



**Liverpool
Public Health
Observatory**



Healthcare needs assessment:

**Specialist intervention in
safeguarding children across Merseyside**

Full Report

August 2010

Janet Ubido and Lyn Winters

Liverpool Public Health Observatory

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PROVIDING INTELLIGENCE FOR THE PUBLIC HEALTH

Healthcare needs assessment:

**Specialist intervention in
safeguarding children across Merseyside**

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Liverpool Public Health Observatory

Liverpool Public Health Observatory was founded in the autumn of 1990 as a research centre providing intelligence for public health for the five primary care trusts (PCTs) on Merseyside: Liverpool, St.Helens and Halton, Knowsley, Sefton and Wirral. It receives its core funding from these PCTs.

The Observatory is situated within the University of Liverpool's Division of Public Health. It is an independent unit. It is not part of the network of regional public health observatories that were established ten years later, in 2000.

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Summary

The safeguarding needs assessment was undertaken by Liverpool Public Health Observatory on behalf of the Merseyside Safeguarding Commissioning Collaborative. The needs assessment aims to show patterns of use of/referral to services across Merseyside (Sefton, Liverpool, Knowsley, St.Helens and Wirral). It will enable an estimation of the needs for and provision of specialist health services input to child safeguarding practice, in particular: sexual assault; physical abuse (non accidental injury); response to fabricated illness; sudden unexplained death in infancy; sudden unexplained death in childhood.

1. Demography

1.1 Child population

Across Merseyside, around a quarter of the population is aged 19 or under. In all boroughs, the populations aged 0 to 4 and 5 to 9 are expected to increase. The biggest increases will be found in Knowsley (around +11% by 2015). There will be a decrease in the population aged 10 to 14 and 15 to 19 by 2015 in each borough. The largest decreases in population will occur amongst those aged 15 to 19 in Sefton (-22%) and Liverpool (-21.6%).

1.2 Ethnic groups

With the exception of Liverpool (with 9.1%), there are very small proportions of people from black and minority ethnic (BME) groups residing in local authorities in Merseyside. The age structure of the BME population is considerably younger than the white British population.

2. Safeguarding profile

2.1 Child protection plans.

There were increases in numbers of children who were the subject of a Child Protection Plan in all local authorities on Merseyside from 2008 to 2009. In Liverpool and Sefton, numbers have been rising steadily since 2006 and rates are much higher than the national average. There were 1,290 children on Merseyside with a child protection plan in 2009 (as at 31st March 2009).

On the whole, the most common reason for a child protection plan was neglect. The exception was in Knowsley, where in 2009, more than half of all child protection plans were for emotional abuse – twice as high as nationally (as at 31st March 2009).

In St.Helens and Wirral, around 1 in 8 of all child protection plans were for sexual abuse – more than twice the proportion nationally and in other Merseyside local authorities. There were no child protection plans for sexual abuse in Knowsley at 31st March 2009.

Sefton and Wirral had the highest proportion of child protection plans for physical abuse – more than 1 in 3 of all plans – compared with around 1 in 8 nationally.

2.2 Looked After Children

Although in England, the rate of looked after children remained constant between 2005 and 2009, at around 55 per 10,000, the rate in the north west increased steadily from 67 to 71 over the same period.

On Merseyside, there were 2,485 looked after children in 2009 (as at 31st March 2009). With the exception of Knowsley, there was an increase in each local authority between 2008 and 2009. In 2009, all Merseyside local authorities except Sefton had rates higher than the north west, with the highest rates found in Liverpool (99) and Wirral (93).

2.3 Police incidents involving safeguarding children

An examination of Merseyside Police incident records revealed that there were 8,968 individual cases relating to safeguarding children during the past 3 calendar years (2007, 2008, 2009). Almost one-third of cases were from Liverpool, and 1 in 4 from Sefton. Overall there was a slight increase in all police incidents involving safeguarding children between 2007 to 2009.

The rate per 10,000 aged under 19 in 2009 was highest in Sefton (100.5) and lowest on the Wirral (77.0). In 2009, there were more than twice as many police incidents involving safeguarding children (3, 015) than there were children on child protection plans (1,290).

Children aged 10 and under accounted for 60.7% of all police incidents relating to safeguarding children. Just over half of all incidents related to issues categorised as 'concern', with around 1 in 4 recorded for physical abuse, followed by 1 in 8 for sexual abuse and 5% for neglect. It is not always immediately apparent what type of abuse is being dealt with. Incidents initially recorded as 'concern' may subsequently be found to relate to an allegation of physical or sexual abuse, or neglect.

Children from black and ethnic minority (BME) groups – in particular black children – are statistically significantly over-represented in police incidents. This finding was mirrored in the analysis of attendances at the Rainbow Centre for safeguarding at Alder Hey Children's Hospital (see Section 3.2.1). Compared to incidents involving white children, the type of incidents involving children from BME backgrounds were much more likely to be requests for information, neglect and other incidents (including welfare and emotional abuse). Police incidents relating to children from BME backgrounds were statistically significantly less likely to involve sexual abuse and slightly less likely to involve physical abuse. This is similar to patterns of attendance at the Rainbow Centre, where attendances by children from BME backgrounds were slightly less likely to involve sexual abuse and physical abuse.

More than 1 in 3 of recorded police incidents relating to safeguarding children resulted in an investigation either by police and/or social services. There were 1.8% of incidents serious enough to require referral to hospital (200 during the 3 year period - see Section 3.1)

2.4 Physical abuse: Hospital Admissions

When compared to other local authorities across the country, in 2008/09, all Merseyside local authorities except Sefton were in the top quintile of admissions to hospital for non-accidental injury, with rates above 142.8 per 10,000 children and young people. Since 2003/04, rates across Merseyside on the whole peaked during 2006/07, and have been falling steadily since then. Rates have been consistently highest in Liverpool and lowest in Sefton.

2.5 Feeling safe, bullying and emotional health

The national Tellus2 survey (Tellus, 2007) revealed that the numbers of children who said they felt unsafe at home from being hurt by others ranged from as many as 1 in 12 in St.Helens to 1 in 27 in Liverpool. Severe school bullying was reported to be worst in Knowsley, where 1 in 14 said they had been bullied most days in the last 4 weeks.

Compared with the rest of the country, children in Liverpool, Knowsley and St.Helens are amongst those with the best levels of emotional health. Children in Wirral and Sefton have higher than national average levels of emotional health.

3. Specialist safeguarding activity: Police referrals to hospital and Rainbow Centre activity

Specialist safeguarding is defined as when children are referred to hospital, or identified in hospital, as complex cases needing specialist or expert safeguarding intervention involving risk assessment and in many cases medical examination. Across Merseyside, there is incomplete data on specialist safeguarding activity. The only data on specialist safeguarding activity that was readily available was for police referrals to hospital for safeguarding concerns and attendances at the Rainbow Centre at Alder Hey Hospital.

3.1 Police referrals to hospital

Of the 10,987 police incidents (including repeat incidents) involving those aged under 19 during 2007-2009, 1.8% (200) were serious enough to require referral to hospital. Alder Hey's Rainbow Centre received 77% of these referrals. Almost all cases of sexual abuse went to Alder Hey (93.2% of such cases). Over a third (38%) of incidents requiring referral to hospital across Merseyside were from Liverpool.

St.Helens had the highest rate of police incidents requiring referral to hospital per head of population (11.7 per thousand aged under 19 over the 3 year period). Wirral had the lowest rate of hospital referrals, with only 1.8 per thousand. They also had the lowest rate of total police incidents involving safeguarding children (see Section 2.3).

Numbers of police incidents referred to hospital more than halved between 2007 to 2009.

3.2 Safeguarding centre activity: The Rainbow Centre, Alder Hey Children's Hospital

Rainbow Centre statistics involve attendances requiring a medical examination relating to safeguarding. These statistics will not provide a complete picture of specialist safeguarding activity at Alder Hey, as safeguarding activity involving complex cases does not always take place through the Rainbow Centre. There may be children dealt with at A&E or at out-patients or on the wards where safeguarding issues emerge which lead to demands on the safeguarding team (see Section 7.2).

Alder Hey Children's Hospital were able to supply data on 1,244 attendances between 2007-09 at its 'Rainbow' child protection unit. Over half of all cases seen at the Rainbow Centre were from Liverpool. Outside Liverpool, there is a concentration of cases in the WA9 area of St. Helens, and the L20 area of Sefton. There were 4.5% cases from outside Merseyside, averaging out at 18.7 per year.

There were 33.4% of attendances out of hours in 2009. Around 40% of all attendances of children outside Merseyside were out of hours

The majority of referrals - 3 in 4 (74.3%) were for non-accidental injury. Acute and chronic sexual abuse accounted for around 1 in 6 referrals (17.2%), mostly amongst females. As with police incidents (Section 2.3), there were more males than females attending in each of the age groups up to age 10.

Also as with police incidents, there was a statistically significant over-representation of children from ethnic minority groups attending Rainbow, compared to the population as a whole, particularly amongst black children. Rainbow attendances relating to children from BME backgrounds were slightly less likely to involve sexual abuse and physical abuse compared to white children. This is similar to police incident data, which showed that incidents relating to children from BME backgrounds were statistically significantly less likely to involve sexual abuse and slightly less likely to involve physical abuse.

Outcomes and referral data showing admissions to the wards from Rainbow, or referral to Rainbow from the wards, would suggest that there are about 59 cases per year that could be regarded as 'tertiary' cases, requiring highly specialist safeguarding intervention – around 14.3% of all Rainbow attendances. This will be a slight over-estimate, as not every Rainbow case admitted to the wards would be for a safeguarding issue. Using this method of estimation, as would be expected, a greater proportion of out of area cases could be classed as 'tertiary' - a total of approximately 12 per year, or 64.3% of all out of area Rainbow cases.

4. Physical abuse / Non accidental injury

4.1 Overview

Across most of Merseyside, any concerns of a serious safeguarding nature in the community where physical abuse is suspected are referred directly to the Rainbow Centre (see paragraph 4.4). In north Sefton, until May 2010, referrals were made to Southport Children's Centre or Southport & Ormskirk District General Hospital. The Rainbow Centre now receives all referrals from north Sefton (except for out of hours requests for physical abuse medicals, which continued to be referred to Southport and Ormskirk Hospital).

During 2008/09, there were 13 medicals for physical abuse carried out at Southport Children's Centre, and 18 during 2009/10 (*no data available for Southport & Ormskirk Hospital*).

In the Wirral, children with serious safeguarding concerns relating to physical abuse will be seen at Arrowe Park Hospital, or the Child Development Centre on the Clatterbridge Hospital site. In 2008/09, there were 54 such cases, with 51 during 2009/10 (*not including children taken directly to Arrowe Park Hospital*).

4.2 District General Hospital (DGH) cases

Where the child has presented at hospital, some hospitals may carry out their own investigations (e.g. Whiston and Southport & Ormskirk Hospitals), and others will refer directly to the Rainbow Centre (e.g. Royal Liverpool Hospital). Hospitals may contact Alder Hey for advice.

4.3 Police referrals to hospital

Of the 200 police referrals to hospital on Merseyside between 2007-09, just over half were for physical abuse. Just over 1 in 3 were from St. Helens, with a further 1 in 3 from Liverpool and only 2 % from Wirral.

The majority (74%) of cases were referred to the Rainbow Centre.

4.4 Alder Hey Rainbow data

Three quarters of referrals to the Rainbow Centre were for non-accidental injury. There was an increase of 56% in numbers of referrals for non accidental injury, from 243 in 2007 to 379 in 2009. There were slightly more males than females attending Rainbow with non-accidental injury. Half of all attendances were aged under 4, and 83% under 11.

Attendances for physical abuse followed a similar pattern to sexual abuse, in that over half of physical abuse cases were from Liverpool, and only 1 in 10 from Knowsley.

Of all children attending the Rainbow Centre, those from black and minority ethnic backgrounds were no more likely to attend for physical abuse than were white children.

5. Sexual abuse

5.1 Overview

On Merseyside, the Children's Sexual Assault Referral Centre (SARC) is based at Alder Hey Hospital's Rainbow Centre. They will receive almost all Merseyside referrals for serious sexual abuse involving children under 16 (see paragraph 5.4). Most of those aged between 16 and 19, and some aged under 16, will be referred to SAFE Place Merseyside (the sexual assault referral centre for young people and adults on Merseyside) (see paragraph 5.2).

In north Sefton, up until May 2010, cases were referred to Ainsdale Police Station or the SAFE Centre in Lancashire (*no data available*). Cases are now referred to the Rainbow Centre. In Wirral, serious safeguarding referrals relating to child sexual abuse are referred to either the Bromborough Police Suite, or to SAFE Place Merseyside (SAFE Place takes cases from the Wirral aged 13+). During 2009/10 (12 months), there were 11 children aged under 19 examined for sexual abuse at Bromborough Police Suite on Wirral. SAFE Place Merseyside dealt with 16 cases aged under 19 from Wirral in 2009.

5.2 SAFE Place Merseyside: Adult Sexual Assault Referral Centre (SARC):

Across Merseyside, there were a total of 105 referrals aged under 19 to SAFE Place during the 19 months between 22nd September 2008 to 6th May 2010. More than 1 in 4 were from Liverpool, and a further 1 in 4 were from Wirral.

More than 1 in 5 referrals were under 16 years old. SAFE Place reported that a high proportion of these would be from Wirral.

5.3 Police referrals to hospital

Of the 200 police referrals to hospital of children with safeguarding concerns between 2007-09, around 1 in 4 were for sexual abuse. Almost all cases were referred to the Rainbow Centre. Liverpool accounted for 43% of all referrals and Wirral only 2%.

5.4 Alder Hey Rainbow data

There has been an overall decline in attendances for sexual abuse - numbers almost halved from 94 in 2007 to 52 in 2009.

Sexual abuse accounted for around 1 in 6 referrals to Rainbow, and of these, most (more than 4 in 5) were female. Around half of all attendances were under the age of 11. Just over half of cases were from Liverpool, and only 11% from Knowsley.

As mentioned in Section 3.2, children from BME backgrounds attending the Rainbow Centre were very slightly less likely to attend for sexual abuse compared to white children attending the Centre.

6. Emotional issues and neglect

Between 2007 to 2009, there were 573 police incidents relating to child neglect and 45 incidents of emotional abuse amongst children investigated by the police on Merseyside. Of these, 39% were from Sefton, and only 5% from Knowsley.

At Alder Hey's Rainbow Centre, only 8.5% of all attendances were for either neglect or 'other' (n=106).

As well as Rainbow referrals at Alder Hey, a proportion of additional referrals to the named nurse at Alder Hey will be for concerns related to emotional and physical abuse. No numbers are available.

7. Fabricated illness and other cases with related specialist safeguarding concerns

7.1 Overview

In many cases, there will be safeguarding concerns that do not fall in to the main categories of physical abuse, sexual abuse, or emotional abuse and neglect. Such cases presenting at district general hospitals (DGHs) are referred to the hospital's own safeguarding nurse and then referred on as appropriate to social services etc. Other DGHs may refer cases to Alder Hey for a second opinion.

7.2 Alder Hey

Rainbow statistics presented in Section 3.2.1 involve attendances requiring a medical examination relating to safeguarding. However, specialist complex safeguarding activity does not always take place through the Rainbow Centre. There may be children dealt with at A&E or at out-patients or on the wards where safeguarding issues emerge which lead to demands on the safeguarding team – such as:

- supporting families where the parents are alcohol or drug users, or have mental health problems;
- supporting families where there are issues of domestic abuse, chronic neglect, self-harm, teenage pregnancy (where other alerting factors may exist), non-attendance or discharge issues;
- supporting families when fabricated illness is identified (see Section 7.3 below)

Other safeguarding work that may not be easily identified or quantified includes writing serious case reviews, activity generated by the legal system (court reports etc.), attendance at strategy meetings, dealing with child death cases (see Section 8) and providing training.

Between 2007 and 2009, there was an increase of 34% in the numbers of referrals to the named nurse at Alder Hey (from 549 to 734). Data on referrals to the named nurse at Alder Hey are not comparable to referrals to named nurses at other hospitals and PCTs, because cases seen by the named nurse at Alder Hey will be more complex and time consuming.

7.3 Fabricated illness

Fabricated illness cases are referred to the named safeguarding nurse at Alder Hey and may involve input from the specialist Rainbow team, but are not classed as Rainbow cases, so are not entered into their electronic records.

There could be around 10 fabricated illness cases at any one time at Alder Hey – ranging from those that are of minor concern, to those requiring a full investigation. There were 23 such cases in the 12 months from April 2009 to April 2010.

8. Child deaths: SUDI/ SUDC/ CDOP data

In total on Merseyside during the two year period 2008/10, there were 127 child deaths as reported to the Centre for Maternal and Child Enquiries North West (CMACE NW). In 20 cases (15.8%), deaths were either SUDI (Sudden Unexpected Death in Infancy) or SUDC (Sudden Unexpected Death in Childhood). This was a higher proportion than reported for the north west (14%) or in 'Why Children Die' (10%) (Pearson, 2008).

There were fewer children dying in hospitals on Merseyside in 2009/10 (32) than in the previous year (45).

For those children who died in hospital, data on which hospital the death occurred should give an indication of how much involvement each health provider has in the child death review process. There were almost as many child deaths at Alder Hey as there were in all the other hospitals on Merseyside. Alder Hey data shows that in addition to the deaths of Merseyside children at Alder Hey, there will be almost twice as many again from outside the area.

SUDI and SUDC deaths generate extra work because of the extra meetings and report writing that they involve. Of all deaths in and out of area at Alder Hey in 2008, 11 were SUDI and 8 were SUDC (Alder Hey Safeguarding Annual Report, 2008-09).

It would appear that deaths are being under-reported to CMACE (partly explained by the fact that CDOP reviews can result in delays in results being passed on), and/or reported deaths are not being fully replicated in CMACE data. Further investigation is required.

'Form Bs' are requests for additional information relating to child deaths and may be requested for children who either died at Alder Hey, or who may have died elsewhere, but had previously been treated at Alder Hey. There were approximately 150 requests for Form B in 2008 at Alder Hey. Form B can take approximately 3 hours to complete. In 2008, this will have amounted to around 56 working days (450 hours) (Alder Hey Safeguarding Annual Report, 2008-09).

9. Discussion

9.1 Trends/projections

The population aged under 10 is expected to increase over the next few years. This has implications for specialist safeguarding provision. If the increases in referrals to the Rainbow Centre between 2007 to 2009 for physical abuse continue, this will lead to further demands on the specialist safeguarding service.

Referrals for sexual abuse at the Rainbow Centre have almost halved between 2007 and 2009. This could be partly explained by the establishment of SAFE Place Merseyside, which will take some of the 16-19 year olds who may have previously attended Rainbow. Possibly, some of the preventive initiatives may have started to have had an effect.

Safeguarding activity in general is showing a recent upward trend, with increases in numbers of children with child protection plans, looked after children, police incidents involving child safeguarding concerns and named nurse referrals for safeguarding.

9.2 Area

Wirral and Sefton had low rates of police hospital referrals for more serious safeguarding concerns that may reflect inequalities in access to medical examination for abuse. Analysis of other indicators would suggest that this may be possible, but that data could also be interpreted to suggest that there may be high incidence of low level safeguarding concerns in these two areas, that may not require specialist intervention. It could be that local services are meeting patients needs appropriately. Further investigation is required to explore these issues.

9.3 Age/sex

Those aged under 10 are most at risk of being involved in safeguarding incidents requiring specialist intervention, especially physical abuse. Up to age 10, there are more males than females involved in such cases, with the exception of specialist intervention around sexual abuse, where four out of five cases are female.

9.4 Ethnic group

In examining issues around ethnicity, there are problems with missing data. At Alder Hey, the method of recording ethnicity is likely to improve in the near future, if proposals to introduce mandatory coding are implemented.

Analysis of available data would appear to show that children from black and ethnic minority (BME) groups – in particular black children - are statistically significantly over-represented in police incidents. This finding was mirrored in the analysis of attendances at the Rainbow Centre for safeguarding at Alder Hey Hospital.

9.5 Data problems

The only data on specialist safeguarding activity that was readily available was for attendances at the Rainbow Centre and police referrals to hospital for safeguarding concerns.

There is no data readily available on time spent by safeguarding teams on cases and no details of numbers of strategy meetings attended, case conferences, courts attended, numbers of reports written and consultation/advice given.

Data on specialist safeguarding activity at Alder Hey outside the Rainbow Centre and at other hospitals and NHS facilities is patchy and not easily available.

Work has commenced across many locations to address this issue in accordance with national requirements and the future plans for recording child protection concerns consistently across organisations would mean that such data will be available in the next few years.

Regarding child deaths, it would appear that deaths are being under-reported to CMACE (partly explained by the fact that CDOP reviews can result in delays in results being passed

on), and/or reported deaths are not being fully replicated in CMACE data. Further investigation is required.

10 Recommendations

10.1 Calculate predicted cases:

Following on from the needs assessment, further work involving the analysis of predicted cases based on population projections would be helpful. This would need to take into consideration the differences between age groups, as populations aged 0-9 are expected to increase across Merseyside by 2015, whilst there will be fewer children aged 10-19. Different patterns of referral across the age groups would also have to be taken into account.

10.2 Further investigate differences between areas:

Care needs to be taken in interpreting the differences in use of services across each local area. It may be that the areas with high referrals are meeting patients need, or it may be that they are referring too many cases. It may be that the low areas are missing cases or that they are meeting patients needs appropriately through local services. At this stage it is not possible to make that judgement - it would take a review of case notes to explore the issues. The review could be based on the model used for the Mersey Peer Review of 66 cases in 2009, involving the police, social care, and health, and expanded to include general practice and acute trusts.

10.3 Ensure equity of provision:

There needs to be agreement on standards and the basis for provision, which needs to be equitable for all Merseyside children, including those on Wirral. A clear safeguarding policy across Merseyside would ensure common care pathways are established to ensure that no child slips through the net. The agenda should be led by the needs of children from across Merseyside rather than those of the various organisations.

