St.Helens
Joint Strategic Needs Assessment
2019

3b. Children and Young People

St.Helens Council

NHS
St Helens Clinical Commissioning Group

Contents

1. Introduction

The St.Helens 2017 Maternity, Children and Young People JSNA highlighted some important issues regarding the children and young people of St.Helens. For example, health outcomes by ward showed a wide variation, and teenage conceptions rates locally were reducing. In 2019 health outcomes by ward continue to show even wider variations and teenage conceptions have seen their first sharp increase for five years.

This updated report explores the health and wellbeing of children and young people in St.Helens from wider determinants such as educational attainment, to lifestyle factors and hospital admissions. It provides an overview of need in the Borough and highlights both areas of improvement and of concern.

2. Key Findings

- At the end of the 2017/2018 academic year, 69% of children educated and completing the EYFS in St.Helens achieved a good level of development; similar to the regional average (68.9%) but below the national average (71.5%).

- Students educated in St.Helens and completing their KS4 studies in 2018 made significantly less progress than other pupils nationally.

- Overall, since 2008 the number of teenage conceptions has reduced in St.Helens by 70% (216 conceptions in 2008 and 65 conceptions in 2016) but 2017 has seen an increase.

- The rate of alcohol–specific hospital admissions of under-18s in St.Helens is the 2nd highest in England at a rate of 99 admissions per 100,000 population.

- In comparison to England, St.Helens children are more likely to be obese; however overweight children are above but closer to the national average.

- In St.Helens, the proportion of children with who had experienced dental caries had reduced from 40% in 2008 to 30% in 2015, but back to 38.2% in 2017.

- The rate of hospital admissions due to unintentional and deliberate injuries in 0-14 year olds has decreased three years in a row in 2017/18.

- At 180 admissions per 100,000 population aged 0-17 years, St.Helens has the highest rate of admissions due to mental health problems in Merseyside and is the 3rd highest in England.

- At a rate of 121 children per 10,000 of the under-18 population, St.Helens has a considerably higher rate of children looked after by the authority than comparable regional and national averages.

- The rate of children in need in St.Helens in early 2019 is 489.1 per 10,000 children (1,790 open cases); a higher rate of children in need than the North West and England.

- Whilst the actual number of children and young people supported by St.Helens with either a Statement or EHC Plan has increased in recent years, when the figures are expressed as a rate per 10,000 of the 0 to 25 year old population, it continues to remain below comparable regional and national averages.

3. Children and Young People

3.1 Education

3.1.1 Early Years Foundation Stage (EYFS)

The Early Years Foundation Stage (EYFS) is a teacher assessment of children's development at the end of the academic year in which the child turns five. This information should help Year 1 teachers plan an effective, responsive and appropriate curriculum that will meet the needs of all children. The profile is also designed to inform parents or carers about their child's development against the early learning goals.

The profile requires practitioners to make a best-fit assessment of whether children are emerging, expected or exceeding against each of the new 17 early learning goals. In total the EYFS framework contains seven areas of learning, covering children's physical, intellectual, emotional and social development:

- Communication and language (3 Early Learning Goals)
- Physical development (2 Early Learning Goals)
- Personal, social and emotional development (3 Early Learning Goals)
- Literacy (2 Early Learning Goals)
- Mathematics (2 Early Learning Goals)
- Understanding the world (3 Early Learning Goals)
- Expressive arts and design (2 Early Learning Goals)

The new profile was introduced in September 2012 and the first assessments took place in summer 2013. The new profile's 'emerging', 'expected' and 'exceeding' scale is very different to the previous profile's 117 point scale and the number of early learning goals has been reduced. This led to a break in the time series as the results were not comparable between 2011/12 and 2012/13.

Children judged to have achieved a good level of development at the end of the EYFS are those achieving at least the expected level within the following areas of learning: communication and language; physical development; and personal, social and emotional development; literacy; and mathematics.

Table 1. Percentage of children achieving a 'Good Level of Development'

	2013	2014	2015	2016	2017	2018
St.Helens	57.1%	61.6%	64.4%	66.0%	67.1%	69.0%
North West	50.3%	57.8%	63.7%	66.7%	67.9%	68.9%
Statistical Neighbours	45.2%	54.9%	62.9%	66.8%	68.9%	70.1%
England	51.7%	60.4%	66.3%	69.3%	70.7%	71.5%

Source: DfE

At the end of the 2017/2018 academic year, 69% of children educated and completing the EYFS in St.Helens achieved a good level of development. The percentage of children educated in St.Helens and achieving a good level of development at the end of the EYFS is similar to the regional average and below the national average.

3.1.2 Key Stage 2 Attainment

All pupils in state-funded schools must be assessed against the standards of the national curriculum at the end of Key Stage 2 (age 11). The end of Key Stage 2 tests give an independent and nationally standardised measure of how pupils and schools are performing compared with national standards in the core subjects. In 2014, a new curriculum was introduced and 2016 was the first year it had been tested via new assessments. Pupils are no longer awarded test levels in each of reading, mathematics and grammar, punctuation and spelling but are given a scaled score and teacher assessments based on the standards in the interim framework. For this reason, results are not comparable to previous years.

In 2018, St.Helens scored 62% for Reading, Writing and Mathematics expected standard, a substantial increase of 4% on the outcome achieved in the previous year (58%). This is slightly below both the regional and England average (64%), but the gap in performance has narrowed relative to the previous year. For the higher expected standard, St.Helens scored 9% (2% higher than 2017), the same as that achieved regionally and marginally below the comparable national average (10%).

3.1.3 Key Stage 4 (GCSE)

In October 2013 the Department for Education (DfE) announced the implementation of a new secondary school accountability system that was subsequently delivered in 2016. The revised secondary school accountability system introduced a number of new headline KS4 measures:

- Progress 8[1]
- Attainment 8
- % of pupils achieving A*-C in English and Maths
- % of pupils entering the English Baccalaureate (EBacc)[2]
- EBacc average point score per pupil (a new measure for 2018)
- % students staying in education or employment after KS4 (destinations)

This replaced long standing and widely recognised measures such as the percentage of students achieving 5+ GCSEs at grades A*-C including English and maths (5ACEM), and expected progress measures.

In 2018 an additional 20 reformed GCSEs graded on a 9-1 scale were sat by pupils for the first time, along with English language, English literature and Mathematics GCSEs, which were reformed in 2017. Further reformed GCSEs in other subjects will be phased in over the next 3 years.

The information below provides a basic overview on the new and reformed GCSEs:

- GCSEs in England are being reformed and will be graded with a new scale from 9 to 1, with 9 being the highest grade
- New GCSE content will be more challenging
- A grade 4 and above is a 'standard pass'; this is the minimum level that students need to reach in English and Maths
- For measuring school performance, the DfE will publish the proportion of students achieving a grade 5 ('strong pass') and above

[1] Progress 8 and Attainment 8 are based on pupils' performance in eight qualifications. These are English and Maths, up to three subjects from the Ebacc list, and students three highest scores from a range of other qualifications, including GCSEs and approved non-GCSEs. English and Maths are given double weighting to reflect their importance.

[2] The English Baccalaureate, or EBacc, is a measure of how many pupils achieve a good GCSE pass in six core academic subjects: English, Maths, History or Geography, combined Science (which counts as two passes) and a Language.

Due to the changes mentioned above it is not possible to compare figures to earlier years.

Table 2. Average Attainment 8 Score per pupil

	2015	2016	2017	2018
St.Helens	46.2	48.9	43.8	44.2
North West	47.8	49.4	45.6	45.5
Statistical Neighbours	46.7	48.9	45.1	44.5
England (state-funded sector)	48.6	50.1	46.4	46.5
England (All Schools)	47.4	48.5	44.6	44.3
St.Helens national Rank position *(1 = highest, 151 = lowest)*	*120*	*101*	*122*	*113*

Source: DfE

At the end of the 2017/18 academic year, the average Attainment 8 score per pupil for those educated in St.Helens was 44.2 which is an increase of 0.4 points compared to the previous year. However, this score remains below comparable regional (45.5) and national (46.5) averages.

Progress 8 is a measure of the progress children make between the end of primary school (KS2) and the end of secondary school (KS4). It's designed to encourage good quality teaching across a broad curriculum. Progress 8 is a relative measure; therefore the national average Progress 8 score for mainstream schools is very close to zero. Table 3 below shows the overall Progress 8 score reported for St.Helens compared to regional and national averages, plus the scores achieved in each of the component elements[3].

Table 3. Progress 8 Scores and Components - 2018

	Number of pupils included in the measure	Overall Progress 8 Score	P8 score English	P8 score Maths	P8 score EBacc slots	P8 score in Open slots
St.Helens	1,726	**-0.41**	-0.49	-0.39	-0.62	-0.15
North West	68,656	**-0.17**	-0.17	-0.18	-0.22	-0.11
England (state-funded sector)	494,954	**-0.03**	-0.04	-0.02	-0.03	-0.04
St.Helens national Rank position *(1 = highest, 151 = lowest)*		*145*	*147*	*141*	*146*	*111*

Source: DfE

The Overall Progress 8 score (-0.41) is significantly below comparable regional and national averages illustrating that students educated in St.Helens and completing their KS4 studies in 2018 made significantly less progress than other pupils nationally with similar prior attainment starting points. The overall Progress 8 score reported for St.Helens is amongst the lowest outcomes reported by a local authority in England and above only five other areas[4]. The progress made by students educated in St.Helens in each of the component elements is also significantly below national averages.

[3] A Progress 8 score of 1.0 means pupils in the group make on average a grade more progress than the national average; a score of -0.5 means they make on average half a grade less progress than average.

[4] Knowsley (-0.83), Blackpool (-0.65), Hartlepool (-0.50), Salford (-0.49) and Redcar & Cleveland (-0.47).

3.1.4 Not in Education, Employment & Training (NEET)

From September 2016 DfE relaxed the requirement on authorities to track academic age 18-year-olds. LAs are now only required to track and submit information about young people up to the end of the academic year in which they have their 18th birthday, i.e. academic age 16 and 17-year-olds.

Table 4. % of 16-17 year olds that are Not in Education, Employment or Training (Including % 16-17 year olds whose activity is not known)

	2016	2017
St.Helens	6.3% (1.5%)	6.2% (1.4%)
North West	6.7% (3.3%)	6.7% (3.2%)
Statistical Neighbours	6.0% (2.1%)	6.5% (2.6%)
England (state-funded sector)	5.0% (3.2%)	6.0% (3.3%)

Source: DfE

In St.Helens in 2017, the percentage of young people (aged 16-17) not in education, employment or training, was 6.3% of which 1.5% had no known activity.

The local position is below regional (6.7% including 3.3% unknown activity) but above national averages (5.0% including 3.2% unknown). St.Helens was amongst the worst performing local authorities in England in 2015 (145th out of 152 LAs) when 18 year olds were included in the indicator. However, although not directly comparable, the position has improved in 2017, placing them 102nd out of 152 LAs.

In numbers, in 2017 there were an estimated 260 young people aged 16-17 who were not in education, employment or training, or whose activity was not known.

3.2 Lifestyles

3.2.1 Teenage Conceptions

3.2.1.i Key statistics

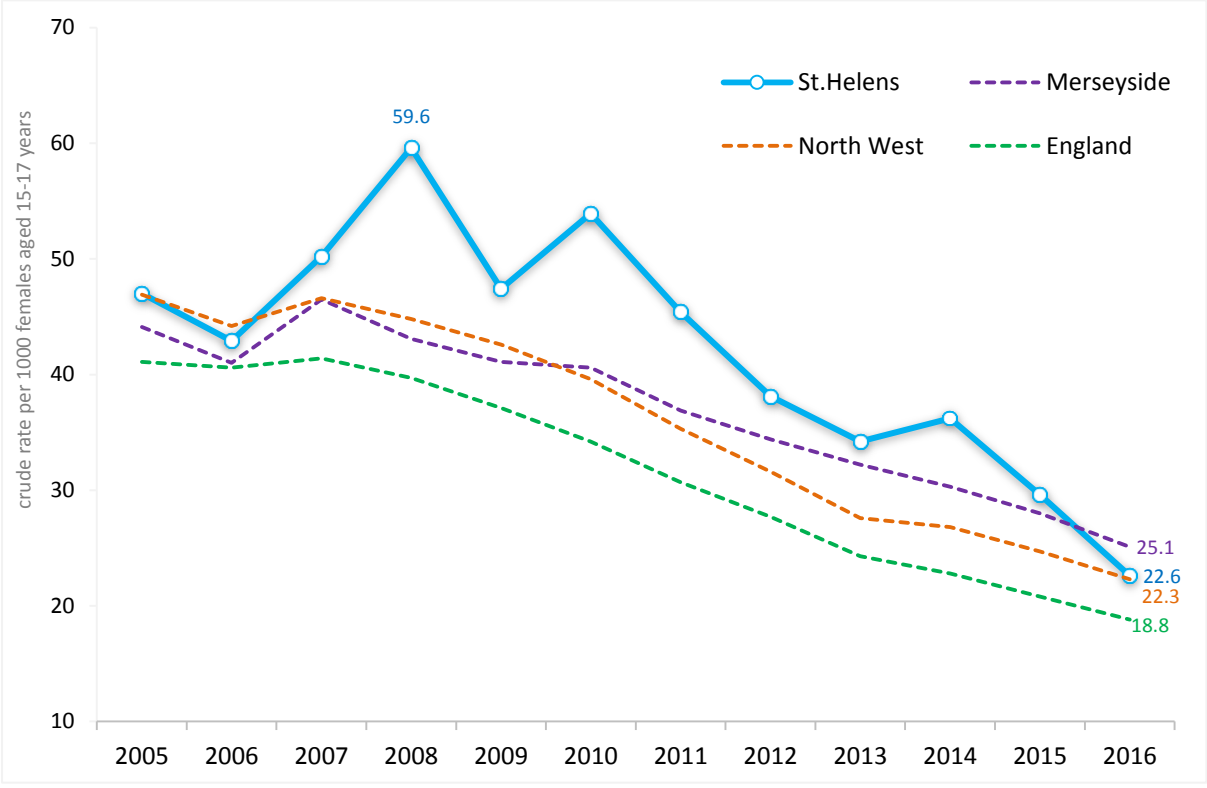
- In 2016 there were **65** under 18 conceptions to St.Helens residents, compared to **87** in the previous year and **110** in 2014.
- The under 18 conception rate has fallen by 38% since 2014, from 36.2 per 1,000 to 22.6 per 1000 females 15-17 years in 2016.
- The under-16 conception rate was 5.7 per 1,000 females aged 13-15 years in 2016, (15 conceptions). This compares with 5.9 per 1,000 in 2015 and 8.7 per 1,000 in 2014.
- Overall, since 2008 the number of teenage conceptions has reduced in St.Helens by 70% (216 conceptions in 2008 and 65 conceptions in 2016) but 2017 has seen an increase.

3.2.1.ii Under 18 conceptions

Across England, the under-18 conception rate has continued to fall and is now at a record low at 18.8 per 1000 females aged 15-17.

Although the teenage conception rate in St.Helens had decreased in 2016, at 22.6 per 1,000, it remained higher than the England average (18.8 per 1,000) but only marginally higher than North West rates (22.3 per 1,000). In 2016 St.Helens had the 45th highest under 18 conception rate out of 150 County & Upper Tier Local Authorities in England and the 11th highest rate out of 23 North West Local Authorities.

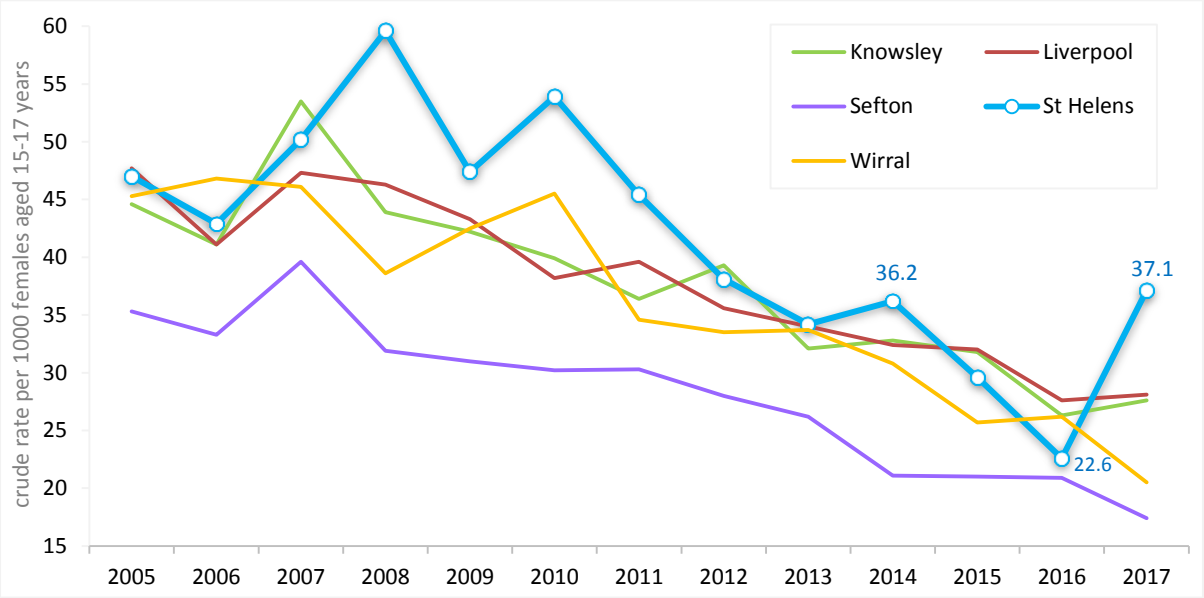
Figure 1. Rate of Under-18 conceptions; Annual Rate per 1,000 females



Source: ONS 2018

In 2016 the St.Helens annual outturn conception rate (22.6 per 1,000 - 65 conceptions) had decreased from the highest rate in Merseyside in 2014 to rank below both Liverpool and Knowsley, and below the Merseyside average rate (25.1). However, in 2017 the St.Helens rate has increased sharply and is once again the highest in Merseyside, with a rate of 37.1 (103 conceptions). There were 38 more conceptions in 2017 than in 2016.

