

JSNA: Children & Young People Population & Demographics

Wirral Intelligence Service

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Background to JSNA – Joint Strategic Needs Assessment

What is a JSNA?

A Joint Strategic Needs Assessment, better known as a JSNA, is intended to be a review of the health and wellbeing needs of the local population, informing local priorities, policies and strategies that in turn informs local commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities throughout the Borough.

Who is involved?

Information from Council, NHS and other partners is collected and collated to inform the JSNA and this reflects the important role that all organisations and sectors have (statutory, voluntary, community and faith) in improving the health and wellbeing of Wirral's residents.

About this document

This JSNA section looks to contain the most relevant information on the topic and provides an overview of those related key aspects

How can you help?

If you have ideas or any suggestions about these issues or topics then please email us at wirralintelligenceservice@wirral.gov.uk or go to https://www.wirralintelligenceservice.org/

Version Number	ber Date Authors	
1.0	January 2018	Sarah Kinsella – Wirral Intelligence Service

Key findings

- The number of births in Wirral in 2016 was 3,434, the lowest number since 2002
- This was a small drop of 3.6% in the number of births between 2015 and 2016
- While the general fertility rate dropped in Wirral in 2016, there was a very slight increase in England overall
- Children and young people make up just under one in four (23%) of Wirral residents (74,440 in 2016)
- The population aged 0-19 is projected to increase very slightly by 2.6% by 2028
- The number of births are projected to decrease by around 2% by 2028
- The number of women of child bearing age (15-44 years) is projected to decrease in Wirral and this is likely to have an impact on the number of future maternities (unless there is significant inward migration)
- Wirral has a slightly higher proportion of births to younger mothers (aged under 24), and a lower proportion of births to older mothers (aged 35+), compared to England overall (births to younger mothers are more prevalent in areas of deprivation)
- Wirral has a much lower percentage of births to mothers born outside the UK compared to England overall (6% in Wirral compared to 28% in England). The majority of foreign born mothers in Wirral were themselves most likely to have been born in Europe (e.g. Poland)
- There is a large disparity in the birth rate between the west and east of Wirral (higher rates in the east). This is likely to result in significantly more demand for services and support for families in the east of Wirral, as deprivation is far more prevalent in the east of the borough
- There were 74 babies born (at 37 weeks or more gestation) in Wirral in 2015, who were classed as low birthweight. This was 2.3% of all term babies, which is lower than both the North West and England
- When all gestations are considered, one in every 8 babies born in Rock Ferry result is of a low birthweight (13%), compared to just one in every 25 births in West Kirby & Thurstaston (4%)
- The 2015 IDACI (Income Deprivation Index Affecting Children Index) shows that although deprivation affecting children is concentrated in the North and East of Wirral, there were pockets in small areas of Wirral
- Child poverty data shows that the proportion of children living in low income households ranged from 4% in Heswall, to 48% in Birkenhead & Tranmere ward
- In 2016, around one in three Wirral children were eligible for Free School Meals (30.8% of primary school children and 35.0% of secondary aged children)
- There were 810 Looked After Children in Wirral as of October 2017. This equates to a rate of 120 per 10,000 children, which is almost double the England rate
- Estimates suggest there may be around 950 young people aged 12-19 Lesbian, Gay, Bisexual & Transgender (LGBT) in WirralThe Child Bereavement Network estimates that there are currently around 1,450 children and young people aged 5-16 who have been bereaved of a parent or sibling at some point in their childhood

Wirral JSNA: - Children & Young People Population & Demographics

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Why is this important?

Intelligence on the key demographics for children and young people in Wirral are important to the effective planning and commissioning of services which are required and appropriate to needs in Wirral.

Facts, figures and trends

Population

As of 2016, there were 71,396 children and young people (aged 0-19 years) in Wirral, making up less than one in four (23.3%) of the total. See table 1 below.

Age	Females	Males	All
0	1,745	1,885	3,630
1	1,744	1,851	3,595
2	1,813	1,975	3,788
3	1,876	1,925	3,801
4	1,965	2,217	4,182
5	1,913	1,983	3,896
6	1,910	1,934	3,844
7	1,903	1,917	3,820
8	1,947	1,957	3,904
9	1,819	2,047	3,866
10	1,835	1,952	3,787
11	1,794	1,848	3,642
12	1,773	1,880	3,653
13	1,692	1,850	3,542
14	1,749	1,762	3,511
15	1,758	1,825	3,583
16	1,877	1,898	3,775
17	1,849	1,961	3,810
18	1,827	1,940	3,767
Total	34,789	36,607	71,396

 Table 1: Number of children and young people aged 0-18, in Wirral, by single year (2016)

Source: Mid-2016 population estimates, ONS (2017)

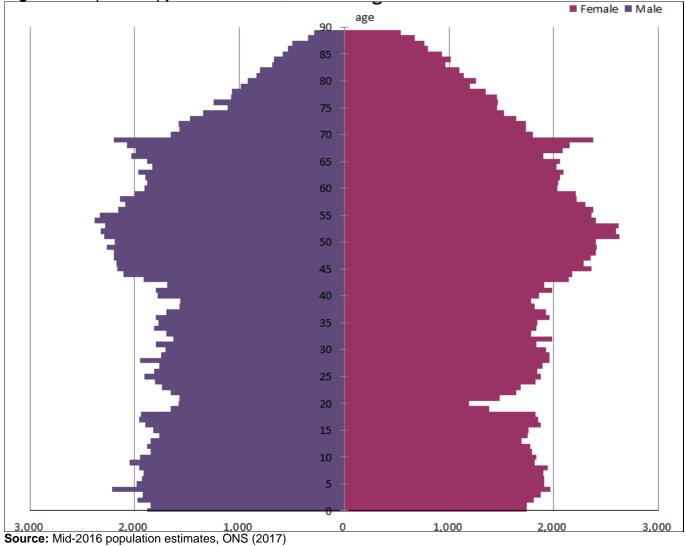
In the overall population (all ages) in Wirral, females slightly outnumber males (51.8% females versus 48.2% males), but the reverse is the case in those aged 0-18.

In the 0-18 age groups, males make up 51.3% of the population, compared to 48.7% females. In real terms, this is around 1,800 more male than female children in Wirral. This trend is also a national one (more male children than female children), the reasons for which are unclear.

As boys are more likely to suffer from a range of developmental conditions such as autism and ADHD and are more likely to be excluded from school or come into contact with the Youth Justice System, this is worth noting.

The population pyramid below for all ages, shows the proportion of children and young people in Wirral compared to the population overall.