10.4 Further investigate ethnic differences:

The finding that available data shows that children from black and ethnic minority (BME) groups are statistically significantly over-represented in police safeguarding incidents and attendances at the Rainbow Centre needs further investigation. It could be that there are high levels of need that are being met, or it could be that too many cases are being referred because of misunderstandings of need relating to cultural differences. As with exploring differences between areas (point 3 above) it would take a review of case notes to help to explain the differences between ethnic groups.

10.5 Improve data collection

a). *Improve the availability and quality/depth of data* on specialist safeguarding activity outside the Rainbow Centre at Alder Hey and other hospitals and NHS locations. This would include the development of an agreed dataset.

b). *Investigate discrepancies in the recording of child deaths.*

It would appear that deaths are being under-reported to CMACE (partly explained by the fact that CDOP reviews can result in delays in results being passed on), and/or reported deaths are not being fully replicated in CMACE data. Further investigation is required, *subject to policy change*.

c). Consider the introduction of mandatory coding of ethnicity.

d). Consider the introduction of mandatory coding of disability.

e). Consider making readily available links in police data, so that any links between child protection incidents and domestic abuse incidents can be identified. This would help in achieving a better understanding of the differences in approaches to dealing with domestic abuse across Merseyside.

Introduction

Aims

The project aims to provide information to Merseyside children's health services commissioners to enable them to commission effective and appropriate specialist health services to meet the safeguarding needs of children. The needs assessment will show patterns of use of/referral to services across Merseyside (Sefton, Liverpool, Knowsley, St. Helens and Wirral - not Halton). This will enable an estimation of the needs for and provision of specialist health services input to safeguarding practice, in particular: sexual assault; non accidental injury; response to fabricated illness; sudden unexplained death in infancy; sudden unexplained death in childhood.

Information will also be sought on expected needs from national data and local population figures; an estimated projection of future trends; and whether there are gaps in the data and where these gaps are.

As it was intended to be a rapid needs assessment, the focus is on relevant health statistics and demographic data and the assessment does not involve wider consultation and literature searches.

Objectives

The initial plan was to approach the following agencies for data for the past 3 years relating to safeguarding children:

- Local Safeguarding Children Boards (LSCB) - (one for each local authority)
- Child Death Overview Panel (one for each LSCB)
- Alder Hey (3 elements: General District Hospital/ Specialist Departments/ Rainbow-Sexual Assault Referral Centre [SARC])
- The District General Hospitals and walk-in centres in Sefton, Liverpool, Knowsley, St. Helens and Wirral
- SARC (SAFE Place Merseyside, as well as Alder Hey Rainbow – see above)
- Merseyside Police
- Also, the websites of data providers such as the Child and Maternal Health Observatory (ChiMat, based at Yorkshire & Humber Public Health Observatory) were to be searched for relevant national and local data.

Ideally, the full report would have been ready by the end of March 2010. Due to various data collection problems, this was not possible, so an interim report was prepared, with the full report completed in June 2010 and printed in August 2010.

1. Demography

1.1 Child Population

The most recent population data currently available is for 2007. Table 1.1 shows that across Merseyside, around a quarter of the population is aged 19 or under. There is little difference between boroughs, with Knowsley having a slightly higher proportion (26.5%). In each borough, there are fewer children aged 0 to 4 than there are aged 15-19. Sefton shows a consistent decline across the age groups, with 7.2% of the population aged 15 to 19, and only 5% aged 0-4.

Table 1.1
Child population as a percentage of the total population,
by age group, local authorities in Merseyside, 2007

% of total population	0 to 4	5 to 9	10 to 14	15 to 19	Total % aged 19 & under	Total count aged 19 & under
Knowsley	6.2	6.0	6.8	7.6	26.5	40,000
Liverpool	5.6	5.1	5.6	7.4	23.6	102,800
Sefton	5.0	5.3	6.4	7.2	23.8	65,900
St Helens	5.6	5.5	6.5	7.0	24.6	43,700
Wirral	5.7	5.6	6.4	6.9	24.70	76,600

source: Yorkshire & Humber Public Health Observatory - <http://www.atlas.chimat.org.uk/metadata.asp?IsIDGID=true&DBElement=Indicator&DBElementID=18293>
 ONS 2007

Figures A1.1 to A1.5 in Appendix 1 show the current (2007) and projected (2015) child populations in the five boroughs across Merseyside. In all boroughs, the populations aged 0 to 4 and 5 to 9 are expected to increase. The biggest increases will be found in Knowsley, where numbers aged 0 to 4 will increase by 10.6%, and those aged 5 to 9 will increase by 11% (see table A1.6 in the Appendix).

There will be a decrease in the population aged 10 to 14 and 15 to 19 by 2015 in each borough. The largest decreases in population will occur amongst those aged 15 to 19 in Sefton (-22%) and Liverpool (-21.6%) (see table A1.6 in the Appendix).

As shown in Table 1.2, there are slightly more males than females in the population aged under 19 across Merseyside.

Table 1.2
Child population: % male and female,
local authorities on Merseyside, 2007.

Local authority	%male	%female	total number aged under 19
Knowsley	50.8	49.3	40,000
Liverpool	51.2	48.8	102,800
Sefton	50.8	49.2	65,900
St Helens	51.3	48.7	43,700
Wirral	51.4	48.6	76,600

source: Yorkshire & Humber Public Health Observatory - <http://www.atlas.chimat.org.uk/metadata.asp?IsIDGID=true&DBElementID=Indicator&DBElementID=18293>
 ONS 2007

1.2 Ethnic group

With the exception of Liverpool, there are very small proportions of people from black and minority ethnic (BME) groups residing in local authorities in Merseyside (Table 1.3). In Liverpool, almost 1 in 10 of the population under the age of 19 are from BME groups. In each local authority on Merseyside, the BME population of those aged under 19 is slightly larger than in the total population (as shown in Table 1.3). The age structure of the BME population is considerably younger than the white British population – e.g. in Liverpool, 29.0% of the BME population is aged 0-19, compared with 23.6% of the white British population.

Table 1.3
Ethnic composition of Merseyside population

Local authority	Under 19		All ages	
	% BME	% white	%BME	%white
Knowsley	3.1	96.9	2.9	97.1
Liverpool	9.1	90.9	8.5	91.5
Sefton	3.2	96.8	2.7	97.2
St.Helens	2.8	97.2	2.3	97.8
Wirral	3.4	96.6	2.9	97.1

Data source: ChiMat and neighbourhood.statistics.gov.uk

Table 1.4 shows the composition of the BME populations of under 19s in Merseyside. In all local authorities, the largest ethnic minority group is 'mixed'. Liverpool has the largest proportion of black children in its BME population. Although actual numbers will be small, Sefton, St.Helens and Wirral have relatively high proportions of Asian children in their BME populations.

Table 1.4
Composition of the minority ethnic population,
aged under 19, Merseyside

Local authority	Of the total ethnic minority population aged under 19:					total number of BME population under 19
	%Asian/ Asian British	%Black/ Black British	%Mixed	%Other		
Knowsley	15.4	10.2	60.5	13.9	100	1240
Liverpool	19.7	21.8	39.1	19.4	100	9355
Sefton	24.4	11.1	48.7	15.9	100	2109
St.Helens	27.4	9.4	47.8	15.4	100	1224
Wirral	24.4	9.5	49.5	16.6	100	2604

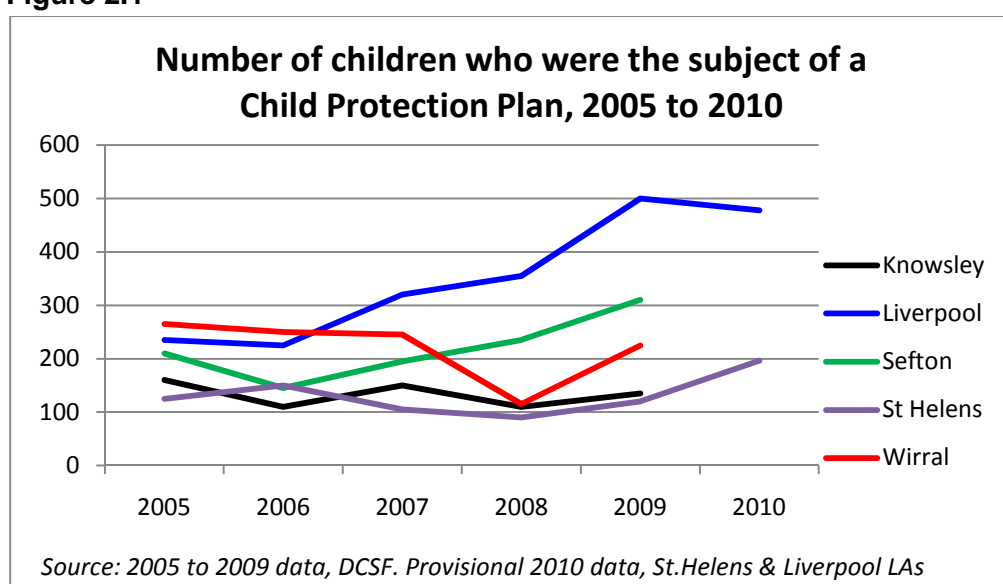
Data source: ChiMat

2. Safeguarding Profile

2.1 Children with child protection plans

If a child is identified as being at risk of harm, then they become the subject of a Child Protection Plan. In Liverpool and Sefton, numbers of children who were the subject of a Child Protection Plan have been rising steadily since 2006 (Figure 2.1). The pattern in the other local authorities is more mixed, but all show an increase from 2008 to 2009. Provisional data received from St.Helens and Liverpool for March 2010 indicates that in St. Helens, numbers rose again and in Liverpool, numbers were still high, although slightly lower than those in 2009.

Figure 2.1



(NOTE: numbers, not rates are presented in the chart – because it is demands on services that are of interest here. See Appendix A2.1 for more detailed table, with rates per year for each LA.)

There were 1,290 children with a child protection plan in Merseyside in 2009 (as at 31st March 2009). Across Merseyside, rates per 10,000 children aged under 18 in 2009 were higher than the national average, with the exception of St.Helens, with a rate of 31, which was the same as the national average (table 2.1). Rates in Liverpool (58) and Sefton (54) were particularly high.

Table 2.1
Children who were the subject of a Child Protection Plan,
Year at March 2009

Local authority	number	rate per 10,000 children aged under 18 years
Knowsley	135	38
Liverpool	500	58
Sefton	310	54
St Helens	120	31
Wirral	225	33
Merseyside	1,290	
North West	5,235	35
England	34,100	31

Source:

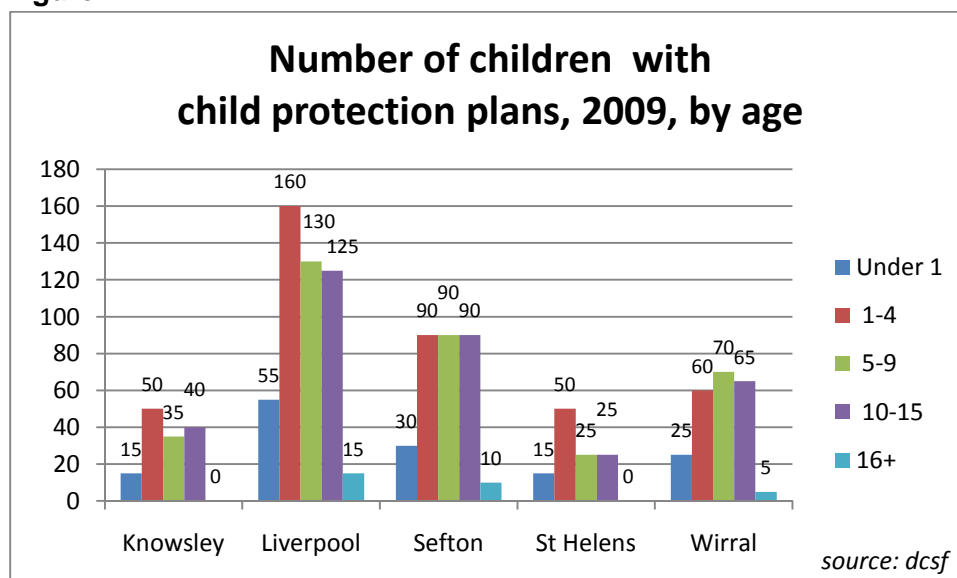
<http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000873/FINALAdditionalTables1to13.xls>

Note: totals in the following charts may not always match totals here, because of unspecified data – e.g. where age or sex not stated

Age

There are more child protection plans involving children aged 1 to 4 than for any other age group, except in the Wirral, where there are slightly more involving children aged 5-9 and 10-15 (Figure 2.2). In Sefton there are equally large numbers of child protection plans for the three age groups: 1-4, 5-9 and 10-15.

Figure 2.2

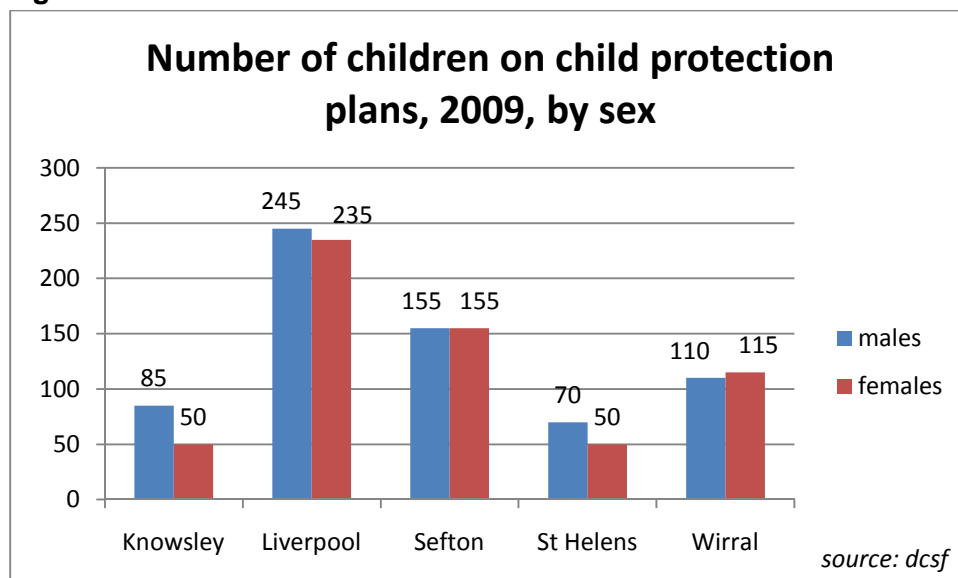


Sex

Figure 2.3 shows that overall on Merseyside, there were more males (665) than females (605) who were the subject of a child protection plan in 2009. This mirrors the population

differences, with slightly more males than females in the total under 19 population (see table 1.2). In Wirral and Sefton, there was little or no difference between the sexes in numbers of children on care plans.

Figure 2.3



Type of abuse

Figure 2.4 shows the category of abuse for children on child protection plans, for each Merseyside local authority, plus England for comparison, at 31st March 2009.

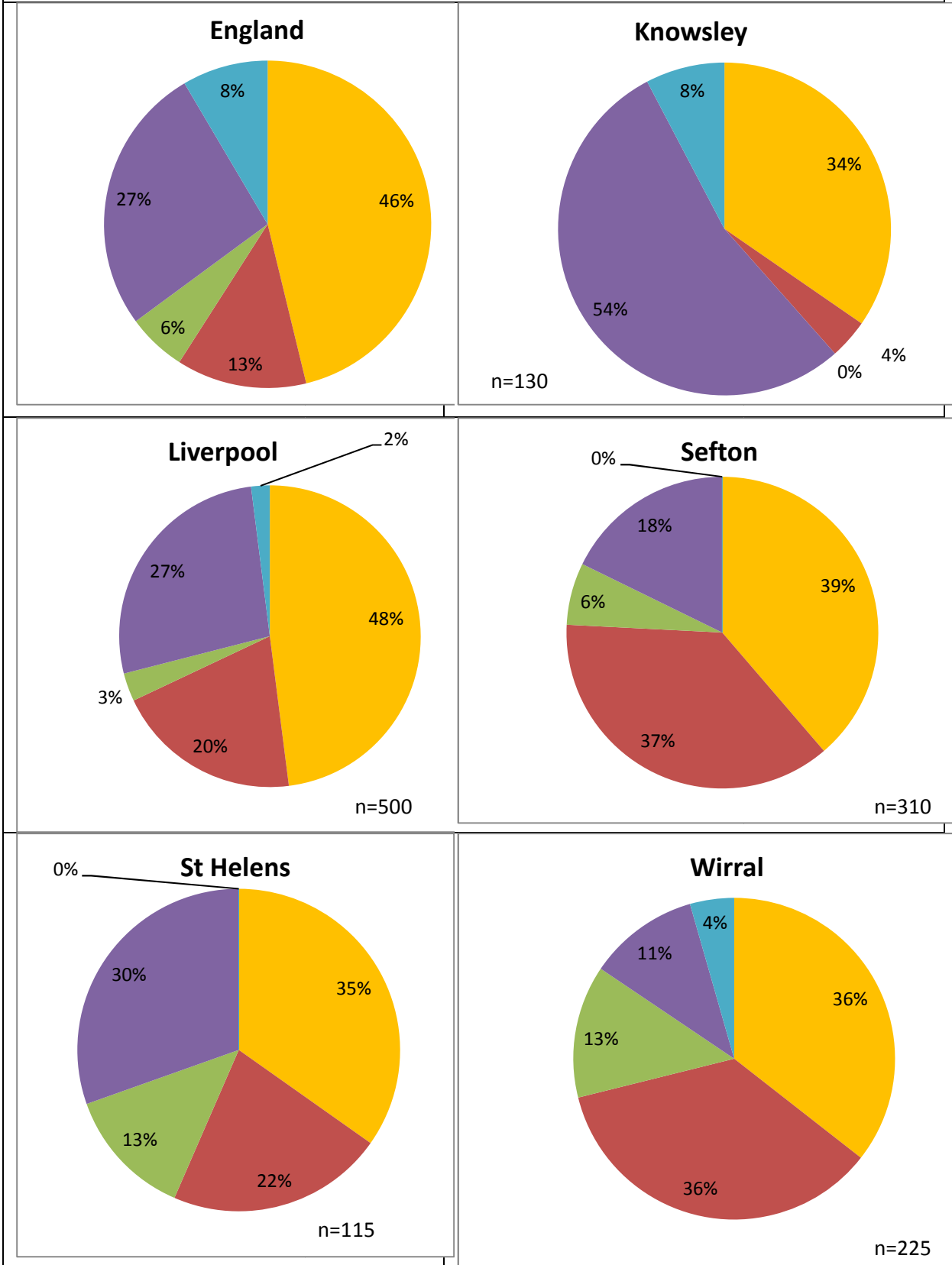
In each Merseyside local authority (except Knowsley) and nationally, the most common reason for a child protection plan was neglect. In Wirral there were equal numbers of child protection plans for neglect and physical abuse (36% of all plans). In Knowsley, more than half of all child protection plans were for emotional abuse – twice as high as the national proportion (as at 31st March 2009).

In St.Helens and Wirral, around 1 in 8 of all child protection plans were for sexual abuse – more than twice the proportion nationally and in other Merseyside local authorities. There were no child protection plans for sexual abuse in Knowsley at 31st March 2009.

Sefton and Wirral had the highest proportion of child protection plans for physical abuse – more than 1 in 3 of all plans – compared with around 1 in 8 nationally (as at 31st March 2009).

Figure 2.4.
Children who were the subject of a Child Protection Plan, by category of abuse,
for each local authority, 31st March 2009 (source: DCSF)

■ Neglect ■ Physical abuse ■ Sexual abuse
■ Emotional abuse ■ Multiple



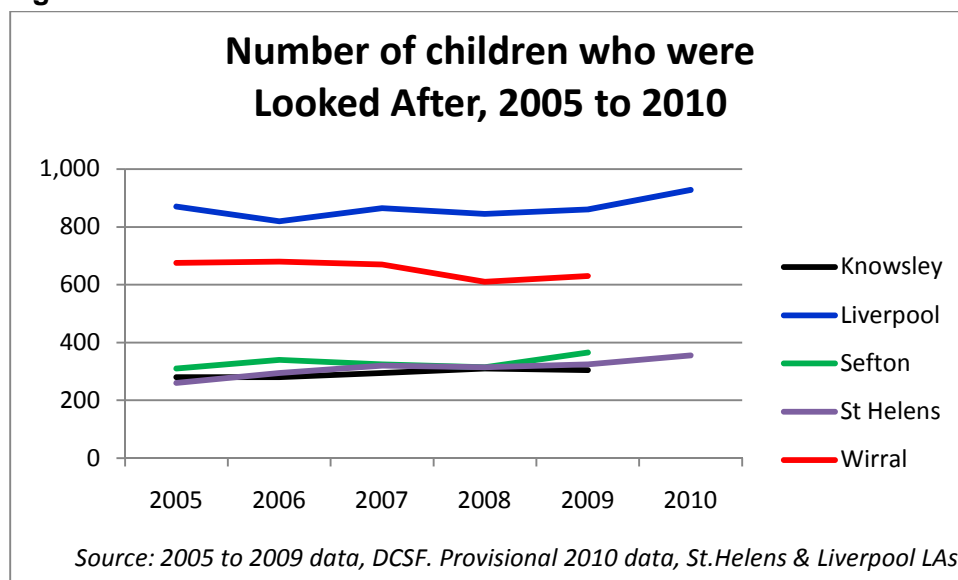
2.2 Looked after children.

In England, the rate of looked after children per 10,000 population has stayed constant between 2005 and 2009, at around 55. The rate in the north west has increased steadily from 67 to 71 over the same period.