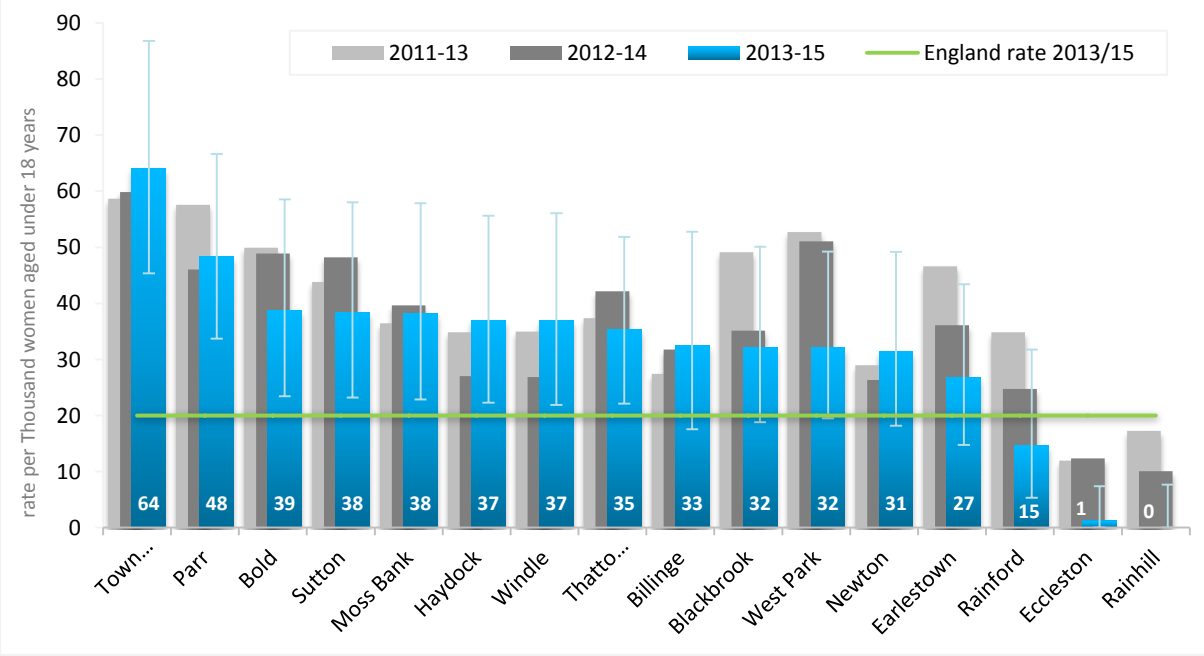
Figure 2. Rate of Under-18 conceptions, annual trend, Merseyside



Source: ONS 2019

Figure 3. Rate of Under 18 conceptions in St.Helens by Ward, 2011 to 2015 (3 year rates)

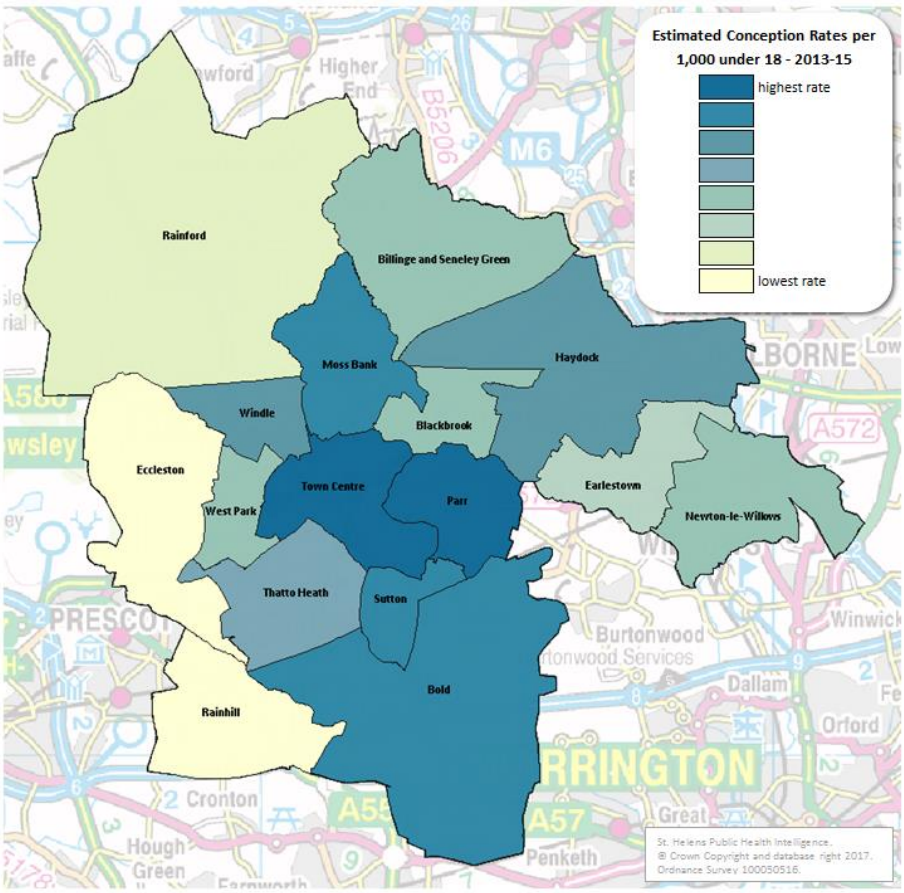
When viewing three-year aggregated rates by ward, a correlation between deprivation and teenage conception rates becomes apparent, with Town Centre and Parr, the most deprived wards in the borough[5] having the highest rates, and Rainford, Eccleston and Rainhill, amongst the least deprived wards in the borough, having the lowest rates.



Source: ONS 2018

[5] IMD 2015, and % of children in poverty http://www.endchildpoverty.org.uk/poverty-in-your-area-2018/

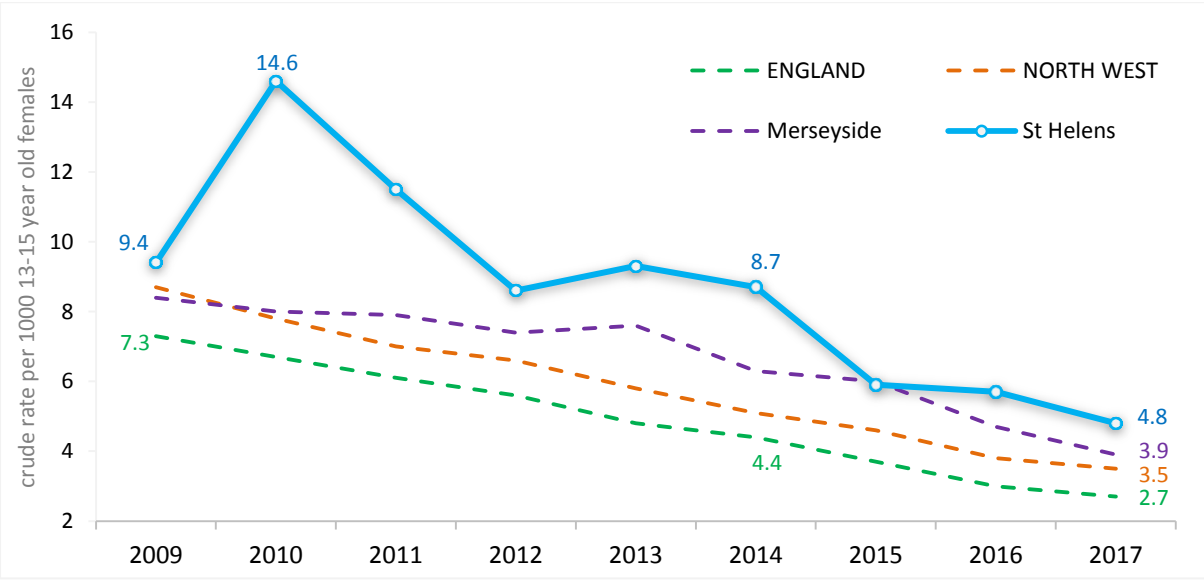
Figure 4. St.Helens Ward Map - 2013-2015 under 18 conception rates



3.2.1.iii Under 16 Conceptions

The St.Helens rate of 4.8 per 1000 13-15 year olds[6] is the lowest rate in recent years but is still above national and regional averages. The England under 16 conceptions rate for 2017 is 2.7 per 1000 females aged 13-15; which compares with 4.4 per 1000 in 2014 and 7.3 per 1000 in 2009.

Figure 5. Rate of Under-16 conceptions; annual rate per 1,000 females aged 13-15



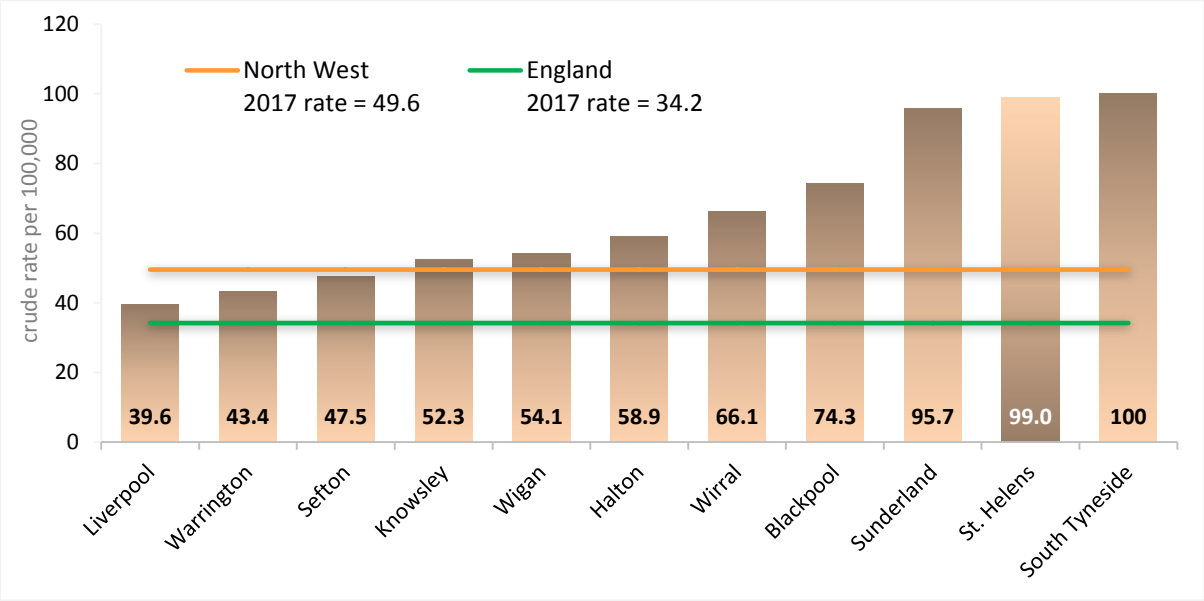
Source: ONS 2018

[6] This corresponds to 13 conceptions, a fall from a high of 47 conceptions in 2010. It is important to bear in mind that, given the small numbers involved, local authority rates can be subject to large year on year fluctuations.

3.2.2 Alcohol

Alcohol harm to young people in St.Helens remains as significant as ever. The rate of alcohol–specific hospital admissions of under-18s in St.Helens is the 2nd highest in England at a rate of 99 admissions per 100,000 population (behind South Tyneside whose rate is 100), which is the highest rate in the North West region (Blackpool are 2nd with a rate of 74.3).

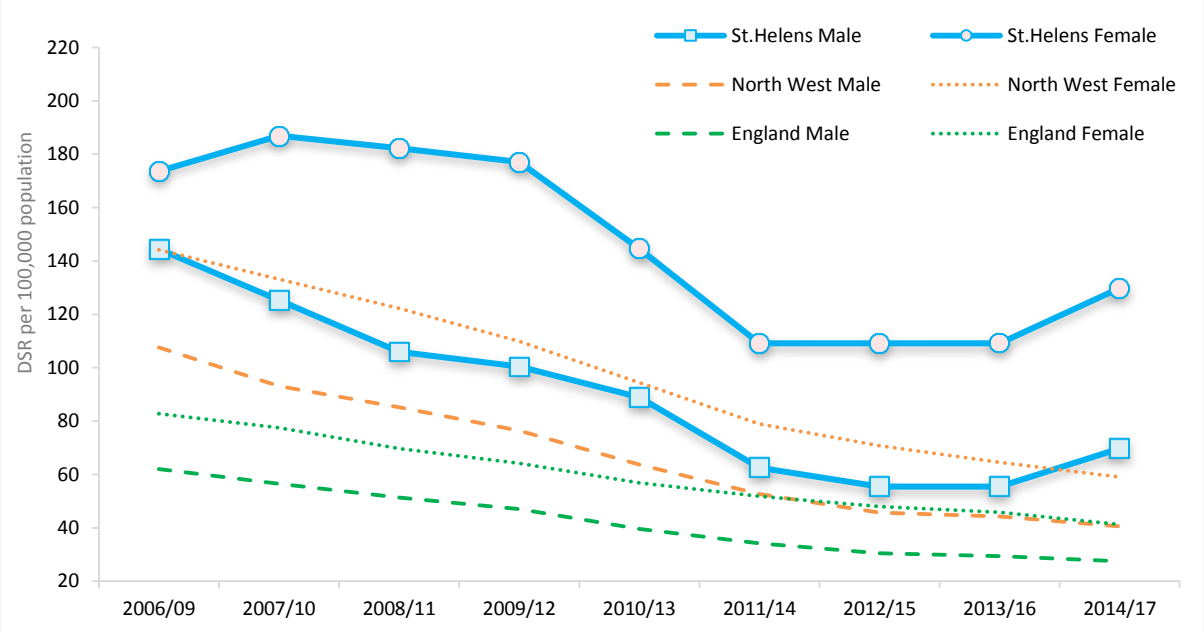
Figure 6. Alcohol-Specific Hospital Admissions Under-18s, 2014/15-16/17 with selected LAs



Source: Local Alcohol Profiles for England (LAPE) 2018, PHE

However, this rate has reduced by 38% when compared to the rate in 2006/07-08/09; from 158.6 to admissions per 100,000. This equates to 74 fewer hospital admissions over a three year period.

Figure 7. Trend in u18 Alcohol-Specific Hospital Admissions, with gender



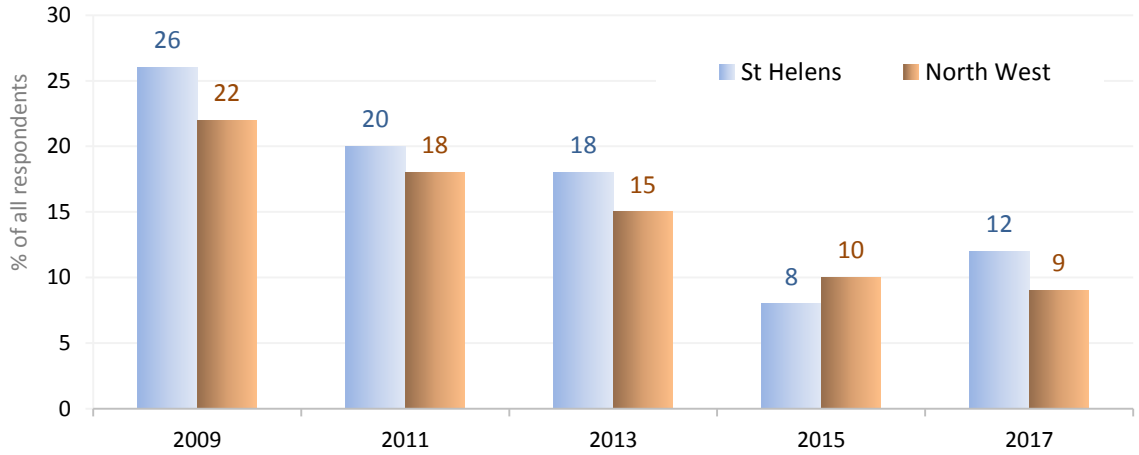
Source: Local Alcohol Profiles for England (LAPE) 2018, PHE

Of the 108 admissions in 2014/15-2016/17, 69 were for females and 39 were for males. This places the St.Helens female rate as the highest in England with 129.8 per 100,000.