Figure 1: Population pyramid for Wirral, 2016



As the figure 1 above shows, Wirral's population structure is weighted toward the older age groups, with large percentages of the population aged between 45 and 69. This gives our local pyramid shape typical of developed countries (i.e. not pyramid shaped at all). The number of children and young people by 5 year (quinary) age band is in the table 2 below.

Table 2: Number of children and	vouna pe	ople in Wirral b	v 5-vear ((quinary) age band.	Mid-2016
	Joung pe		<i>y</i> o <i>y</i> o a ,	(quintary) ago bana	

Age Group	Females	Males	All
0-4	9,143	9,853	18,996
5-9	9,492	9,838	19,330
10-14	8,843	9,292	18,135
15-19	8,695	9,284	17,979
Total 0-19	36,173	38,267	74,440

Source: Mid-2016 population estimates, ONS (2017)

Population projections

Table 3 below, shows the projections for future numbers of children and young people in Wirral and the likely percentage change in this population.

Age Group	2018	2020	2022	2024	2026	2028	% change 2014 to 2028
0-4	18,300	18,300	18,400	18,300	18,200	18,000	-3.7%
5-9	19,700	19,700	19,200	19,000	19,100	19,100	-0.5%
10-14	18,900	19,500	20,100	20,200	20,000	19,500	+9.9%
15-19	17,100	17,000	17,600	18,200	18,700	19,100	+5.1%
Total 0-19	74,000	74,500	75,300	75,700	76,000	75,700	+2.6%
All ages	322,600	323,900	325,400	326,700	327,900	329,000	+2.0%

Table 3: Population projections for children and young people in Wirral (Mid 2016-Mid 2028)

Source: Mid-2016 population estimates, ONS (2017)

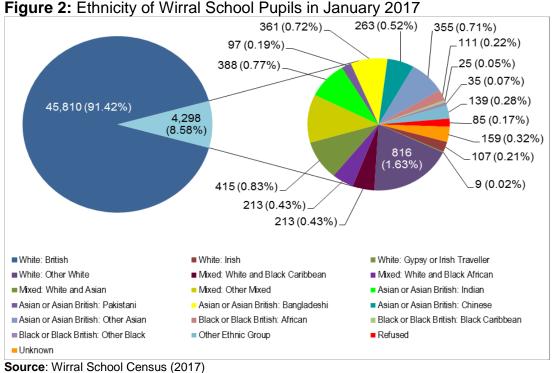
- the number of children aged 0-4 is projected to decrease by 3.7% by 2026
- the population aged 10-14 is projected to increase by almost 10% by 2026
- the population aged 15-19 is projected to increase by 5.1% by 2026

Overall, the population aged 0-19 is projected to increase very slightly by 2.6%, compared to a slightly smaller increase of 2% in the overall population of Wirral

Ethnicity of Wirral children

Every year, Wirral Council undertakes a review of the local population of pupils attending local schools, otherwise known as a Schools Census. This data provides a current view of the demographic profile of the pupil population.

Figure 2 indicates that BAME groups now make up 8.1% of Wirral's total school population; a slight increase on the 7.7% reported in 2012 and suggests a growing BAME population. It is therefore likely that the BAME population in Wirral has seen a modest increase on the 5.03% BAME population suggested by the 2011 Census.



For further information on the spoken languages of Wirral School pupils and attainment by ethnicity, please see the Wirral BAME section of the JSNA.

Country of origin of mothers who give birth in Wirral also gives us some further indication of the proportion of children in Wirral of ethnicities other than White British.

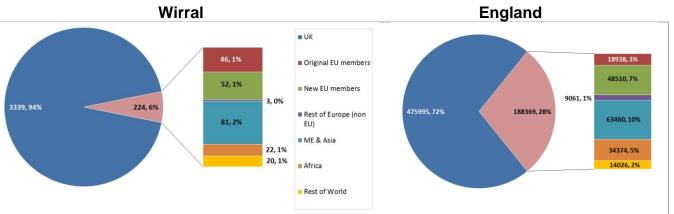


Figure 3: Births by the country of birth of the mother, Wirral and England (2015)

Source: ONS, 2016

New EU countries refer to those who joined post-2004 such as Poland, Czech Republic, and Lithuania etc. Original EU members refer to the original core group of members such as France, Germany, the Netherlands etc....

As the chart in figure 3 shows, Wirral differs significantly to the UK overall on the proportion of non-UK born mothers who gave birth in 2015. In Wirral, the percentage who were non-UK born was 6%, compared to 28% in England overall. These figures are very similar to previous years.

As the chart also shows, the majority of foreign born mothers in Wirral were from Europe (101 mothers in total from EU, new EU and non-EU countries), followed by the Middle East and Asia (81 mothers). This is a similar pattern than in the UK overall, where the largest group of non-UK mothers were also from Europe.

Births

Table 4 below shows the projected number of births in Wirral and England, to 2028.

Table 4: Projected births and percentage change, Wirral and England (2018 to 2028)

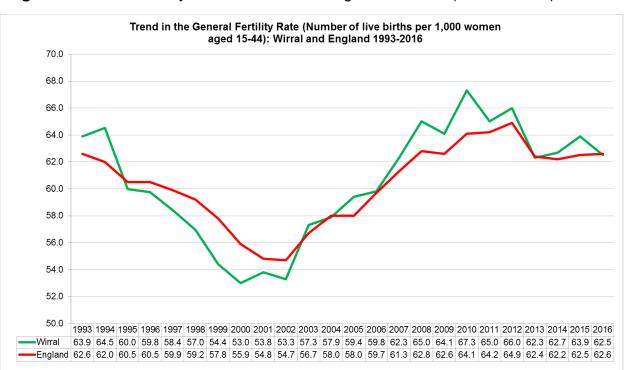
	2018	2020	2022	2024	2026	2028	% change 2013- 2026
Wirral	3,553	3,558	3,554	3,528	3,478	3,434	-3%

Source: ONS 2014-based Subnational Population Projections, ONS (2016)

As the table shows, births are projected to decrease by 3% in Wirral by 2028.

Fertility rates

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). As Figure 4 shows, the rise in fertility rates which was observed in both Wirral and England & Wales from around 2002 onwards, halted and showed a large drop in 2013. In the most recent time period, there was a very small upturn in England overall, while in Wirral, there has been a drop. The population of women of child bearing age (15-44 years) is projected to decrease in Wirral over the coming years and this is likely to have an impact on the number of births in the future.