On Merseyside, numbers of looked after children have only fluctuated slightly over the same time period, although with the exception of Knowsley, there was an increase in each local authority between 2008 to 2009 (Figure 2.5). Provisional data from St. Helens and Liverpool local authorities show a further increase in 2010. On Merseyside, there were 2,485 looked after children in 2009 (as at 31st March 2009).

Table 2.2 shows that rates across Merseyside were higher than the national average in each local authority in 2009. All except Sefton were higher than the north west average, with the highest rates found in Liverpool (99) and Wirral (93) (as at 31st March 2009).

Figure 2.5



(NOTE numbers, not rates have been presented in this chart – because we are interested in demands on services. See Appendix A2.2 for more detailed table, with rates per year for each LA.)

Table 2.2
Children who were Looked After, 31st March 2009

Local authority	numbers	rate per 10,000 children aged under 18 years
Knowsley	305	88
Liverpool	860	99
Sefton	365	64
St Helens	325	84
Wirral	630	93
Merseyside	2,485	
North West	10,600	71
England	60,900	55

Source: <http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000873/FINALAdditionalTables1to13.xls>

2.3 Police incidents involving safeguarding children

An examination of police incident records revealed that there were 8,968 individual cases relating to safeguarding children across Merseyside during the past 3 calendar years (2007, 2008, 2009). Some children had more than one incident, so that before duplicates were removed, there were 10,897 cases. The majority of cases had only one entry (84.9%). There were 11.1% of cases with two entries and 2.7% with three entries. There was one individual with 11 entries.

Cases in each area

In 2009, there were more than twice as many police incidents involving safeguarding children in Merseyside (3,015) than there were children on child protection plans (1,290 – see above table 2.1). Table 2.3 shows the numbers of incidents for each local authority in Merseyside during 2009, and rates per 10,000 population aged under 19. The rate is highest in Sefton (100.46) and lowest on the Wirral (77.02).

It was not possible to look at the distribution of cases within local authorities by postcode, because postcodes were only available for about half of cases.

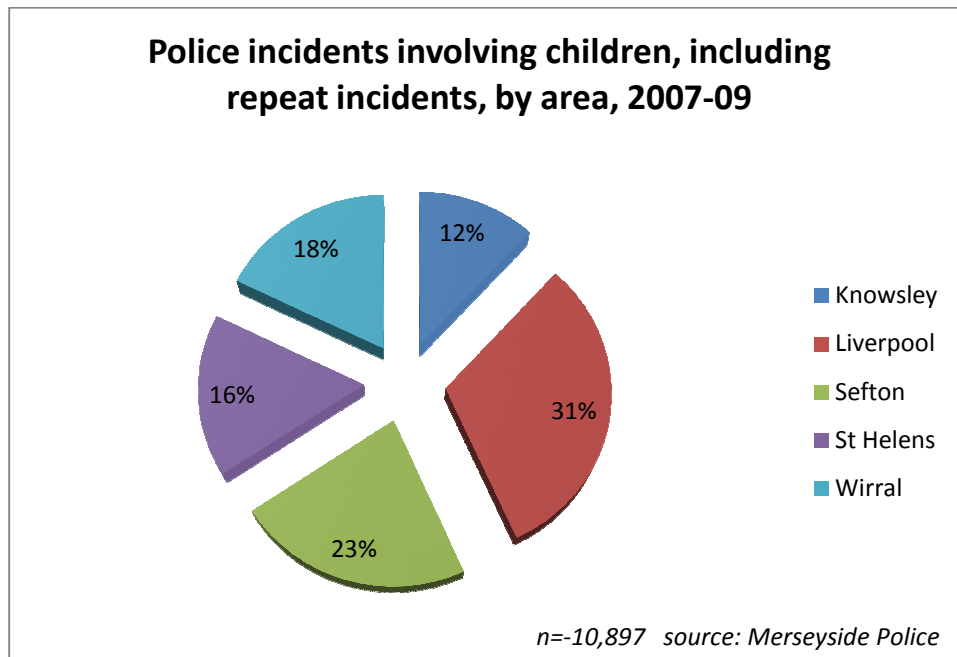
Table 2.3. Annual police incidents involving safeguarding children, 2009

Local authority	Number of individual cases in 2009	Rate per 10,000 aged under 19	Total cases, including repeated incidents in 2009
Knowsley	345	86.3	429
Liverpool	1007	98.0	1270
Sefton	662	100.5	896
St. Helens	411	94.1	530
Wirral	590	77.0	713
Merseyside total	3015	91.6	3838

Source: Merseyside Police

Figure 2.6 shows the distribution of cases amongst local authority areas on Merseyside. Almost one-third of cases are from Liverpool, and 1 in 4 from Sefton.

Figure 2.6



The following two charts show numbers of incidents over the last three years. Numbers of individual cases have fluctuated slightly between 2007 to 2009, with more incidents in 2009 in North Liverpool, Sefton and Wirral than in previous years. Numbers in St.Helens and South Liverpool have declined (Figure 2.7). Figure 2.8 shows that when repeat incidents are included, there is a similar pattern. Across Merseyside, overall there was a slight increase in all police incidents involving safeguarding children between 2007 to 2009 (Tables A3.1 and A3.2 in the Appendix give actual numbers in each year).

Figure 2.7

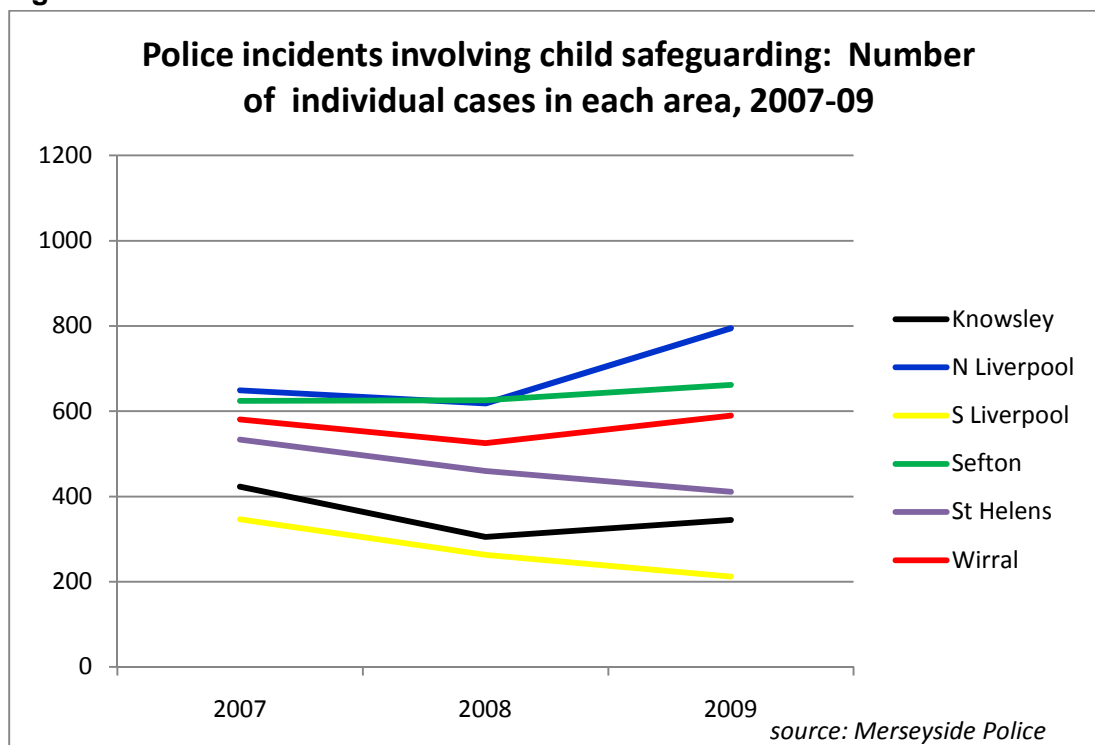
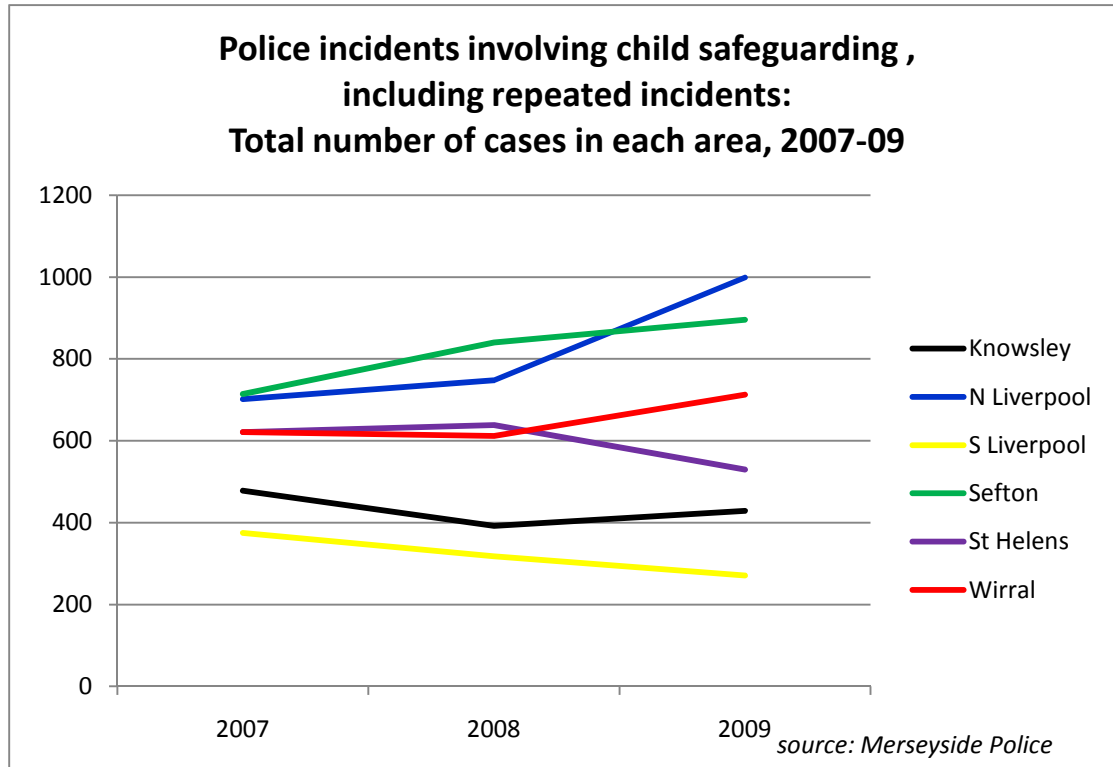


Figure 2.8

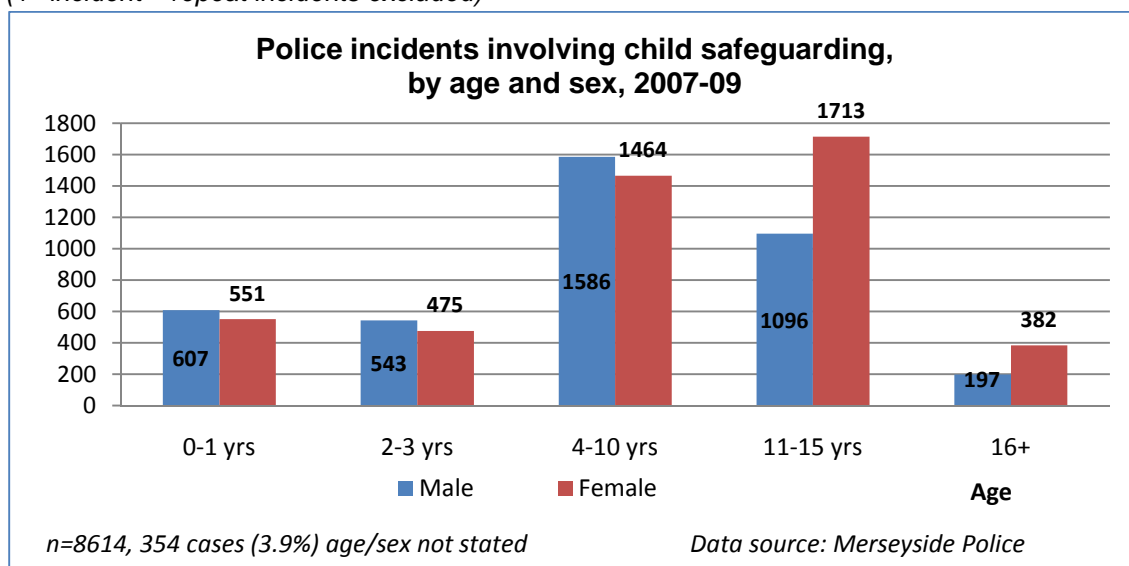


Age/Sex

There were more males in the first three age groups, but statistically significantly more females to males in the two older age groups ($p < 0.0001$) (Figure 2.9). Most police incidents involving child safeguarding concerns occurred amongst children aged 4-10 and 11-15 years – on the whole amongst those slightly older compared with children attending the specialist safeguarding Rainbow Centre at Alder Hey Hospital (see Section 3.2.1) – although there were still 60.7% of incidents occurring amongst those aged ten and under.

Figure 2.9

(1st incident – repeat incidents excluded)



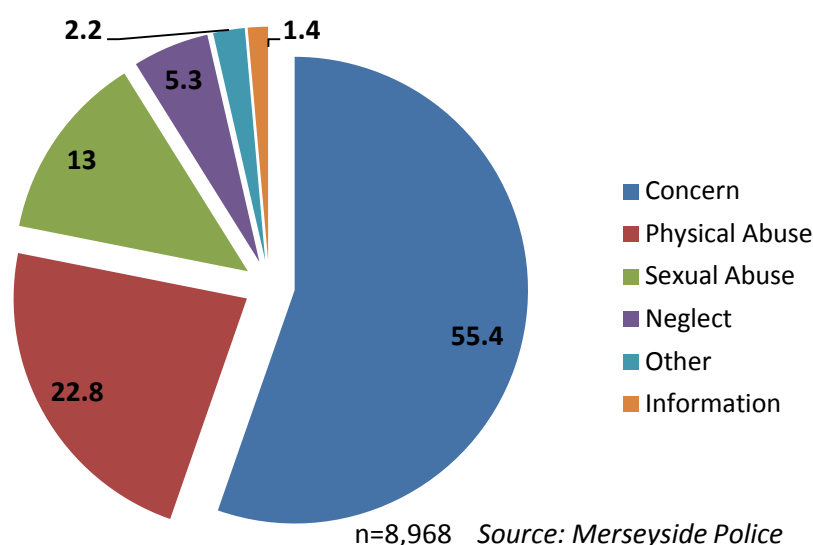
Type of incident

Police incidents relating to safeguarding children were categorised as either physical abuse, sexual abuse, neglect, concern, information, or 'other'. 'Other' includes 'welfare', 'child in need 4 or 3', 'emotional abuse', 'schedule 1' and SUDI/SUDC (see table 2.7 below for numbers of these). It is not always immediately apparent what type of abuse is being dealt with. Incidents initially recorded as 'concern' may subsequently be found to relate to an allegation of physical or sexual abuse, or neglect.

In the data presented in the following chart, for an individual with repeat incidents, the type of incident would relate to the first time they were recorded on police data.

Over the three year period, just over half of all incidents were for concern, with around 1 in 4 recorded for physical abuse, followed by 1 in 8 for sexual abuse and 5% for neglect (Figure 2.10).

Figure 2.10
Type of incident as a percentage of all individual police cases involving safeguarding children, 2007-09



Note: here, and with other figures, the 'n' values may differ slightly because of missing values.

Ethnic Group

Information on ethnic group was only available for 50.5% of the 8,968 cases. The percentages below have been calculated after missing data has been taken out. The vast majority of all cases (95%) were of white ethnic origin, as shown in Table 2.4.

Table 2.4
Police incidents involving safeguarding children, by ethnic group, Merseyside, 2007-09 (1st incident – repeat incidents excluded)

	Asian	Black	Mixed	Other	White	Total
Number (%) in Merseyside	32 (0.7%)	65 (1.4%)	62 (1.4%)	59 (1.3%)	4308 (95.2%)	4526 (100)

Source: Merseyside Police

Missing values in data on ethnic group = 4442

Liverpool has a larger Black and Minority Ethnic (BME) population than the rest of Merseyside. Approximately 69% of incidents involving BME groups on Merseyside were from Liverpool. Of the 1,277 incidents in Liverpool for which ethnic group was recorded, 11.8% (151) involved children from BME groups (Table 2.5). In the Liverpool population aged under 19 as a whole, there are 9.1% children from BME groups. This means that children from ethnic minorities are statistically significantly over-represented in police child safeguarding incidents for which ethnic group is recorded ($p < 0.0001$).

The proportion of children from BME backgrounds involved in police safeguarding incidents (11.8%) is very similar to the proportion of children from BME groups attending the Rainbow Centre (11.3%)

Table 2.5
Police incidents involving safeguarding children, Liverpool, compared to total child population, 2007-09

Liverpool	Black and minority ethnic group	White
Police incidents involving safeguarding children (n=1,277)	11.8%	88.2%
Population aged under 19 (n=102,800)	9.1%	90.9%

Source: Merseyside Police and ONS
Of all 2,883 incidents in Liverpool, only 1,277(44.3%) recorded ethnic group

Police data for Liverpool is available for the north and south of the city. There were fewer incidents in south Liverpool (285) compared to north Liverpool (991), but the proportion of incidents involving children from BME backgrounds was higher in south Liverpool. Of incidents in south Liverpool, 19.3% (55) involved children from BME groups, compared to 9.7% (96) in north Liverpool.

Within the ethnic minority population, black children are statistically significantly over-represented compared to those from other BME groups. Of the 151 incidents in Liverpool involving children from BME groups, 37.5% were children who are black, whereas in the Liverpool BME population as a whole, there are 21.8% of children who are black ($p < 0.0001$).

Ethnic group and type of incident: Liverpool data shows that, compared to white children, children from BME backgrounds who are involved in police safeguarding incidents were statistically significantly less likely to be involved in incidents of sexual abuse ($p = 0.05$) (table 2.6 - children from BME groups accounted for around only 5.9% of incidents of sexual abuse, compared to 11.8% of total incidents). They were slightly less likely to suffer incidents of physical abuse (not significant).

Children from BME groups were much more likely to be involved in requests for information, neglect and other incidents (including welfare and emotional abuse) (table 2.6). (*N.B. expected frequencies were too small for chi-squared significance test*)

These patterns are similar to those found in data on attendances at the Alder Hey Rainbow Centre, where children from BME backgrounds were slightly less likely to be referred for sexual abuse, more likely to be referred for neglect, and much more likely to be referred for 'other' reasons compared to white children (see Section 3.2.1 below).

Table 2.6
Police incidents involving safeguarding children in Liverpool,
Type of abuse by ethnic group, 2007-09

	%white	%bme	(n)
sexual abuse	94.1	5.9	102
physical abuse	89.6	10.4	278
neglect	80.0	20.0	55
information	76.7	23.3	30
other (includes welfare, emotional abuse and SUDC)	79.2	20.8	24
concern	88.2	11.8	787
total incidents in Liverpool	88.2	11.8	1276

Data source: Merseyside Police

Resulting investigation

For all police cases involving children, more than 1 in 3 (36.8%) resulted in an investigation. In 18.6% of cases, there was a joint investigation by police and social services; 16.0% involved social services only; 2.2% police only; and 63.2% of records had no investigation recorded (table 2.7). Just under half of all incidents involving allegations of physical abuse, sexual abuse or neglect resulted in an official investigation.

