



Wirral

Children's and Young People's Mental Health and Wellbeing Profile

This Children and Young People's Mental Health and Wellbeing Profile has been produced by Public Health England's (PHE) National Mental Health Intelligence Network, presenting indicators from the web based [fingertips profile](#).

Public health contributes to reducing the causes of mental illness and aims to improve mental health and wellbeing by: i) promoting mental health and wellbeing of all children and young people to prevent mental health problems from happening in the first place; ii) striving for early identification of mental health problems and early intervention and to treat and prevent their progression and iii) targeting groups with established mental health problems to help promote their recovery and prevent recurrence.

This profile can be used jointly by local councils, schools, youth justice and health organisations to inform local discussion and debate around local planning and commissioning of interventions and services that help promote mental health and wellbeing, and provide interventions and services to address early intervention and mental illness. It can also be used to inform the production of local Joint Strategic Needs Assessments.

The profile presents a range of national publically available data covering the following areas: need, protective factors for positive mental health and wellbeing, prevention of risk factors for mental illness (grouped into adversity and vulnerability), and finance. As the Mental Health Services Dataset matures, indicators will be added to the profile covering early intervention and access to quality interventions and services and outcomes. Indicators are presented at upper tier local authority level and can be used to compare local areas to the England average. Some values are based on modelled estimates, or on small numbers, so care should be taken with interpretation. It is always important to assess the data from this profile together with local data and knowledge.

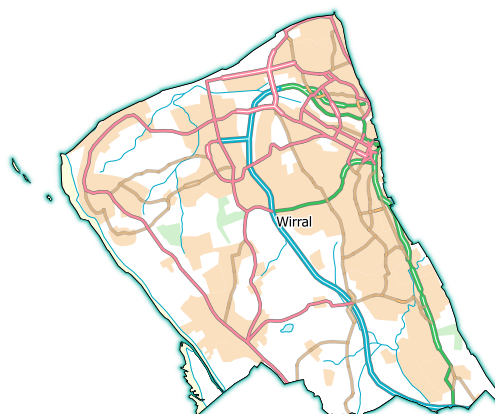
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<http://fingertips.phe.org.uk/profile-group/mental-health/profile/CYPMH>

Produced by Public Health England

For enquiries please contact profilefeedback@phe.gov.uk

Spine Charts

Key
Significance compared to England average:

- Significantly lower
- Not significantly different
- Significantly higher
- Significance not tested

Identification of need

To plan services that meet the needs of the local population, information on the prevalence of mental illness in the population is needed.

Most mental illness has its origins in childhood and mental illness in childhood is a risk factor for adult mental illness; half of all mental disorders first emerge before the age of 14 years, and three quarters by the age of 25 years.

	Period	Local count	Local value	Eng. value	Eng lowest	Range	Eng highest
Estimated prevalence of mental health disorders in children and young people: % population aged 5-16	2015	4,271	9.6 ^	9.2 ^	7.0		11.0
Estimated prevalence of emotional disorders: % population aged 5-16	2015	1,669	3.7 ^	3.6 ^	2.8		4.2
Estimated prevalence of conduct disorders: % population aged 5-16	2015	2,591	5.8 ^	5.6 ^	4.0		6.9
Estimated prevalence of hyperkinetic disorders: % population aged 5-16	2015	690	1.5 ^	1.5 ^	1.1		1.9
Prevalence of potential eating disorders among young people: estimated number aged 16 - 24	2013	4,302	4302 ^	- ^	502		21,872
Prevalence of ADHD among young people: estimated number aged 16 - 24	2013	4,541	4541 ^	- ^	570		23,057
Cause for concern - Looked after children where there is cause for concern: % of looked after children	2015/16	99	33.6	37.8	55.6		20.5
Hospital admissions as a result of self-harm: DSR per 100,000 population aged 10-24	2015/16	368	691.9	430.5	102.5		1,444.7
Hospital admissions as a result of self harm: Crude rates per 100,000 (10-14 yrs)	2015/16	90	503.1	225.1	38.9		839.3
Hospital admissions as a result of self harm: Crude rates per 100,000 (15-19 yrs)	2015/16	161	873.1	648.8	157.3		1,899.9
Hospital admissions as a result of self harm: Crude rates per 100,000 (20-24 yrs)	2015/16	117	699.0	410.3	53.2		1,582.3
Pupils with social, emotional and mental health needs (Primary school age)	2016	691	2.55	2.08	0.97		4.01
Pupils with social, emotional and mental health needs (Secondary school age)	2016	693	3.28	2.36	0.92		5.51
Pupils with social, emotional and mental health needs (School age)	2016	1,535	3.12	2.34	0.97		4.63

Note: ^ - Value estimated

Protective factors

A child's attachment, security and positive stimulation from their main carers has a major impact on the child's social and emotional wellbeing which provides the foundation for health behaviours and educational attainment.