Source: NHS Information Centre and ONS, 2017

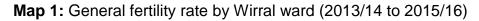
The following charts and maps show fertility rates by geography and highlight that fertility rates in Wirral vary widely across the Borough, with higher rates in the more disadvantaged wards, compared to the more affluent west of Wirral.

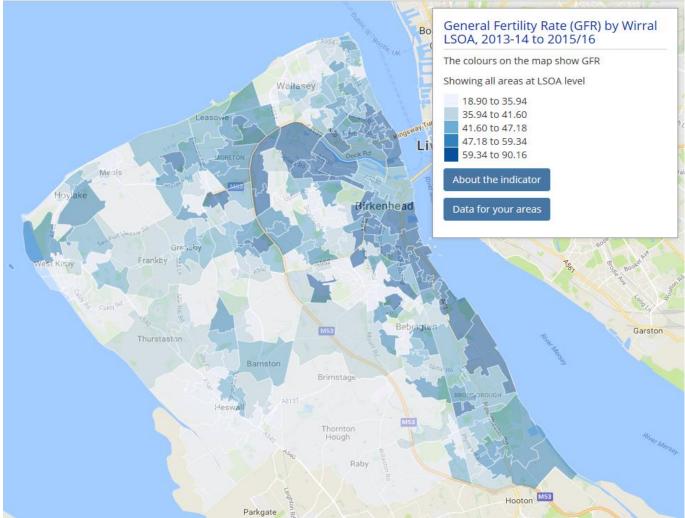
This is likely to impact on the provision of health and social care services as deprivation is linked to a number of infant health issues such as low birth weight, higher rates of hospital admissions, reduced breastfeeding, learning disability and high smoking in pregnancy rates.

Map 1 below shows births in Wirral for the last 3 financial years combined (2013/14, 2014/15 and 2015/16) geographically and highlights that the birth rate (per 1,000 women aged 15-44) shows a mixed picture for Wirral.

Rates tend to be much lower rates in the south and west of Wirral and higher in the north and east of Wirral. There are a few exceptions this however, (West Kirby and Woodchurch in the west have fairly high rates for example, while Oxton and Wallasey in the east are fairly low).

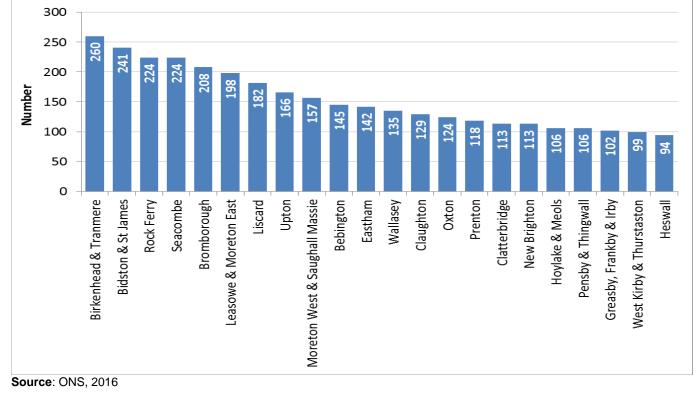
The pattern of fertility does broadly correlate with the pattern for deprivation however; with higher rates in more deprived areas (this explains lower rates in parts of Oxton and Wallasey, which are fairly affluent and higher rates in Woodchurch and the east of Wirral which are fairly deprived).



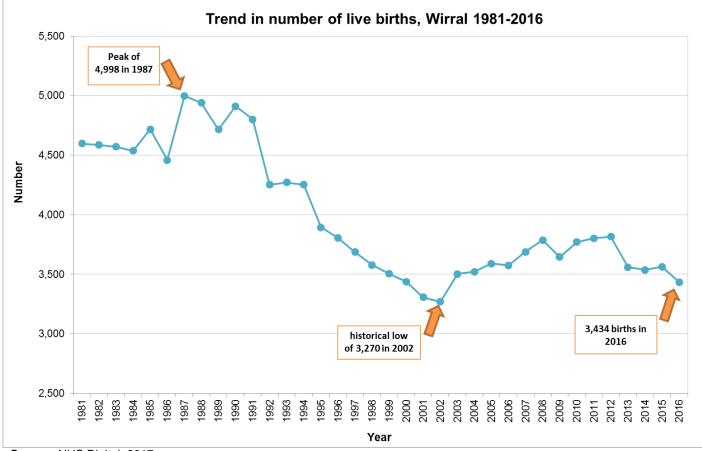


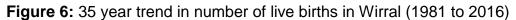
Source: Local Insight, 2017





As the chart above in figure 5 shows, the four most deprived wards in Wirral had the highest number of births in 2016. This is a trend which has been consistent for many years, so health and social care services will probably already be aware that they have a large proportion of new mothers and children from areas of deprivation with significant health and social care needs. The total number of births in Wirral was 3,434 in 2016 (*numbers in chart do not add to this number, as postcode was missing from some data*). The historical trend in the number of live births in Wirral from 1981 to 2016 is shown in figure 6 below.





Source: NHS Digital, 2017

The lowest number of births in the last 35 years occurred in 2002, when there were 3,270 live births in Wirral. Following 2002, births showed a shallow upward trend until 2012, when they began to drop again.

As a consequence of the steep drop from 1995 to 2002, it is likely that when the cohorts of children born in this period reach childbearing age, there will be a corresponding drop in births in Wirral. This is because unlike England, Wirral has not had the significant inward migration which has increased birth rates nationally. This drop is likely to occur from around 2018 and could last until 2035, as average age of motherhood increases.

Age of mothers is a factor in determining need for health and social care, as children born to both younger and older mothers have more health issues. Table 5 shows births by age of the mother in 2015 (2016 headline birth figures are available, but for detailed statistics such as age of mother, 2015 is still the most recent year available).

As Table 5 shows, the largest number of Wirral births occur in women aged between 25 and 29. This was also the case in the North-West, but not in England overall, where the most common age was slightly older (30-34s).

Table 5. NU	Inper		s by age of	giano, inorth	-vvest & vvi	nai, 2015		
		<20	20-24	25-29	30-34	35-39	40+	Total
England	No.	28,208	101,599	187,958	208,210	116,013	28,199	664,399
England	%	4%	15%	28%	31%	17%	4%	100%
North-	No.	4,240	15,025	26,130	25,534	12,874	2,905	85,838
West	%	5%	18%	30%	30%	15%	3%	100%
Wirral	No.	210	606	1,041	1,034	600	125	3,563
vvirai	%	6%	17%	29%	29%	17%	4%	100%

Table 5: Number of live births by age of mother, England, North-West & Wirral, 2015

Source: ONS, 2016

The table shows that Wirral differs from England in another respect – Wirral has a higher proportion of births to younger mothers aged 24 and under; 23% of births in Wirral are in those aged under 24, compared to just 19% in England.