Table 2.7: Action taken for each incident type for all cases (including repeat incidents) number (%), 2007-09

Incident Type	Investigation Type			Not Recorded (%)	Total (%)
	Joint (%)	Social Services (%)	Police Only (%)		
Concern	791 (12.9)	1002 (16.4)	87 (1.4)	4247 (69.3)	6127 (100)
Physical Abuse	662 (27.6)	381 (15.9)	58 (2.4)	1299 (54.1)	2400 (100)
Sexual Abuse	400 (29.0)	181 (13.1)	75 (5.4)	724 (52.5)	1380 (100)
Neglect	128 (22.3)	119 (20.8)	9 (1.6)	317 (55.3)	573 (100)
Information	24 (15.8)	28 (18.4)	4 (2.6)	96 (63.2)	152 (100)
Welfare	11 (11.1)	8 (8.1)	3 (3.0)	77 (77.8)	99 (100)
Child in Need 4	0 (0)	2 (2.5)	0 (0)	79 (97.5)	81 (100)
Emotional Abuse	4 (8.9)	16 (35.6)	1 (2.2)	24 (53.3)	45 (100)
Schedule 1	2 (13.3)	8 (53.3)	1 (6.7)	4 (26.7)	15 (100)
SUDI	2 (18.2)	0 (0)	0 (0)	9 (81.8)	11 (100)
Child in Need 3	0 (0)	1 (12.5)	0 (0)	7 (87.5)	8 (100)
SUDC	1 (16.7)	1 (16.7)	1 (16.7)	3 (50.0)	6 (100)
Total	2025 (18.6)	1747 (16.0)	239 (2.2)	6886 (63.2)	10897 (100)

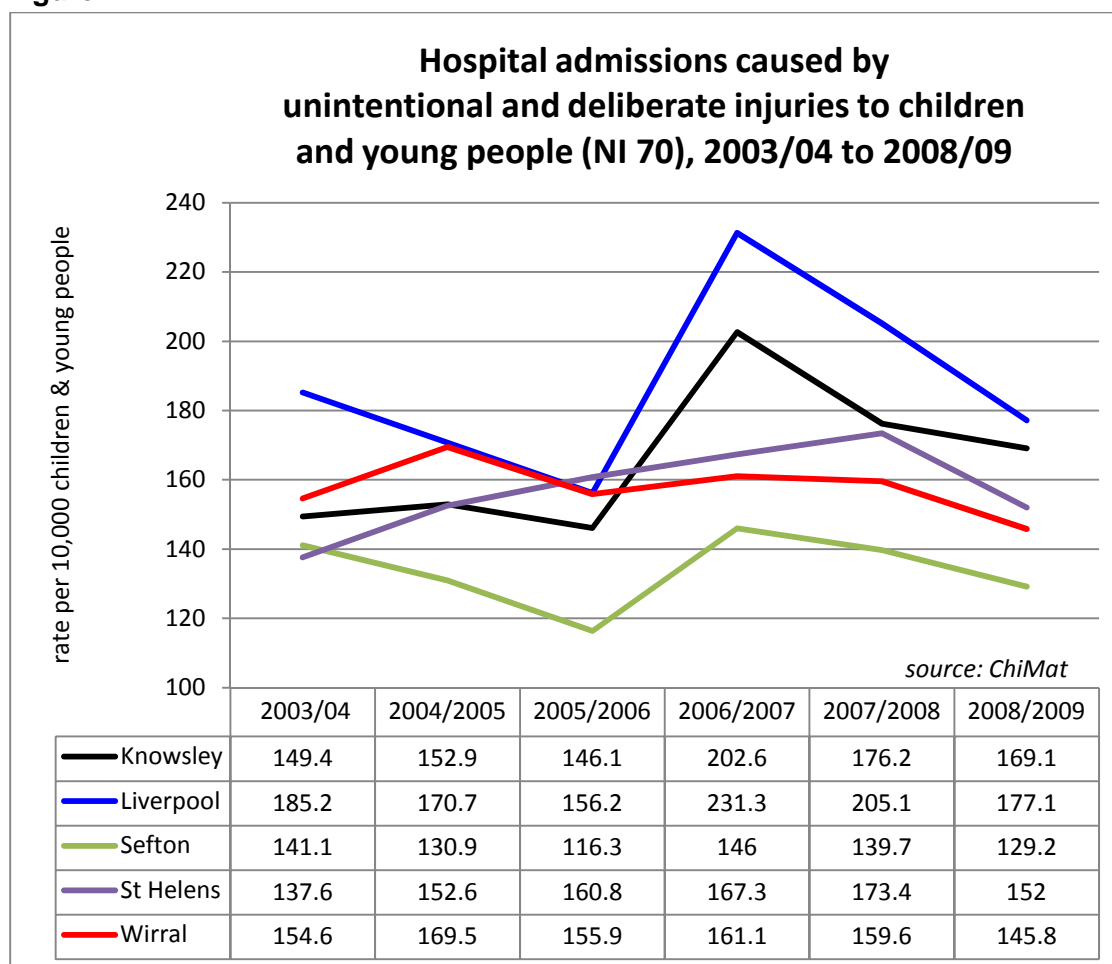
Source: Merseyside Police

Police incidents involving child safeguarding issues that result in referrals to hospital are detailed in Section 3.1.

2.4 Physical abuse: Hospital Admissions

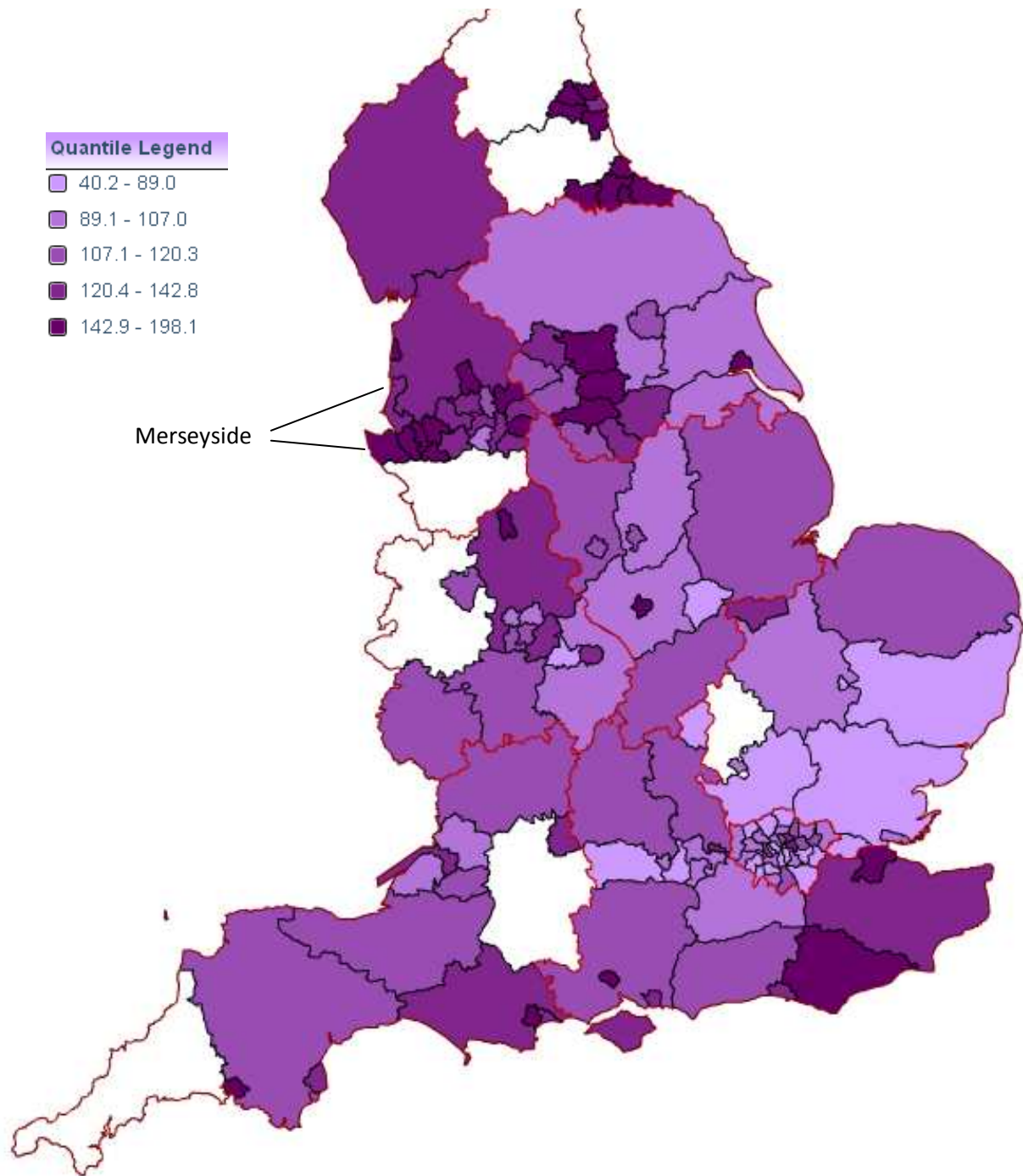
Hospital admissions caused by unintentional and deliberate injuries to children and young people are part of the National Indicator Stay Safe dataset. Figure 2.11 shows trends in admissions on Merseyside since 2003/04. On the whole, rates peaked during 2006/07, and have been falling steadily since then. Rates have been consistently highest in Liverpool and lowest in Sefton.

Figure 2.11



When compared to other local authorities across the country, the map in Figure 2.12 shows that in 2008/09, all Merseyside local authorities except Sefton were in the top quintile, with rates above 142.8 per 10,000 children and young people.

Figure 2.12. Hospital admissions caused by unintentional and deliberate injuries to children and young people, 2008-2009 (NI 70) (rates per 10,000 children & young people)



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Source: ChiMat website

<http://yhpho.york.ac.uk/IADataServer/metadata.asp?IsIDGID=true&DBElementID=28629>

2.5 Feeling safe, bullying and emotional health

Feeling safe and bullying

The Child and Maternal Health Observatory (ChiMat) website includes results from the 'Tellus2 survey – Staying Safe' (Tellus, 2007). This national survey of children aged 10-15 included questions relating to 'feeling safe'. Figure 2.13 shows the differences between the local authorities and national responses (See table A4.1 in Appendix 4 for all percentages and sample sizes)¹.

Feeling safe: Of those surveyed, the proportion of children who said they felt unsafe at home from being hurt by others ranged from 8.1% in St.Helens (1 in 12 children), to 3.7% in Liverpool (1 in 27). In all local authorities in Merseyside except Liverpool, feelings of being unsafe at home were higher than the national figure of 4% (Q.3, table A4.1 in Appendix 4).

In school, children feeling unsafe from being hurt by others ranged from 13.3% in Sefton (1 in 8) to only 5.4% in St.Helens (1 in 19), - all less than the national figure of 14% (Q. 10).

Children felt less safe around their local area from being hurt by others, ranging from as many as 29.2% in Wirral (approximately 1 in 3) and 28.7 in Knowsley (1 in 3), to 22.1% in St.Helens (1 in 5) (25% nationally, Q.1, table A4.1 in Appendix 4).

Bullying: In St.Helens, 81.3% (8 out of 10) of children thought that their school deals well with bullying – compared to only 54.7% in Knowsley. Proportions in St.Helens and Sefton were above the national figure of 57% (Q.13). As mentioned above, children in St.Helens were also more likely to feel safe in school (Q. 10 and 11). This is despite the finding that a higher proportion of children in St.Helens say they have been bullied at least twice in the last four weeks in school (32.4%), compared to the lowest rate of 20.3% in Liverpool, and only 17% nationally (Q.7). Severe school bullying is reported to be worst in Knowsley, where 7% (1 in 14) said they had been bullied most days in the last 4 weeks. The lowest rate was in Liverpool (3%) and 5% nationally (Q. 8, table A4.1 in Appendix 4).

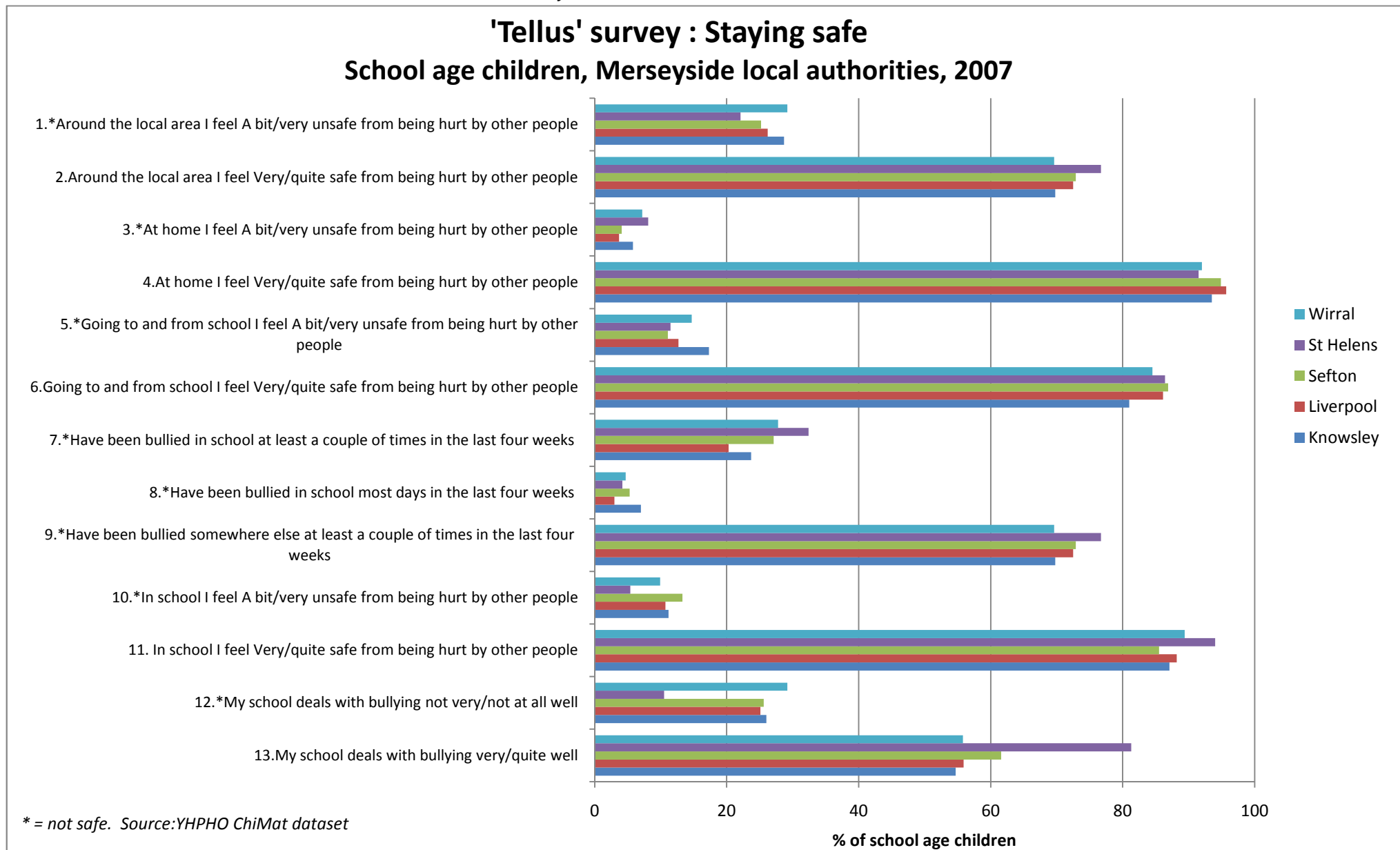
Emotional health

Map 1 shows that compared with the rest of the country, children in Liverpool, Knowsley, St.Helens and Halton are amongst those with the best levels of emotional health. Children in Wirral and Sefton have higher than average levels of emotional health.

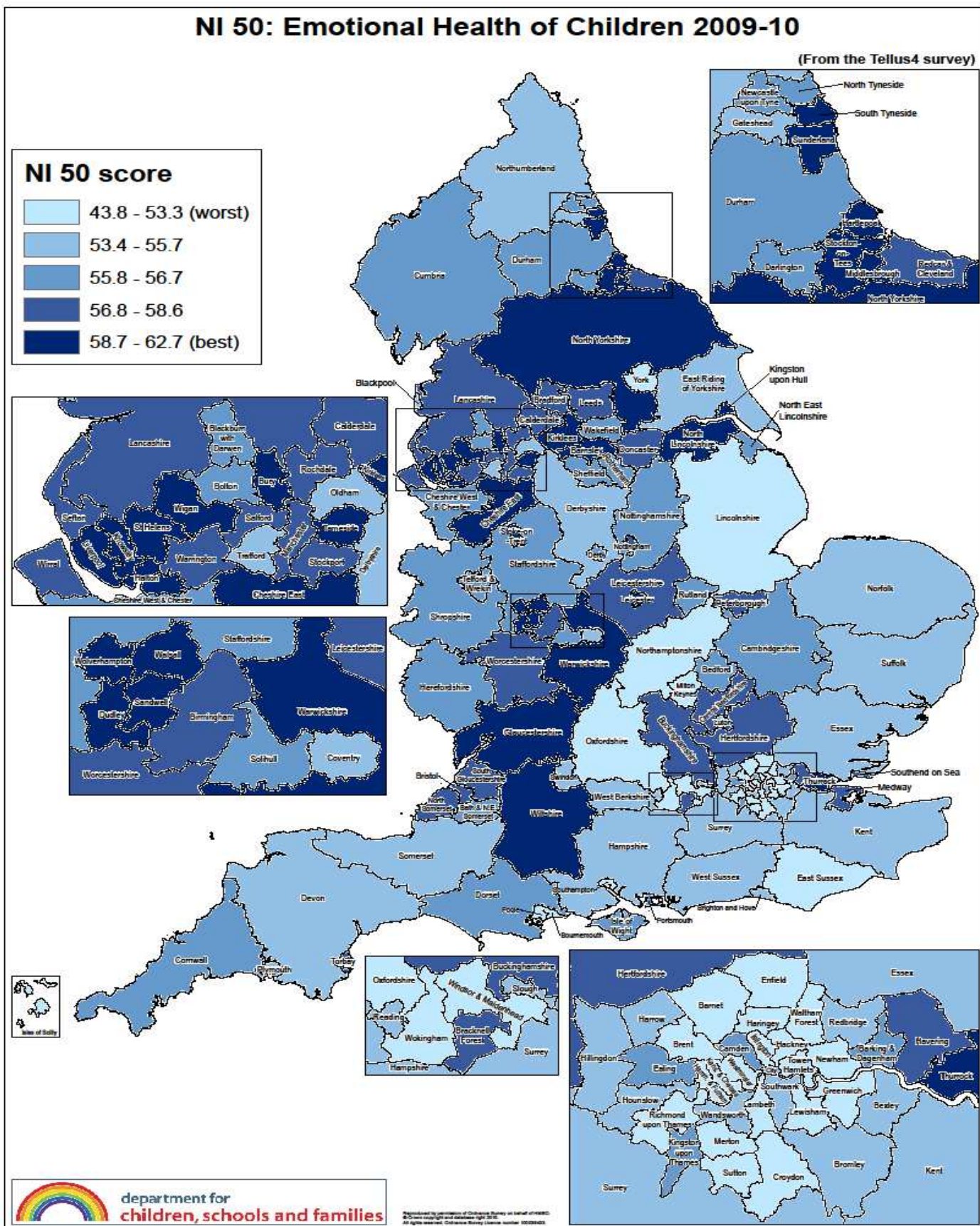
¹ Note: such details are not available in the more recent 'Tellus' surveys. The Tellus survey was discontinued in 2010 following the change of government.

Figure 2.13. Feeling Safe (see Appendix 4 for details of percentages and sample sizes – ChiMat data did not include actual numbers)

Note: such details are not available in the more recent 'Tellus' surveys



Map 1 'Emotional health and well-being - children and young people user perception 2009-10'
 from the Tellus4 survey (2010)



Map source: <http://www.dcsf.gov.uk/rsgateway/DB/STR/d000908/index.shtml>

3. Specialist safeguarding activity: Police referrals to hospital and Rainbow Centre activity

Specialist safeguarding is defined as when children are referred to hospital, or identified in hospital, as complex cases needing safeguarding intervention involving risk assessment and in many cases medical examination. Across Merseyside, there is incomplete data on specialist safeguarding activity. The only data on specialist safeguarding activity that was readily available was for police referrals to hospital for safeguarding concerns and attendances at the Rainbow Centre at Alder Hey Hospital.

A sample of designated nurses (safeguarding children), PCT unplanned care services and local authority intelligence and safeguarding personnel were approached to discuss data issues. It was revealed that, as with many other areas of work in the NHS, data on safeguarding was not always readily available with the current recording systems in place. For example until recently, in some cases there has been no consistent facility to record data on child protection referrals from Walk-In Centres via electronic recording systems. Work has commenced across many locations to address this issue in accordance with national requirements and the future plans for recording child protection concerns consistently across organisations would mean that such data will be available in the next few years. How to safely record child protection concerns at the point of referral (particularly on electronic systems) will need to be carefully considered, as to categorise the abuse at the point of referral when the concern may be unfounded may cause problems, for example if a patient requests to access their health records at a future date.

3.1 Police referrals to hospital

Of the 10,987 police incidents (including repeat incidents) involving those aged under 19 during 2007-2009, 1.8% (200) were serious enough to require referral to hospital (Figure 3.1 and table 3.1). Of the 1,384 cases involving sexual abuse, 3.2% were referred to hospital (Figure 3.1). These were the more serious cases, possibly requiring medical examination.

Hospital referred to and type of incident

Of the 200 police incidents referred to hospital, 77% went to Alder Hey's Rainbow Centre (154) (table 3.1). (*N.B. – see below – in Alder Hey data, only 67 Rainbow referrals were specified as 'police' – this is likely to be because when police investigate jointly with social services, it would usually be recorded as a social services referral*).

Almost all cases of sexual abuse that were referred by the police to hospital went to Alder Hey (93.2% of such cases).

Figure 3.1

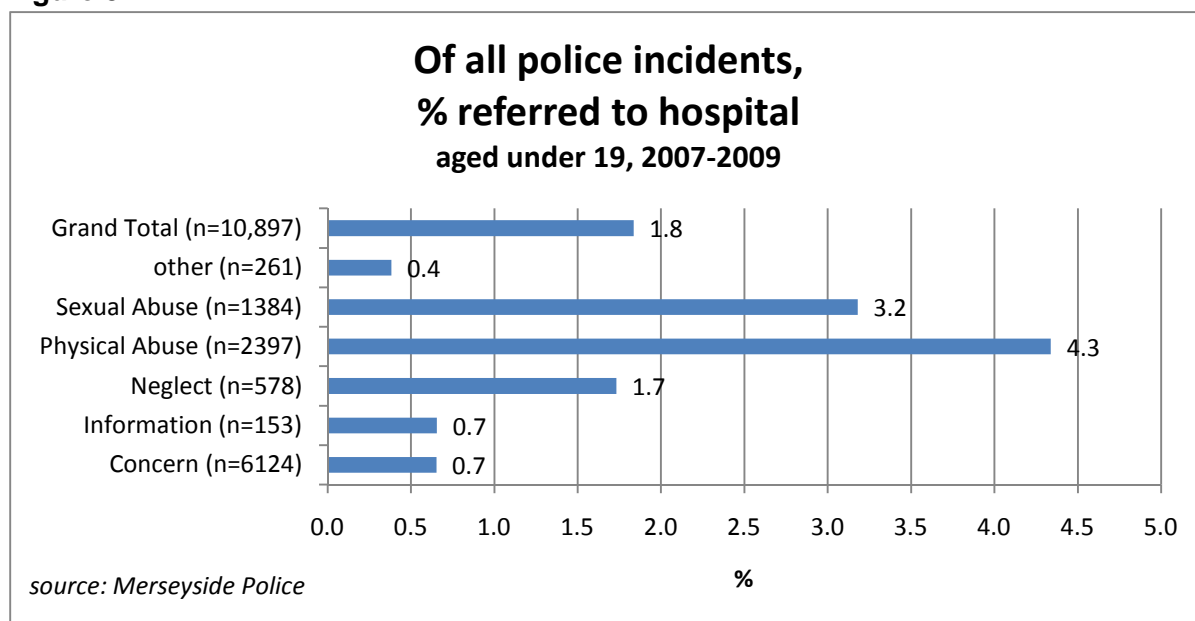


Table 3.1
Police referrals to Hospital:
Hospital location by type of incident, aged under 19, 2007-2009.

