
Statistical Neighbour			8	12	13
England			5	7	8

Source: DfE: Children Looked After by Local Authorities in England (including adoption and care leavers) - year ending 31 March 2012 (updated). Data not available for 2013 until it is published after validation in September/October.
Note: Wirral's statistical neighbours are Sefton, Darlington, Stockton-on-Tees, Lancashire, Telford and Wrekin, Bury, St. Helens, Halton, Tameside, Leeds

The time taken for children to be adopted from when they come into care is currently being monitored for all local authorities by the Department for Education through the Adoption Scorecard. The longer time period has an impact on the outcomes for the adopted children and on the pressures on resources for children's social care and associated services for looked after children and the courts.

Comparisons are made against government set targets, the national average and statistical neighbours for a 3 year period 1st April 2009 to 31st March 2012. The DfE

have also published a suite of maps contain information on children going through the adoption process and adopters recruited and assessed by local authorities.

For children entering care in Wirral, the average time taken to be matched with potential adopters and moving in with their adoptive family is longer than both national and statistical neighbour averages as Table 4.7.10k shows.

Table 4.7.10k: Time taken for Wirral children to be adopted from when they come into care (average for 3 year period 1st April 2009 to 31st March 2012)

	England	Statistical Neighbours	Wirral
Average time between a child entering care and moving in with adoptive family (*children who have been adopted*) (in days)	636	612	699
Average time between a local authority receiving court authority to place a child and deciding on a match to an adoptive family (in days)	195	207	218
Percentage (%) of children who wait less than 21 months between entering care and moving in with their adoptive family	56%	61%	47%

Source: DfE Adoption Scorecard and Children in care and adoption performance tables, published November 2012
Note: Wirral's statistical neighbours are Sefton, Darlington, Stockton-on-Tees, Lancashire, Telford and Wrekin, Bury, St. Helens, Halton, Tameside, Leeds
Data not available for 2013 until it is published after validation in September/October

4.7.11: Current services in relation to need (Looked After Children)

All children in the care of the local authority have an allocated social worker who is responsible for all care planning and visiting the child on a regular basis. In addition, each child in care has an independent reviewing officer who is responsible for seeking the views of the child, chairing a meeting to review the care plan and to raise any concerns and poor practice.

In addition to social workers, children in care have the support of dedicated Looked after Children nurses to monitor their health needs, a Looked after Children Education Service which monitors educational attainment and Personal Education Planning and a designated teacher in each school. See section 4.3.3 for educational achievement figures. In addition, support is provided to children in care through a variety of cultural and leisure activities.

The care of children is mostly provided by foster carers, who the local authority has a responsibility to recruit, approve and train. In addition, children in care can be placed with independent foster carers or in residential care. In a small number of cases children will be placed with their parents which require ongoing assessment and visits in the same way as when children are placed outside the home.

The large number of children in care puts pressure on social workers to undertake statutory visits and review care plans, independent reviewing officers to review the care plans and associated support services.

There are demands both nationally and locally to recruit sufficient foster carers and the DfE commissioned research in 2012 Understanding attitudes, motivations and barriers to adoption and fostering and The demographic characteristics of foster carers in the

UK: Motivations, barriers and messages for recruitment and retention which recommend more targeted recruitment to meet local needs. The Fostering Network estimates that there is a shortage of at least 10,000 foster carers in the UK (Clarke, 2010[1]; Tearse, 2010[2]). Information is sent annually to Ofsted by most fostering agencies although this is not mandatory and data is published of the totals with the last Fostering agencies and fostering services dataset being published for the year 2010-2011

The Wirral Fostering Service is also under pressure to recruit and support foster carers in order to meet the needs of the high number of children in care.

4.7.12 Projected service use (Looked After Children)

The expectation is that there will be no significant reduction in the need for placements for children in care in the long term and a local sufficiency strategy is being developed which addresses this need and emphasises recruitment of foster carers. This provides more suitable placements for children in a family setting, nearer their family home and friends (where appropriate) and is the least expensive. The government is also promoting foster care recruitment and making the process for assessment and approval more efficient.