	Period	Local count	Local value	Eng. value	Eng lowest	Range	Eng highest
School Readiness: % of all eligible children	2015/16	2,680	69.6	69.3	59.7		78.7
School Readiness (children with free school meal status): % of all eligible children with free school meal status	2015/16	448	55.0	54.4	41.0		72.1
Emotional wellbeing of looked after children aged 5-16: average difficulties score	2015/16		13.4	14.0	10.2		17.6
Mental Wellbeing in 15 year olds: Mean wellbeing (WEMWBS-14) score	2014/15		48.0	47.6	45.4		48.9
Positive satisfaction with life among 15 year olds: % reporting positive life satisfaction	2014/15		68.5	63.8	50.4		70.4
Educational attainment (5 or more GCSEs): % of all children	2015/16	2,080	61.1	57.8	44.8		74.6
Educational attainment (5 or more GCSEs) of children in care: % of children in care	2015	7	14.0	13.8	6.4		34.6

Primary prevention: Adversity

Adverse childhood experiences can have a lasting impact upon a child's mental health. These experiences can have a strong influence on the chances of developing mental health problems in adulthood including depression, post-traumatic stress disorder, and attention deficit and hyperactivity disorder.

	Period	Local count	Local value	Eng. value	Eng lowest	Range	Eng highest
Children under 16 in poverty: % of children aged under 16	2014	13,940	23.9	20.1	7.0		39.2
Children under 20 in poverty: % of all dependent children aged under 20	2014	16,100	23.3	19.9	6.8		41.9
Uptake of free school meals: % of all schoolchildren	2016	8,407	17.0	14.3	4.8		36.5
Repeat child protection cases: % of children subject to a child protection plan	2016	105	17.1	17.9	4.0		30.5
Children subject to a child protection plan with initial category of abuse: rate per 10,000 children aged under 18	2016	210	31.1	20.8	2.3		53.4
Children subject to a child protection plan with initial category of neglect: rate per 10,000 children aged under 18	2016	138	20.4	19.8	5.6		52.8
Children who started to be looked after due to abuse or neglect: rate per 10,000 children aged under 18	2016	145	21.5	14.9	3.7		59.3
Children in need due to abuse or neglect: rate per 10,000 children aged under 18 years	2016	1,680	248.8	171.0	28.2		549.1
Children who started to be looked after due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18	2016	40	5.9	10.1	0.0		39.2
Children in need due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18	2016	604	89.5	98.0	10.7		306.0
Families out of work : % of households with dependent children	2011	7,259	5.2	4.2	1.6		10.4
Family homelessness: rate per 1,000 households	2015/16	47	0.3	1.9	0.1		10.0
Children in need due to parent disability or illness: rate per 10,000 children under 18	2016	30	4.4	9.8	0.8		70.6
Parents in alcohol treatment: rate per 100,000 children aged 0 - 15	2011/12	- *	147.2	34.9			452.8
Parents in drug treatment: rate per 100,000 children aged 0 - 15	2011/12	129	217.9	110.4	0.0		400.0
Unaccompanied Asylum Seeking Children looked after: count	2016	- *	4210				

Note: * - Disclosure control applied

<http://fingertips.phe.org.uk/profile-group/mental-health/profile/CYPMH>

Primary prevention: Vulnerability

Particular groups of children have significantly worse health outcomes linked, for example to being a looked after child, being in the youth justice system or having a disability.

A strong relationship has been found between the experience of adverse childhood events and the chance of taking up risky behaviours such as being a high risk drinker, being a current smoker and taking drugs. Many of these behaviours can be associated with subsequent physical and mental ill health in adulthood.