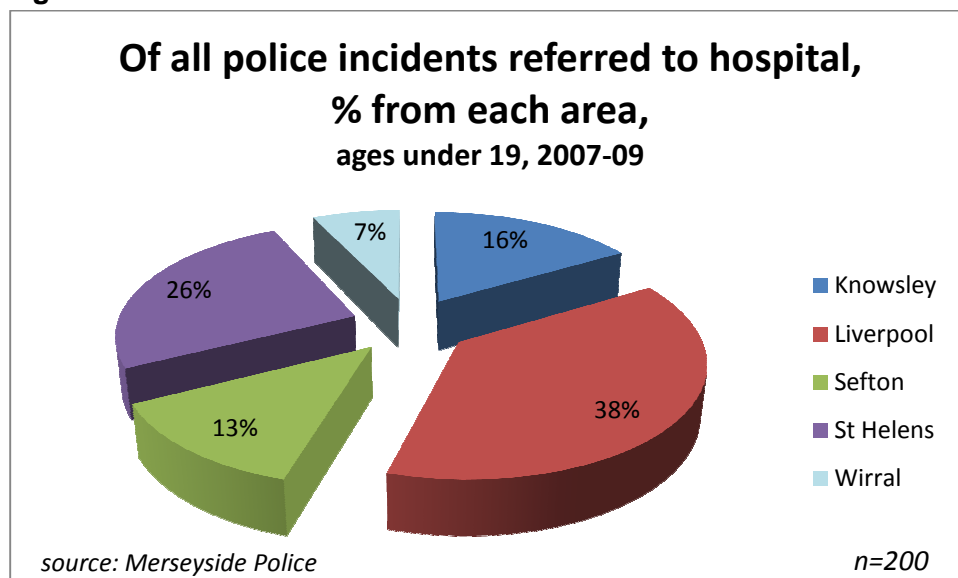
Hospital	Type of incident						Grand Total
	Concern	Information	Neglect	Physical Abuse	Sexual Abuse	Welfare	
Rainbow	25	1	9	77	41	1	154
Whiston Hospital	3	0	0	10	0	0	13
Ainsdale Suite					1		1
Arrowe Park Hospital	1			2			3
Bromborough Suite	7						7
Children's Centre (unspecified)	1						1
Clatterbridge Hospital	2						2
Halewood					1		1
Houghton St Clinic, Southport				2			2
Logic House St.Helens				7			7
Ormskirk Hospital	1		1	3			5
St Helens medical suite				1			1
Surrey					1		1
Warrington Hospital				2			2
Total	40	1	10	104	44	1	200

Source: Merseyside Police

Area

Of the 200 police incidents requiring referral to hospital across Merseyside, over a third (38%) were from Liverpool (Figure 3.2).

Figure 3.2



St.Helens has the highest rate of incidents requiring referral to hospital per head of population (11.7 per thousand aged under 19 over the 3 year period) (table 3.2). Wirral had the lowest rate of hospital referrals, with only 1.8 per thousand. They also had the lowest rate of total incidents involving safeguarding children (see table 2.3 in the 'Police incidents' section above).

Of all police incidents, 18% were from the Wirral (Figure 2.6 in Section 2.3 above). Of police incidents referred to hospital, only 7% were from Wirral

Table 3.2
Police incidents referred to hospital, ages under 19, 2007-09

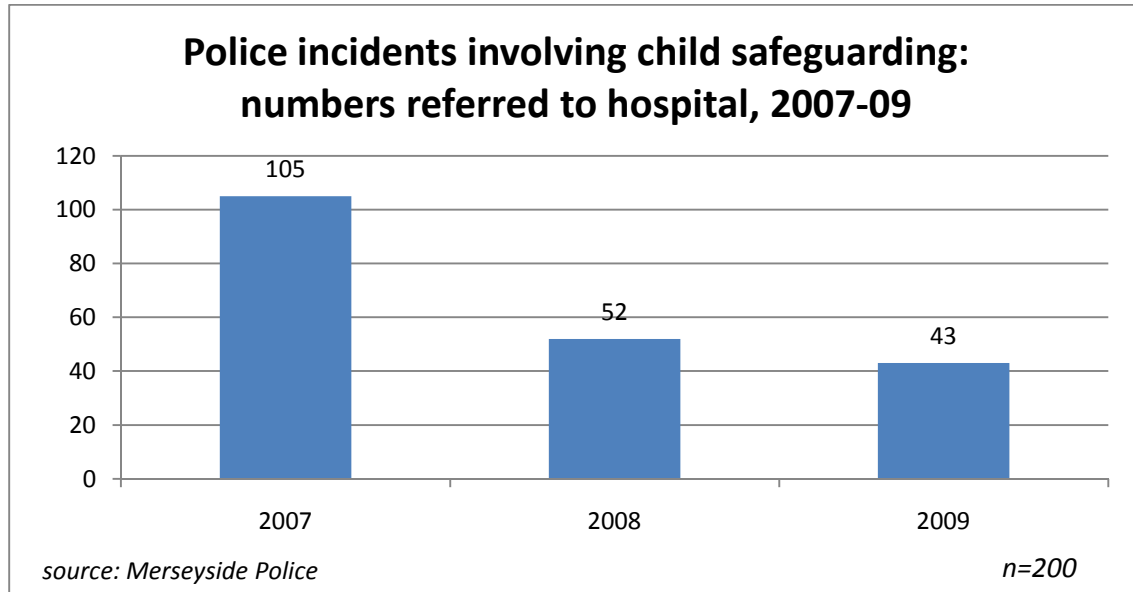
	Total Incidents 2007-09	3 year rate per 10,000 population aged under 19
Knowsley	33	8.3
Liverpool	76	7.4
Sefton	26	4.0
St Helens	51	11.7
Wirral	14	1.8
Merseyside Total	200	6.1

Source: Merseyside Police. Note – as numbers were small – the 3 years have been combined to calculate rates in table 3.2. In table 2.3, numbers in 2009 only were used.

Trends

Numbers of police incidents referred to hospital have more than halved between 2007 to 2009 (Figure 3.3).

Figure 3.3



3.2 Safeguarding centre activity

Background

The Rainbow Centre at Alder Hey Children's hospital in Liverpool is a Unit set aside for the management of child protection issues. It serves the children of Liverpool and surrounding districts.

In Liverpool, St Helens, Knowsley and South Sefton, all children in the community for whom there are concerns of a serious/specialist safeguarding nature and where abuse is suspected (sexual and physical abuse, but not usually neglect and emotional abuse), are referred directly to the Rainbow Centre by the local/area social services department or the Police.

From 10/5/10, it was proposed that the Rainbow Centre would also receive all referrals from north Sefton (except for out of hours requests for physical abuse medicals, which would be referred to Southport and Ormskirk Hospital).

On the Wirral, there is no contract with Rainbow at Alder Hey. Safeguarding referrals relating to sexual abuse will be referred to either the Bromborough Police Suite, or to SAFE Place Merseyside (the sexual assault referral centre [SARC] for Merseyside), based in Liverpool. For physical abuse, children will be seen at Arrowe Park Hospital, or the Child Development Centre on the Clatterbridge Hospital site.

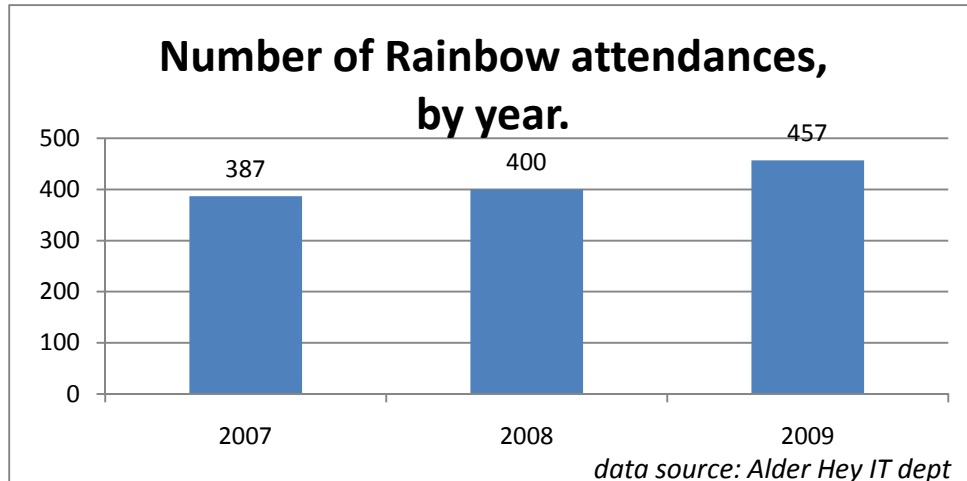
3.2.1 The Rainbow Centre, Alder Hey Children's Hospital

The following statistics relate to attendances at the Rainbow Centre requiring a medical examination relating to safeguarding. In addition, there are many referrals made to the Rainbow team from the numerous out-patient and in-patient departments at Alder Hey Hospital. Such referrals are for advice and support relating to safeguarding issues, such as fabricated illness, and can be of a specialist nature, often involving difficult complex cases. There are no computerised statistics available for such referrals – there are paper records of numbers of cases, but the detail or time taken to investigate this type of case is not recorded.

Because of the large number of safeguarding cases dealt with at Alder Hey, the wide range of consultants and departments throughout the hospital (e.g. brain injury, radiology) have developed a specialist knowledge of safeguarding issues.

Alder Hey was approached for data relating to safeguarding children over the past 3 calendar years (2007, 2008, 2009). They were able to supply data relating to the Rainbow Centre. Overall, there were 1,244 attendances at the Rainbow centre during the 3 year period, with numbers increasing slightly from year to year (Figure 3.4), with an average of 414 per year. For most of the following analysis, the three years have been combined.

Figure 3.4

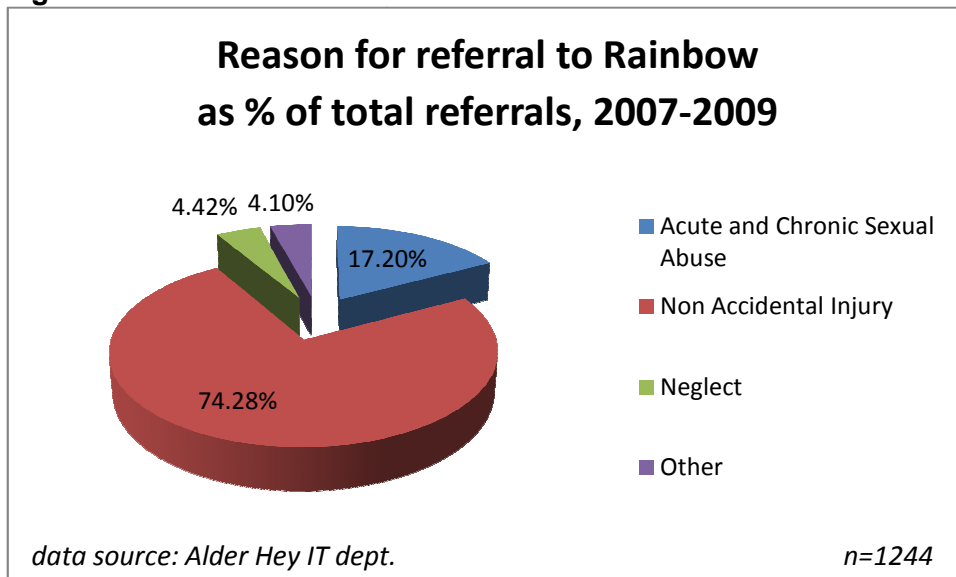


It should be noted that each patient visit is counted – so that a patient attending in 2007 and then in 2009 would be counted as 2 visits. Each visit may have a different outcome, source of referral, or type of referral (e.g. whether physical or sexual abuse), which could make it problematic to count only first attendances. Of the 1,244 total attendances over the three year period, 1,034 were first attendances.

Type of referral

Over the three year period from 2007 to 2009, 3 in 4 (74.3%) referrals to Rainbow were for non-accidental injury (Figure 3.5). Acute and chronic sexual abuse accounted for around 1 in 6 referrals (17.2%), mostly amongst females (see Section 5).

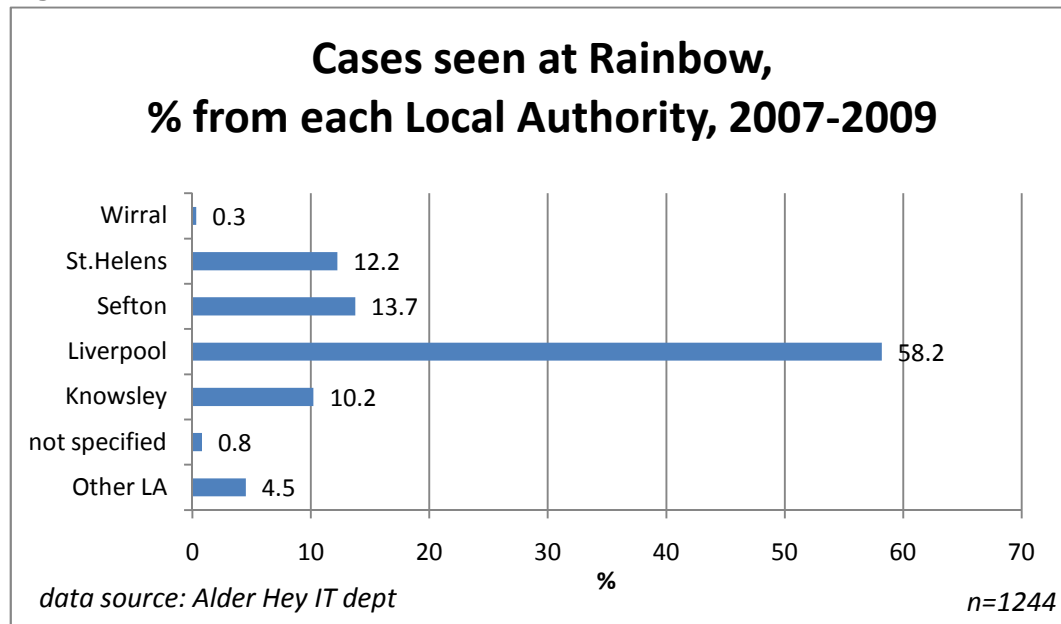
Figure 3.5



Area:

Figure 3.6 shows that over half (58.2%, n=724) of all cases seen at the Rainbow Centre between 2007-2009 were from Liverpool. There were 4.5% (n=56) from outside Merseyside, averaging out at 18.7 per year. These are total cases - when 1st attendances only are considered, the distribution is very similar, with 58% of cases from Liverpool.

Figure 3.6

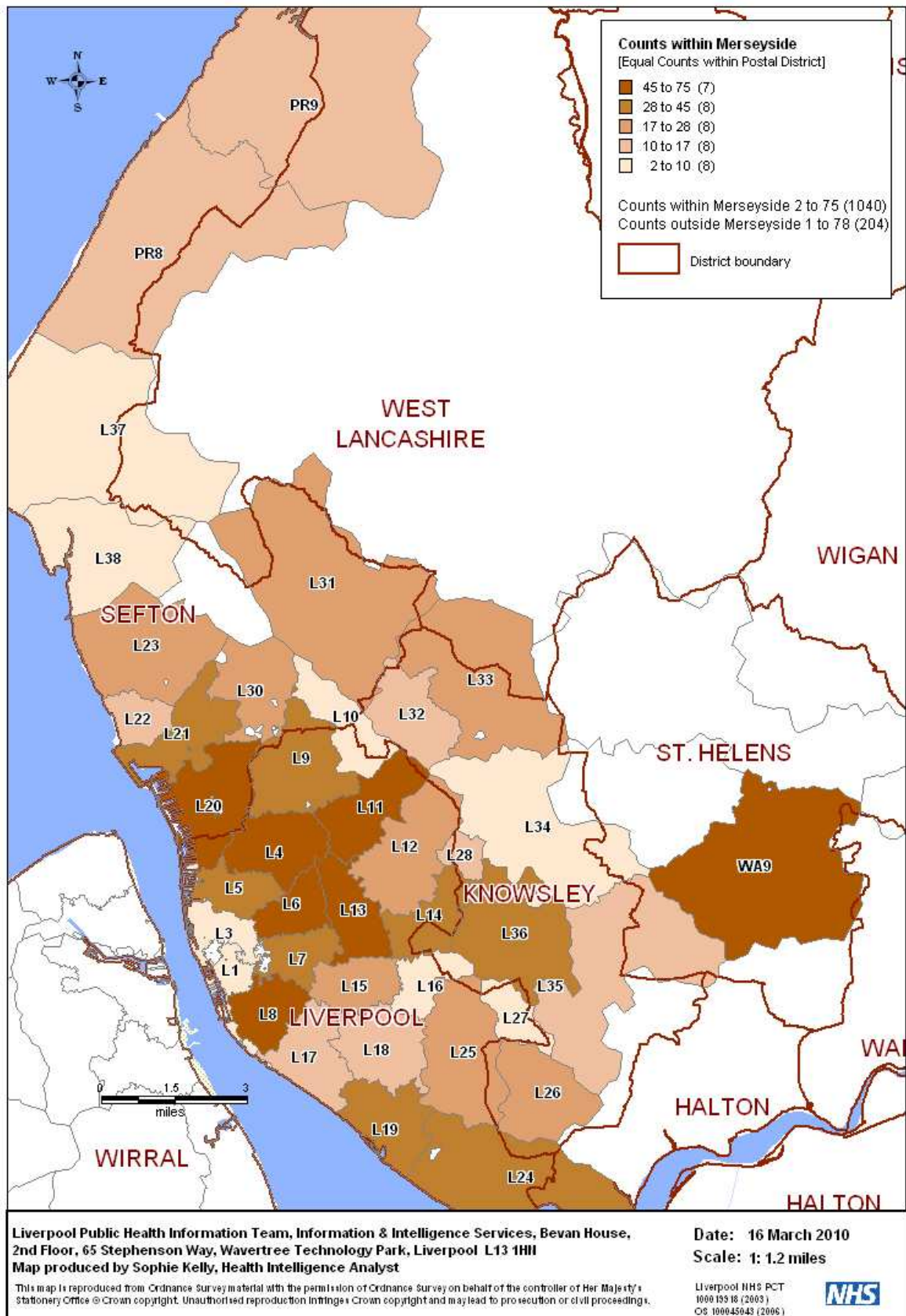


If full postcodes had been available, it would have been possible to group data into electoral wards, and calculate rates for the ward populations. For reasons of confidentiality, data was only available for the first part of the postcode for each attendance. As there is no population data for first-part postcode, the data was mapped by the count for each postcode (Figure 3.7).

Figure 3.7 shows the numbers seen at the Rainbow Centre who resided within the Merseyside boundary, by postal area, 2007-2009. Outside Liverpool, there is a concentration of cases in the WA9 area of St. Helens, and the L20 area of Sefton.

(N.B. the counts in the box in Figure 3.7.2 relate to Merseyside postcodes only, although L24 does overlap slightly with Halton. Also, some counts for postcodes PR8 and PR9, and possibly some in L31 and L33, may include residents of West Lancashire).

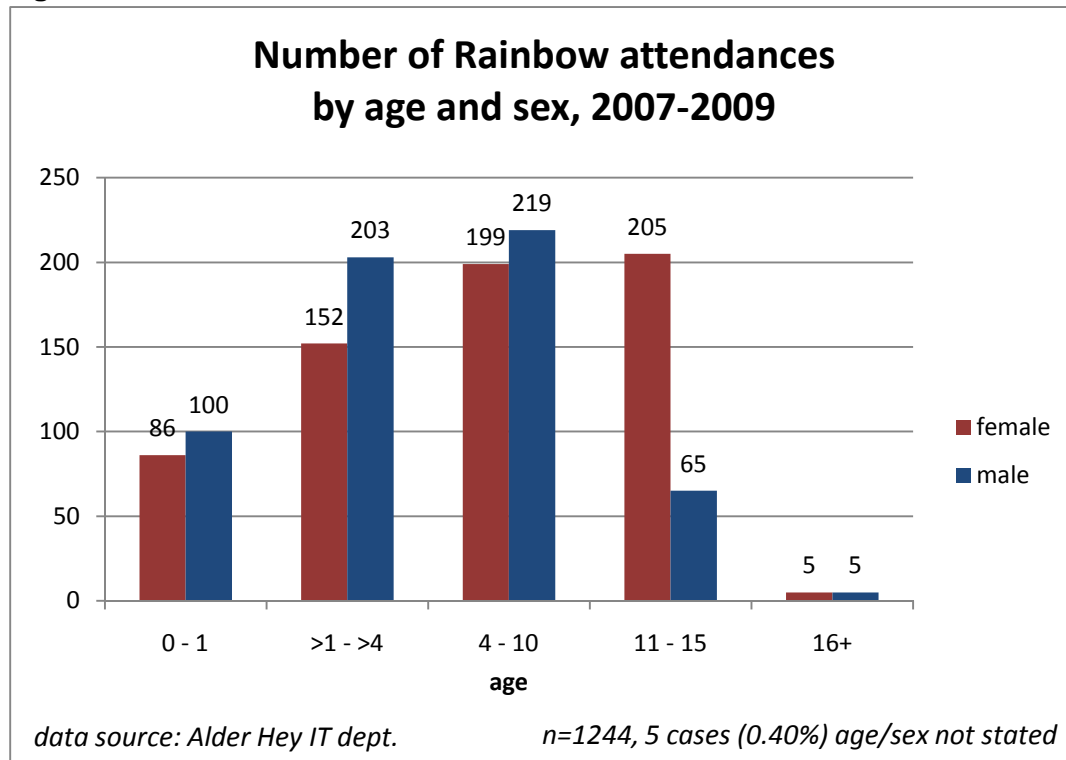
Figure 3.7. Map showing numbers seen at Rainbow Centre within the Merseyside boundary, by postal area, 2007-2009



Age/sex

As with police incidents involving safeguarding children (Section 2.3), there were more males than females attending in each of the age groups up to age 10. From the age of 11, there is a sharp decrease in the number of males attending (Figure 3.8). The majority of those attending are aged 4 to 10 (34% of all attendances) and 1 to 4 (29%).