At the same time, work is planned to reduce the time taken for children to be adopted and become subject to special guardianship. This should have some impact on reducing the number of children in care.

The Family Justice Review and the local implementation of new processes should also reduce the time taken for children to be in court proceedings and decisions to be made about the future permanence plan for a child.

There is however, a national shortage of potential adopters compared to the number of children waiting for adoption. This is being addressed nationally through changes in legislation to make the assessment and approval process more streamlined and through the introduction of a new adoption information service – First4Adoption - which will signpost potential adopters to appropriate agencies.

See Further Action on Adoption (published January 2013), Department for Education and An Action Plan for Adoption: Tackling Delay (published in March 2012), Department for Education.

All of the above should reduce the number of children in care, leading to improved health and wellbeing for those no longer in care and ensuring more time and resources are available to improve the outcomes for children in long term care.

For further information on this section, please contact Matthew Humble matthewhumble@wirral.gov.uk

[1] Clarke, H. (2010) *Bursting at the Seams: Impact of the Rise of Children Going into Care, 2009-10*. London: The Fostering Network.

[2] Tearse, M. (2010) *Love Fostering – Need Pay a UK-wide Survey of Foster Carers about Fees.* The Fostering Network available at: http://www.fostering.net/sites/www.fostering.net/files/public/resources/reports/love_fostering_need_pay_0310.pdf accessed 20/4/12

4.8 Early Intervention and preventative services

Introduction

There are three arguments for providing 'early help' or 'early intervention' to children according to Professor Eileen Munro in The Munro Review of Child Protection: Final Report A child-centred system (Department for Education May 2011):

1) A moral argument for minimising adverse experiences for children and young people as endorsed by the United Nations Convention on the Rights of the Child (CRC) and the Children Act 1989
2) Evidence damage to babies through neglect which is difficult to reverse and effects young people's social and emotional development[3]
3) It is cost-effective when current expenditure is compared with estimated expenditure if serious problems develop later[4]

Early intervention has been provided to families in Wirral through the Common Assessment Framework (CAF) and Team Around the Child (TAC) model since 2006. This is to change to Team Around the Child and Family in 2013. The assessment tool helps practitioners to develop a shared understanding of a child's needs at an early stage and work with families alongside other practitioners and agencies to meet the child's needs. The tool identifies unmet needs and where a multi-agency response is required. It covers all needs, not just the needs that individual services are most interested in.

In addition to CAFs being completed records are kept of the number of consultations between practitioners that are working to the team around the child model.

There are also a wide variety of other services in the statutory and voluntary sector providing similar interventions and services. However there is currently no consistent system to collect the data allowing a comprehensive analysis.

Therefore this information relies on the limited data collected through the monitoring process for the CAF. This does however; provide important information about the needs of children, young people and their families in Wirral that can inform service provision for all agencies. In the future there will be a single gateway to targeted services which will provide more comprehensive data about early intervention and early help.

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[3] Allen, G. (2011), Early Intervention: the next steps (available online at http://media.education.gov.uk/assets/files/pdf/g/graham%20allens%20review%20of%20early%20intervention.pdf)

The Royal Society, (2011), Brain Waves Module 2: Neuroscience implications for education and lifelong learning (available online at http://royalsociety.org/uploadedFiles/Royal_Society/Policy_and_Influence/Module_2_Neuroscience_Education_Full_Report.pdf)

[4] Allen, G. (2011), Early Intervention: the next steps (available online at http://media.education.gov.uk/assets/files/pdf/g/graham%20allens%20review%20of%20early%20intervention.pdf)

Knapp, M., Parsonage M. & McDaid, D. (eds.) (2011), Mental Health Promotion and Mental Illness Prevention: The Economic Case, London, Department of Health (available online at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126085)

4.8.1: Early intervention via CAF

For the period 1st April 2011 to 31st March 2012 there were 801 CAFs recorded as being completed across 33 different agencies as described in Table 4.8.1a.