3.2.3 Smoking

The proportion of children and young people smoking in St.Helens has reduced over the past few years. A North West Trading Standards survey (TSNW) undertaken every two years has shown that the proportion of 14-17 year olds smoking in St.Helens has reduced from 26% in 2009 to 8% in 2015, but has increased to 12% in 2017.

Figure 8. Percentage of 14-17 year olds smoking in St.Helens and the North West



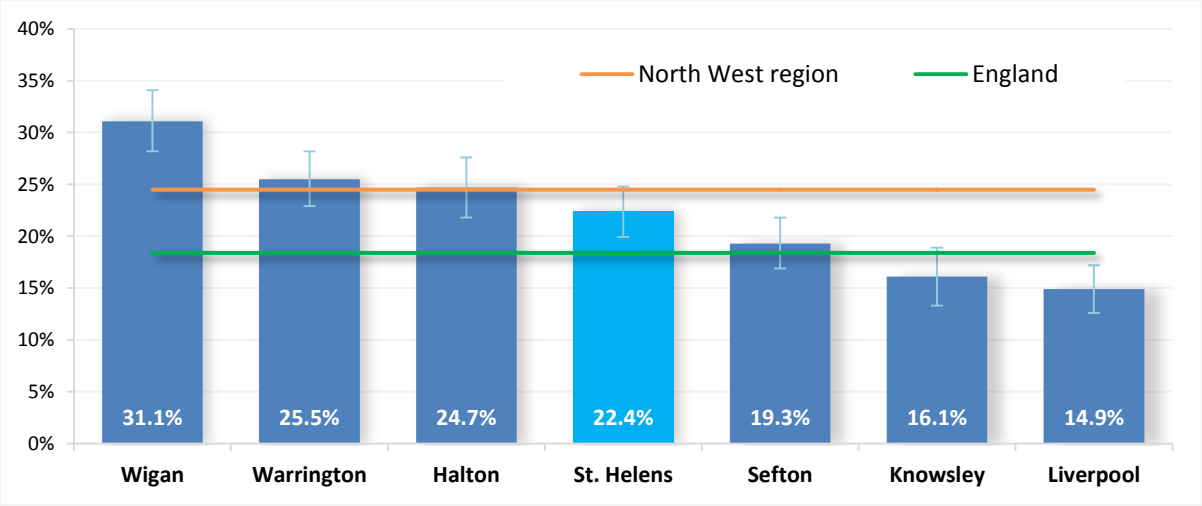
Source: TSNW - Young Persons' Alcohol, Tobacco and E-Cigarette Survey 2017. Based on 9,173 questionnaires completed in NW

3.2.3.i E-cigarettes

E-cigarettes produce vapour rather than smoke and are used in the same way as cigarettes. These devices are able to provide a dose of nicotine (which is known to be addictive) but nicotine-free fluids are available to use in the devices.

According to a Health & Wellbeing pupil survey of St.Helens secondary school pupils in 2015, the vast majority of pupils had never used e-cigarettes, although more than four in ten Year-10 pupils had tried an e-cigarette (42%), an increase since the 2014 survey in which 28% of Year-10 pupils reported having tried an e-cigarette. Another survey in 2015 (WAY[7]) reports that 22.4% of 15 year olds in St.Helens use or have tried e-cigarettes, below the North West average of 24.5%.

Figure 9. Use of e-cigarettes at age 15 years (WAY survey) 2015

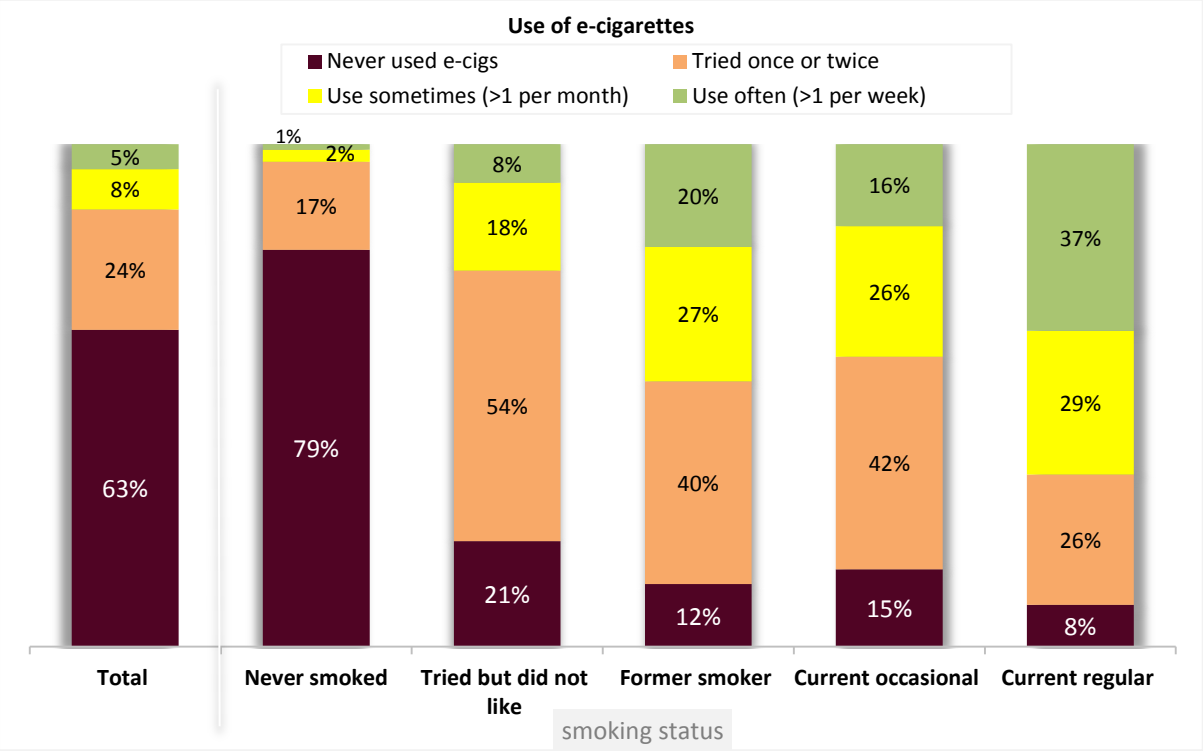


Source: What About YOUth (WAY) survey, 2014/15

[7] What About YOUth survey ("Have you ever used/tried electronic cigarettes (e-cigarettes)?")

In a more recent survey in 2017 (TSNW, as mentioned above) 234 St.Helens young people completed questionnaires. It was surmised that there has been an increase in young people in St.Helens (and the North West) claiming to have tried e-cigarettes. Results indicate that young people are increasingly trying e-cigarettes before real cigarettes, more so boys; girls are still more likely to smoke a real cigarette first. The majority of smokers have also tried e-cigarettes, and over a third of regular smokers also claim to be regular e-cigarette users.

Figure 10. E-cigarette Use (Vaping) & Youth Smoking Status - 2017



Source: TSNW - Young Persons' Alcohol, Tobacco and E-Cigarette Survey 2017

3.2.4 Substance Misuse[8]

All children and young people need to be able to make safe, healthy and responsible decisions about drugs, both legal and illegal. Schools play a central role in helping them make such decisions by providing education about the risk and effects of drugs; by developing their confidence and skills to manage situations involving drugs; by creating a safe and supportive learning environment; and ensuring that those for whom drugs are a concern receive appropriate support.

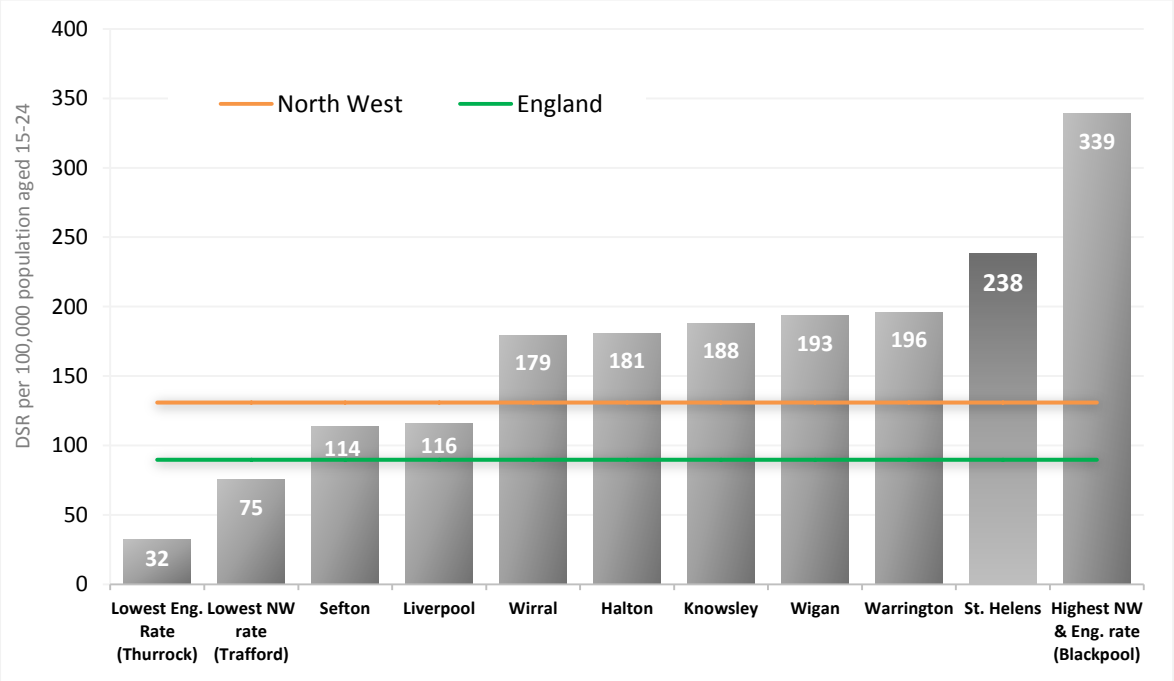
A 2018 survey of Year-6 children[9] in St.Helens, when asked if they had worries or concerns about drug use, 25% of those who answered stated that they do have worries or concerns (highest individual school rate of those who said they do have concerns was 50%; the lowest was 3%). when asked if there should be more help, information and support about drugs, 60% answered 'yes' (highest individual school rate of 'yes' answers was 89%; lowest was 38%).

In the higher age-range of 15 to 24 year olds during the three-year period of 2014/15 to 2016/17, St.Helens had the 2nd highest rate of hospital admissions due to substance misuse in the North West, which is also the 2nd highest rate in England. The directly standardised rate of 238 per 100,000 relates to 146 hospital admission over the three years.

[8] Although alcohol poses one of the greatest risk factors of all 'substances' misused, it is not included as part of the following information. See section 3.2.2 above for alcohol misuse information.

[9] Lancaster Model data; where 1,878 pupils from 53 St.Helens schools had completed questionnaires.

Figure 11. Hospital Admissions due to Substance Misuse (age 15-24) 2014/15-16/17



Source: Hospital Episode Statistics (HES)

3.2.5 Physical Activity

In children and young people, not only are there physical and emotional benefits of leading an active lifestyle but additional potential benefits include the acquisition of social skills through engaging in active play, improved concentration and displacement of anti-social and criminal behaviour[10]. There is also growing evidence of the risks of excessive sedentary behaviour (for example, watching TV and computer use) across all age groups, suggesting a link between sedentary behaviour and overweight and obesity.

3.2.5.i Early Years (under 5 years)

Children capable of walking unaided should be physically active on a daily basis for at least 180 minutes (3 hours), spread throughout the day. The time spent being sedentary for extended periods should be minimised.

For infants who are not yet walking, physical activity should be encouraged from birth, for example, through floor-based play and water-based activities. Time spent being sedentary for extended periods should be minimised.

3.2.5.ii Children and young people (5-18 years)

Children and young people should aim to be active for at least 60 minutes and up to several hours each day at a moderate to vigorous intensity. This should include vigorous intensity activities that strengthen muscle and bone at least three days a week. Sedentary behaviour should be minimised.

There is a progressive rise in the number of 0-15 year olds; 6.9% over the first half of the projection (to 2024). This will place pressure on sporting, educational and cultural provision (facilities and services) by age, gender and sub-groups of the cohort.

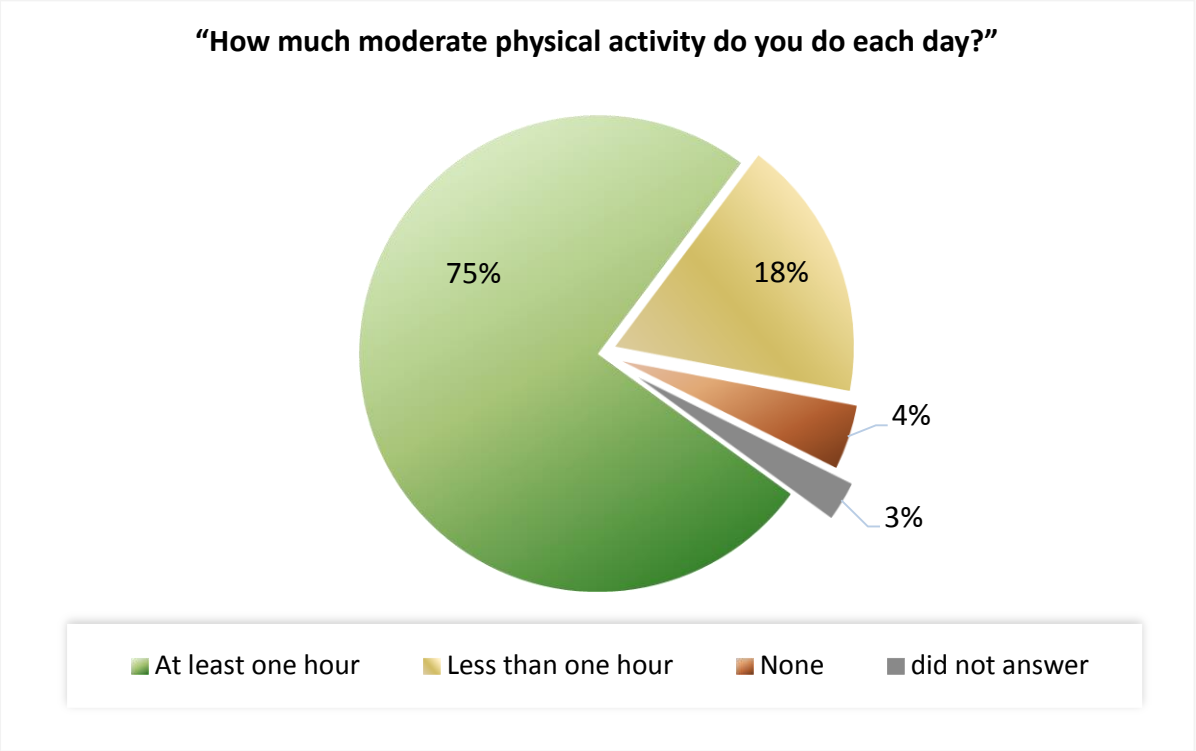
[10] Warwick, Mooney and Oliver, 2009

3.2.5.iii Physical activity levels

In children aged 2-15 years in England, 68% of boys and 76% of girls do not meet the Chief Medical Officer's physical activity recommendations (NICE, 2012). The National Travel Survey (2012) revealed that children's trips made to and from primary school on foot have declined by approximately 6%, to 47% compared to 1995/97 figure at 53%. School trips made by car have also increased by similar proportions. In secondary school children, similar patterns are observed, although only 36% of trips to school are made on foot.

Locally, the Lancaster Model[11] survey, which was undertaken in 2018 with all St.Helens Primary Schools, identified 89% of Year-6 pupils stated that they enjoy moderate physical activity: running, riding a bike, sports, etc. with the lowest scoring school at 69% of pupils. When asked how much physical activity they do each day 75% answered 'at least one hour'. 4% of all pupils stated that they do not do any physical activity at all, with two schools having 17% stating that they do none. The vast majority (38 schools between 90% and 100%) answered that they have no worries or concerns about their physical activity and do not want any help or support. Two schools had up to 20% that answered that they were concerned about their physical activity, and another two schools had over 30% of pupils stating that they would like more information about physical activity.

Figure 12. Lancaster Model data, physical activity question in "Lifestyle Choices" section 2017-2018, All St.Helens Primary Schools[12], Year-6



Lancaster Model, HAPI data, 2018

[11] https://www.thelancastermodel.co.uk/

[12] 1,878 Year-6 pupils from every Primary School in St.Helens completed the Lancaster Model questionnaire in the 2017-2018 academic year.