Figure 3.8



Ethnic group

Data on ethnicity was available for 83% (858) of all 1,034 first attendances at the Rainbow Centre. Of the 97 individuals recorded as Black and Minority Ethnic (BME) attending Rainbow between 2007 and 2009, almost all were from Liverpool. There were 2 from Sefton, and none from the other local authorities. This is to be expected, as the ethnic minority populations in St.Helens, Knowsley, Sefton and Wirral are very small (see Section 1.2).

Of the 859 cases for which ethnicity was recorded, 11.3% (97) were from BME groups. This is statistically significantly higher ($p=0.025$) than would be expected when compared to the total population of Liverpool, where the proportion of the population aged under 19 who are from BME groups is 9.1% (table 3.3). The proportion of attendances at Rainbow involving children from BME groups (11.3%) is very similar to the proportion of police incidents related to safeguarding that involved children with BME backgrounds (11.8%) (see Section 2.3).

Table 3.3
% BME in Rainbow cases and total Liverpool population

	% BME	% white
Rainbow cases 2007-09 (n=859)	11.3%	88.7%
Liverpool population under 19 (n=102,800)**	9.1%	90.9%

Data sources: Alder Hey IT dept. (Rainbow data); ChiMat (population data)

Table 3.4 shows that, compared to other ethnic minorities, the black population is statistically significantly over-represented at Rainbow. Of the total BME population aged under 19 in Liverpool, around 1 in 5 are Black/Black British (21.8%), but almost 1 in 3 of BME Rainbow cases are Black/Black British (of those cases where ethnic group is recorded, $p=0.029$).

Table 3.4
Composition of minority ethnic group:
Ethnic group as a % of total BME group in Rainbow attendances and Liverpool population

	Asian/ Asian British% (number)	Black/ Black British% (number)	Mixed% (number)	Other % (number)	Total minority ethnic population
BME Rainbow cases 2007-09 (n=97)	10.3% (10)	30.9% (30)	30.9% (30)	27.8% (27)	100% (97)
Liverpool BME population under 19 (n=16,532)	19.7%	21.8%	39.1%	19.4%	100% (16,532)

Data sources: Alder Hey IT dept. (Rainbow data); ChiMat (population data)

Type of referral and ethnic group: Compared to white children attending the Rainbow Centre, children from BME backgrounds were slightly less likely to attend for sexual abuse (BME groups accounted for around 10% of referrals for sexual abuse, compared to 11% of total referrals). They were slightly more likely to be referred for neglect, and much more likely to be referred for 'other' reasons compared to white children (table 3.5). (N.B. Expected frequencies too small for chi-squared significance test)

These patterns are similar to those found in police data on incidents involving safeguarding children in Section 2.3, where sexual abuse was much less likely amongst children from BME groups, and neglect and 'other' incidents were much more likely compared to children who were white.

Table 3.5
Rainbow 1st attendances 2007-09:
Type of abuse by ethnic group

	% white	% BME	(n)
sexual abuse	89.6	10.4	135
physical abuse/ NAI	89.1	10.9	643
neglect	87.8	12.2	41
other	79.5	20.5	39
Total	88.7	11.3	858

For cases where ethnic group available

Data source: Alder Hey IT dept.

There are a large proportion of cases with ethnicity 'not stated' (17% of all cases). This is a common problem with research involving analysis by ethnicity. The method of recording ethnicity is likely to improve in the near future, if proposals at Alder Hey to introduce mandatory coding are implemented.

In and out of hours cases

Table 3.6 shows how many attendances were out of hours over the last three years. In 2009, 33.4% of attendances were out of hours. In 2008 and 2009, around 40% of all attendances of children outside Merseyside were out of hours.

Table 3.6

Rainbow: attendances Out of Hours (including repeat attendances)

Local Authority	2007		2008		2009	
	Total attendances	%out	Total attendances	%out	Total attendances	%out
Knowsley	38	23.7	47	27.7	42	28.3
Liverpool	245	39.6	218	33.0	262	38.2
Sefton	63	25.4	64	25.0	44	25.0
St.Helens	20	35.0	48	37.5	84	25.0
Wirral	0	0.0	3	0.0	1	0.0
Other local authorities	17	29.4	17	41.2	22	40.9
Grand Total	387	34.6	400	31.5	458	33.4

Source: Alder Hey IT dept

(see Appendix table A5.1 for further breakdown).

Tertiary/specialist safeguarding care: attendances involving admission to hospital

Analysis of attendances requiring admission together with referrals to Rainbow from the wards was thought to be the best available way of obtaining an indication of levels of highly specialist safeguarding activity.

Outcomes data reveals that on average, 28 Rainbow cases per year are admitted to the wards. Referrals data shows that an average of 31 per year are referred from the wards to the Rainbow Centre for medical examination relating to safeguarding. This would mean that there are up to 59 cases per year that could be regarded as 'tertiary' cases, requiring highly specialist safeguarding intervention (14.25% of total attendances). This will be a slight over-estimate, as not every Rainbow case admitted to the wards would be for a safeguarding issue – a small number would be 'DGH' (District General Hospital) cases.

Of all Rainbow cases, 6.8% (85) are admitted to the wards (see Figure 3.9). Of all Rainbow referrals, 7.4% (92) come from the wards at Alder Hey (Figure 3.10).

Figure 3.9

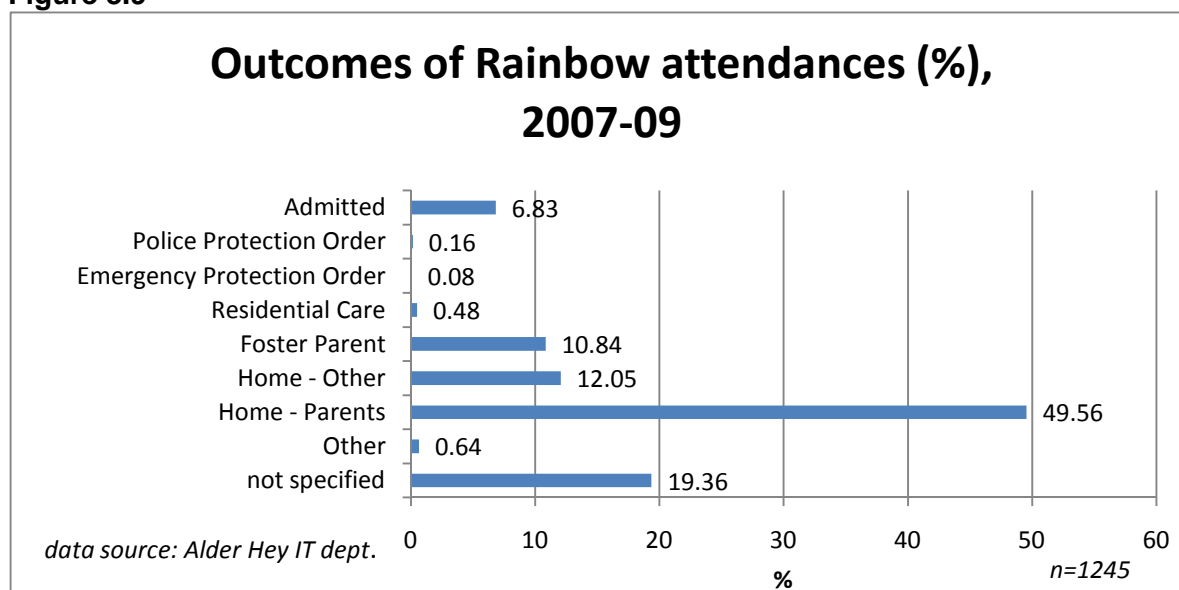
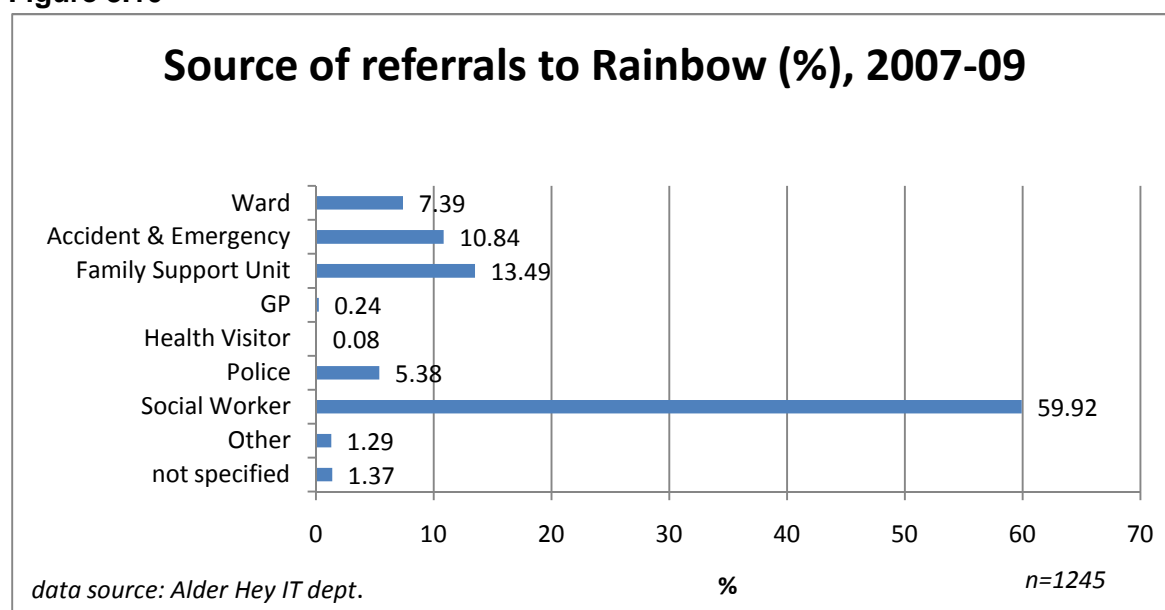


Figure 3.10



Of all referrals, 5.4% (67) were police referrals. This is a much smaller number than the 154 referrals to Alder Hey recorded by the police (see table 2.1 above, under 'Police Referrals to Hospital', Section 3.1). This may be because although a referral may be jointly investigated by police and social services, it will usually be recorded as a social service referral.

Tertiary out of area cases:

Over the 3 year period, around one in ten (9.4%) of admissions to the wards from the Rainbow Centre involved cases from outside Merseyside (2.7 per year).

Of referrals from the wards to the Rainbow Centre, almost 1 in 3 (30.4%) involved cases from outside Merseyside (9.3 per year). Thus in total, there were approximately 12 tertiary cases each year from outside Merseyside. So 64.3% of all out of area Rainbow cases would be 'tertiary'.

(See tables A5.2 and A5.3 in Appendix 5 for outcomes and referrals data for each local authority).

4. Physical abuse / Non accidental injury

4.1 Overview

In Liverpool, St Helens, Knowsley and South Sefton, all children in the community for whom there are concerns of a serious specialist safeguarding nature where physical abuse is suspected are referred directly to the Rainbow Centre by the local/ area Social Services department or the Police (details below in paragraph 4.5).

In *north Sefton*, referrals have been made to Southport Children's Centre (in-hours) or Southport & Ormskirk District General Hospital (out of hours). During 2008/09, there were 13 medicals for physical abuse carried out at Southport Children's Centre, and 18 during 2009/10 (*no data available for Southport & Ormskirk Hospital*).

From 10/5/10, the Rainbow Centre also received all referrals from north Sefton (except for out of hours requests for physical abuse medicals, which continued to be referred to Southport and Ormskirk Hospital).

In the Wirral, children with specialist safeguarding concerns relating to physical abuse will be seen at Arrowe Park Hospital, or the Child Development Centre on the Clatterbridge Hospital site. In 2008/09, there were 54 such cases, with 51 during 2009/10 (*not including children taken directly to Arrowe Park Hospital*).

4.2 Child Protection Plans

Sefton and Wirral had the highest proportion of child protection plans for physical abuse – more than 1 in 3 of all plans – compared with around 1 in 8 nationally (as at 31st March 2009). Full details for each local authority are given in Figure 2.4 (Section 2.1).

4.3 District General Hospital cases

Some hospitals may refer cases of physical abuse to Alder Hey (e.g. Royal Liverpool Hospital) and others will carry out their own investigations (e.g. Whiston and Southport & Ormskirk Hospitals). Other hospitals across Merseyside may contact Alder Hey for advice. Data on numbers of such cases or on advice received is not readily available at present.

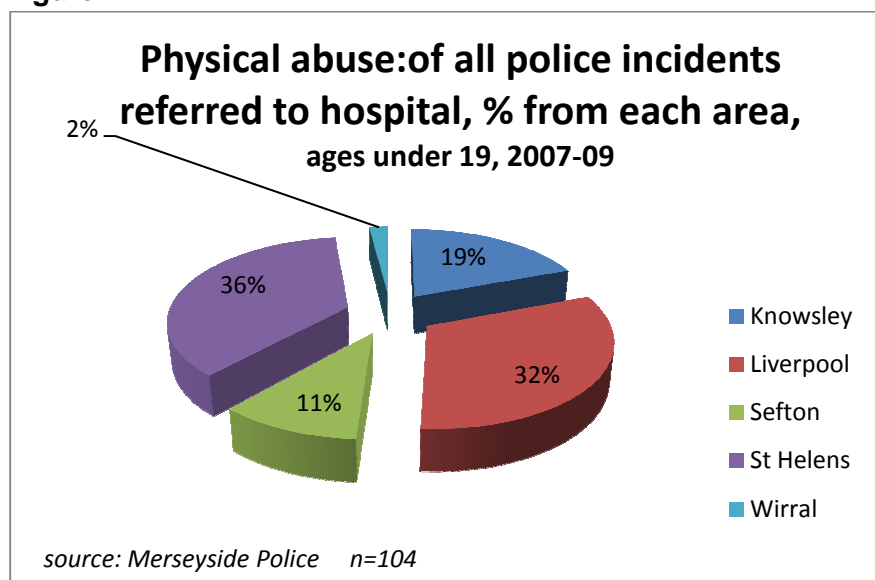
National Indicator (NI70) data on hospital admissions for non-accidental injury for each local authority have been presented in Section 2.4. Data showed that admissions were lowest in Sefton, and highest in Liverpool. This data is not available for individual hospitals.

4.4 Police referrals to hospital

As discussed in Section 2.4, figures 2.11 and 2.12 show that rates of hospital admission for unintentional injuries to children are high across Merseyside, especially in Liverpool.

Police data showed that of the 200 police referrals to hospital on Merseyside for child safeguarding concerns, just over half (104) were for physical abuse. Of hospital referrals for physical abuse, just over 1 in 3 were from St. Helens, with a further 1 in 3 from Liverpool. Only 2 % were from Wirral, with approximately 1 in 10 from Sefton (Figure 4.1). These were also the two areas with the lowest rate of hospital admissions for non-accidental injury on Merseyside (Figure 2.11 in Section 2.4).

Figure 4.1



As shown in table 3.1 in section 3.1, the majority of cases referred to hospital for physical abuse went to the Rainbow centre (77 cases: 74.0% of all 104 cases). There were 10 (9.6%) police referrals to Whiston hospital and 8 (7.7%) to St. Helens Logic House/medical suite.

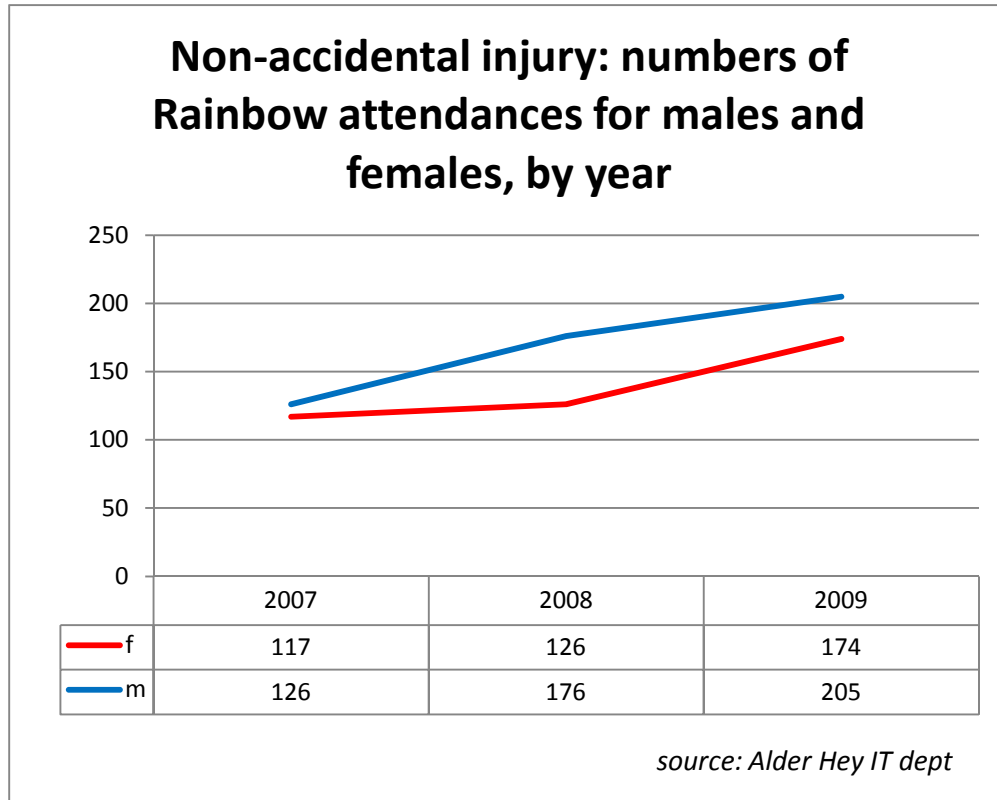
4.5 Alder Hey Rainbow data

At Alder Hey hospital, all cases of non-accidental injury attending A&E or the wards or out-patients in other departments would be referred to the Rainbow Centre. Cases of non-accidental injury account for $\frac{3}{4}$ (78.3%) of all referrals to the Rainbow Centre (see figure 3.5, Section 3.2.1). There were 925 referrals for physical abuse between 2007 and 2009.

Trends

There was an increase of 56% in numbers of attendances for non-accidental injury over the three years, from 243 in 2007 to 379 in 2009 (Figure 4.2).

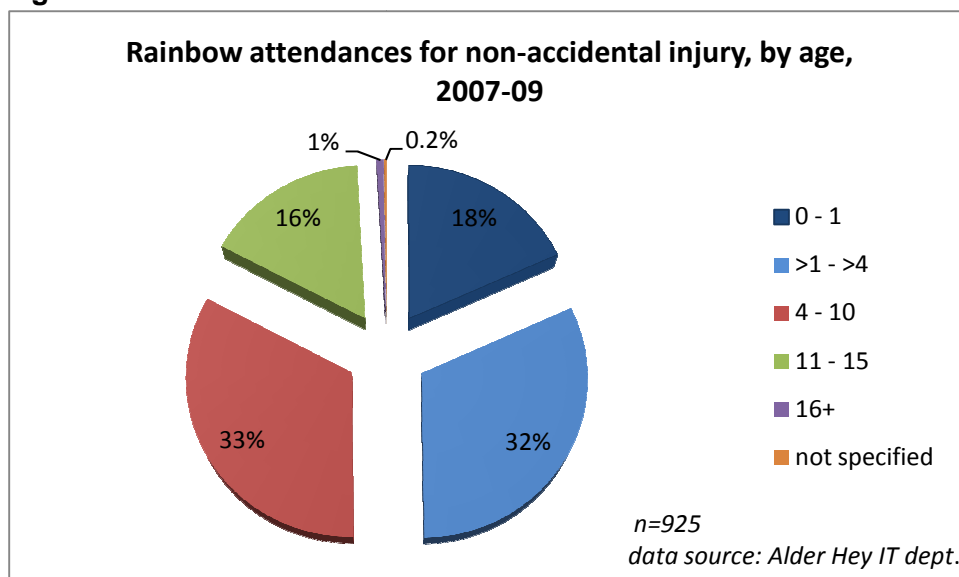
Figure 4.2



Age and sex

As shown in Figure 4.2, there were slightly more males than females attending Rainbow with non-accidental injury. Half of all attendances were aged under 4 (32% + 18%, figure 4.3).