Table 4.8.1a: Common Assessment Framework (CAF) completed by agencies

Agency	Numbers
Primary School	181
Secondary School	170
Social Care	164
Health (includes health visitor, midwives, nurse, hospitals)	110
Adolescent support (includes Response, youth service. post 16 college. YOS/YISP, Connexions)	52
Children's Centres	28
School Nurse	28
ESW Service (including Pressure Point)	19
Infants/ Nursery	14
Family Support (including Family Intervention Project, Catch 22)	10
Other Voluntary Community and Faith agencies	11
Police	3
Other (includes Housing, NACRO, WASBT)	3

Source: Wirral Council, LSCB Quality Assurance Manager 1st April 2011 to 31st March 2012

CAFs by Area

There were 11 area team areas, during 2011 and 2012, providing support for the CAFs which enabled information to be collected according to the area teams. The area team structure is changing during 2013 and therefore comparisons of data for subsequent years will not be available. The three area team areas 'Birkenhead, Tranmere and Rock Ferry', 'Liscard and Seacombe' and 'Bidston, Claughton and St James' completed the highest number of CAFs in the 12 month period. These areas correspond to the areas with higher childhood poverty. (See section 4.2.2 Child and Family Poverty).The information in Table 4.8.1b is for the period 1st April 2011 to 31st March 2012.

Table 4.8.1b: Number (and as a percentage (%) of completed CAFs by Area Team, 2011-12

Area Team	Completed CAFs	%
Birkenhead, Tranmere and Rock Ferry	196	24
Liscard and Seacombe	110	14
Bidston, Claughton and St James	104	13
Leasowe, Moreton and Saughall Massie	78	10
Bromborough and Eastham	78	10
Greasby, Woodchurch, Frankby, Irby & Upton	76	9
Clatterbridge and Bebington	43	5
Prenton and Oxton	42	5
New Brighton and Wallasey	35	4
Pensby, Thingwall and Heswall	20	2
Hoylake, Meols, West Kirby and Thurstaston	19	2

Source: Wirral Council, LSCB Quality Assurance Manager 1st April 2011 to 31st March 2012

Total Consultations Undertaken

In addition to completion of CAFs and TACs, consultations between professionals is an integral part of the ongoing assessment process. The total number of consultations recorded for year ending Mach 2012 was 2858 which is much higher than the number of CAFs undertaken in the same time period (801). Consultations are also an important reflection of the amount of activity undertaken for early intervention. Most of the consultations were with schools and social care, followed by health visitors and are described in Table 4.8.1c.

Table 4.8.1c: Number (and as a percentage (%) of consultations by agency, 2011-12

Agency	Consultations	%
Primary School	861	30.1
Secondary School	652	22.8
Social Care	258	9.0
Health (health visitor, Hospital, CAMHS, midwife, GP, nurse)	319	11.2
Children's Centre	120	4.2
School Nurse	72	2.5
Adolescent support (Respect, YOS,YISP, Connexions, youth service, post 16,	98	3.4
Parent/ Relative	50	1.7
CADT	44	1.5
Area Team	41	1.4
Police/PCSO	39	1.4
Infants/Nursery School	35	1.2
Lead Professional	31	1.1
Housing Association and agencies	42	1.5
Other VCF(Children's Catholic Society, Wirral Hospice, Young Carers, Barnardos, Zero Centre))	57	2.0
Family Support (including FIP, Home Start, parent partnership, parenting group, family group conferencing, catch 22)	65	2.3
ESW Service	20	0.7
Adult Social Services	14	0.5
Children with SEN and Disabilities service (SESS, WIRED, Ed Psych, Wirral Autistic Society)	6	0.2
WASBT	12	0.4
Drugs/ Alcohol Agencies	17	0.6
Unknown	2	0.1
Wirral Play Service	2	0.1
Other LA	1	0.0
Total Consultations	**2858**	