Mental illness is associated with an increased risk of disruption to education and school absence; with long-term outcomes of poor educational attainment and poorer employment prospects, including the probability of not being in education, employment or training.

	Period	Local count	Local value	Eng. value	Eng lowest	Range	Eng highest
Looked after children: rate per 10,000 population aged under 18	2015/16	670	99.2	60.3	21.5		163.8
Children leaving care: rate per 10,000 children aged under 18	2015/16	200	29.6	27.2	9.4		75.0
15 year olds with 3 or more risky behaviours: % of 15 year olds	2014/15		18.5	15.9	3.2		23.8
Children in need due to socially unacceptable behaviour: rate per 10,000 aged under 18	2016	29	4.3	6.5	0.6		31.5
Fixed period exclusion due to persistent disruptive behaviour: % of school aged pupils	2014/15	372	0.76	1.02	0.22		5.53
Primary school fixed period exclusions: % of pupils	2014/15	238	0.90	1.10	0.08		3.65
Secondary school fixed period exclusions: % of secondary school pupils	2014/15	1,135	5.3	7.5	2.1		42.4
School absence: % of half days missed	2015/16	737,828	5.00	4.57	3.23		5.50
15 year olds with a long-term illness, disability or medical condition diagnosed by a doctor: % of 15 year olds	2014/15		15.5	14.1	9.2		18.6
Children in need due to child disability or illness: rate per 10,000 children aged under 18 years	2016	271	40.1	32.3	2.0		89.3
Pupils with Learning Disability: % of school aged pupils	2016	3,297	6.8	5.3	2.6		12.7
Pupils with special educational needs (SEN): % of all school age pupils with special educational needs (School age)	2016	8,304	16.9	14.3	8.8		22.7
Pupils with special educational needs (SEN): % of all school age pupils with special educational needs (Primary school age)	2016	3,651	13.5	13.4	8.6		20.1
Pupils with special educational needs (SEN): % of all school age pupils with special educational needs (Secondary school age)	2016	3,585	17.0	12.7	6.3		23.9
15 year olds who were bullied in the past couple of months: % of 15 year olds	2014/15		53.8	55.0	42.6		63.1
15 year olds who are regular drinkers: % of 15 year olds	2014/15		7.6	6.2	1.0		12.3
15 year olds who are current smokers: % of 15 year olds	2014/15		7.4	8.2	3.4		14.9
15 year olds who have taken drugs (excluding cannabis) in the last month: % of 15 year olds	2014/15		0.8	0.9	0.1		4.2
First time entrants to the youth justice system: rate per 100,000 population aged 10-17	2016	52	176.9	327.1	97.5		739.6
Not in education employment or training: % of 16 - 18 year olds	2015	510	4.5	4.2	1.5		7.9

Finance

Spending on children and young people may reflect the resource commitment by services other than health such as local children and education services or it may be a measure of underlying need.

	Period	Local count	Local value	Eng. value	Eng lowest	Range	Eng highest
Spend (£000s) on Local Authority children and young people's services (excluding education): rate (£) per 10,000 aged 0-17	2014/15	58,565	8664	7812	4,636		18,255
Spend (£000s) on Sure Start Children's Centres and early years: rate (£) per 10,000 aged 0-17	2014/15	7,311	1082	816	0		3,380
Spend (£000s) on Children looked after: rate (£) per 10,000 aged 0-17	2014/15	22,980	3399	3251	1,536		6,978
Spend (£000s) on Safeguarding children and young people's services: rate (£) per 10,000 aged 0-17	2014/15	13,379	1979	1831	456		4,929
Planned spend (£000s) on special schools: rate (£) per 100,000 pupils	2015/16	9,793	19125	10323	0		23,030
Planned spend (£000s) on pupil referral units: rate (£) per 100,000 pupils	2015/16	0	0 x	1983	0		8,461
Spend (£000s) on Youth justice: rate (£) per 10,000 aged 0-17	2014/15	2,095	310	262	46		1,186

Note: x - Value Missing

Definitions

Identification of need

Estimated prevalence of mental health disorders in children and young people: % population aged 5-16 - This is an estimate of the percentage of children aged 5-16 who have any mental health disorders based on the age, sex and socio-economic classification of children resident in the area.