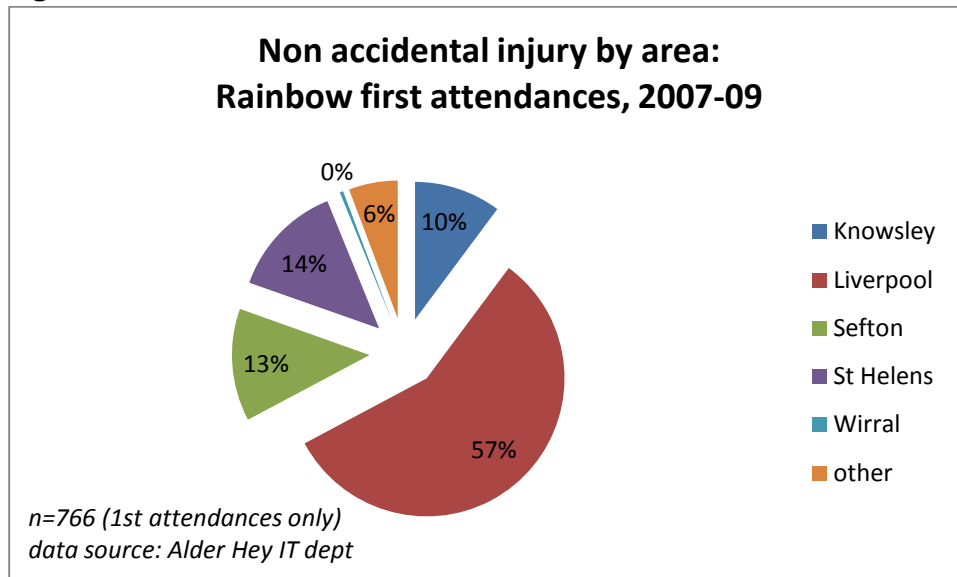
Figure 4.3



Area

Attendances for physical abuse followed a similar pattern to sexual abuse, in that over half (57%) of physical abuse cases were from Liverpool, and only 1 in 10 from Knowsley (Figure 4.4). As with sexual abuse, it was not possible to calculate rates of specialist physical abuse attendances in Merseyside, because of gaps in data relating to those catered for outside Rainbow, for example in Sefton, Wirral and Knowsley where children may be examined elsewhere.

Figure 4.4



Ethnic group

Of all children attending the Rainbow Centre, those from black and minority ethnic backgrounds were no more likely to attend for physical abuse than were white children.

5. Sexual abuse

5.1 Overview

In Liverpool, St Helens, Knowsley and South Sefton, all children aged 16 or under in the community for whom there are concerns of a serious/specialist safeguarding nature where sexual abuse is suspected are referred directly to the Rainbow Centre (children's sexual assault referral centre, or SARC) by the local/ area social services department or the police. Most of those aged between 16 and 19, and some aged under 16, will be referred to SAFE Place Merseyside (the sexual assault referral centre for young people and adults on Merseyside), either by the police, or more recently, self-referral.

All cases identified at district general hospitals (wards, A&E or out-patients) in Liverpool, St. Helens, Knowsley and South Sefton involving child sexual abuse are also referred to the Rainbow Centre.

In north Sefton, cases have been referred to Ainsdale Police Station or the SAFE Centre in Lancashire (*no data available*). Any out of hours referrals would go to Alder Hey on a case by case basis. On 10/5/10, it was proposed that the Rainbow Centre would also receive all referrals from north Sefton.

In Wirral, specialist safeguarding referrals relating to sexual abuse are referred to either the Bromborough Police Suite, or to SAFE Place Merseyside, the sexual assault referral centre based in Liverpool. SAFE Place takes cases from the Wirral aged 13+ (ages 16+ from other areas – because in the other areas, there is access to the Rainbow Centre at Alder Hey for younger children).

During 2009/10 (12 months), there were 11 children aged under 19 examined for sexual abuse at Bromborough Police Suite on Wirral. SAFE Place Merseyside dealt with 16 cases aged under 19 from Wirral in 2009. Since September 2008 at SAFE Place, there have been a total of 27 cases aged under 19 from Wirral (up to May 2010).

5.2 Child Protection Plans

In St. Helens and Wirral, around 1 in 8 of all child protection plans were for sexual abuse – more than twice the proportion nationally and in other Merseyside local authorities. There were no child protection plans for sexual abuse in Knowsley at 31st March 2009. Full details for each local authority are given in Figure 2.4 (Section 2.1).

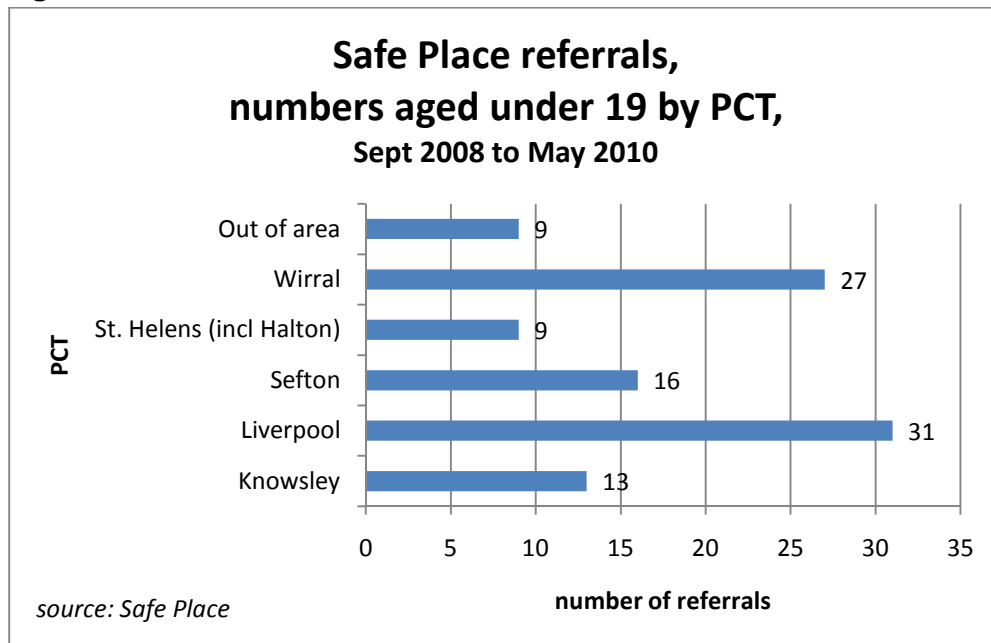
5.3 Adult SARC: SAFE Place Merseyside

SAFE Place Merseyside is the sexual assault referral centre for Merseyside (SARC), dealing with adults and young people. The SARC is the service where people go for their forensic examination and initial assessment. All aftercare is provided by local services. Referrals are

made by the police – self-referral has recently been introduced. The following details refer to those aged 19 and under only.

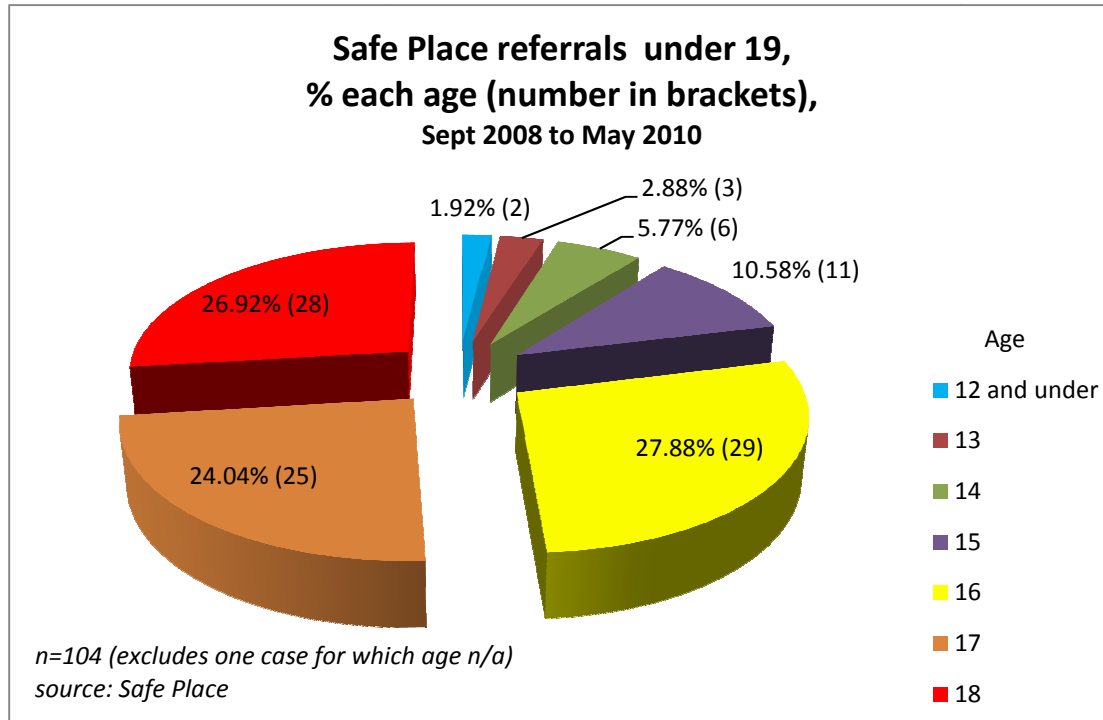
Across Merseyside, there were a total of 105 referrals aged under 19 to SAFE Place during the 19 months between 22nd September 2008 to 6th May 2010. Figure 5.1 shows the numbers from each PCT. More than 1 in 4 were from Liverpool (29.5%), and a further 1 in 4 were from Wirral (25.7%) (see table A6.1 in Appendix 6 for percentages from each PCT).

Figure 5.1



Of all 105 cases, more than 1 in 5 (21.2%) were under 16 years old. SAFE Place reported that a high proportion of these would be from Wirral (actual numbers were not readily available for age by PCT). Figure 5.2 shows that there were roughly similar proportions of referrals aged 16, 17 and 18 – more than 1 in 4 aged 16 and 18, and just under 1 in 4 were aged 17.

Figure 5.2

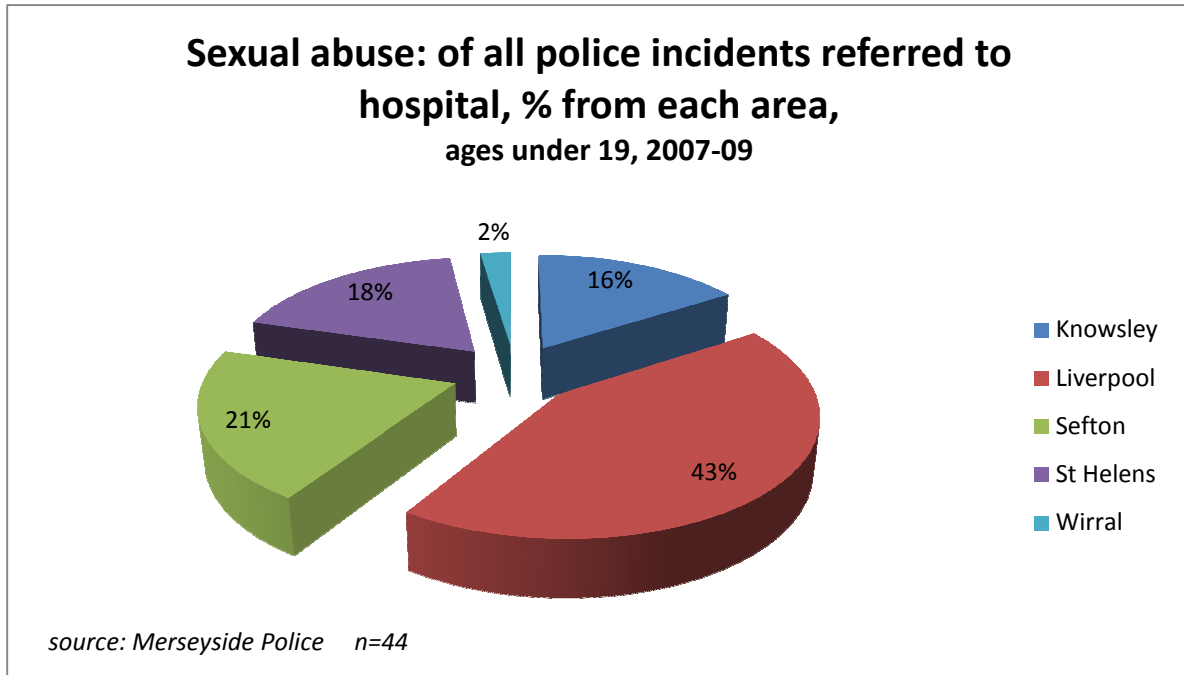


5.4 Police referrals to hospital

As detailed in Section 2.3, police data revealed that there were 200 police referrals to hospital of children with safeguarding concerns between 2007-09. Around 1 in 4 (22%, n=44) referrals were for sexual abuse.

Of referrals to hospital for sexual abuse, 43% came from the Liverpool force (Figure 5.3). This compares with only 32% referred from Liverpool for physical abuse (Figure 4.1 in Section 4.3). Almost all cases were referred to Rainbow. Only 2% of hospital referrals were from Wirral. There was one case referred to Halewood, and one to Ainsdale (see table 3.1 in Section 3.1).

Figure 5.3



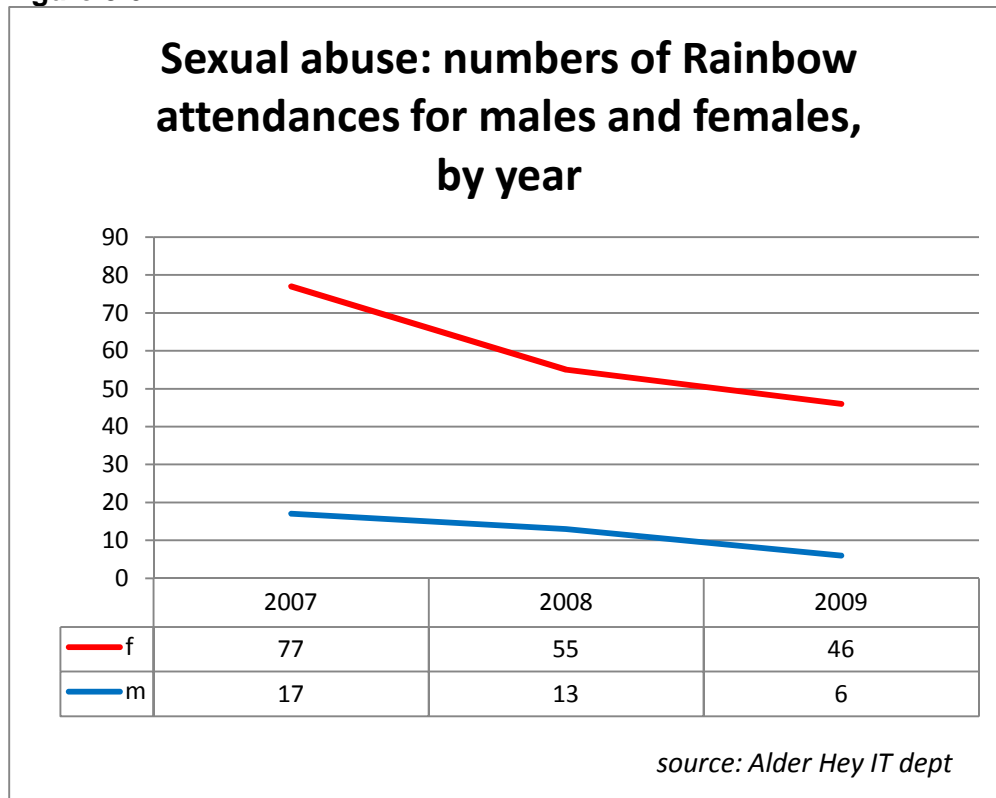
5.5 Alder Hey Rainbow data

Child sexual abuse (Children's SARC) activity at Rainbow can be captured from analysis of acute and chronic sexual abuse data. As mentioned above, such cases accounted for around 1 in 6 of all Rainbow cases (Figure 3.5, Section 3.2.1).

Trends

There has been an overall decline in numbers attending for sexual abuse over the three year period. Numbers almost halved between 2007 and 2009 (a 44.7% decrease, from 94 in 2007 to 52 in 2009, Figure 5.6).

Figure 5.6



Note: 'n' may vary between charts, because of differences in missing values between categories, e.g. age or sex.

Age and sex

As shown in Figures 5.7 and 5.8, most Children's SARC cases occur amongst females. Females accounted for 91.4% of the 58 attendances for acute sexual abuse between 2007-09. Of the 156 children attending for chronic sexual abuse, 80.1% were female.

(NOTE: acute sexual abuse refers to incidents reported immediately. With chronic sexual abuse, the abuse may have happened some time ago, but has only recently been reported. The definitions used may be changed/clarified soon, as some clinicians have been using 'CSA' to refer to 'child sexual abuse')

Figure 5.7

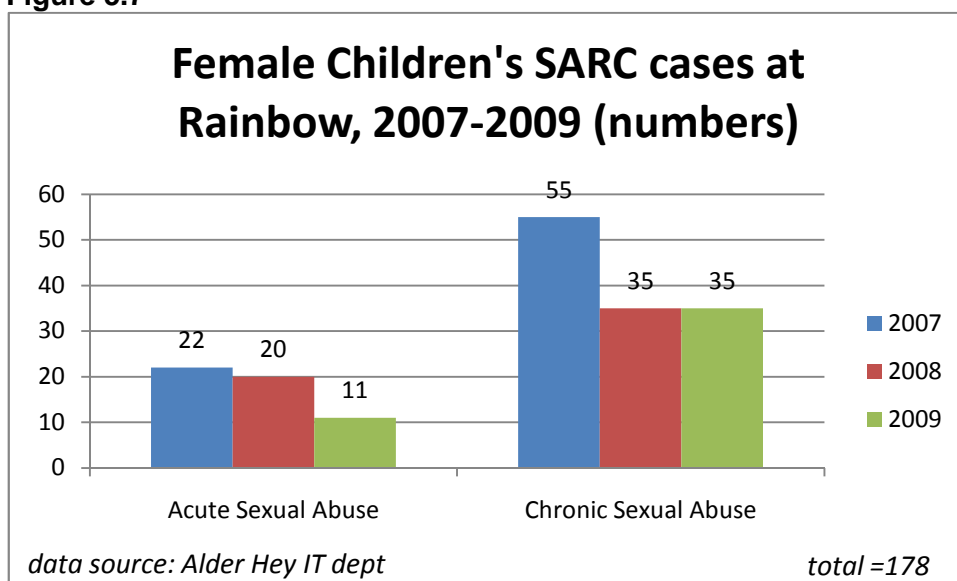
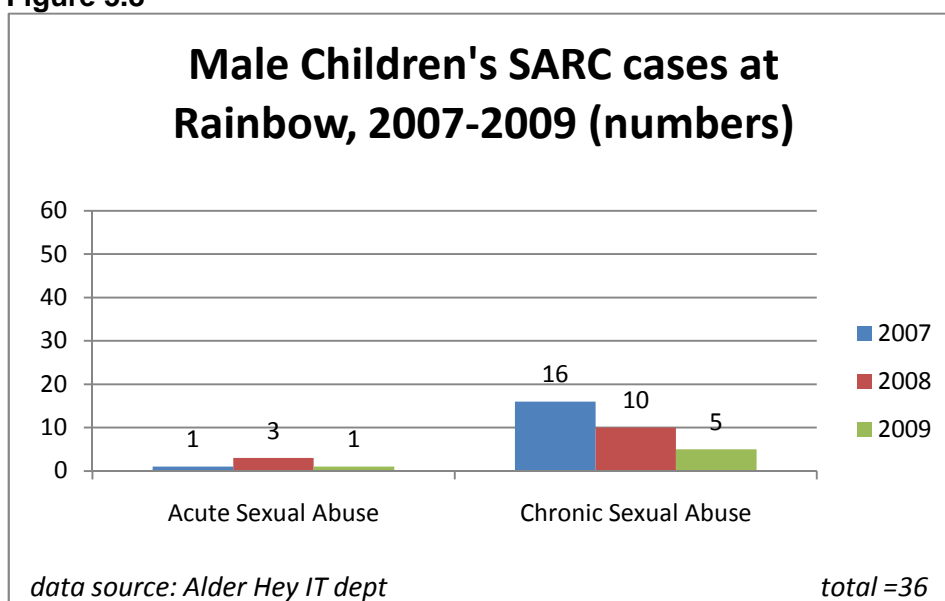
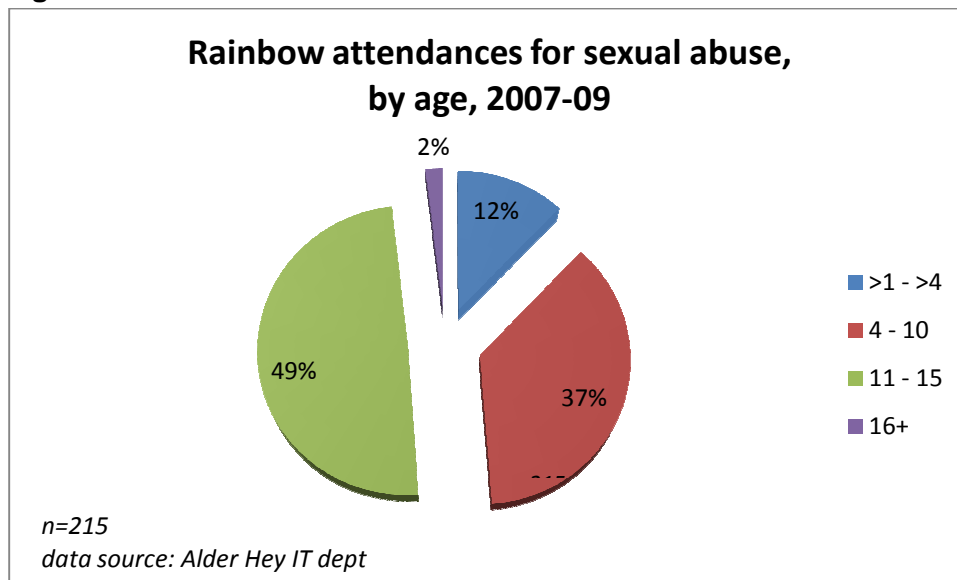


Figure 5.8



Around half of all Rainbow attendances for sexual abuse are under the age of 11 (figure 5.9).