Source: Wirral Council, LSCB Quality Assurance Manager 1st April 2011 to 31st March 2012

Table 4.8.1d highlights the broader spread across the whole of Wirral for consultations undertaken compared to the completion of CAFs

Table 4.8.1d: Number (and as a percentage (%) consultations undertaken by area team, 2011-12

Area Team	Consultations	%
Liscard and Seacombe	384	13.4
Greasby, Woodchurch, Frankby, Irby Upton	381	13.3
Leasowe, Moreton and Saughall Massie	331	11.6
Prenton and Oxton	296	10.4
Bidston, Claughton and St James	290	10.1
Hoylake, Meols, West Kirby and Thurstaston	282	9.9
Birkenhead, Tranmere and Rock Ferry	277	9.7
Pensby, Thingwall and Heswall	244	8.5
New Brighton and Wallasey	162	5.7
Bromborough and Eastham	134	4.7
Clatterbridge and Bebington	77	2.7

Source: Wirral Council, LSCB Quality Assurance Manager 1st April 2011 to 31st March 2012

CAFs by Age Range

More CAFs are completed for young people in the age range of 11 to 15 years compared to younger children suggesting the need for support services for adolescents. (Table 4.8.1e)

Table 4.8.1e: CAFs undertaken by age range, 2011-12

	0-4 Years	5-10 Years	11-15 Years	16-18 Years
No.	205	238	277	68
%	26.0	30.2	35.2	8.6

Source: Wirral Council, LSCB Quality Assurance Manager 1st April 2011 to 31st March 2012

CAFs by gender

In Table 4.8.1f there are noted a higher proportion of CAFs undertaken for boys than girls.

Table 4.8.1f: Number (and as a percentage (%) CAFs undertaken by gender, 2011-12

	Male	Female
No.	458	313
%	59.4	40.6

Source: Wirral Council, LSCB Quality Assurance Manager 1st April 2011 to 31st March 2012

CAFs by Ethnicity

Table 4.8.1g describes the proportion of non-white British children and young people subject to CAF as 2.8%. The proportion of Black and Racial Minority children in Wirral is small, but 2.8% is lower than the proportion in the population (5.03% according to Census 2011, or 6.5%, according to the school census December 2011) who are non-white British.

Table 4.8.1g: Number (and as a percentage (%) CAFs undertaken by ethnicity, 2011-12

Ethnicity	Number	%
White British	693	97.3
Non White British	19	2.7

Source: Wirral Council, LSCB Quality Assurance Manager 1st April 2011 to 31st March 2012

Note: Confidentiality prevented the numbers of non-White British children subject to CAF to be separated into specific ethnicities.

CAFs by Disability/ Learning Need

Table 4.8.1h: CAFs undertaken by disability/learning need, 2011-12

	Yes	No	Not recorded
Number	98	557	123
%	12.6	71.6	15.8

Source: Wirral Council, LSCB Quality Assurance Manager 1st April 2011 to 31st March 2012
Note: Information about disability and learning need are not generally recorded in the CAF process. Children requiring a service as a result of being disabled would not receive a CAF as they would be referred to children's social care for assessment as a child in need.

Reasons for CAFs

Through the analysis of the reasons for CAFs being undertaken, as shown in Table 4.8.1i, it shows that behaviour, health issues, parenting and school attainment are the most common reasons for multi-agency assessments being undertaken, with school attendance, child mental health, family issues and risk taking behavior also featuring. These figures were based on an audit of 500 CAFs completed over an 18 month period to June 2012.