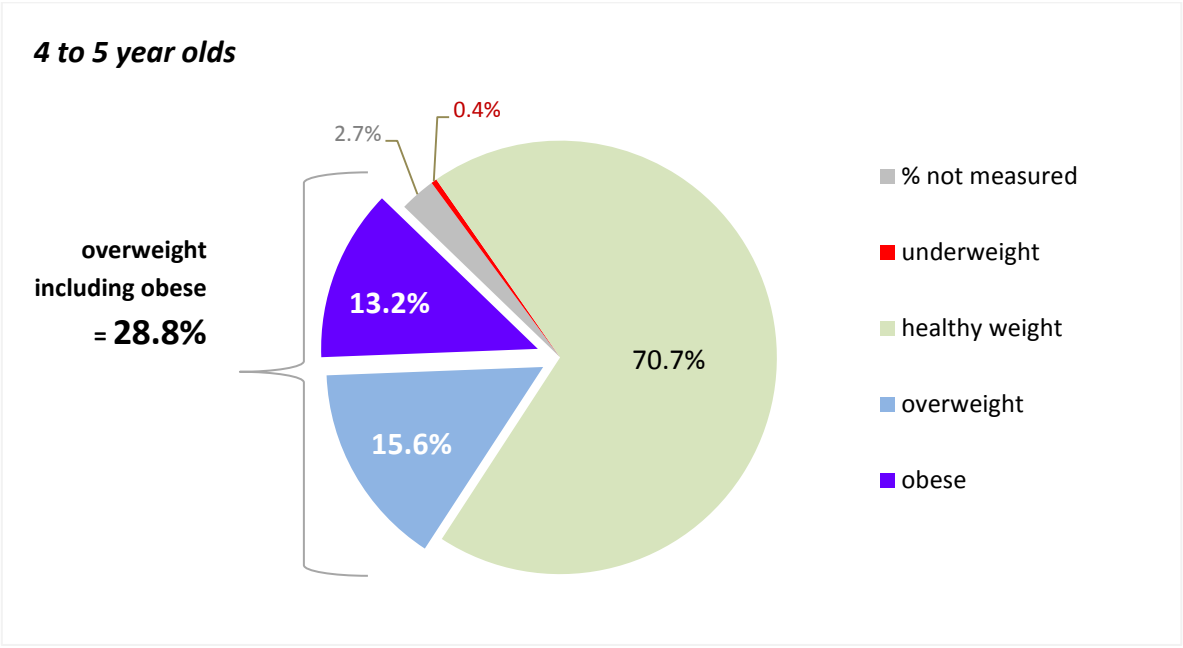
3.2.6 Obesity and Excess Weight (NCMP)

3.2.6.i Introduction

A child having a healthy weight is important for their personal development and wellbeing. Healthy weight also reduces the burden of obesity on society as a whole by reducing the risk of children developing into obese adults and the subsequent associated health issues, such as diabetes, cancers and depression.

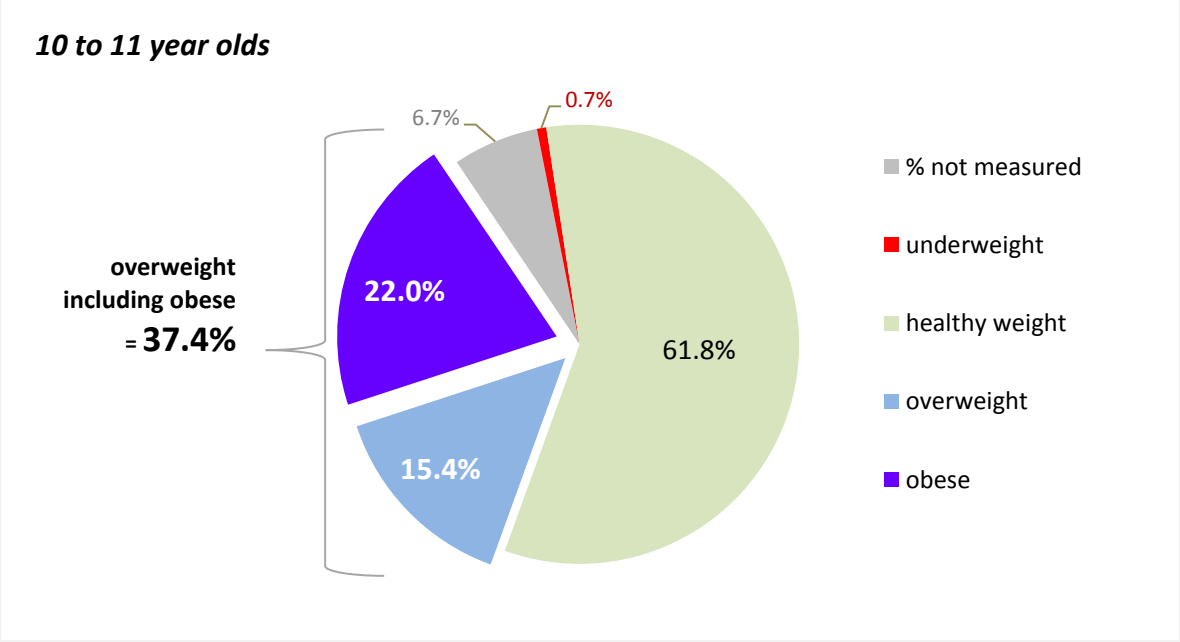
3.2.6.ii Key statistics

Figure 13. Reception Year 2017/18



Source: NCMP 2018

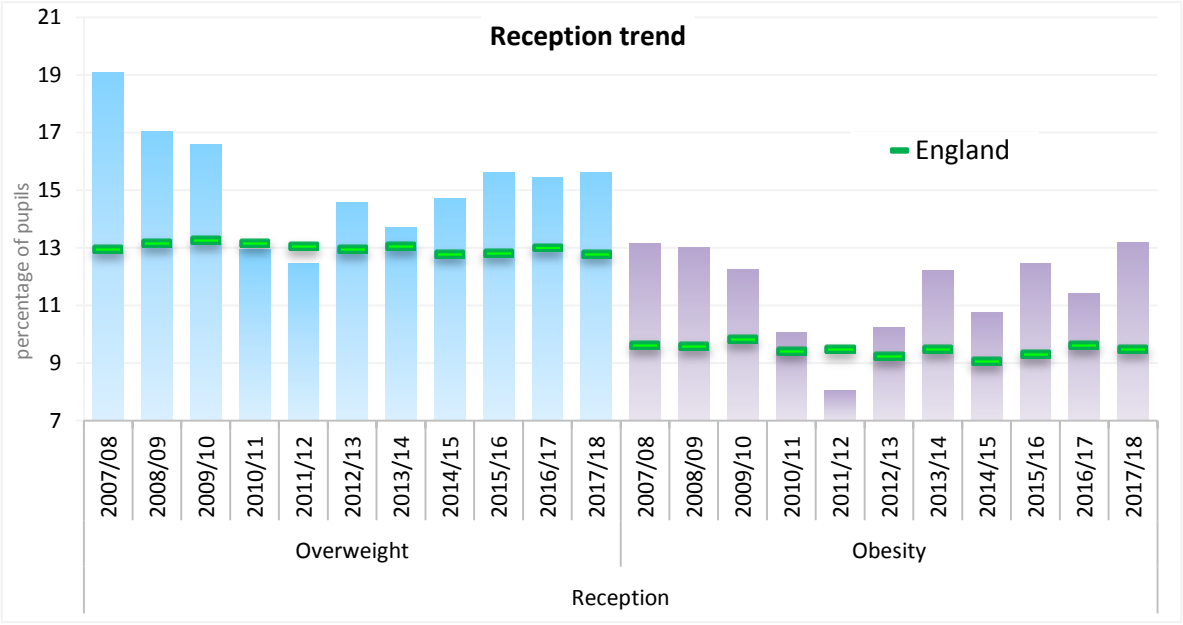
Figure 14. Year 6 2017/18



Source: NCMP 2018

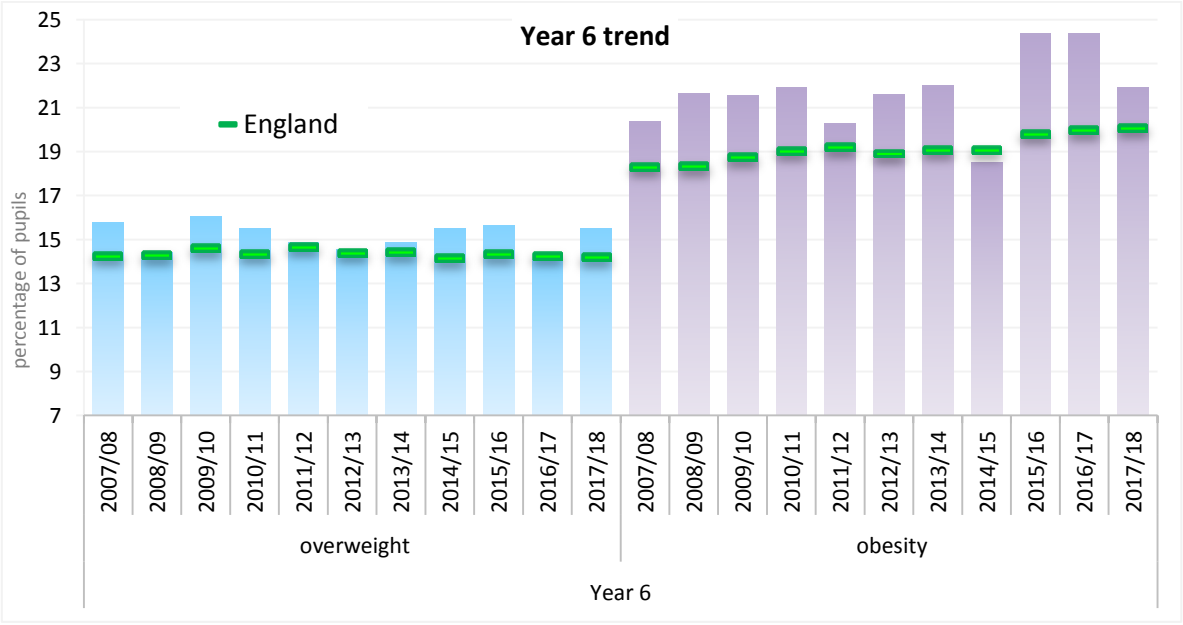
The National Child Measurement Programme (NCMP) measures the height and weight of the nation's Reception and Year 6 pupils annually providing a good insight and benchmark into the issue at a local level. Figure 14 shows the breakdown of the 'overweight' and 'obese' weight categories for Reception and Year 6 pupils in St.Helens in 2017/18.

Figure 15. St.Helens Schools' Reception Year NCMP results 2007/8 – 2017/18



Source: NCMP 2018

Figure 16. St.Helens Schools' Year 6 NCMP results 2007/8 – 2017/18



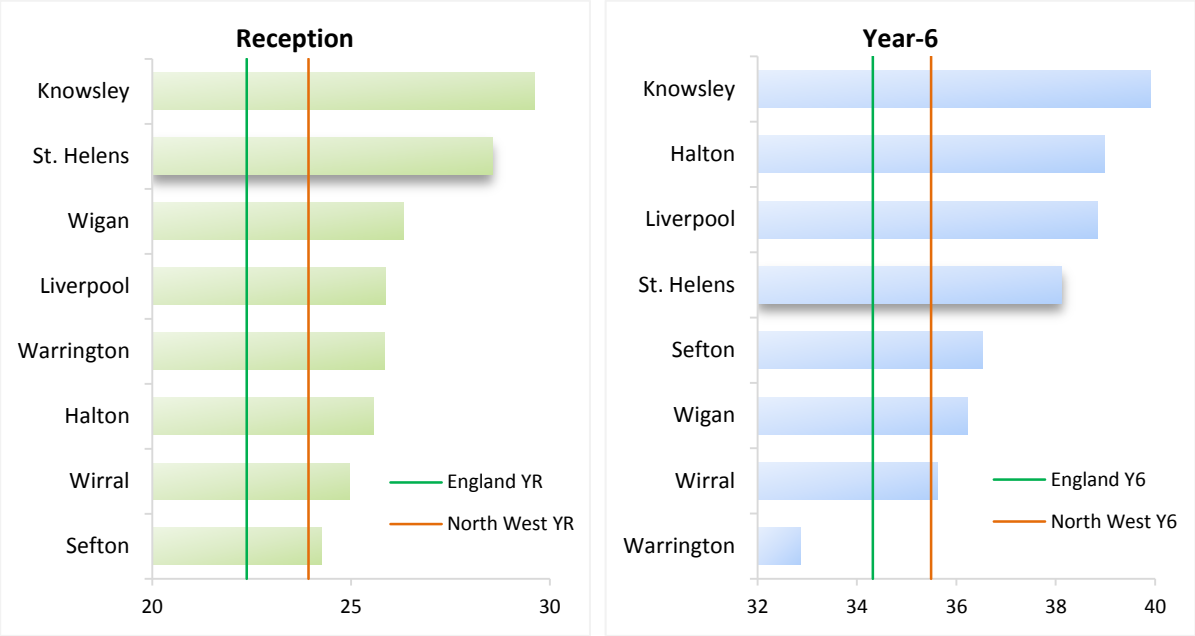
Source: NCMP 2018

Figure 14 and Figure 15 show the NCMP results for Reception and Year 6 pupils since 2007/08, through to the most recent measure in 2017/18. For the last three years direct comparisons can be made between the measurements of pupils who were measured in Reception and have subsequently been measured in Year 6.

In comparison to England, St.Helens children are more likely to be obese; however overweight children are above but closer to the national average.

As the Figure 16 shows, compared to neighbouring boroughs, St.Helens has the second highest percentage of children with excess weight in Reception and the fourth highest in Year 6.

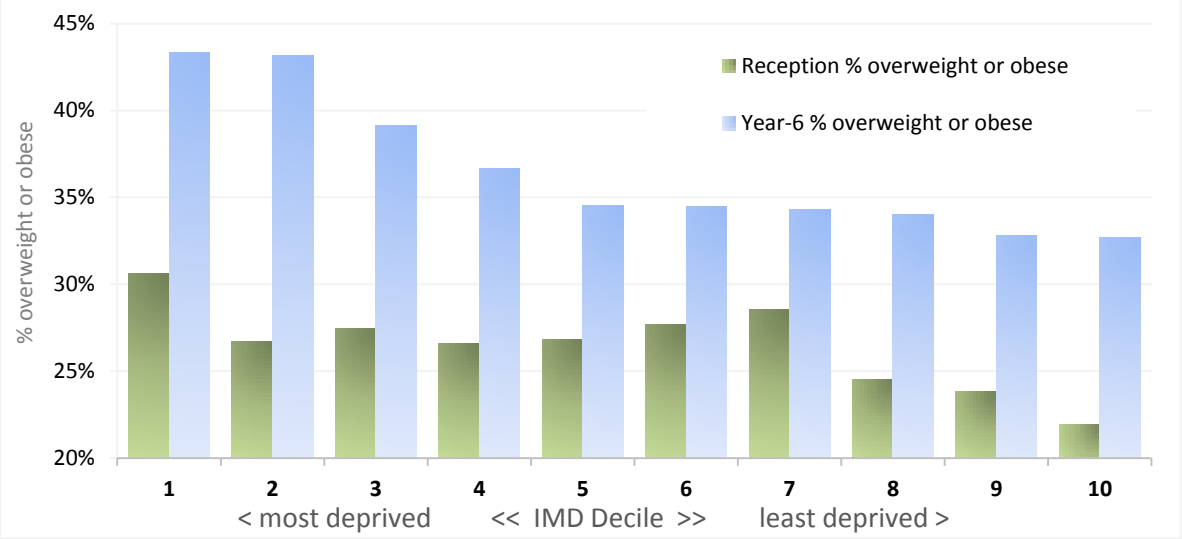
Figure 17. Percentage of children carrying Excess Weight 2017/18



Source: NCMP 2018

A correlation between obesity and deprivation is apparent (more so in Year-6 than Reception - see LSOA maps, Figure 18 and Figure 19, on pages 20 and 21) which is a concern as 26.3% of children under-16 years in St.Helens are living in deprivation (ranging from 43% in Parr ward to 11% in Rainhill ward). In the wards where there is increased socioeconomic deprivation, such as Parr, Town Centre, Earlestown and Thatto Heath there is a greater number of children presenting with obesity. This is true to what NCMP data shows across the country.

Figure 18. Excess Weight by small area deprivation deciles - 2017/18



Source: NCMP 2018

3.2.6.iii Underweight

According to the NCMP data, in St.Helens 0.7% of Year 6 and 0.4% of Reception children are underweight; amongst the lowest rates in the region and well below national.