National data shows higher proportions of births to younger mothers tend to occur in more deprived areas, whilst a higher proportion of births in older mothers tend occur in more affluent areas. This is shown more clearly in Figure 7 below.



Figure 7: Percentage of births by age of mother, England, North-West & Wirral, 2015

Source: ONS, 2016

Low birthweight

Low birthweight is an important cause of childhood morbidity, a major factor in infant mortality and has serious consequences for health in later life, e.g. children who are of a low birthweight are more likely to have learning disabilities.

Low birthweight shows a pattern consistent with many health issues, in that it is a source of health inequality, because it is more common in deprived areas. It is a bell-weather for maternal health.

Low birthweight is classed as births in babies of at least 37 weeks gestation or more, in which the baby weighed less than 2,500grams (which is roughly 5lb 4oz).

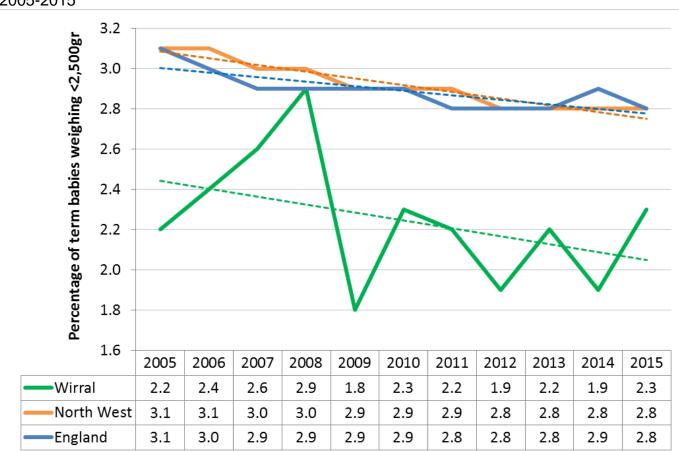


Figure 8: Trend in low birthweight (<2,500g) of term babies in England, North-West & Wirral, 2005-2015

Source: PHE, 2017

As Figure 8 shows, the prevalence of low birthweight is lower in Wirral than in both England and the North-West overall. The chart also shows that despite some fluctuation, low birthweight (of term babies) has fallen in England, the North-West and England over the last decade (shown by the dotted trend line). Wirral shows more fluctuation than England or the North-West due to smaller numbers.

In numbers, there were 74 babies born (at 37 weeks or more gestation) in Wirral in 2015, who were classed as being of low birthweight (<2,500grams). This overall percentage of 2.3% of births hides considerable inequalities however.

Figure 9 below shows that low birthweight varies enormously by Wirral ward. It should be noted however, that the figures below relate to ALL births, not just the 74 births which were classed as term (37+ weeks), due to this marker being absent from our local ONS data on births which enables us to assign births to ward.

As Figure 9 shows, one in every 8 babies born in Rock Ferry result is of a low birthweight, compared to just one in every 25 births in West Kirby & Thurstaston.

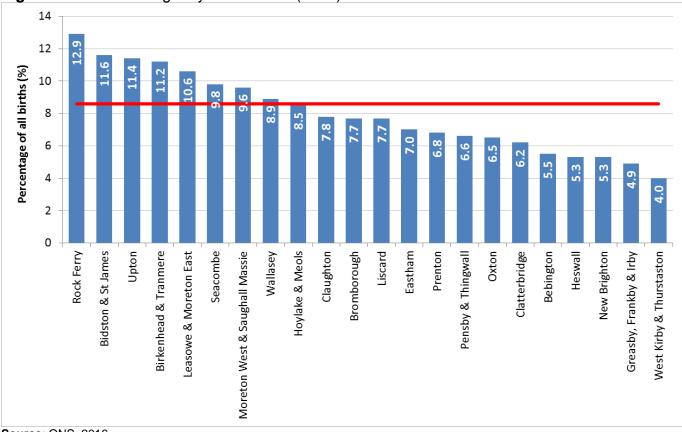


Figure 9: Low birthweight by Wirral ward (2016)

Source: ONS, 2016

Note: Wirral average shown by red line. Figures are for all babies, born at any gestation

Lesbian, Gay, Bisexual and Transgender young people

There are currently few reliable estimates of the size of the Lesbian, Gay and Bisexual (LGB) population in the UK. In 2015, 1.7% of the UK population identified as lesbian, gay or bisexual with slightly more men than women saying this (2.1% versus 1.5%). The North-West had the highest rate of people identifying as LGB in the UK in 2015 outside of London (2.0% in the North-West compared to 2.6% in London) [1]. See tables 6 and 7 below:

Table 6: Proportion of people identifying as LGB in UK in 2015

	Gay or Lesbian	Bisexual	Total
Male	1.6%	0.5%	2.1%
Female	0.7%	0.8%	1.5%
Persons aged 16-24	1.5%	1.8%	3.3%

Source: ONS, 2015

Figures do however, vary by age also, with very few older people identifying as LGB, while the 16-24 age group had the highest prevalence of LGB of any age group (3.3%) – unfortunately the data by age band is not split by gender. The higher national figures in the younger age band have been applied to the Wirral population of young people below to produce very crude estimates for Wirral.

Table 7: Estimates of the number of LBG young people in Wirral

Age	Gay or Lesbian	Bisexual	Total
12-15	214	257	472
16-19	216	259	475
Total	430	516	947

As tables 6 and 7 show, younger people were more likely to report being bisexual than gay or lesbian. There is a large degree of uncertainty about the estimates above, it may be that they are an overestimate (e.g. in the younger age bands), but equally, they may be an underestimate, given that the North-West has a higher proportion of LGB than any area outside London and surveys are likely to under-report LGB due to continuing levels of stigma and discrimination meaning that many people may not yet have revealed their sexuality to anybody.

Information on the transgender population is difficult to determine. Using estimates produced by the charity GIRES in 2009 (and applying them to the Wirral population aged 12-19), would mean around 5 or 6 young people in Wirral are likely to be experiencing gender dysphoria/ transsexualism. The majority of these would be males (ratio of 4:1 males to females). It is unlikely that younger people aged 12-19 would present for treatment however, as the average age at presentation for treatment was 42 in 2009.