Estimated prevalence of emotional disorders: % population aged 5-16 - This is an estimate of the percentage of children aged 5-16 who have emotional disorders (anxiety disorders and depression) based on the age, sex and socio-economic classification of children resident in the area.

Estimated prevalence of conduct disorders: % population aged 5-16 - This is an estimate of the percentage of children aged 5-16 who have conduct disorders based on the age, sex and socio-economic classification of children resident in the area.

Estimated prevalence of hyperkinetic disorders: % population aged 5-16 - This is an estimate of the percentage of children aged 5-16 who have hyperkinetic disorders based on the age, sex and socio-economic classification of children resident in the area.

Prevalence of potential eating disorders among young people: estimated number aged 16 - 24 - Estimated number of people aged 16-24 who score two or more (the clinical threshold for diagnosis of an eating disorder) on the SCOFF scale, based on applying the percentages for this age group given in the Adult Psychiatric Morbidity Survey (APMS) to the resident population aged 16-24. The percentages used were 6.1% for males and 20.3% for females. Scoring 2 or more on the SCOFF scale should prompt a more detailed investigation to be undertaken to diagnose if an eating disorder is present.

Prevalence of ADHD among young people: estimated number aged 16 - 24 - The estimated number of people aged 16-24 with attention deficit hyperactivity disorder (ADHD) based on applying the estimated prevalence percentage (13.8%) to the resident population aged 16-24. ADHD is a developmental disorder consisting of core dimensions of inattention, hyperactivity and impulsiveness.

Cause for concern - Looked after children where there is cause for concern: % of looked after children - Proportion of all looked after children aged between 5 and 16 (inclusive) at the date of their latest assessment, who have been in care for at least 12 months on 31 March whose SDQ score was 17 or over.

Hospital admissions as a result of self-harm: DSR per 100,000 population aged 10-24 - Directly standardised rate of finished admission episodes for self-harm per 100,000 population aged 10-24 years.

Hospital admissions as a result of self harm: Crude rates per 100,000 - Crude rate of finished admission episodes for self-harm per 100,000 population.

Pupils with social, emotional and mental health needs - The number of school children who are identified as having social, emotional and mental health needs expressed as a percentage of all school pupils.

Protective factors

School Readiness: % of all eligible children - Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children.

School Readiness (children with free school meal status): % of all eligible children with free school meal status - Children with free school meal status defined as having reached a good level of development at the end of the EYFS as a percentage of all eligible children with free school meal status.

Emotional wellbeing of looked after children aged 5-16: average difficulties score - Total difficulties score for all looked after children aged between 5 and 16 (inclusive) at the date of their latest assessment, who have been in care for at least 12 months on 31 March.

Mental Wellbeing in 15 year olds: Mean wellbeing (WEMWBS-14) score - The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is formed of 14 statements covering a range of feelings and attitudes towards life. Participants were asked to rate how often they felt like each of the 14 statements, ranging from 'None of the time' to 'All of the time', which are scored from 1 to 5. Each participant is given a single score based on their responses to the 14 statements which ranges from 14 – 70 (a sum of their scores to the individual statements). Where answers for between one and three statements were missing for a participant, a WEMWBS score was calculated by imputing the participant's mean score on the statements they did give answers for to replace any missing values.

Positive satisfaction with life among 15 year olds: % reporting positive life satisfaction - The percentage of respondents scoring 7-10 to the question "Overall, how satisfied are you with your life nowadays" in the What About YOUth survey.

Educational attainment (5 or more GCSEs): % of all children - The percentage of pupils achieving 5 or more GCSEs at grades A*-C (including English and Maths) or equivalent, percentage of pupils at end of Key Stage 4 based on local authority of the pupil's residence, at the end of the academic year, persons.

Educational attainment (5 or more GCSEs) of children in care: % of children in care - The percentage of children looked after continuously for at least twelve months at the end of March (excluding children in respite care) who achieved 5 or more GCSEs at grades A*-C including English and mathematics. Eligible children are those aged 15 at the start of the academic year. Data are suppressed when the numerator is <=5 or the denominator is <=10. Numbers of children achieving GCSEs and the confidence intervals around the proportions are derived from rounded denominators. Confidence intervals based on derived values are approximate.

Primary prevention: Adversity

Children under 16 in poverty: % of children aged under 16 - The percentage of children in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income) for under 16s only.