Figure 19. Map - Reception Year Excess Weight by LSOA - 3 year rate - 2015/2016 - 2017/18

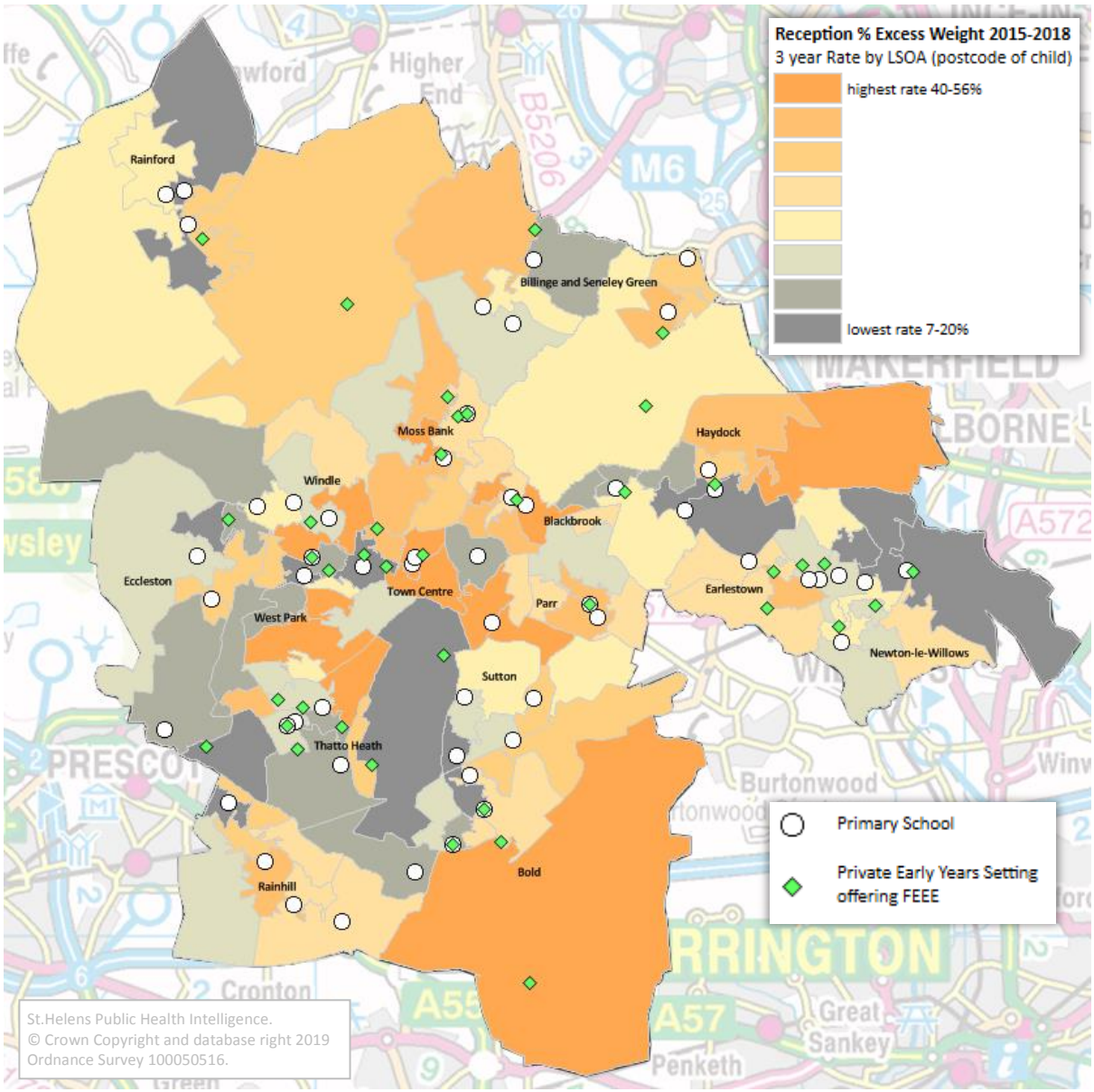
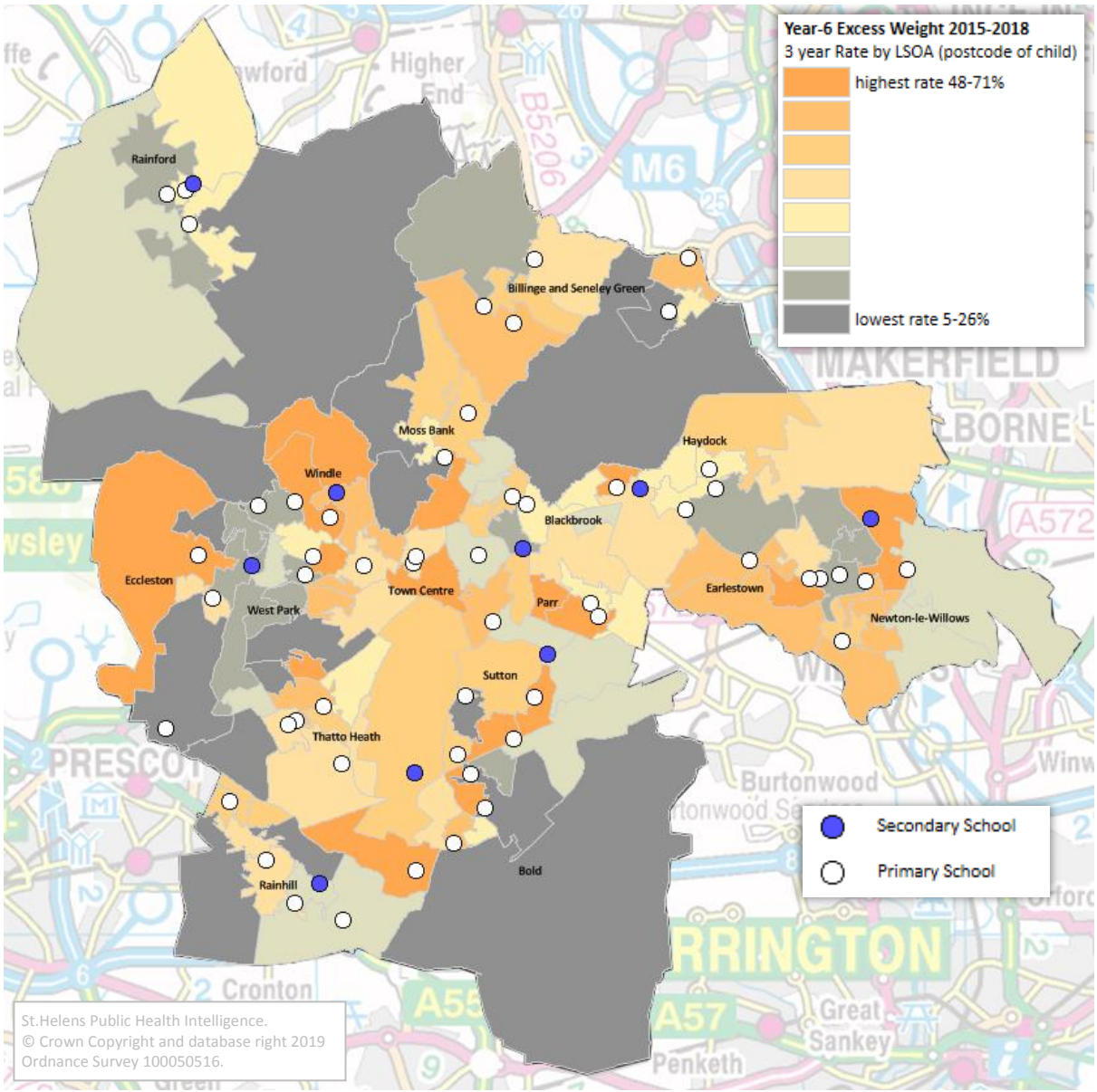


Figure 20. Map - Year-6 Excess Weight by LSOA - 3 year rate - 2015/2016 - 2017/18



Although some strong evidence suggests that there is a correlation between deprivation and the number of children carrying excess weight, there are some exceptions, like LSOAs that are the least deprived in the borough, in Eccleston and in Windle that have a high prevalence. LSOA E01006825 in Eccleston around Springfield Lane and Gillars Lane, has a national IMD percentile of 91.6% (amongst the least deprived areas in the country), yet the prevalence of Year 6 children with excess weight is 54% (20 children out of 37 children measured over three years). These are interesting anomalies, suggesting that deprivation, despite being a prevalent factor, is not the only factor when it comes to unhealthy weight.

3.3 Dental Health

3.3.1 Introduction

Good oral health is important in order to be able to speak, eat, smile with confidence and live without pain. Dental caries (tooth decay) causes pain and infection; dental infections are a common source of pain and discomfort.

Children can miss school to attend dental appointments in order to treat dental conditions. Research has found that dental problems were significantly associated with reductions in school performance and psychosocial wellbeing. Furthermore, dental problems are associated with shyness, unhappiness, the feeling of worthlessness and reduced friendliness. The effects of dental problems on unhappiness and feeling of worthlessness were largest for adolescents between 15 and 17 years[13].

3.3.2 Key Statistics

- In St.Helens, 38.2% children aged 5 years have decayed, missing or filled teeth. This is higher than the England average of 23.3%, and the North West average of 33.9%. Dental health of children aged 3 is better than the national and North West averages.
- Dental caries (tooth decay) has reduced over recent decades and children have less dental disease than their parents.
- People who live in deprived areas are more likely to have dental caries and to need more complex treatment.
- Access to NHS dental care is higher for children in St.Helens than for Merseyside and England.

3.3.3 Dental Health Needs

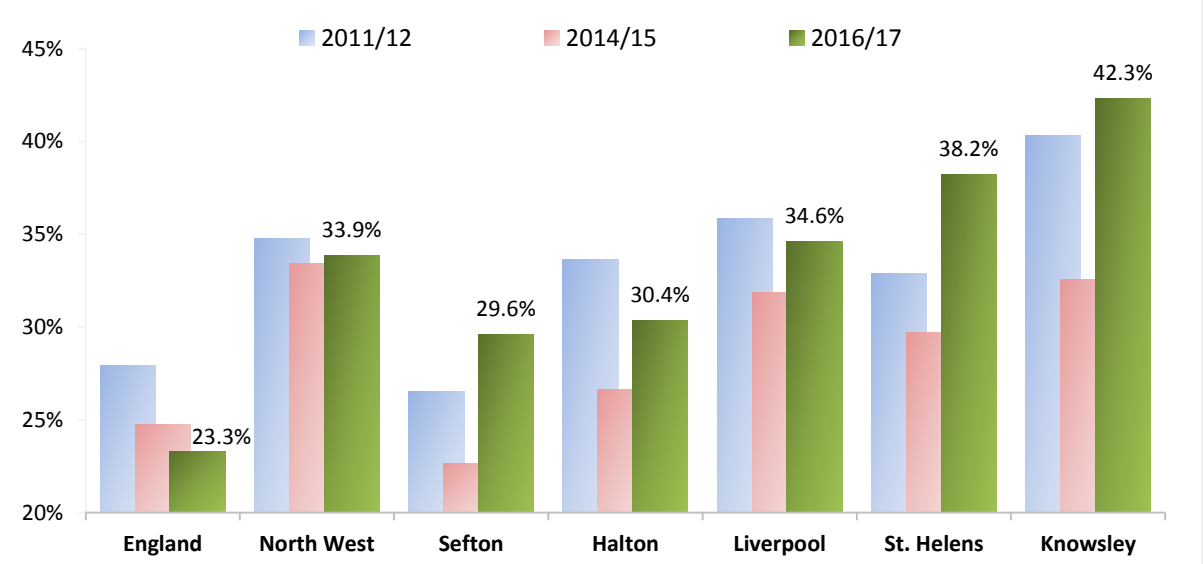
The major diseases of the oral cavity are dental caries (tooth decay), periodontal disease and oral cancers. Dental caries is the largest cause of tooth loss in the UK and is largely related to the frequency of sugar intake in the diet and the intake of the protective fluoride.

3.3.4 Dental Health of Children

In St.Helens, the proportion of children with who had experienced dental caries had reduced from 40% in 2008 to 30% in 2015, but back to 38.2% in 2017. The proportion with active dental caries had reduced from 36% in 2008 to 25% in 2015, to 33.8% in 2017. Higher than the average for England of 20%. However it shows that although 34% of children had been affected by dental caries only 4.2% had the caries treated by extraction and 7.1% by a filling. The average number of teeth affected by dental disease went from an average of 1.2 teeth affected in 2008 to 0.8 teeth affected in 2015, to 1.4 teeth affected in 2017.

[13] The British Dental Association Oral Health Inequalities Policy

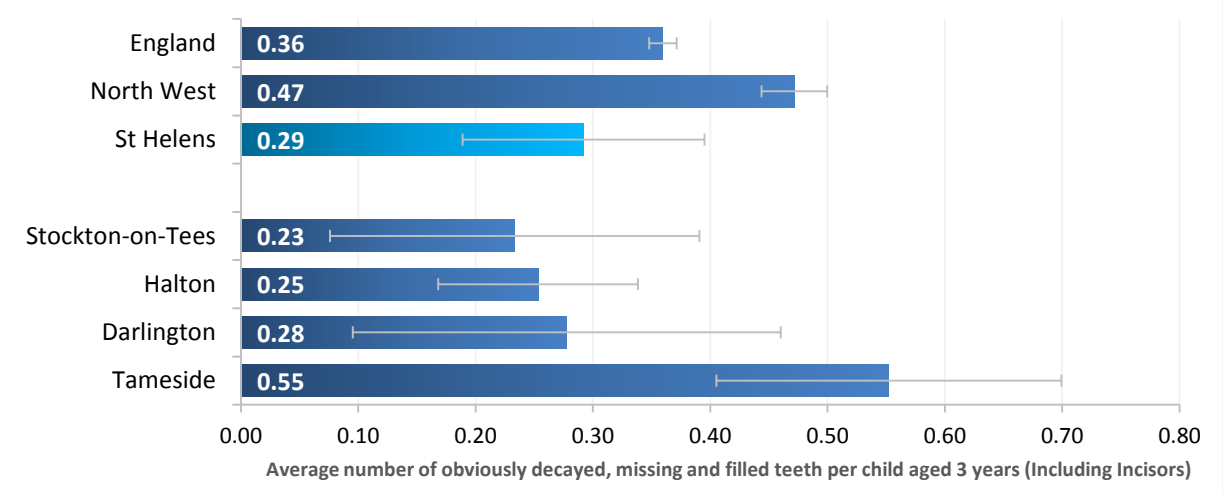
Figure 21. Percentage with experience of tooth decay aged 5, 2012/2015/2017



Source: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/nhs-dental-statistics-for-england-2016-17

In 2013 a national survey which looked at the teeth of three year old children revealed that the average number of obviously decayed, missing and filled teeth per child was lower in St.Helens (0.29), compared with the North West (0.47) and England (0.36) averages and statistical neighbours. Overall St.Helens ranked in 62nd best position compared to 143 participating local authorities. Furthermore, one in ten (10.2%) 3 year old children in St.Helens had decayed teeth compared with 11% of children in England and 14.3% in the North West. These improvements mean fewer children in pain, having sleepless nights and needing dental treatment.

Figure 22. Dental health of children aged 3 years 2012/13



Source: Dental Public Health Intelligence Programme (2012/13)

The 2013 national dental health survey showed that children living in more deprived areas have 50% more dental caries than those living in affluent areas. There is evidence that states more children in deprived areas have more affected teeth per child and are more likely to have teeth extracted rather than filled compared with children living in affluent areas. People in lower socioeconomic groups are more likely to have diets high in sugary foods and drinks and they brush their teeth less often with fluoride toothpaste[14].

[14] The British Dental Association Oral Health Inequalities Policy

3.4 Hospital admissions

- The rate of hospital admissions due to unintentional and deliberate injuries in 0-14 year olds has decreased three years in a row in 2017/18.
- St.Helens ranks higher than the England average, yet below the North West average for hospital admissions due to injuries in 0-4 year olds.

3.4.1 0-4 years Hospital Admissions

In the early years of life problems relating to pregnancy, infections, injuries and genetic problems are the main causes of admission to hospital. Table 5 and Table 6 below show the top 10 admissions to hospital either as an emergency or planned admission.

Table 5. Emergency hospital admissions in 2017/18 for children aged 0-4 years

Top 10 Emergency Admissions by Diagnosis Description, Ages 0 to 4 years	Emergency Admissions	As % of total
Diseases of the respiratory system	699	*30.0%*
Certain infectious and parasitic diseases	500	*21.5%*
Certain conditions originating in the perinatal period	304	*13.0%*
Symptoms, signs, abnormal clinical & lab findings, not elsewhere classified	281	*12.1%*
Injury, poisoning and certain other consequences of external causes	164	*7.0%*
Diseases of the digestive system	112	*4.8%*
Diseases of the skin and subcutaneous tissue	48	*2.1%*
Diseases of the genitourinary system	45	*1.9%*
Diseases of the nervous system	33	*1.4%*
Diseases of the ear and mastoid process	31	*1.3%*

Source: Secondary User Statistics (SUS), 2019

There are more emergency admissions than elective admissions in this age group. This is due to the fact that many admissions are the result of infections which young children may not have the immunity to fight effectively; therefore these can be serious and present a significant risk.

Table 6. Planned hospital admissions in 2017/18 for children aged 0-4 years

Top 10 Planned Admissions by Diagnosis Description, Ages 0 to 4 years	Planned Admissions	As % of total
Congenital malformations, deformations & chromosomal abnormalities	110	*20.9%*
Neoplasms	80	*15.2%*
Diseases of the respiratory system	49	*9.3%*
Diseases of the digestive system	44	*8.4%*
Diseases of the genitourinary system	41	*7.8%*
Symptoms, signs, abnormal clinical & lab findings, not elsewhere classified	36	*6.8%*
Factors influencing health status and contact with health services	27	*5.1%*
Injury, poisoning and certain other consequences of external causes	25	*4.8%*
Diseases of the nervous system	18	*3.4%*
Diseases of the ear and mastoid process	15	*2.9%*

Source: SUS, 2019

3.4.2 5-14 years Hospital Admissions

For children aged 5-14 years, diseases of the respiratory system falls from being the main cause of admission in 0-4 year olds to become the third most common reason for the emergency hospital admission. Injury and poisonings and conditions to which there is no definite diagnosis are the main causes of admission for 5-14 year olds.