Table 4.8.1i: Reasons by percentage (%) for undertaking CAFs, 2011-12 (18 month audit period)

Reason CAF completed	Boys (%)	Girls (%)
Behaviour	35.4	15.0
Health issues	18.0	12.6
Parenting	17.2	12.6
School attainment	13.4	6.6
School attendance	7.2	7.4
Child mental health	6.8	5.6
Family issues	5.0	5.4
Risk taking behaviour	3.0	6.8
Family breakdown	4.8	4.4
Domestic violence	5.4	2.4
Adult mental health	3.6	4.2
Anti-social behaviour	5.8	1.2
Poor housing	2.8	3.0
Social/ relationship	2.2	2.8
Drugs/alcohol	1.4	2.6
Self-esteem/ image	1.0	2.6
Neglect	1.0	1.0
Financial issues	0.2	0.8
Teen pregnancy	0.0	0.2

Source: Wirral Council, LSCB Quality Assurance Manager 1st April 2011 to 30th June 2012
Note: Each CAF can have more than one reason identified.

4.8.2: Current services in relation to need

The implementation of the CAF and Team Around the Child model is dependent on practitioners in all agencies. Multi-agency area teams and children's social care provide

advice and guidance with completing the CAF form, signposting to agencies, provision of training and the quality assurance and ongoing monitoring.

This CAF information and other information from the JSNA are informing the Wirral Council commissioning of early intervention services which are targeted and universal using the government Early Intervention Grant (EIG). The three priorities for early intervention services are:

- Family Support and Parenting
- Short Breaks for Disabled Children
- Services to support young people at risk
- A number of specialist support services

4.8.3: Projected service use

The reasons for CAFs being undertaken indicates that services need to be provided to address children's behaviour, including risk taking behaviour and school attendance. In addition services around children's health and family issues including parenting, domestic violence, family dysfunction are family breakdown are all important.

A review of Family Support services (2013) suggested a change in focus, with services targeting their work at children, young people and families with higher levels of need as follows:

- To reduce the risk of family breakdown through supporting families at risk of poor outcomes and providing flexible support at the earliest opportunity, in particular at the higher levels of need.
- To target services to young people, in particular by area, to tackle risk taking behaviour issues including alcohol, teenage pregnancy, NEET and anti-social behaviour. This would effectively combine targeted and universal services to ensure young people have the means to engage with activities. This approach will have a wider reach and have more success in ongoing participation and reducing the level of need.
- To improve the quality of life of disabled children, young people and their families through providing a range of Short Break Services appropriate to the needs of these children.

4.8.4: Future Services Developments

The analysis of Team Around the Child Figures alongside referral rates to Social Care, has led us to review the model of service delivery. The purpose of this review is to establish how we can reach more families in a more targeted and timely manner. Therefore multi agency preventative services will be realigned to ensure that the correct families are receiving the most appropriate assessment and service.

4.9 Mental health

4.9.1 Prevalence of mental health problems

It is acknowledged that there is generally a lack of data available for young people and mental health problems. Statistics from an ONS Study (2005) state that 10% of children and young people aged 5-16 years had a clinically diagnosed disorder. Within this figure it is likely that more young people aged 11-16 years will be affected (12% compared with 8%). These figures will not include those without a diagnosis. See Figure 4.9.1.

Table 4.9.1a: Prevalence of mental health disorders in England, by age and gender, 2004

	Boys (%)		Girls (%)		All (%)
Disorder	**5-10**	**11-16**	**5-10**	**11-16**	**5-16**
Conduct disorder	6.9	8.1	2.8	5.1	5.8
Hyperkinetic disorder	2.7	2.4	0.4	0.4	1.5
Emotional disorder	2.2	4.0	2.5	6.1	3.7
Less common disorders	2.2	1.6	0.4	1.1	1.3
Any disorder	10.2	12.6	5.1	10.3	9.6

Source: Office for National Statistics (2005) Mental health of children and young people in Great Britain, 2004 (published 2005)

- Children in care are at particular risk of mental health problems and are more likely to experience poor life outcomes. It is therefore vital that looked after children have access to appropriate care and support (BMA, 2006). See Table 4.9.1b

Table 4.9.1b: Mental health disorders among children looked after by the local authority compared to children living in a private household (England, 2002)

Disorder	**5-10 year olds (%)**		**11-15 year olds (%)**	
	Children in care	**Private household**	**Children in care**	**Private household**
Emotional conduct	11	3	12	6
Conduct disorders	36	5	40	6
Hyperkinetic disorder	11	2	7	1
Any disorder	42	8	49	11