Life expectancy at birth

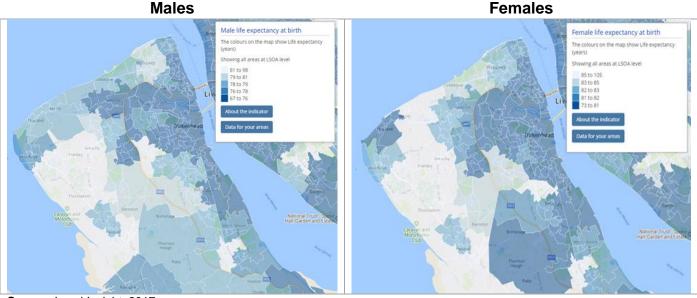
Life expectancy at birth indicates the number of years a baby born in an area can expect to live if they experience the mortality rates of that area for the whole of their life. It is not a guide to the remaining expectation of life at a later age, e.g. if life expectancy at birth in a particular area is 80 years, it does not follow that people aged 70 living in that area can expect to live for a further 10 years. It is however, a general guide to the health of the population and inequalities in an area.

Table 6. Life Expectancy at Birth, With 93% Connuence Linnts, Wirtal, 2013-13							
		Males		Females			
Time Period	Life Expectancy	95% Confidence Intervals		Life Expectancy		nfidence rvals	
1 chidu	(Years)	Lower Limit	Upper Limit	(Years)	Lower Limit	Upper Limit	
2013-15	77.9	77.6	78.3	81.9	81.5	82.2	

Table 8: Life Expectancy at Birth, With 95% Confidence Limits, Wirral, 2013-15

Source: ONS, 2017

Map 2: Inequality in male and female life expectancy in Wirral, 2011-13

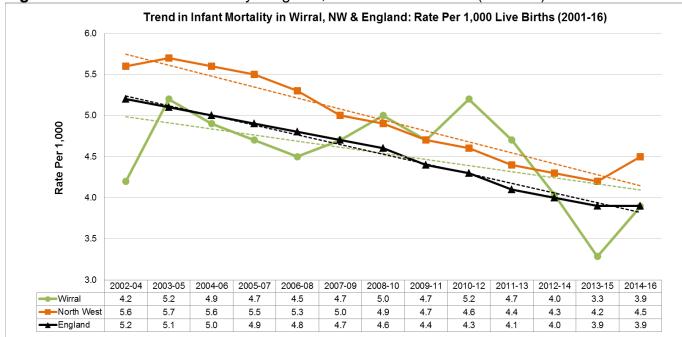


Source: Local Insight, 2017

Darker colours on the maps denote lower life expectancy, so it can be seen that broadly speaking, life expectancy is lower in the East, more deprived side of Wirral compared to the more affluent West.

Infant Mortality

Infant mortality is the rate of deaths in infants aged under 1 year per 1,000 live births and is an important indicator of the general health of the entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Rates are shown as 3 years pooled to smooth out large fluctuations which are characteristic of small datasets (infant mortality numbers are small per year).





Source: PHE, 2017 Note: Trendline shown by dotted line

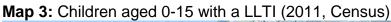
As the chart in figure 10 above shows, infant mortality in Wirral in 2014-16 is exactly the same as England and lower than the North-West overall. It had been showing an overall downward trend over the 15 years shown (with more fluctuation in Wirral due to smaller numbers), but this trend appears to be levelling out in the most recent time period 2014-16. In the North-West overall, there was an increase (the first increase since 2003-05), whilst in Wirral there was an increase after four years of falling rates. England has remained the same as in the previous time period.

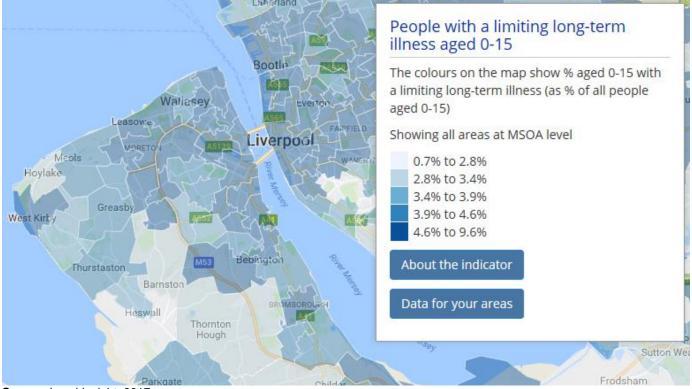
Despite showing a slightly steeper decline than both England and Wirral (shown by the broken trend line on the chart), the North-West had the highest infant mortality of the areas shown in the most recent time period, as it did at the beginning of the time period shown by the chart.

The rate in Wirral shows more fluctuation than both England and the North-West even though 3 pooled year rates have been used, but this is characteristic of smaller numbers (for reference, the total number of infant deaths in the 3 year pooled period of 2014-16 was 41 for Wirral). Wirral had a much lower rate of infant mortality than both England and the North-West in 2001-03, hence the much flatter rate of decrease over the period shown.

Disability

Data on disability (at all ages) is rarely definitive or perfect. The map 3 below shows the proportion of residents aged 0-15 with a limiting long-term illness according to the 2011 Census. People responded to a question which asked whether or not they (or their child) had a limiting long-term illness, health problem or disability which limited their daily activities or the work they could do.





Source: Local Insight, 2017

The total number of children and young people aged 0-15 reported as having a LLTI in Wirral in 2011 was 3,040.

The percentage of children and young people aged 0-15 who were reported as having a LLTI by Wirral ward are shown in Figure 11 below.

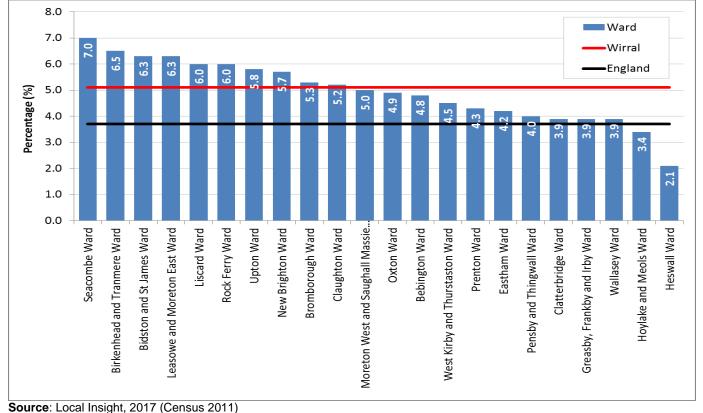


Figure 11: Percentage of children aged 0-15 reported as having a LLTI by ward (Census 2011)

As figure 11 and map 3 show, LLTI (or disability) in children and young people broadly corresponds with deprivation, with the most affluent wards having the lowest proportion of children with a LLTI - and the most deprived wards having the highest rates. As the chart also shows, Wirral overall has a much higher rate of children with LLTI than England overall (5.1% compared to 3.7% in England). Rates in Wirral do seem however, to be in line with national estimates produced by The Family Resources Survey 2007/08, which estimated that nationally between 4% and 7% of young people would have a long-standing illness, disability or infirmity and experience significant difficulty with day-to-day activities (although these estimates are fairly dated now).