Table 7. Emergency hospital admissions in 2017/18 for children aged 5-14 years

Top 10 Emergency Admissions by Diagnosis Description, Ages 5 to 14 years	Emergency Admissions	As % of total
Injury, poisoning & certain other consequences of external causes	233	*22.0%*
Symptoms, signs, abnormal clinical & lab findings, not elsewhere classified	211	*19.9%*
Diseases of the respiratory system	175	*16.5%*
Certain infectious and parasitic diseases	112	*10.6%*
Diseases of the digestive system	78	*7.4%*
Diseases of the genitourinary system	49	*4.6%*
Diseases of the nervous system	36	*3.4%*
Endocrine, nutritional and metabolic diseases	30	*2.8%*
Mental and behavioural disorders	25	*2.4%*
Diseases of the skin and subcutaneous tissue	20	*1.9%*

Source: SUS, 2019

Table 8. Planned hospital admissions in 2017/18 for children aged 5-14 years

Top 10 Planned Admissions by Diagnosis Description, Ages 5 to 14 years	Planned Admissions	As % of total
Neoplasms	238	*20.4%*
Diseases of the digestive system	144	*12.3%*
Diseases of the musculoskeletal system and connective tissue	103	*8.8%*
Symptoms, signs, abnormal clinical & lab findings, not elsewhere classified	92	*7.9%*
Diseases of the respiratory system	85	*7.3%*
Congenital malformations, deformations and chromosomal abnormalities	77	*6.6%*
Diseases of the genitourinary system	72	*6.2%*
Diseases of the ear and mastoid process	68	*5.8%*
Factors influencing health status and contact with health services	64	*5.5%*
Injury, poisoning and certain other consequences of external causes	50	*4.3%*

Source: SUS, 2019

A fifth (20.4%) of elective hospital admissions for 5-14 year olds relate to neoplasms, whilst 12% are due to diseases of the digestive system.

3.4.3 15-24 years Hospital Admissions

In relation to emergency hospital admissions for 15 to 24 year olds, the top two reasons account for half of those admitted. 24.5% of admissions relate to health conditions in which there is no definite diagnosis, whilst another 24.5% are due to injuries and poisoning. Genitourinary, digestive, respiratory and pregnancy also feature in the top 10 reasons for both emergency and planned admissions in this age group.

Table 9. Emergency hospital admissions in 2017/18 for young persons aged 15-24

Top 10 Emergency Admissions by Diagnosis Description, Ages 15 to 24 years	Emergency Admissions	As % of total
Injury, poisoning & certain other consequences of external causes	429	*24.5%*
Symptoms, signs, abnormal clinical & lab findings, not elsewhere classified	428	*24.5%*
Pregnancy, childbirth and the puerperium	148	*8.5%*
Diseases of the respiratory system	129	*7.4%*
Diseases of the genitourinary system	125	*7.1%*
Diseases of the digestive system	109	*6.2%*
Mental and behavioural disorders	78	*4.5%*
Certain infectious and parasitic diseases	71	*4.1%*
Diseases of the musculoskeletal system and connective tissue	57	*3.3%*
Diseases of the nervous system	49	*2.8%*

Source: SUS, 2019

Diseases of the digestive system, injuries & poisoning, musculoskeletal system & connective tissue, and pregnancy, are the top four reasons for young people to be admitted to hospital for planned care, accounting for over half (50.7%).

Table 10. Planned hospital admissions in 2017/18 for young persons aged 15-24

Top 10 Planned Admissions by Diagnosis Description, Ages 15 to 24 years	Planned Admissions	As % of total
Diseases of the digestive system	270	*20.0%*
Injury, poisoning and certain other consequences of external causes	147	*10.9%*
Diseases of the musculoskeletal system and connective tissue	135	*10.0%*
Pregnancy, childbirth and the puerperium	131	*9.7%*
Diseases of the genitourinary system	115	*8.5%*
Symptoms, signs, abnormal clinical & lab findings, not elsewhere classified	93	*6.9%*
Diseases of the skin and subcutaneous tissue	77	*5.7%*
Diseases of the respiratory system	69	*5.1%*
Factors influencing health status and contact with health services	68	*5.0%*
Neoplasms	68	*5.0%*

Source: SUS, 2019

3.4.4 Unintentional & Deliberate Injuries

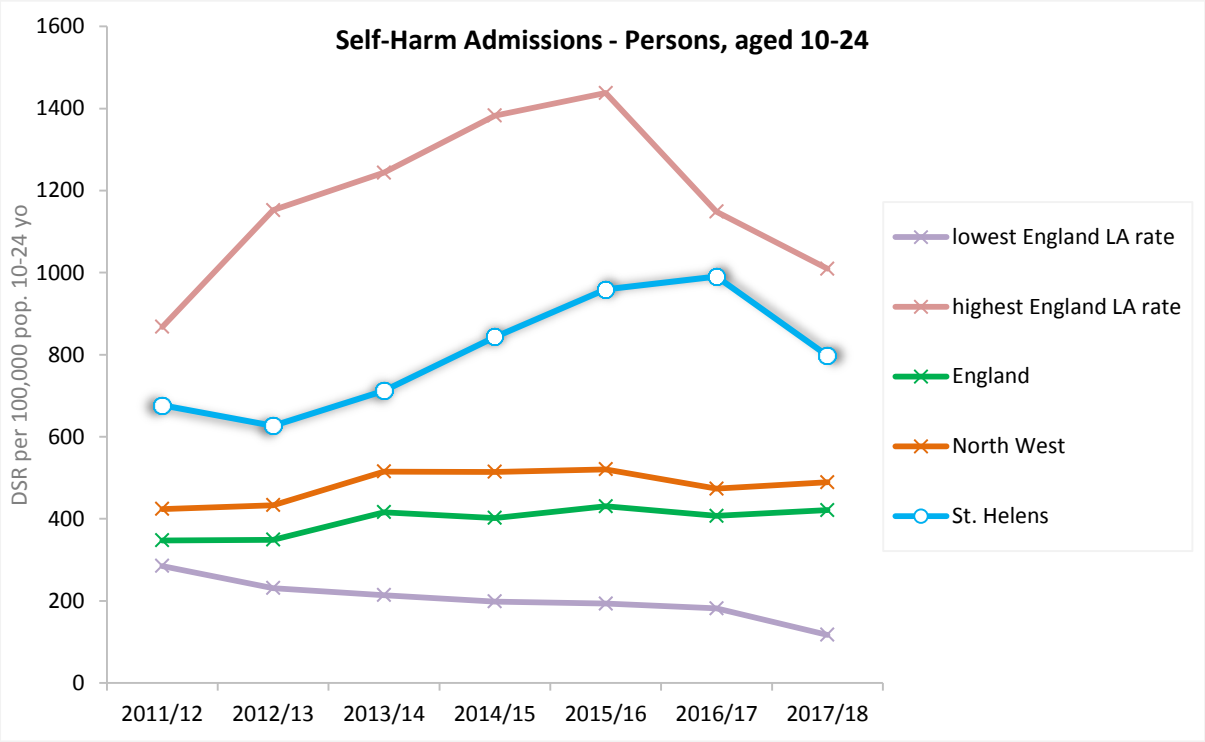
Unintentional and deliberate injuries are a major cause of hospital admissions for children and young people, and rates are high locally, but have decreased slightly in last few years. In published national data for 2014/15, the rate of hospital admissions due to unintentional and deliberate injuries of St.Helens patients aged 0-14 years was the **19th highest in England** and significantly higher than national averages (157.5 and 109.6 per 10,000 respectively). In 2017/18 the St.Helens rate was 127.9 (**23rd highest**), almost in-line with the North West rate of 127.2, but higher than the England rate of 96.4.

Injury admissions for those aged 15-24 years are **the 2nd highest in England** (behind Wakefield), at 237.8 per 10,000 against a national average of 132.7 per 10,000.

Intentional self-harm is a major constituent of injuries admissions. In 2017/18 the crude rate of hospital admissions as a result of self-harm for St.Helens patients aged 10-14 is the **16th highest in England** at 348.9 admissions per 100,000 population, compared with the national rate of 210.4 per 100,000. For St.Helens, this is the lowest rate since 2013/14 and a reduction compared to 526 per 100,000 in 2016/17. The crude rate for 15-19 year olds has also reduced in last two years, but is still the **3rd highest in England** at 1,290 per 100,000; national rate is 649 per 100,000. For 20-24 year olds the crude rate in St.Helens is 758 per 100,000 (**9th highest in England**) compared to a national rate of 406 per 100,000.

The charts below shows a trend for directly standardised rates per 100,000 population of 10-24 year olds, admitted to hospital as a result of self-harm. The latest data from 2017/18 shows St.Helens to be the 5th highest in England. The charts also show the highest and lowest local authority rates[15] in England for 2017/18; the second chart shows gender comparisons.

Figure 23. Hospital admissions as a result of self-harm: DSR per 100,000 pop. aged 10-24

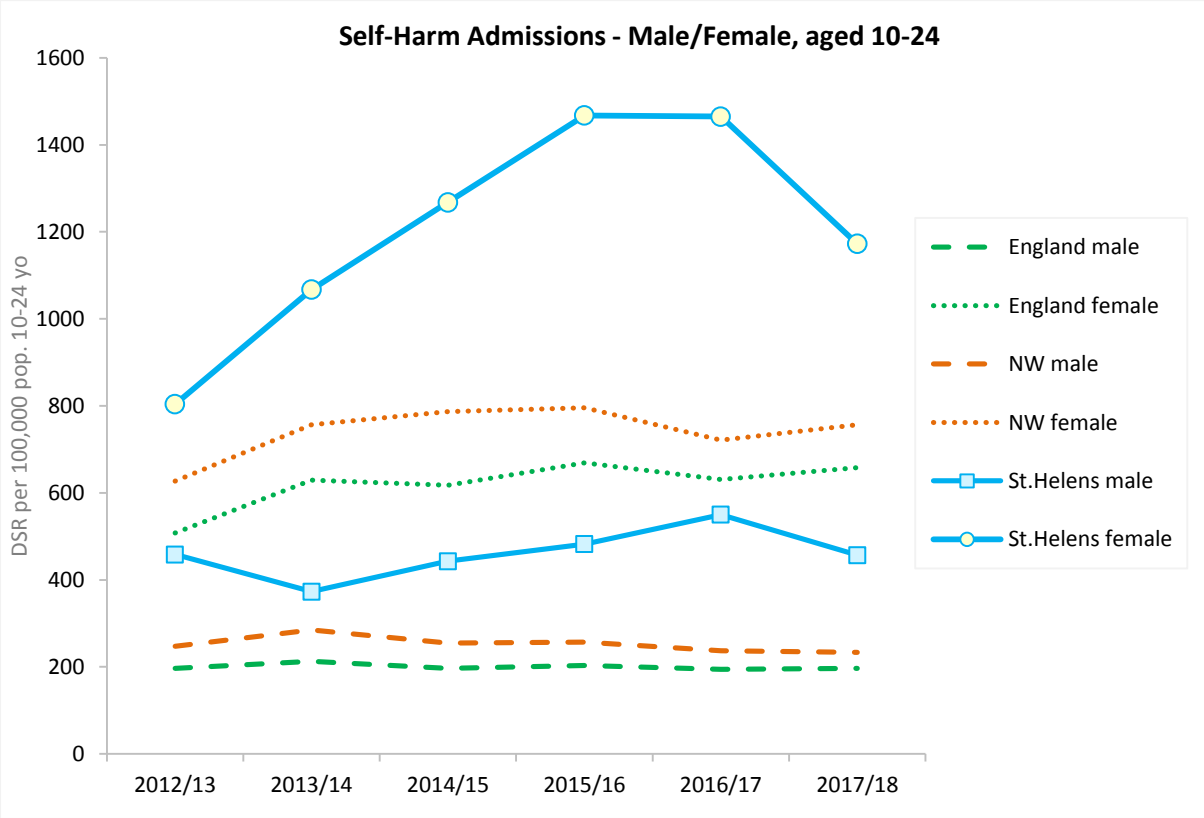


Source: Hospital Episode Statistics (HES

[15] Highest in 2017/18 was Blackpool LA and the lowest was Barking & Dagenham LA.

Self-harm hospital admissions are clearly more prevalent with females in this age group in St.Helens, and this seems to be consistent both regionally and nationally. Although the St.Helens rate is higher than both regional and national, the latest information shows a decrease for St.Helens where the North West and England rates increased slightly.

Figure 24. Hospital admissions as a result of self-harm: aged 10-24 - by Gender



Source: Hospital Episode Statistics (HES)

3.5 Accident and Emergency attendances

Respiratory conditions are the main cause for attending A&E for children aged 0-4 years in St.Helens. Health conditions in which there was no definitive diagnosis was the second main cause of attendance.

Table 11. A&E attends ages 0-4 years, 2017/2018

Top 10 A&E Attends by First Diagnosis Group Ages 0 to 4 years	Number A&E Attends	As % of total
Respiratory conditions	1,124	*19.5%*
Diagnosis not classifiable	1,076	*18.7%*
Infectious disease	683	*11.9%*
Gastrointestinal conditions	445	*7.7%*
Head injury	444	*7.7%*
Ent conditions	320	*5.6%*
NULL - unknown	307	*5.3%*
Dislocation/fracture/joint injury/amputation	154	*2.7%*
Laceration	146	*2.5%*
Dermatological conditions	137	*2.4%*

Source: SUS, 2019

For children aged 5-14 year olds, health conditions in which there was no definitive diagnosis was the second main cause of attendance, followed by dislocation/fracture/joint injury/amputation.

Table 12. A&E attends ages 5-14 years, 2017/18

Top 10 A&E Attends by First Diagnosis Group Ages 5 to 14 years	Number A&E Attends	As % of total
Diagnosis not classifiable	512	*12.3%*
Dislocation/fracture/joint injury/amputation	430	*10.4%*
Sprain/ligament injury	426	*10.3%*
Head injury	307	*7.4%*
Gastrointestinal conditions	288	*6.9%*
Soft tissue inflammation	264	*6.4%*
Respiratory conditions	240	*5.8%*
NULL	236	*5.7%*
Laceration	183	*4.4%*
Contusion/abrasion	149	*3.6%*

Source: SUS, 2019

Nearly a third (31.2%) of attendances in A&E for young people aged 15-24 were due to conditions that were either not definitively diagnosed or were recorded as unknown. Sprains or ligament injuries were the third most common cause for attending A&E with 6.7%.

Table 13. A&E attends ages 15-24 years, 2017/18

Top 10 A&E Attends by First Diagnosis Group Ages 5 to 14 years	Number A&E Attends	As % of total
Diagnosis not classifiable	1,310	*22.9%*
NULL - unknown	480	*8.4%*
Sprain/ligament injury	386	*6.7%*
Dislocation/fracture/joint injury/amputation	331	*5.8%*
Soft tissue inflammation	322	*5.6%*
Gastrointestinal conditions	314	*5.5%*
Psychiatric conditions	256	*4.5%*
Laceration	246	*4.3%*
Head injury	224	*3.9%*
Gynaecological conditions	196	*3.4%*

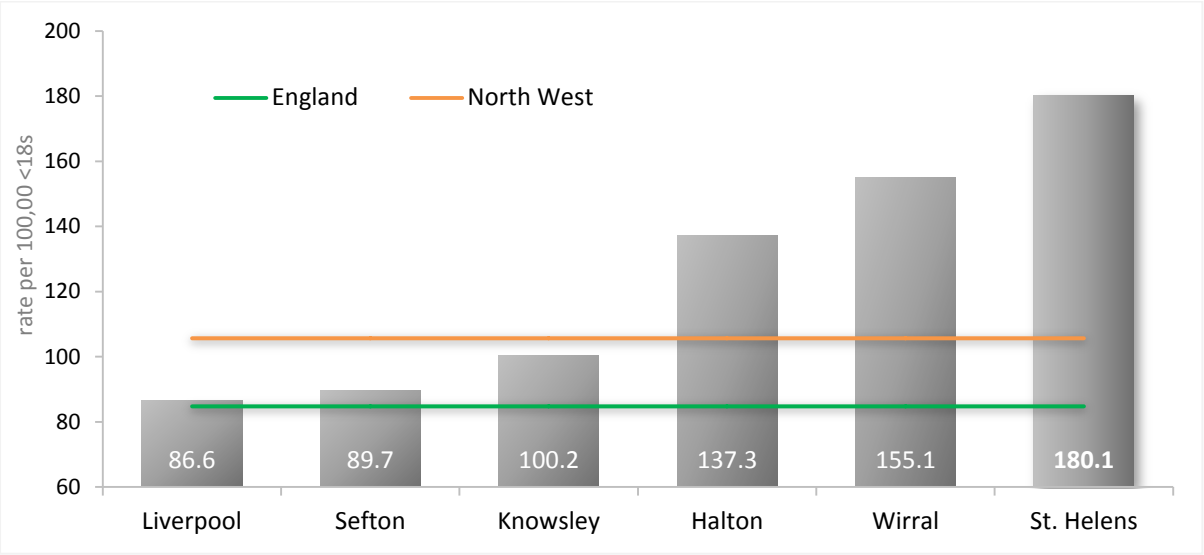
Source: SUS, 2019

3.6 Mental Health

A full understanding of the mental health problems in children and young people in the local area is hard to quantify. Often children are not diagnosed with a mental health problem but will present to services with emotional and behavioural problems.