Children under 20 in poverty: % of all dependent children aged under 20 - The percentage of dependent children aged under 20 in relative poverty (living in households where income is less than 60 per cent of median household income before housing costs).

Uptake of free school meals: % of all schoolchildren - The percentage of pupils known to be eligible for and claiming free school meals who attend a state funded primary, secondary or a special school.

Repeat child protection cases: % of children subject to a child protection plan - The number of children who became the subject of a child protection plan for a second or subsequent time during the year expressed as a percentage of all new child protection cases during the year.

Children subject to a child protection plan with initial category of abuse: rate per 10,000 children aged under 18 - The number of children who were subject of a child protection plan at 31 March with initial category of abuse (physical, sexual and emotional) expressed as a rate per 10,000 of population aged 0 -17 years.

Children subject to a child protection plan with initial category of neglect: rate per 10,000 children aged under 18 - The number of children who were subject of a child protection plan at 31 March with initial category of neglect expressed as a rate per 10,000 of population aged 0 -17 years.

Children who started to be looked after due to abuse or neglect: rate per 10,000 children aged under 18 - The number of children who started to be looked after due to abuse or neglect by local authorities during the year ending March 31st expressed as a rate per population aged 0-17.

Under the Children Act 1989 a child is defined as looked after by a local authority if they are provided with accommodation for a continuous period for more than 24 hours, is subject to a care order or is subject to a placement order. A looked after child ceases to be looked after when they turn 18 years old. The definition of a looked after child for this measure is a child who has been continuously looked after for at least 12 months up to and including 31 March. This definition has been used because 12 months is considered an appropriate length of time to gauge the possible association of being looked after on educational attainment. It is also the cohort of children for whom information on outcomes such as health, wellbeing and offending are collected through the SSDA903. Outcomes are reported by the local authority who is responsible for the care of the looked after child. Outcomes on looked after children are reported by the Department for Education to inform policy decisions which aim to improve the outcomes for this vulnerable group of children. Closing the gap between the educational attainment of looked after children and all young people is a high priority. Monitoring school absence and exclusions, emotional and behavioural health, offending rates and substance misuse of looked after children is also carried out. Source:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/384781/Outcomes_SFR49_2014_Text.pdf

Children in need due to abuse or neglect: rate per 10,000 children aged under 18 years - The number of children identified as 'in need' due to abuse or neglect on 31st March expressed as a rate per 10 000 resident population under 18 years.

Children who started to be looked after due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18 - The number of children who started to be looked after by local authorities during the year ending March 31st with category of need as family stress or dysfunction or absent parenting; expressed as a rate per population aged 0-17.

Under the Children Act 1989 a child is defined as looked after by a local authority if they are provided with accommodation for a continuous period for more than 24 hours, is subject to a care order or is subject to a placement order. A looked after child ceases to be looked after when they turn 18 years old. The definition of a looked after child for this measure is a child who has been continuously looked after for at least 12 months up to and including 31 March. This definition has been used because 12 months is considered an appropriate length of time to gauge the possible association of being looked after on educational attainment. It is also the cohort of children for whom information on outcomes such as health, wellbeing and offending are collected through the SSDA903. Outcomes are reported by the local authority who is responsible for the care of the looked after child. Outcomes on looked after children are reported by the Department for Education to inform policy decisions which aim to improve the outcomes for this vulnerable group of children. Closing the gap between the educational attainment of looked after children and all young people is a high priority. Monitoring school absence and exclusions, emotional and behavioural health, offending rates and substance misuse of looked after children is also carried out. Source:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/384781/Outcomes_SFR49_2014_Text.pdf

Children in need due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18 - The number of children identified as 'in need' due to family stress or dysfunction or absent parenting on 31st March expressed as a rate per 10,000 resident population aged 0-17.

Families out of work : % of households with dependent children - The percentage of households with dependent children where no adult is in employment.

Family homelessness: rate per 1,000 households - Applicant households eligible for assistance (1996 Housing Act) unintentionally homeless and in priority need (specific categories). Priority need categories of household includes dependent children or pregnant woman.

Children in need due to parent disability or illness: rate per 10,000 children under 18 - The number of children identified as 'in need' due to parent disability or illness on 31st March expressed as a rate per 10 000 resident population under 18 years.