Source: Office for National Statistics (2005) Mental health of children and young people in Great Britain, 2004 (published 2005)

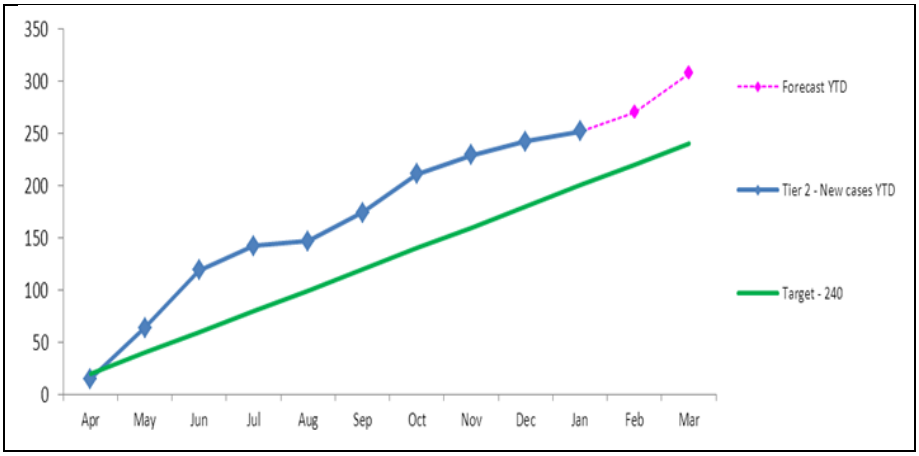
Mental Health data is currently being reviewed and developed for Wirral's contract with Cheshire Wirral Partnerships and updated information is in the process of being produced (2012).

4.9.2 Child & Adolescent Mental Health Services (CAMHS): Tier 2 service

Tier 2 services (Primary Mental Health Care Workers) provide a first contact point for professionals who have contact with children and young people presenting with psychological, emotional or mental health issues.

Figure 4.9.2a: Tier 2 Child and Adolescent Mental Health Service, Apr 2011-Jan 2012

An initial consultation service will be available to professionals to ensure a mental health approach to the young person's presentation is appropriate. The chart shows new cases referred between April 2011 and January 2012.



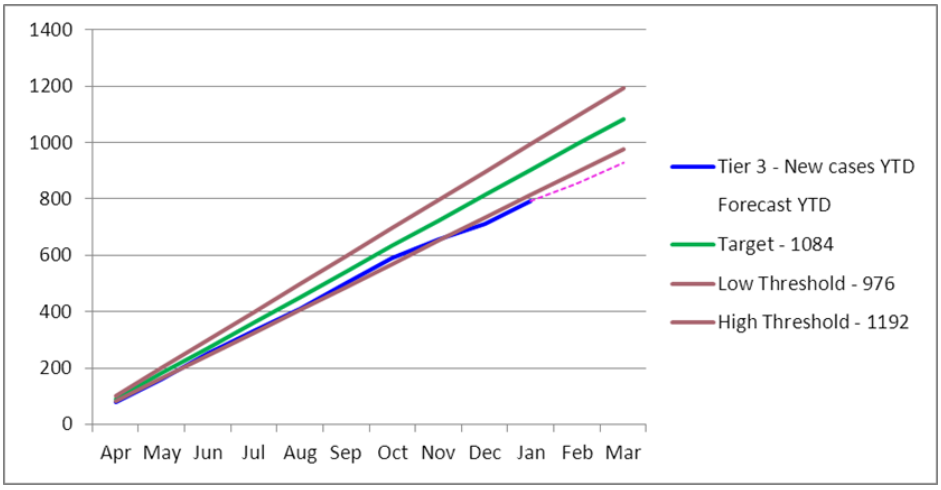
Source: Cheshire & Wirral Partnership (NHS) Trust, 2012

4.9.3 Child & Adolescent Mental Health Service (CAMHS): Tier 3 service

Wirral's specialist CAMHS will utilise evidenced based interventions as appropriate and where available operate in accordance with NICE Guidelines in relation to the treatment of children and young people and in the prescribing of any medication. The service will also take account of other relevant guidance ensuring a commitment to working towards key partner agencies guidance with an aim of meeting targets set as appropriate and where possible.