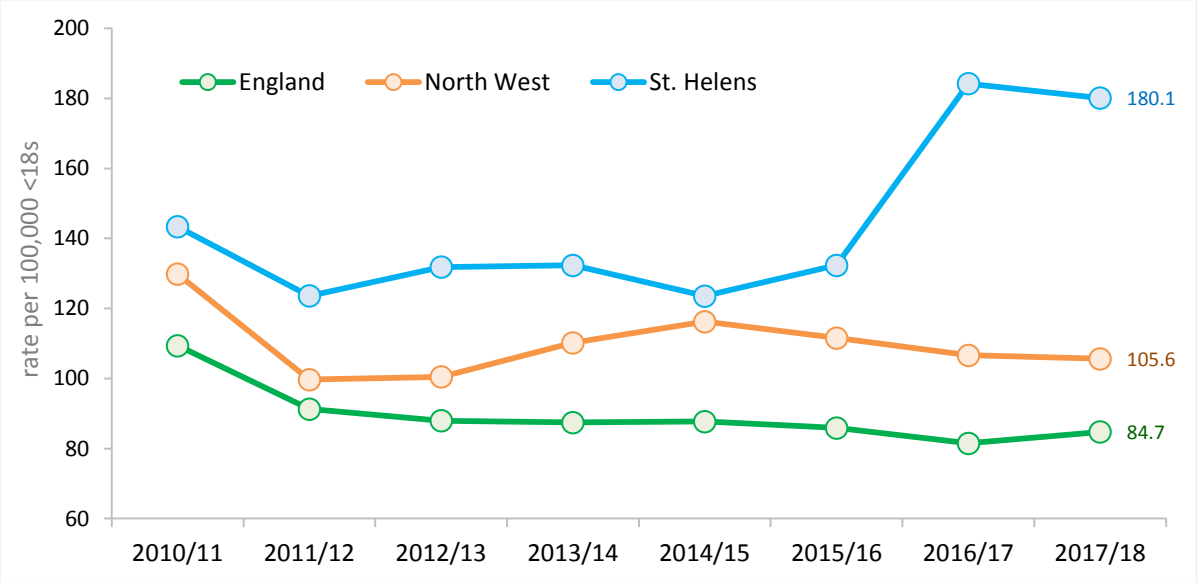
Figure 21 shows the rate of hospital admissions for young people age 0-17 in St.Helens in 2017/18 compared with our neighbours, the North West and England. At 180 admissions per 100,000 population aged 0-17 years, St.Helens has the highest rate of admissions due to mental health problems in Merseyside and is the 3rd highest in England.

Figure 25. Hospital admissions for mental health: rate per 100,000 0-17 year olds (2017/18)



Source: Hospital Episode Statistics (HES)

Figure 26. Hospital admissions for mental health: 0-17 year olds rate - Trend



Source: Hospital Episode Statistics (HES)

The number of young people (10-24 years) admitted to hospital because of self-harm also indicates a high level of need locally. In 2017/18 the rate in St.Helens was the fifth highest in England at 797.7 admissions per 100,000 population, compared with the national rate of 421.2 per 100,000. However, this is a significant reduction on the previous year's rate of 990.2 per 100,000 in St.Helens.

Levels of self-harm in the Borough both in young people and adults are a concern and show that the levels of need for emotional problems are high. There is a need to continue to build resilience in the early years to prevent and help develop mental health resilience in adults.

a. Maternal Mental Health

There is a gap in data regarding maternal mental health in St.Helens. Nationally, more than 1 in 10 women develop a mental illness during pregnancy or within the first year after having a baby. These illnesses can have serious consequences on the health and wellbeing of the mother, baby and the rest of the family. Further investigation into maternal mental health is required to understand the need in St.Helens.

3.7 Children in Care

Information below provides a summary on the numbers of children and young people looked after by St.Helens Local Authority. At a rate of 121 children per 10,000 of the under 18 population, St.Helens is considerably higher than comparable regional and national averages and an increase on the previous year's figure.

Table 14. Number and rates of Looked After Children in St.Helens

		2014/15	2015/16	2016/17	2017/18
St.Helens	***number***	*412*	*410*	*427*	*442*
	Rate per 10,000	113	113	117	121
North West	***number***	*12,490*	*12,550*	*13,220*	*14,070*
	Rate per 10,000	82	82	86	91
England	***number***	*69,480*	*70,440*	*72,670*	*75,420*
	Rate per 10,000	60	60	62	64

Source: SSDA 903 - 2018

Most children in care are aged 10-15 years with more than a third of all children being in this age group. As of 31st March 2018, there were 202 children placed outside the Local Authority boundary, 240 inside the LA boundary.

3.8 Children in Need

A child in need is one who has been assessed by children's social care to be in need of services. These services can include, for example, family support (to help keep together families experiencing difficulties), child protection cases, leaving care support (to help young people who have left local authority care), adoption support, or disabled children's services (including social care, education and health provision).

Table 15. Rate of Children in Need as of 31st March of every year (per 10,000 children)

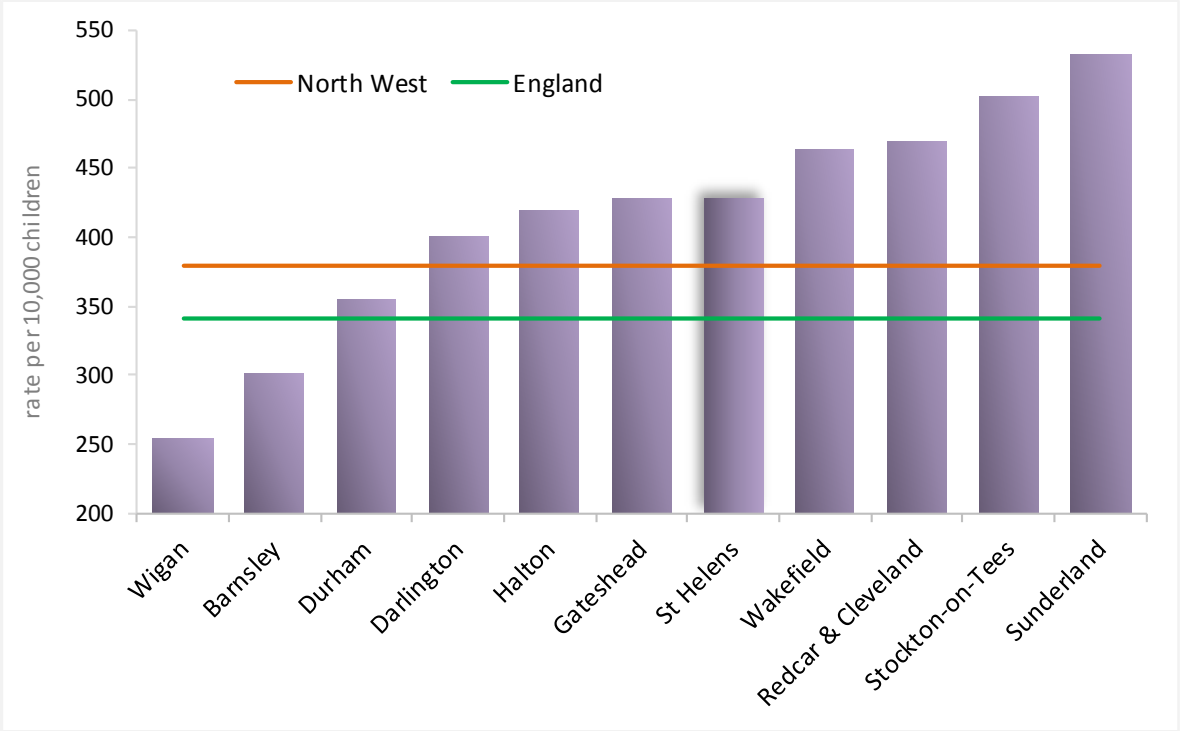
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
St.Helens	381.4	429.3	414.1	454.5	497.0	428.2
North West	336.3	343.1	365.3	367.7	380.1	379.0
England	325.7	332.2	346.4	337.3	337.3	341.0

Source: DfE, 2018

The St.Helens rate for 2017/18 (at 31st March 2018) pertains to 1,569 children. The current status (in early 2019) is 1,790 with open cases, which is a rate of 489.1 per 10,000 children.

St.Helens has a higher rate of children in need than the North West and England; also, when compared to statistical neighbours, St.Helens is the 5th highest of 11 LAs (see Figure 22 below).

Figure 27. Rates of Children in Need (per 10,000 children) compared to statistical neighbour authorities – March 2018



Source: DfE, 2018

Over half (53.3%) of children in need who have been assessed and services are deemed necessary have abuse or neglect as their primary need; this was a higher percentage in previous years but is now in line with the national average (53.2%). There are fewer children (19.1%) with family dysfunction as a primary need locally when compared to the national average (15.4%). 18.5% of children have a disability or illness as their primary need, which is higher than the England average 8.7%.

3.9 Children Subject to Child Protection Plans

Table 16. Children subject to Child Protection (CP) Plan at period end (rate per 10,000)

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
St.Helens	59.5	48.7	43.8	63.7	74.4	79.1	63.2	34.7
North West	42.5	42.6	41.3	50.6	49.9	55.2	54.0	53.7
England	38.7	37.8	37.8	42.1	42.9	43.1	43.3	45.3

Source: DfE, 2018

The number of children who were the subject of a child protection plan at 31st March 2018 had decreased from **230** at 31st March 2017 to **127** at 31st March 2018, a 45% decrease. The number of children in St.Helens on a CP Plan, as at 31st March 2018, when expressed as a rate per 10,000 is lower than regional and national averages (final column, Table 16 above). The number of children on a CP Plan decrease further in the first part of 2018/19, reaching **75** children on a CP Plan at the end

of June 2018. In the latter half of the year the number has increased sharply, and at 31st December 2018 there were **180** children on a CP Plan. At the end of February 2019 there were **199** on a Plan.

During 2016/17 financial year, 23.5% of the children who became subject to a Child Protection Plan became subject to a plan for a second or subsequent time, higher than the national average of 18.7%. In 2017/18 the percentage was 9.9%, half of the national average 20.2%. However, in the current 2018/19 financial year, provisional information shows a significant increase in the proportion of children becoming subject to a CP plan who have been on a CP plan previously (26.0%).

In the 2017/18 financial year a total of **264** children ceased to be the subject of a CP Plan, with 38 of the children in question (14.4%) having been on a Child Protection Plan for at least 2 years at the time that the plan ceased.

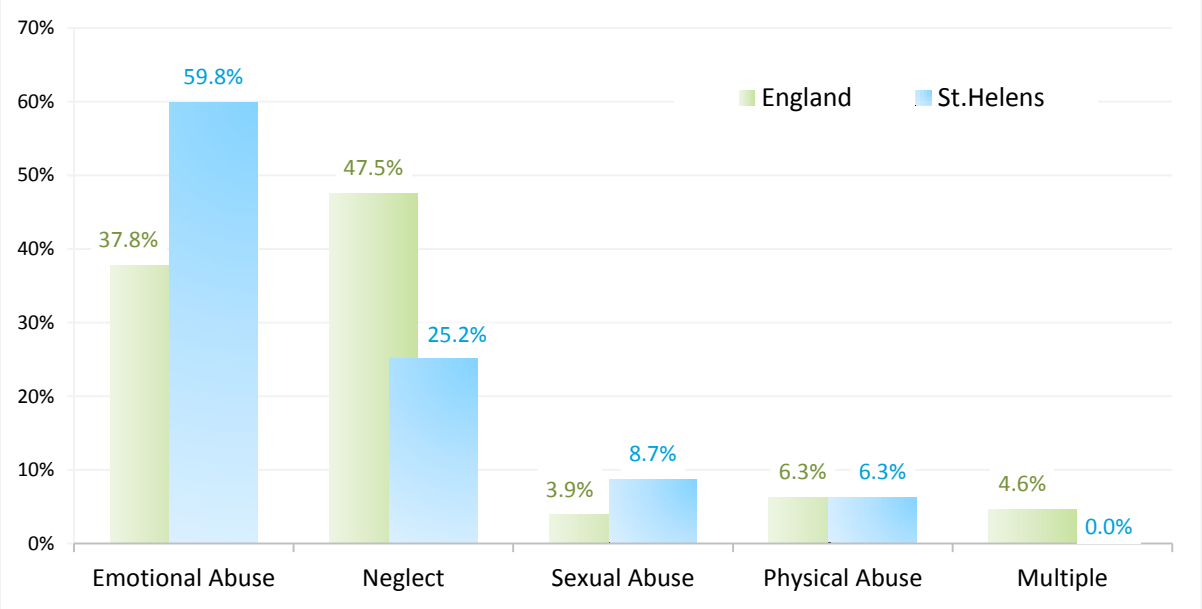
Table 17. Percentage of CP Plans lasting 2 years and over which cease during the year

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
St.Helens	-	7.1%	10.7%	11.0%	1.9%	5.8%	10.1%	14.4%
North West	5.4%	5.3%	4.5%	4.5%	3.7%	3.7%	3.1%	3.8%
England	6.0%	5.6%	5.2%	4.5%	3.7%	3.8%	3.4%	3.4%

Source: DfE, 2018

There are generally more boys than girls on CP Plans in St.Helens (at the time writing in early 2019 there are 53% were boys and 47% girls). In general, the percentage of children on a Child Protection Plan decreases with age, with 40% of the children on a plan at the beginning of 2019.

Figure 28. CP Plans at 31st March 2018, by Latest Category of Abuse



Emotional Abuse is still the most common 'latest' category of abuse for children in St.Helens who are the subject of a CP Plan at the end of December 2018 at 53% (was 59.8% year-end), followed by neglect with 37% (25.2% at year-end). Nationally, the most common 'latest' category of abuse for children on a CP Plan was Neglect (47.5%) followed by Emotional Abuse (37.8%).

3.9.1 Adult issues

Alcohol and substance misuse of those looking after children remain significant risk factors in St.Helens. Alcohol misuse was identified as a risk factor in **338** assessments of child needs in St.Helens in 2017-18 (24%) and **417** risk factors were identified due to drug misuse (30%). These were respectively the third and fourth most common risks identified, after domestic violence (50%) and mental health (57%).

3.9.1.i Drug and alcohol treatment

In December 2018, there were 344 clients in drug or alcohol treatment in St.Helens who live with one or more children (177 in drug treatment, 109 in alcohol, and 58 in alcohol and non-opiate drug treatment). The table below shows the proportions of new presentations to treatment, between 1st January and 31st December 2018, of clients who have children, compared to national average.

Table 18. Proportion of new presentations to treatment who live with children under 18 years

	St.Helens			England
Treatment type	**Number living with children**	**Total new to treatment**	**%**	**%**
Opiate	*16*	*223*	7.2%	12.9%
Non-opiate	*25*	*87*	28.7%	24.4%
Alcohol	*84*	*292*	28.8%	24.0%
Alcohol and non-opiate	*41*	*132*	31.1%	21.5%

Source: Diagnostic Outcomes Monitoring Executive Summary - Dec 2018

Successful completions of those who live with children in St.Helens, between 1st January and 31st December 2018, are similar to national averages.

Table 19. Successful completions of clients who live with children as a proportion of all clients in treatment who live with children under 18 years

	St.Helens			England
Treatment type	**Successful completions of those living with children**	**All clients who live with children**	**%**	**%**
Opiate	*9*	*140*	6.4%	7.1%
Non-opiate	*16*	*37*	43.2%	40.9%
Alcohol	*45*	*109*	41.3%	41.6%
Alcohol and non-opiate	*20*	*58*	34.5%	37.8%

Source: Diagnostic Outcomes Monitoring Executive Summary - Dec 2018

3.9.1.ii Mental health issues

Mental health issues were found to be a factor identified at the end of 69.3% of individual child in need assessments in 2017/18 (914 out of 1,318 cases with assessment factor information). The England average in the same period was 42.6%, and the North West average was 47.7%.

3.10 Young Carers

Young carers are children and young people who are caring for parents with a long-term illness or disability, mental health issues, or problems with drug or alcohol abuse. Sometimes the parents' difficulties mean that young carers have to care for younger siblings as well as their parent. Some young carers may also care for grandparents. Life can be tough for young carers who often carry out a range of household tasks such as shopping, paying bills, reading letters for parents, cooking, cleaning and laundry, as well as nursing tasks such as administering medication or providing personal care such as washing or dressing. Many also provide emotional support and reassurance to the person they care for. The term "Young Carer" does not apply to the everyday and occasional help around the home that may often be expected or given by children in families and is part of community and family cohesion.