Parents in alcohol treatment: rate per 100,000 children aged 0 - 15 - Parents who are attending treatment for alcohol, who live with their child or children, rate per 100,000 children aged 0-15 in the area.

Parents in drug treatment: rate per 100,000 children aged 0 - 15 - Parents who are attending treatment for substance misuse, who live with their child or children, rate per 100,000 children aged 0-15 in the area.

Unaccompanied Asylum Seeking Children looked after: count - The number of unaccompanied asylum seeking children looked after.

Primary prevention: Vulnerability

Looked after children: rate per 10,000 population aged under 18 - The number of children looked after by local authorities during the year expressed as a rate per population aged 0-17.

Under the Children Act 1989 a child is defined as looked after by a local authority if they are provided with accommodation for a continuous period for more than 24 hours, is subject to a care order or is subject to a placement order. A looked after child ceases to be looked after when they turn 18 years old. The definition of a looked after child for this measure is a child who has been continuously looked after for at least 12 months up to and including 31 March. This definition has been used because 12 months is considered an appropriate length of time to gauge the possible association of being looked after on educational attainment, it is also the cohort of children for whom information on outcomes such as health, wellbeing and offending are collected through the SSDA903. Outcomes are reported by the local authority who is responsible for the care of the looked after child. Outcomes on looked after children are reported by the Department for Education to inform policy decisions which aim to improve the outcomes for this vulnerable group of children. Closing the gap between the educational attainment of looked after children and all young people is a high priority. Monitoring school absence and exclusions, emotional and behavioural health, offending rates and substance misuse of looked after children is also carried out. Source:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/384781/Outcomes_SFR49_2014_Text.pdf

Children leaving care: rate per 10,000 children aged under 18 - The number of children who ceased to be looked after by local authorities during the year expressed as a rate per population aged 0-17.

15 year olds with 3 or more risky behaviours: % of 15 year olds - The percentage of 15 year olds who responded to a number of questions in the What About YOUth survey and reported having undertaken at least 3 of the following unhealthy/illegal behaviours:

- Smoking: Currently smoke (from the following codes at Q17: "I sometimes smoke cigarettes now but I don't smoke as many as one a week", "I usually smoke between one and six cigarettes a week", "I usually smoke more than six cigarettes a week"); underbr />• Drinking: Usually have an alcoholic drink once a month or more frequently (from the following codes at Q24: "Every day, or almost every day", "About twice a week", "About once a week", "About once a fortnight", "About once a month".);
- Cannabis: Have used cannabis in the last month (from the code "In the last month" at Q32);
- Other drugs: Have used drugs other than cannabis in the last month (from the code "In the last month" at Q37);
- Diet: Consumed fewer than five portions of fruit and veg yesterday (from Q3-Q6 if participants stated less than a total of 5 fruits and/or vegetables consumed); and,
- Physical activity: Not active for 60 minutes or more on seven days in the last week (from codes 1-6 at Q13).