Income and Unemployment

Youth unemployment (NEET)

Young people who are not in education, employment or training (NEET), are at greater risk of a range of negative outcomes, including poor health, depression and early parenthood. Increasing the participation of young people in learning and employment not only makes a lasting difference to individual lives, but is also central to improving social mobility and reducing inequalities.

To support more young people to study and gain the skills and qualifications that lead to sustainable jobs and reduce the risk of young people becoming NEET, legislation was included in 2013 to raise the participation age as contained within the Education and Skills Act 2008. This required that from 2013 all young people remain in some form of education or training until the end of the academic year in which they turn 17. From 2015, this rose to be their 18th birthday. The chart below shows the downward trend in the percentage of young people in Wirral aged 16-18, who were NEET between 2011 and 2015. In actual numbers, this has equalled a reduction from 1,090 young people, to 510 in 2016.

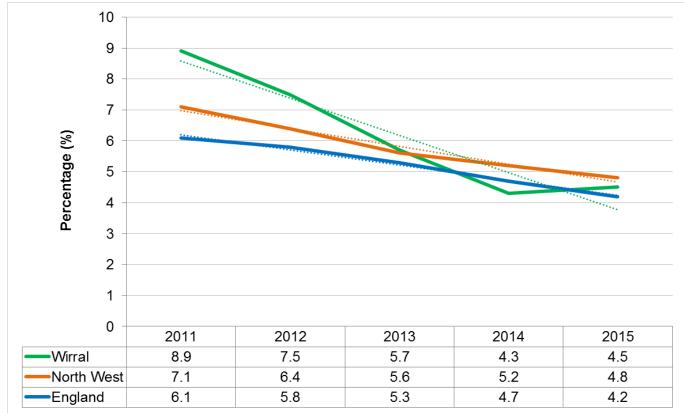
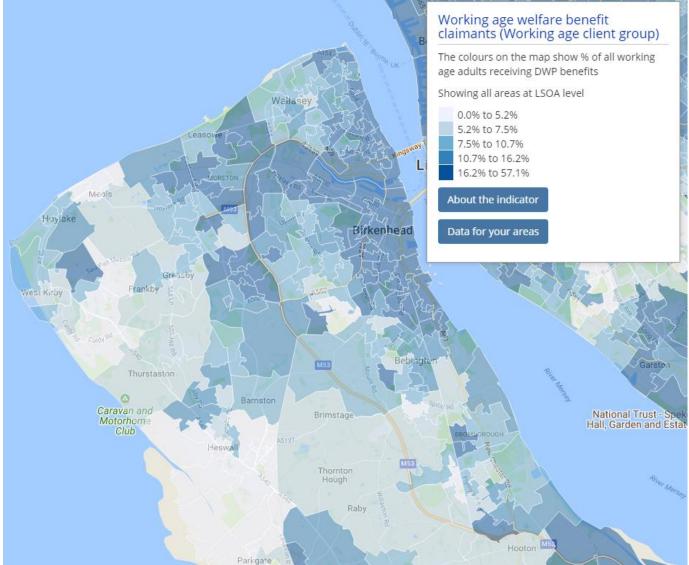


Figure 12: Trend in NEET in Wirral, North-West & England, 2011-15

Source: Local Authority Interactive Tool, 2017

Benefits

In total, there were 30,945 people claiming working age benefits in Wirral (as of November 2016), which is 15.9% of the working age population of Wirral (compared to the England average of 10.8%). As the map below shows, there are huge variations in Wirral, with a much higher percentage of benefit claimants in the east of Wirral (e.g. almost one in three or 31.5% of the working age population in Birkenhead & Tranmere compared to one in 20 or 5.3% in Heswall). See *child poverty* section further down, for the number of children in Wirral living in out of work households.

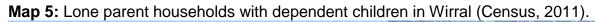


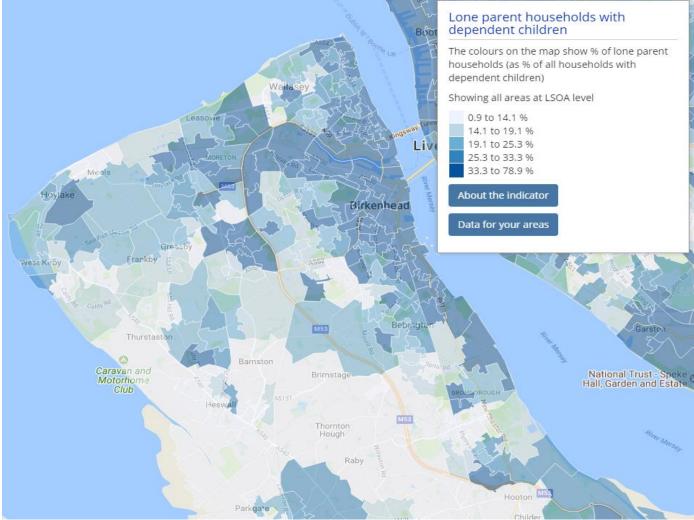
Map 4: Working age benefit claimants in Wirral, November 2016

Source: Local Insight, 2017

Lone parent families

There were 12,735 lone parent families with dependent children according to the Census in Wirral in 2011. There are a much higher proportion of lone parent families in Wirral compared to England (32.1% in Wirral, compared to 24.5% of all household in England) [8]. Obviously, the Census is now 6 years ago, so numbers may have changed somewhat, the distribution of where these families are likely to be concentrated however, is unlikely to have changed, as it is a long standing trend that lone parent families tend to be concentrated in areas of deprivation – as the map 5 shows, Wirral is no exception to this general rule.





Source: Local Insight, 2017

Adult Skill levels

There are approximately 61,000 people in Wirral with no qualifications, or 23.4% of the working age population [8]. This is higher than the England average of 22.5% of the working population who have no qualifications.