A young carer becomes vulnerable when the level of care giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impact on his or her emotional or physical wellbeing or educational achievement and life chances.

Not all children who have ill or disabled parents or siblings take on caring roles or do so in ways that cause difficulties, circumstances will vary. What is important is that agencies work closely with the family and young person so that reasonable steps can be taken to pre-empt likely problems and any emerging difficulties affecting wellbeing which can be identified at an early stage.

The impact of caring on children can include:

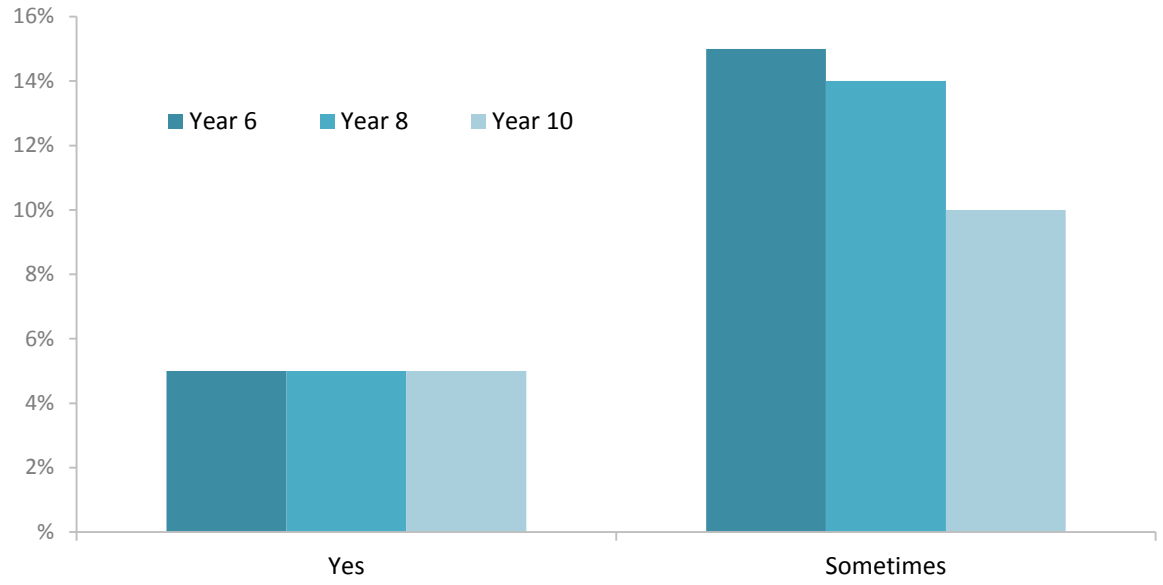
- Problems at school, not completing homework, absenteeism, lateness and inability to take part in after school activities.
- Social isolation from other children their age, feeling that no one else can understand his or her experience.
- Lack of free time for play, sports and leisure activities.
- Emerging behavioural problems, in some cases including youth offending activity.
- Emotional impacts such as worry, depression or self-harm.
- Physical impacts such as tiredness, fatigue or back injury.
- Lack of aspirations and career opportunities.
- Increased independence and maturity for their age.
- Advanced life skills such as a caring attitude or being a good listener.
- Increased knowledge of disability and illness.

Official statistics estimate that there are over 175,000 young carers in the UK caring for a sick or disabled relative, with 13,000 of these young people caring for more than 50 hours a week. However, a recent survey for the BBC carried out by Professor Saul Becker, a leading expert on young carers, found that there are four times more young carers in the UK than are officially recognised by 2001 census data. One in 12 of the 4,029 school children asked by the BBC said they had caring responsibilities such as dressing, washing or bathing family members. The BBC estimates that there are about 700,000 young carers in the UK or roughly 8% of secondary school pupils. However, this number could be higher still, given that there may be more young people who may hide their caring responsibilities or be unaware of the role they play.

It is difficult to establish the true number of young carers in the Borough but by applying the latest national research to the St.Helens population, it is estimated that up to 2, 440 young people are likely to be providing some form of care.

The St.Helens Health and Wellbeing Pupil Survey 2015 asked pupils in St.Helens whether they care for someone. The results showed that 5% of children reported to directly look after someone in their family by doing caring tasks that would usually be done by an adult. It appears that there are more younger children that care for someone 'sometimes' with 15% of Year 6, 14% of Year 8 students and 10% of Year 10 pupils.

Figure 29. Percentage of children who care for someone



Source: Health and Wellbeing Pupil Survey, 2015. Base: Year 6: 1,350, Year8: 1,124, Year 10: 718

The findings in the research document 'Hidden Harm' suggest that there may be as many as 1,000 more children and young people affected by problematic parental drug use living in St.Helens, whose needs are not currently met by the young carers' project. It is likely that a significant additional number are affected by problematic parental alcohol misuse.

Although the true number of young carers in St.Helens is unknown, it is important for agencies to work collaboratively to identify children and young people who bear a hidden burden of caring responsibilities.

3.11 Special Educational Needs and Disabilities

3.11.1 Prevalence of SEN

The proportion of pupils with special educational needs in St.Helens is slightly higher than comparable regional and national averages in 2018.

Table 20. Number and Percentage of School Age children with special educational needs (SEN)

	2014	2015	2016	2017	2018
	Pupils with SEN	Pupils with SEN	Pupils with SEN	Pupils with SEN	Pupils with SEN
St.Helens	5,080	5,096	4,659	4,570	4,486
% of School Age population	**19.3%**	**19.3%**	**18.1%**	**17.5%**	**17.0%**
North West	195,450	172,305	152,829	155,171	159,411
% of School Age population	**17.9%**	**15.6%**	**14.3%**	**14.4%**	**14.6%**
England	1,492,950	1,301,445	1,133,622	1,144,898	1,168,144
% of School Age population	**17.9%**	**15.4%**	**14.3%**	**14.3%**	**14.4%**

Source: DfE, 2018

Whilst the actual number of children and young people supported by St.Helens with either a Statement or EHC Plan has increased in recent years, when the figures are expressed as a rate per 10,000 of the 0 to 25 year old population, it continues to remain below comparable regional and national averages.

3.11.2 Prevalence with a Statement or EHC plan

	2014	2015	2016	2017	2018
	Statements or EHC plans	Statements or EHC plans	Statements or EHC plans	Statements or EHC plans	Statements or EHC plans
St.Helens	463	492	556	670	680
Rate per 10,000 pop. (0-25)	**88**	**94**	**106**	**128**	**130**
North West	30,973	31,418	33,893	38,465	42,711
Rate per 10,000 pop. (0-25)	**135**	**137**	**148**	**168**	**168**
England	237,111	240,183	256,315	287,290	319,819
Rate per 10,000 pop. (0-25)	**136**	**135**	**147**	**165**	**183**

There were 427 statutory Education and Health Care (EHC) plans and 253 statements maintained by St.Helens as of January 2018 giving a combined total of 680. The combined total reported for St.Helens has increased year on year since 2013 with the largest increase seen between 2016 and 2017 at 20.7%. The increase in numbers of children and young people on an EHC Plan or Statement is evident for the North West and England (an increase of 13.5% and 12.1% respectively).

There were 107 children and young people with new EHC plans made during the 2017 calendar year; similar to 2016 when there were 108, which was an increase of 25 (+30.1%) when compared against the combined number of children and young people with statements and EHC plans made during 2015. Nationally the 2017 calendar year has seen an increase of 6,068 (+17%) in new EHC plans made when compared with 2016, and an increase of 14,239 (+51%) when compared to 2015.

3.11.3 Prevalence of SEN support without a Statement or EHC Plan

The number of children with SEN Support, without a statement or EHC Plan, educated in a St.Helens school has remained broadly stable but as a proportion of the total school population (15.2%) is now significantly higher than the national average (11.7%) which has decreased over the same period.

The overall proportion of pupils educated in St.Helens with SEN, SEN Support and Statement/EHCP is above the regional and national averages.

Table 21. Number of pupils with SEN Support (without a Statement or EHC plan)

	2014	2015	2016	2017	2018
	Pupils with SEN Support	Pupils with SEN Support	Pupils with SEN Support	Pupils with SEN Support	Pupils with SEN Support
St.Helens	4,521	4,519	4,289	4,190	4,098
% SEN Support (without EHCP)	**17.1%**	**17.1%**	**16.3%**	**15.7%**	**15.2%**
North West	164,535	140,696	129,452	131,492	135,436
% SEN Support (without EHCP)	**15.0%**	**12.7%**	**11.5%**	**11.6%**	**11.8%**
England	1,260,758	1,065,279	991,981	1,002,069	1,022,537
% SEN Support (without EHCP)	**15.1%**	**12.6%**	**11.6%**	**11.6%**	**11.7%**

DfE, 2018

At January 2018, 14.4% of children with a Statement or EHC plan maintained by St.Helens attended LA Maintained Mainstream schools, 54.1% attended LA Maintained Special schools and a further 6.1% attended non-maintained special schools, independent special schools and other independent schools. The remaining children and young people attended other establishment types (such as further education colleges - 9%), or were educated through other arrangements. The majority and a significantly greater proportion of children and young people with a Statement or EHC Plan maintained by St.Helens attend LA Maintained Special schools, than is the case regionally (32%) and nationally (26%).

3.11.4 Assessment process

In St.Helens there were 187 children and young people assessed and a decision was taken whether or not to issue an EHC plan in 2017. All of the 187 children in question (100%) had new EHC plans made during the 2017 calendar year; this is above the regional average of 96.5% and the national average of 93.3%.

Locally, of all the initial requests for an assessment for an EHC plan received no requests were refused during 2017.

3.11.5 EHC plans issued within the time limits

Of the new EHC plans made in St.Helens during 2017 (excluding cases where exceptions apply[16]), 69.2% were issued within the 20 week time limit, an increase from 40.2% in 2016. Of the new EHC plans made in St.Helens during the 2017 calendar year (including cases where exceptions apply), again, 69.2% were issued within the 20 week time limit, an increase from 37% in 2016.

The percentage of new EHC plans issued within 20 weeks (excluding exceptions) in St.Helens (69.2%) is below the comparable regional average (80.1%) but above the national averages (64.9%).

[16] The SEND Code of Practice allows for exceptions to the time limits within the 20 week period.

3.11.6 Children in Need and SEND[17]

In St.Helens on 31st March 2018, 276 Children in Need (i.e. children and young people who are receiving a service from social services) had a disability[18] recorded; this is 17.7% of all Child in Need episodes, which is higher than the comparable regional (10.5%) and national (12.3%) average. The St.Helens proportion of Children In Need with a disability at this time, was also the highest amongst 23 local authorities in the North West, with Rochdale and Bury the second highest, both with 15.9%.

Figure 30. % Children in Need with a disability recorded, Mersey LAs, trend

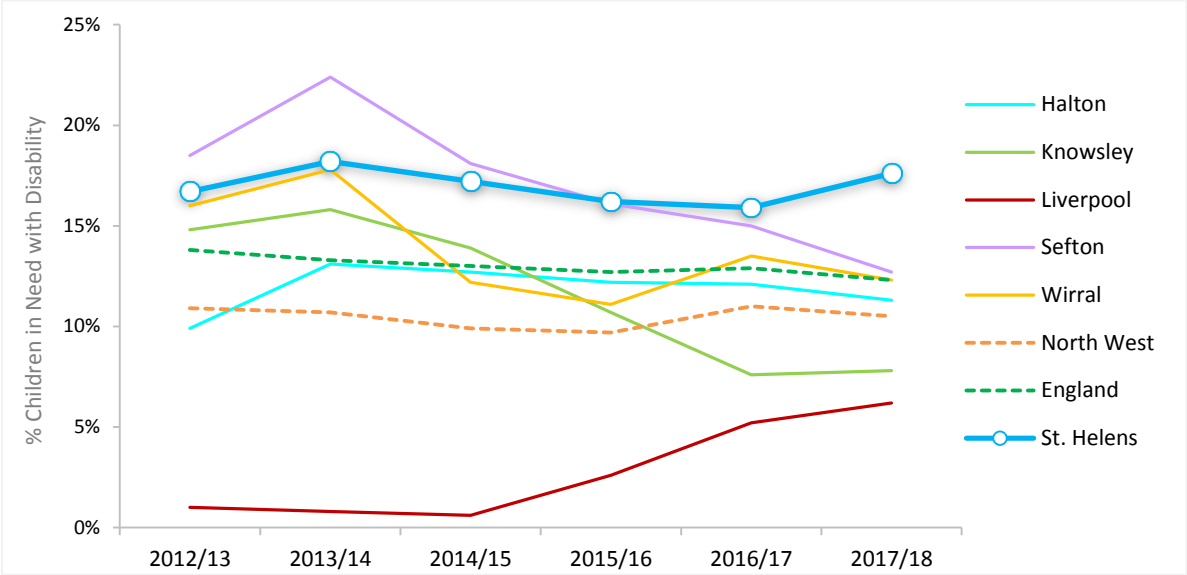
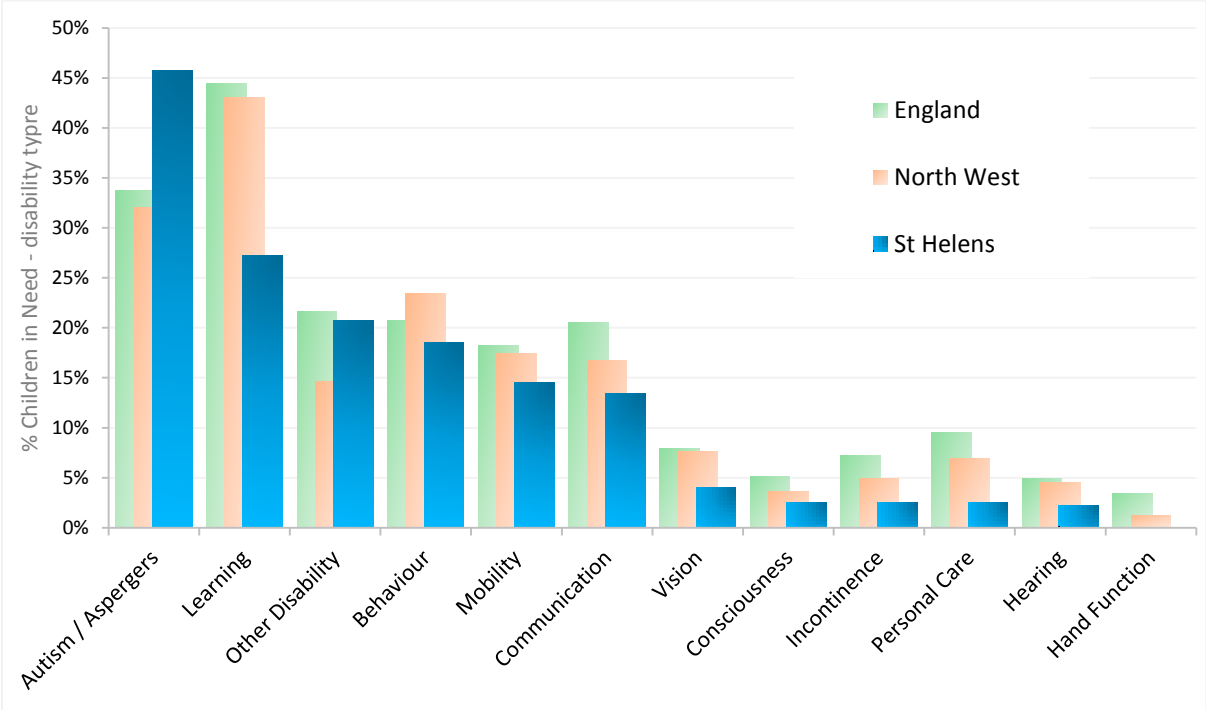


Figure 31. % Children in Need at 31st March 2018, by disability recorded



[17] Special Educational Needs and Disability.

[18] The Disability Discrimination Act defines a disabled person as a person with a "physical or mental impairment which has a substantial and long term adverse effect on his ability to carry out normal day to day activities". The condition must have lasted or be likely to last at least 12 months in order to be classed as a disability.

In 2017, 21.6% of the school-age Children in Need in St.Helens were supported with a Statement or EHC Plan[19], slightly above that reported nationally (20.6%) and above the regional average (17.8%). Similarly, 28.3% of school-age Children in Need in St.Helens received SEN Support without a statement or EHC Plan, again, above the comparable position reported nationally (25.3%) and regionally (25.6%).

Table 22. Number of school-age Children in Need at March 31 2017 by SEN

	No identified SEN	SEN support	SEN with a Statement or EHC plan
St.Helens	50.2%	28.3%	21.6%
North West	56.5%	25.6%	17.8%
England	54.1%	25.3%	20.6%

Source: DfE, 2018

Please note
*Information regarding **Immunisations** in children and young people is contained within the **JSNA Section 3a – Maternity and Early Years** document.*

[19] In St.Helens this reached a high in 2014 when the percentage of CIN with a Statement or EHC Plan was over 30%.

St.Helens People's Board

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St.Helens Council
St.Helens Clinical Commissioning Group
Halton and St.Helens Voluntary and Community Action
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Halton & St Helens
Voluntary and Community Action

Bridgewater Community Healthcare NHS
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