<http://fingertips.phe.org.uk/profile-group/mental-health/profile/CYPMH>

- Children in need due to socially unacceptable behaviour: rate per 10,000 aged under 18** - The number of children identified as 'in need' due to socially unacceptable behaviour on 31st March expressed as a rate per 10,000 resident population under 18 years.
- Fixed period exclusion due to persistent disruptive behaviour: % of school aged pupils** - The percentage of school pupils who get a fixed period exclusion due to persistent disruptive behaviour.
- Primary school fixed period exclusions: % of pupils** - The percentage of school pupils who have received a fixed period exclusion.
- School absence: % of half days missed** - The percentage of half days missed by pupils due to overall absence (including authorised and unauthorised absence).
- 15 year olds with a long-term illness, disability or medical condition diagnosed by a doctor: % of 15 year olds** - The percentage of 15 year olds who responded to Q66 in the What About YOUth survey ("Do you have a long-term illness, disability or medical condition (like diabetes, arthritis, allergy or cerebral palsy?) that has been diagnosed by a doctor?") with the answer "Yes".
- Children in need due to child disability or illness: rate per 10,000 children aged under 18 years** - The number of children identified as 'in need' due to child disability or illness on 31st March expressed as a rate per 10 000 resident population under 18 years.
- Pupils with Learning Disability: % of school aged pupils** - The number of primary, secondary and special school children who are identified as having a learning disability expressed as a percentage of all primary, secondary and special school pupils.
- Pupils with special educational needs (SEN): % of all school age pupils with special educational needs** - The number of school age children who are identified as having special educational needs expressed as a percentage of all school age pupils.
- 15 year olds who were bullied in the past couple of months: % of 15 year olds** - The percentage of 15 year olds who responded to Q46 in the What About YOUth survey ("How often have you been bullied in the past couple of months in the ways listed below?") with any response indicating that participants were bullied at least once in the past couple of months, to any of the 8 types of bullying. The 8 types of bullying are: "I was called mean names, was made fun of, or teased in a hurtful way", "Other people left me out of things on purpose, excluded me from their group of friends, or completely ignored me", "I was hit, kicked, pushed, shoved around, or locked indoors", "Other people told lies or spread false rumours about me and tried to make others dislike me", "Other people made fun of me because of my body weight", "Other people made sexual jokes, comments, or gestures to me", "Someone sent mean instant messages, wall postings, emails and text messages, or created a Web site that made fun of me", and "Someone took unflattering or inappropriate pictures of me without permission and posted them online".
- 15 year olds who are regular drinkers: % of 15 year olds** - The percentage of 15 year olds who responded to Q24 in the What About YOUth survey ("How often do you usually have an alcoholic drink?") with the answer "At least once a week", out of a total base of all young people who were not being observed when completing the What About YOUth (WAY) survey online. "At least once a week" is made up of the codes "Every day, or almost every day", "About twice a week" and "About once a week".
- 15 year olds who are current smokers: % of 15 year olds** - The percentage of 15 year olds who responded to Q17 in the What About YOUth (WAY) survey ("Now read the following statements carefully, and tick the box next to the one that best describes you") with the answers "I sometimes smoke cigarettes now but I don't smoke as many as one a week", "I usually smoke between one and six cigarettes per week" or "I usually smoke more than six cigarettes per week".
- 15 year olds who have taken drugs (excluding cannabis) in the last month: % of 15 year olds** - The percentage of 15 year olds who responded to Q37 in the What About YOUth survey ("When did you last use or take any drugs other than Cannabis?") with the answer "In the last month", out of a total base of all young people who were not being observed when completing the What About YOUth (WAY) survey online. Participants were routed to Q37 if they had answered Q35 ("Have you ever tried any drugs other than Cannabis?") with the answer "Yes".
- First time entrants to the youth justice system: rate per 100,000 population aged 10-17** - Rates of juveniles receiving their first conviction, caution or youth caution per 100,000 10-17 year old population by area of residence.
- Not in education employment or training: % of 16 - 18 year olds** - The estimated number of 16-18 year olds not in education, employment or training divided by the total number of 16-18 year olds known to the local authority whose activity is either not in education, employment or training (NEET). This indicator will use the average proportion of 16-18 year olds NEET between November and January each year.

Finance

- Spend (£000s) on Local Authority children and young people's services (excluding education): rate (£) per 10,000 aged 0-17** - Spend (£000s) on Local Authority children and young people's services (excluding education) expressed as a rate per 10,000 children aged under 18.
- Spend (£000s) on Sure Start Children's Centres and early years: rate (£) per 10,000 aged 0-17** - Spend (£000s) on Sure Start Children's Centres and early years expressed as a rate per 10,000 children aged under 18.
- Spend (£000s) on Children looked after: rate (£) per 10,000 aged 0-17** - Spend (£000s) on children looked after expressed as a rate per 10,000 children aged under 18.
- Spend (£000s) on Safeguarding children and young people's services: rate (£) per 10,000 aged 0-17** - Spend (£000s) on safeguarding children and young people's services expressed as a rate per 10,000 children aged under 18.
- Planned spend (£000s) on special schools: rate (£) per 100,000 pupils** - The local authority planned spend on special school places expressed as £000s, presented as a rate per 100,000 pupils.
- Planned spend (£000s) on pupil referral units: rate (£) per 100,000 pupils** - The local authority planned spend on pupil referral unit places expressed as £000s, presented as a rate per 100,000 pupils.
- Spend (£000s) on Youth justice: rate (£) per 10,000 aged 0-17** - Spend (£000s) on youth justice expressed as a rate per 10,000 children aged under 18.