Social Circumstances

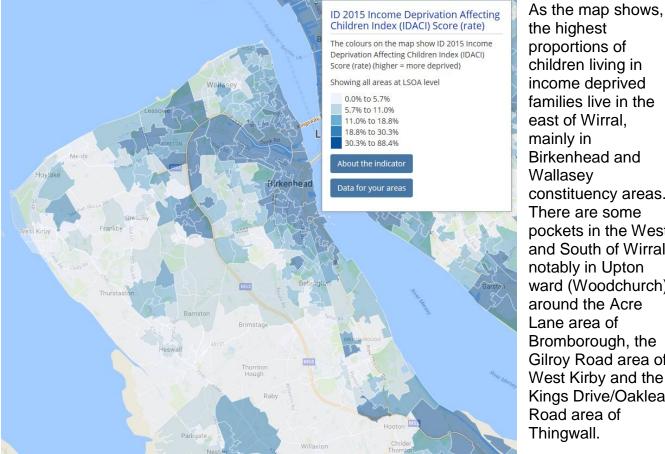
Deprivation (Income Deprivation Affecting Children Index or IDACI)

The 2015 Income Deprivation Affecting Children Index (IDACI) is produced by the Department for Communities and Local Government and is a supplementary indices to the overall IMD (Index of Multiple Deprivation). It measures the proportion or percentage of children under the age of 16 in an area living in income deprived households. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).

The IDACI is calculated at lower super output area level (LSOA).Table 9 (over page) shows results by Wirral ward (LSOA results have been amalgamated up to ward).

The map (Map 6) shows the geographical distribution by LSOA. The 2015 Index is currently the most recently available Indices of Deprivation.

Map 6: Income Deprivation Affecting Children Index Score (IDACI) 2015



the highest proportions of children living in income deprived families live in the east of Wirral, mainly in Birkenhead and Wallasev constituency areas. There are some pockets in the West and South of Wirral, notably in Upton ward (Woodchurch), around the Acre Lane area of Bromborough, the Gilroy Road area of West Kirby and the Kings Drive/Oaklea Road area of Thingwall.

Source: DCLG, 2015

Child Poverty

See Child Poverty chapter for more details.

Children in 'out of work' households, are defined as dependent children living in families where all adults are in receipt of Income Support or income-based Jobseeker's Allowance (IS/JSA). Children living in lone parent households will not be living in poverty in all cases of course, but it is the case that lone parent families are more likely to be living in poverty than other families, hence their inclusion here.

	Children in 'O househ		Children in lone p	parent households
	Number	%	Number	%
Wirral	11,935	20.0%	24,185	34.7%
England		14.7%		27.2%

Table 9: Number and percentage of children likely to be living in poverty in Wirral

Source: HM Revenue & Customs, 2014

The measure used to assess child poverty is produced by Her Majesty's Revenue & Customs (based on income data) and more recently, has been renamed the 'children living in low income families' measure. The official definition is as follows:

"Number of children living in families in receipt of Child Tax Credits whose reported income is less than 60% of the median income or in receipt of IS or (Income-Based) JSA, divided by the total number of children in the area (as determined by Child Benefit data)"

Ward	% living in income deprived families	Ward Rank
Birkenhead and Tranmere	48%	1
Bidston and St James	46%	2
Seacombe	43%	3
Rock Ferry	42%	4
Leasowe and Moreton East	33%	5
Liscard	29%	6
Upton	26%	7
Claughton	23%	8
Bromborough	21%	9
New Brighton	21%	10
Moreton West & Saughall Massie	17%	11
Oxton	16%	12
Prenton	15%	13
Bebington	13%	14
Eastham	13%	15
Pensby and Thingwall	12%	16
Wallasey	11%	17
West Kirby and Thurstaston	8%	18
Greasby, Frankby and Irby	7%	19
Hoylake and Meols	7%	20
Clatterbridge	6%	21
Heswall	4%	22
England	19.9%	
North-West	22.6%	
Wirral	23.3%	

Table 10: Percentage of children living in income deprived families, by Ward (2014)

Source: HMRC, 2016

Fuel Poverty

Fuel poverty is said to occur when in order to heat its home to an adequate standard of warmth a household needs to spend more than 10% of its income on total fuel use. The number of households living in 'Fuel Poverty' according to this definition in Wirral is 15,565 or 10.9% of all Wirral households, compared to 10.6% of all households in England (Department for Energy and Climate Change (2014).

Housing

The effect of poor housing, fuel poverty and overcrowding on children is important, e.g. their attainment at school can suffer from lack of study space, poor sleep and concentration caused by overcrowding, respiratory illnesses and poor nutrition (due to inadequate thermal insulation of houses and inadequate food preparation and cooking facilities) to name but a few.

It is estimated that just over one in 10 families in Wirral are classed as living in **fuel poverty** (a fuel poor household is defined as one which needs to spend more than 10% of its income on all fuel use and to heat its home to an adequate standard of warmth).

Wirral is an outlier (worse than England, the North-West and comparable local authorities) having the 3rd worst rate in the North-West region of Hospital Admissions **for Lower Respiratory Tract**

Infections in children aged <1 (there were 364 admissions in Wirral children this age in 2015/16) [7]. Whilst much of this will be due to other factors such as secondhand smoke, poor housing will also have played a part.

Households are classified as **overcrowded** if there is at least one room fewer than needed for household requirements using standard definitions. Figures from the 2011 responses to Census questions on the number of rooms and numbers of persons in a household for Wirral show that 3.9% of Wirral households (n=5,503) were overcrowded according to this definition (all households, not just those containing children, figures are not available on overcrowding relating to children).

Food banks

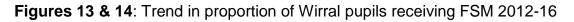
The largest operator of foodbanks in Wirral is the Trussell Trust, which currently has 14 foodbanks in the borough (there are of course, other foodbanks operated by various churches and charitable organisations). Information on total number of foodbanks, the number of people using them, the reasons for using them and total number of food parcels issued is not collected or collated by any official body.

This information is available for the foodbanks run by the Trussell Trust and their data shows that in 2016, food parcels were provided to feed a total of 6,986 people (2,327 of these were children). This compares to over 10,000 visits in 2015 (when 3,820 children were supported). Reasons for the reduction in usage between the two years are unclear. Benefit delays were the most common reason for visiting one of The Trussell Trusts Wirral foodbanks. This is in line with national information which also indicates the most common reason for using foodbanks is benefit delays.

Free school meals (FSM)

Around one in three school pupils in Wirral receive free school meals. The charts below show the trend in the proportion of primary (left) and secondary school pupils who received free school meals between 2012 and 2016.





As the charts in figures 13 and 14 show, Wirral has a higher proportion of children receiving free school meals than either the North-West or England. The trend for FSM in primary school appears to show a slight downward, or flat trend – whereas for secondary school pupils, the number receiving FSM appears to have increased in the last 5 years, for Wirral, the North-West and England overall.