Figure 4.9.3a: Tier 3 Child and Adolescent Mental Health Service new cases (Jan 2012)

The Service will work towards meeting the aspirations of the CAMHS Strategy and the 'National Service Framework for Children, Young People and Maternity Services' in particular standards 2 & 9: Markers of Good Practice.



Source: Cheshire Wirral Partnership (NHS) Trust, 2012

4.9.4 Kooth (online information and counselling service for young people)

In a report completed by the Samaritans and the Centre for Suicide Research (2002), it was suggested that 1 in 10 young people self-harm during teenage years. There is a lack of data available to determine the local rate.

In 2007, funding was secured to pilot Kooth.com in Wirral. Kooth.com is an online information, advice and counselling website for young people aged 11-25 years. Young people can access one-to-one counselling, messaging to counsellors, messaging other young people and magazine articles. The service was commissioned as a preventative service to attempt to prevent longer term mental health problems. Local statistics from

young people using the site highlight the top issues affecting young people. Some young people will be affected by several of the issues highlighted: See Table 4.8.4a.

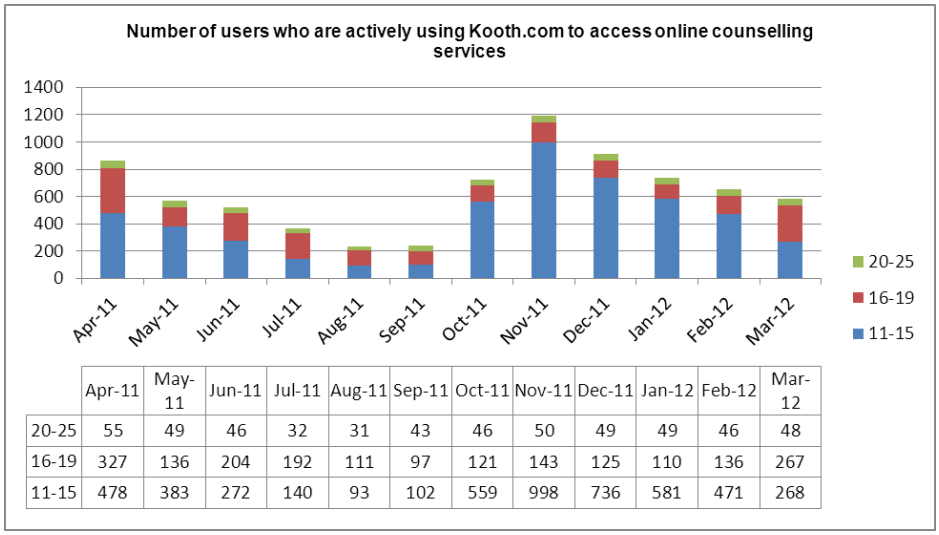
Table 4.9.4a: Top 10 presenting issues for quarter 4 of 2011-12 were as follows

Issue	Number
Family relationships	53
Anxiety/Stress	48
Depression	38
Friendships	37
Self-Worth	30
Boyfriend/Girlfriend	28
Bullying	28
Confidence	28
Self-Harm	27
Bereavement	19

Source: Kooth.com

Figure 4.9.4a: Number of users accessing online counselling services (Kooth), 2011-12

On average 633 young people use Kooth each month. 64% of logins were at weekends or evenings, 10% of new users were non-white and the ratio of females to males was 2:1.



	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
20-25	55	49	46	32	31	43	46	50	49	49	46	48
16-19	327	136	204	192	111	97	121	143	125	110	136	267
11-15	478	383	272	140	93	102	559	998	736	581	471	268

Source: Kooth.com

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