Source: Local Authority Interactive Tool, 2017

Domestic Abuse

Each year in the UK, 130,000 children are estimated to live in homes where high-risk domestic abuse is prevalent [4]. Domestic abuse, parental substance misuse and poor mental health have been identified as the three most important factors affecting parenting capacity; they were also recurring themes in a 2013 systematic analysis of neglect and serious case reviews (SCRs) in England (2003-11) [5].

Further evidence suggests that the impact on children extends beyond the immediate abuse and into adulthood [6]. Evidence shows an association between Adverse Childhood Experiences (ACEs) and problems in adulthood, specifically; substance misuse; poor mental health; involvement in violence; early unplanned pregnancy; incarceration; unemployment in adulthood; vulnerability to CSE and a greater risk of exposing any children they may have in the future to ACEs can all be linked back to past experience of domestic abuse as a child [5].

Wirral MARAC (Wirral Multi Agency Risk Assessment Conference), where a range of professionals come together to manage the risk of domestic abuse to victims (professionals include representation from the police, health, social services, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and the voluntary sectors) reviewed discussed 693 cases of Domestic Abuse in 2014, involving 1,206 children. This gives an indication of high risk domestic abuse in Wirral (only high risk cases are dealt with by MARAC). For more information, please see the **Domestic Abuse section of the Wirral JSNA**.

Young carers

According to the 2011 Census, 748 young people aged 0-15 identified themselves as an unpaid carer, as did a further 2,092 young carers/young adult carers aged between16-24. Of these, 350 reported that they were delivering 50 or more hours of unpaid care per week. See **Young Carers** section for more details and information.

Children at risk of CSE (Child Sexual Exploitation)

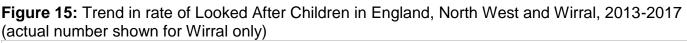
There is a specific chapter of the Wirral JSNA for CSE. Please <u>check this section</u> for comprehensive information on this topic.

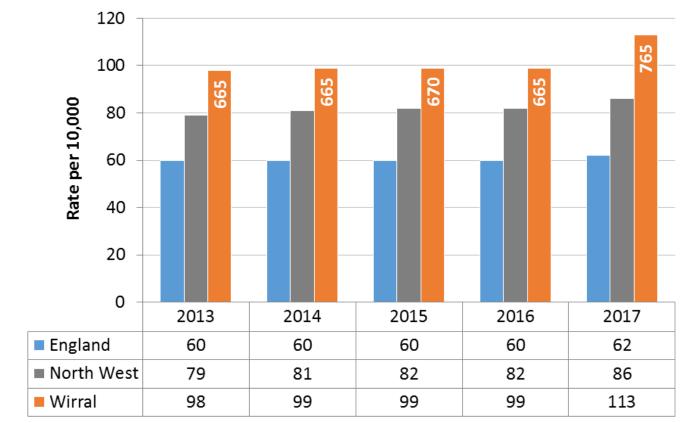
Looked After Children

As of 31 March 2017 there were 765 Looked After Children in Wirral. This was a rate of 113 per 10,000, which is much higher than in England overall where the rate is 60 per 10,000.

A sizable majority of these children (57%) were from Birkenhead Constituency (prior to becoming looked after), which is unsurprising as Birkenhead Constituency contains areas of extreme deprivation and becoming looked after is much more likely in families experiencing deprivation. (See Safeguarding and Children in Care sections for further details).

Figure 15 below shows the 5 year trend in LAC in England, the North West and Wirral between 2013 and 2017. It shows that whilst there was a very slight increase in the rate in England and the North West between 2016 and 2017, the rate of increase was much steeper in Wirral. As of November 2017), there were 835 Children Looked After in Wirral, which equates to a rate of 122 per 100,000. This is double the England rate and represents a 22% increase compared to 2016 when the figure was 665 children (or 99 per 10,000).





Source: Department for Education, 2017 (SFR 50 tables)

Bereaved children

Most young people will have been bereaved of someone close to them (a parent, sibling, grandparent, friend, and teacher) by the time they are 16. Many will cope well with their loss, but almost all will need some kind of support.

The Child Bereavement Network report research which highlights the views of children and young people themselves, who reported that the following things can help:

- Having the death acknowledged
- Being given age-appropriate information about what has happened and what is going to happen
- Having the chance to express their feelings and thoughts about the death
- Being helped to remember
- Taking part in opportunities to say goodbye and commemorate the person who has died
- Knowing they are not to blame for what has happened
- Meeting other children and young people who have been bereaved.

The Child Bereavement Network estimates that each year in Wirral, around 140 parents are likely to die leaving around 240 children aged 0-17 [3]. They also estimate that the current school-aged population of children and young people aged 5-16 who have been bereaved of a parent or sibling at some point in their childhood is around 1,450.

Further information

Public England produce a range of publicly available data (Fingertips profiles include vulnerable children, injuries, obesity, vaccinations and immunisations, complex needs and mental health for example, there are many more), information, reports, tools and resources on child and maternal health in <u>one easily accessible hub</u>. It helps users find and use the information and evidence they need to improve decision making as part of the planning or commissioning process. The data is regularly updated as new releases become available.

References

1. Sexual Identity in the UK (2015):

https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2015

2. Gender variance in the UK: prevalence, incidence, growth and geographic distribution (June 2009) GIRES, available at: <u>https://www.gires.org.uk/assets/Medpro-</u>

Assets/GenderVarianceUK-report.pdf

3. Child Bereavement Trust Atlas. Available at:

http://www.childhoodbereavementnetwork.org.uk/research/local-statistics.aspx

4. Domestic Abuse chapter of the Wirral JSNA. Available at:

http://info.wirral.nhs.uk/document_uploads/JSNA%202016/Wirral%20Domestic%20Abuse%20 Needs%20Assessment%20-%20Final%20Draft%2020%2011%2015.pdf

5. Brandon, M., Bailey, S., Belderson, P. and Larsson, B. (2013). *Neglect and Serious Case Reviews* [online]. London: National Society for the Prevention of Cruelty to Children. Available at: <u>https://www.nspcc.org.uk/globalassets/documents/research-reports/neglect-serious-case-reviews-report.pdf</u>

6. Bellis, M. A., Lowey, H., Leckenby, N., Hughes, K. and Harrison, D. (2014). Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and outcomes in a UK population. Journal of Public Health, Vol. 36, No. 1, pp. 81-91. Available at: http://www.ncbi.nlm.nih.gov/pubmed/23587573

7. Public Health Outcomes Framework

8. Local Insight: available at: <u>http://wirral.communityinsight.org/</u>

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