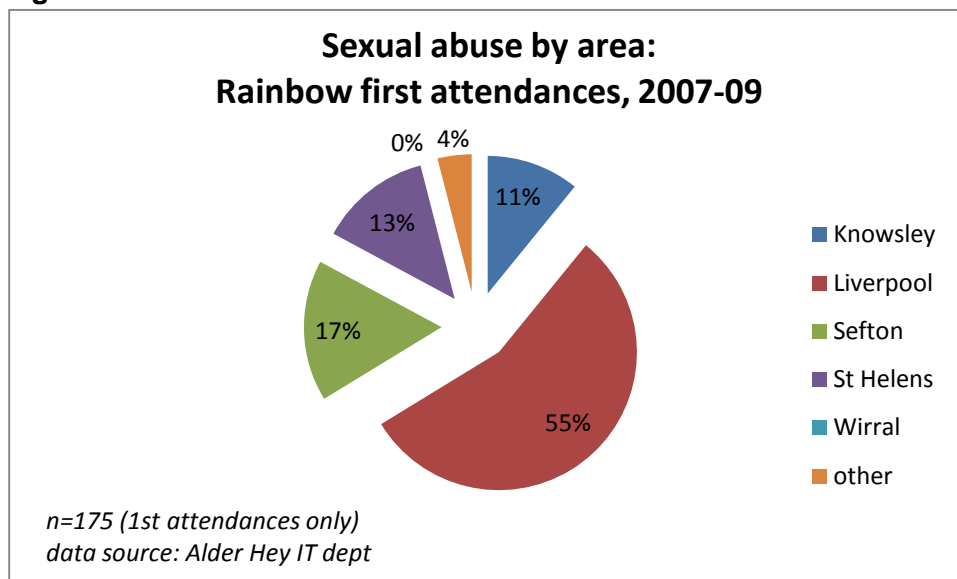
Figure 5.9



Area

More than half (55%) of cases of sexual abuse attending Rainbow are from Liverpool, with 17% from Sefton, 13% from St.Helens and only 11% from Knowsley (Figure 5.10). This was a similar pattern to all Rainbow attendances (Figure 3.6, Section 3.2.1). It was not possible to calculate rates of specialist sexual abuse attendances in Merseyside, because of gaps in data relating to those catered for outside Rainbow in Sefton and Wirral.

Figure 5.10



Ethnic group

As mentioned in Section 3.2, children from black and minority ethnic backgrounds attending the Rainbow Centre were statistically significantly less likely to attend for sexual abuse compared to children who were white who attended the Centre.

6. Emotional issues and neglect

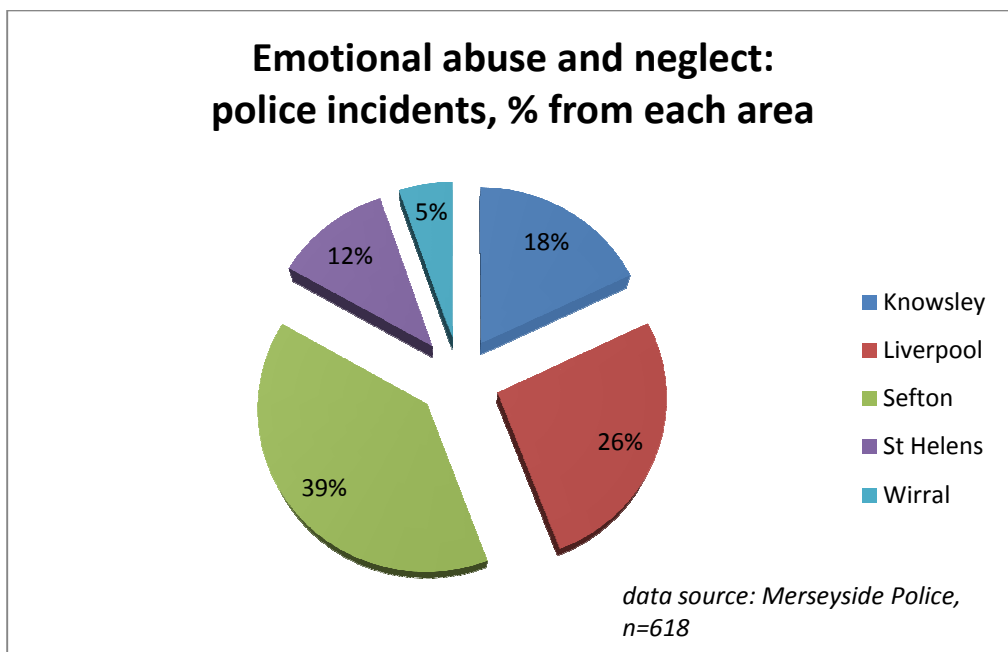
6.1 Overview

Cases presenting at all district general hospitals are referred to the hospital's own safeguarding nurse and then referred on as appropriate to Child and Adolescent Mental Health Services (CAMHS), social services etc. Other hospitals would not refer cases involving emotional abuse or neglect to Alder Hey.

6.2 Police data

Police incidents

Between 2007 to 2009, there were 573 incidents relating to child neglect and 45 incidents of emotional abuse amongst children investigated by the police on Merseyside. Of these, 39% were from Sefton, and only 5% from Knowsley. Of all such incidents, 56% involved males.



Police referrals to hospital

In police data, of the 200 cases with child safeguarding concerns referred by the police to hospital, 5% (10) were for neglect. Nine of these went to Rainbow, and one to Ormskirk Hospital. There were no police referrals to hospital for emotional abuse.

6.3 Alder Hey Rainbow

Between 2007 to 2009 at Alder Hey's Rainbow Centre, only 8.5% of all attendances were for either neglect (4.4% n=55 over 3 years) or 'other' (4.1%, n= 51 over 3 years). The remainder of cases were all either physical or sexual abuse (see Figure 3.5 in Section 3.2.1).

As well as Rainbow referrals at Alder Hey, a proportion of additional referrals to the named nurse at Alder Hey will be for concerns related to emotional and physical abuse. No numbers are available.

7. Fabricated illness and other cases with related specialist safeguarding concerns

7.1 Overview

In many cases, there will be safeguarding concerns that do not fall in to the main categories above, for example where there are concerns that parents/ carers may misuse drugs or alcohol or have mental health problems which may impact on their care of the child/ children. Such cases presenting at district general hospitals are referred to the hospital's own safeguarding nurse and then referred on as appropriate to social services etc. Data is not readily available. Other district general hospitals may refer cases to Alder Hey for a second opinion.

7.2 Alder Hey

Alder Hey Hospital deals with a large number of children across Merseyside, with a range of in-patient and out-patient specialist paediatric departments (e.g. burns, brain injury, children's A&E). This means that the named safeguarding nurse will receive more referrals for safeguarding related concerns than at other district general hospitals (DGHs). Such cases presenting at Alder Hey are more likely to involve serious specialist safeguarding concerns. This means that it is often more difficult to make the distinction between DGH and specialist safeguarding at Alder Hey than at other DGHs. Alder Hey will also receive referrals from other DGHs for a second opinion in cases that are not always medically complex/specialist. There is no record of the amount of work involved in giving such advice.

Data on referrals to the named nurse at Alder Hey are not comparable to referrals to named nurses at other hospitals and PCTs, because cases seen by the named nurse at Alder Hey will be more complex and time consuming.

As mentioned in Section 3.2.1, the Rainbow statistics presented involve attendances requiring a medical examination relating to safeguarding. However, specialist complex safeguarding activity does not always take place through the Rainbow Centre. There may be children dealt with at A&E or at out-patients or on the wards where safeguarding issues emerge which lead to specialist demands on the safeguarding team – such as:

- supporting families where the parents are alcohol or drug users, or have mental health problems;
- supporting families where there are issues of domestic abuse, chronic neglect, self-harm, teenage pregnancy (where other alerting factors may exist), non-attendance or discharge issues;
- supporting families when fabricated illness is identified (see Section 7.3 below)

Box 1 gives an example of the work involved in a named nurse referral at Alder Hey not involving the specialist Rainbow Centre.

Data on such activity is not readily available. Other safeguarding-related work at Alder Hey that may not be easily identified or quantified includes:

- Writing serious case reviews. The named safeguarding nurse at Alder Hey had 9 of these to write during 2009, compared to only around 10 in the previous 3 years (they can be up to 15,000 words each).

Box 1

Example of workload involved in named nurse complex referral at Alder Hey

9/6/10 a child was brought in by the police to Alder Hey as a place of safety. The named nurse received a referral but it was not felt necessary for a 'Rainbow' referral. The named nurse spent the most part of two days liaising with the ward/police/social care for the child and attended a 2 hour strategy meeting.

- Activity generated by the legal system, where safeguarding staff at Alder Hey are called upon to write a report for court or give evidence for their own cases. (Data on activity generated by the legal system has not officially been recorded previously, although it has recently been included in the multiagency data set, so should be available in future).
- Attendance at strategy meetings (number of meetings attending has increased steadily recently – there were as many as 115 in 2008).
- Work generated by child death cases (see Section 8).
- Providing safeguarding training for clinical and non-clinical staff, in and out of the Trust.

Box 2 illustrates the safeguarding-related work carried out by paediatricians at Alder Hey that is not easily identified or quantified.

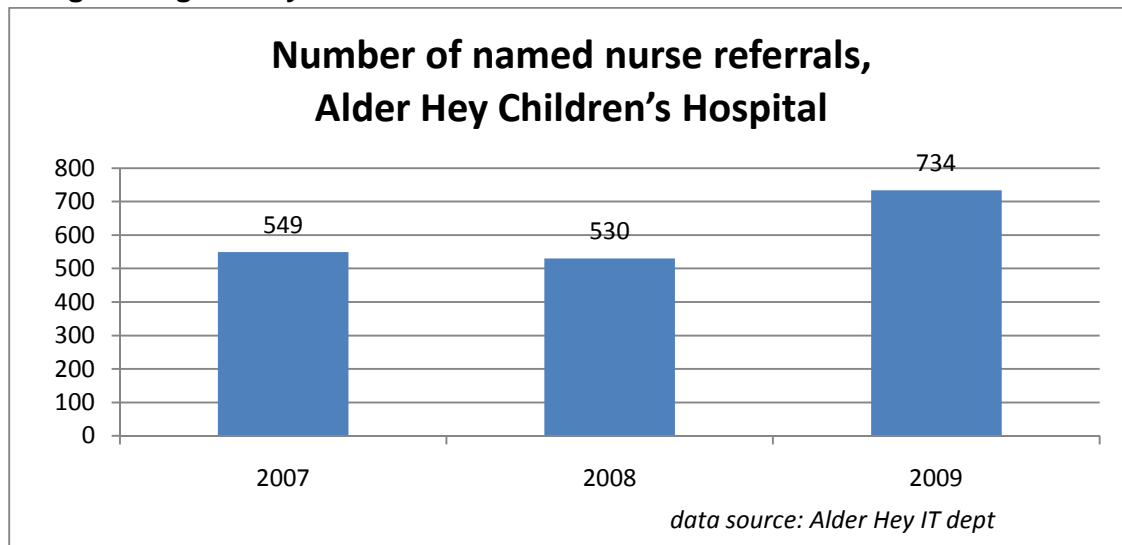
Box 2

Examples of complex cases dealt with by community paediatricians at Alder Hey

- A consultant community paediatrician dealing with a shaken baby spent 8 hours over 4 days on the case. This did not include time spent on court attendances and giving opinions on witness statements about the case.
- Another consultant attended court in Caernarfon in Wales regarding a shaken baby, which was an all day affair.
- A case of a fracture to arm and bruising to 17mth child involved a consultant in 10 hours and a specialty doctor 8 hours.

Between 2007 and 2009, there was an increase of 34% in numbers of referrals to the named nurse at Alder Hey (from 549 to 734) (Figure 7.1). This figure is an underestimate, because it only includes cases referred through the computerised meditech system. Examination of paper records revealed that there were approximately a further 64 referrals to the named nurse in 2009 where there was no access to meditech, and referrals were made via email or telephone.

Figure 7.1
Safeguarding activity:



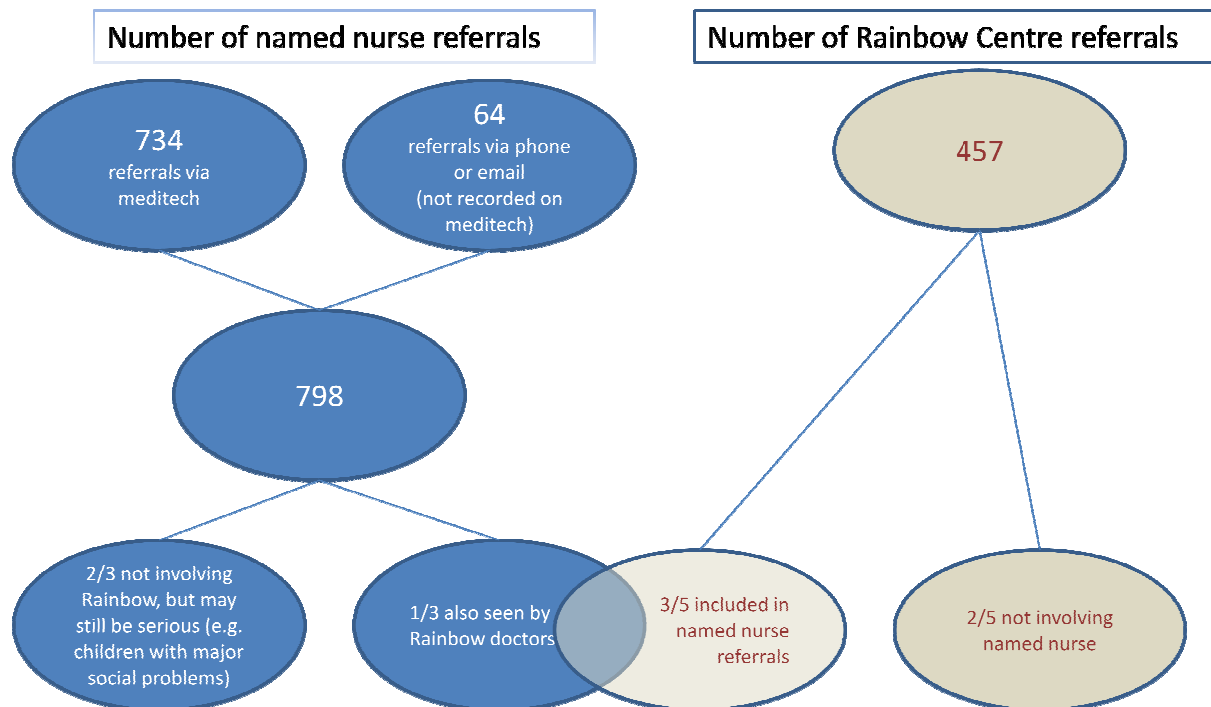
(Underestimate – includes only referrals made via meditech – not telephone or email referrals. Includes both Specialist Nurse and A&E Child Protection)

Of named nurse referrals, around 2/3 will be for child protection concerns that do not require a doctor, and so would not involve Rainbow - for example children with social problems such as drug abuse in the family.

As illustrated in Figure 7.2, the remaining 1/3 of named nurse referrals will be a proportion of Rainbow cases. Of the 457 Rainbow cases in 2009, around 3/5 will have been included in named nurse referrals, involving referrals from the wards or A&E at Alder Hey. The remaining 2/5 of Rainbow referrals would not involve the named nurse (for example an examination of a bruise at the request of a social worker).

Figure 7.2

**Alder Hey DGH and
Alder Hey Rainbow Safeguarding Centre:
Estimated safeguarding activity, 2009**



7.3 Fabricated and induced illness

Availability of data

Fabricated illness cases are referred to the named safeguarding nurse at Alder Hey and may involve input from the specialist Rainbow team, but are not classed as Rainbow cases, so are not entered into their electronic records. There are only paper records of such cases. This is the same for other cases with safeguarding issues (e.g. where the parents are identified as drug users).

There could be around 10 fabricated illness cases at any one time at Alder Hey – ranging from those that are of minor concern, to those requiring a full investigation. There were 23 such cases in the 12 months from April 2009 to April 2010.

Although fabricated illness cases are not officially referred to the Rainbow Centre, members of the Rainbow team will lead on any investigations made. There could be various meetings involved – multi-disciplinary initially, with e.g. a health visitor and school nurse, to gather information on health concerns – followed by multi-agency meetings with social services etc., for those cases where no clear medical reasons for the condition have been identified.

8. Child deaths: SUDI/ SUDC/ CDOP data

Each local authority is required to carry out a multi-agency investigation of all child deaths. The named doctor and named nurse at the hospital where the child died are required to provide information to local and regional Child Death Overview Panels (CDOP) with information relating to the death. In addition, there may be requests for additional information (form B).

8.1 Child deaths in the North West

In the north west there were 386 child deaths during 2008/09. Of these, 14% (55) were SUDI (Sudden Unexpected Death in Infancy) (CMACE 2009). This was a higher proportion than the 10% reported in 'Why Children Die' (Pearson, 2008). A representative sample of these cases had higher rates of parental smoking than in 'Why Children Die'.

8.2 Child deaths in Merseyside

There were 53 child deaths in Merseyside during 2009/10, as reported to the Centre for Maternal and Child Enquiries North West (CMACE NW) (*children over 28 days old – i.e. excluding neonatal deaths*). This was 21 fewer than in the previous year (table 8.1). In 2009/10, the CDOP and other investigations confirmed that the death was SUDI (Sudden Unexpected Death in Infancy) or SUDC (Sudden Unexpected Death in Childhood) in 11 of the 53 cases. There were slightly more SUDI/SUDC cases in 2009/10 than in the previous year.

In total during the two year period 2008/10, there were 127 child deaths on Merseyside, with 15.8% (20) of these being SUDI/SUDC. This was a higher proportion than reported for the north west (14%) or in 'Why Children Die' (10%) (see above).
(*n.b. Merseyside data only available for SUDI/SUDC combined*)

Table 8.1
Child deaths in Merseyside PCTs reported to CMACE.

PCT	Total deaths		of which SUDI/ SUDC	
	2008/09	2009/10	2008/09	2009/10
Knowsley	12	7	2	1
Liverpool	27	11	4	2
Sefton	6	7	0	2
Halton & St. Helens	14	14	1	2
Wirral	15	14	2	4
total	74	53	9	11

Source: CMACE NW

For those children who died in hospital, Table 8.2 shows at which hospital the death occurred. This should give an indication of how much involvement each health provider has in the child death review process. There were almost as many child deaths at Alder Hey as there were in all the other hospitals on Merseyside.

There were fewer children dying in hospitals on Merseyside in 2009/10 (32) than in the previous year (45) (Table 8.2).

Table 8.2
Number of children who died in hospitals on Merseyside,
as reported to CMACE, 2008/09 *(children over 28 days old – i.e. excluding neonatal deaths)*

Hospital	2008/09	2009/10	Two year total
Arrowe Park	5	3	8
Aintree Hospital	2	3	5
Liverpool Women's Hospital	5	3	8
Whiston Hospital	2	5	7
Other Merseyside deaths in hospital	8	4	12
<i>Total excluding Alder Hey</i>	<i>22</i>	<i>18</i>	<i>40</i>
Alder Hey Children's Hospital	23	14	37
Grand total	45	32	77

Source: CMACE NW

In addition to data collected from CMACE NW, we were able to collect data from three of the Merseyside CDOPs for the needs assessment. Data was obtained from Knowsley, Liverpool and Sefton CDOPs – they reported more deaths than those in CMACE figures. In Knowsley, the CDOP reported 10 SUDI/SUDC cases of children aged 28 days or more in the 2 year period from 2008/10 (there were only 3 in the 2 year CMACE data). Over the same period, in Liverpool, the CDOP reported 15 SUDI/SUDC cases (there were only 6 in the 2 year CMACE data). Sefton CDOP reported 8 SUDI/SUDC cases of children aged over 28 days (there were 2 in CMACE data).

It would appear that deaths are being under-reported to CMACE (partly explained by the fact that CDOP reviews can result in delays in results being passed on), and/or reported deaths are not being fully replicated in CMACE data. Further investigation is required.

8.3 Alder Hey: work generated as a result of its specialist function

Because of its specialist function, Alder Hey receives many serious cases from other areas that may result in death. As mentioned above (table 8.2), over a two year period, there were

almost as many child deaths at Alder Hey (37) as there were in all the other hospitals on Merseyside (40), as reported by CMACE NW.

Again, CMACE figures are an underestimation. Alder Hey reported 28 deaths of children from Merseyside during 2008. In addition to the deaths of Merseyside children at Alder Hey, there will be almost twice as many again from outside the area. Alder Hey reported 54 child deaths from outside the area during 2008 (Alder Hey Safeguarding Annual Report, 2008-09).

SUDI and SUDC deaths generate extra work because of the extra meetings and report writing that they involve. Of all deaths in and out of area at Alder Hey in 2008, 11 were SUDI and 8 were SUDC (Alder Hey Safeguarding Annual Report, 2008-09).

Form Bs may be requested for children who either died at Alder Hey, or who may have died elsewhere, but had previously been treated at Alder Hey. There were approximately 150 requests for Form B in 2008 at Alder Hey. It has been estimated that Form B can take up to 3 hours to complete. In 2008, this could amount to up to 56 working days (450 hours) (Alder Hey Safeguarding Annual Report, 2008-09).

9. Discussion

9.1 Trends/projections

Although the population of children on Merseyside aged 10 and over is expected to decrease by 2015, numbers of those aged 1 to 9 is expected to show an overall increase (by as much as 11% in Knowsley). This has implications for specialist safeguarding provision, as, for example, children aged under 10 account for around half of all sexual abuse referrals and 83% of all physical abuse referrals to the Rainbow Centre, the safeguarding unit at Alder Hey Hospital. They also account for the majority of general safeguarding incidents, including 60.67% of all police incidents involving safeguarding concerns (some which will be low-level).

Although hospital admissions for non-accidental injury have fallen recently, there was a 56% increase in referrals to the Rainbow Centre for physical abuse between 2007-09. This is more than could be accounted for in any population change - so if numbers continue to increase, there will be further demands on specialist safeguarding services, in addition to increases expected when population projections are taken into consideration. This raises the question as to whether the increase is based on need or changes in practice.

Numbers of referrals to the Rainbow Centre for sexual abuse almost halved between 2007-09. This could partly be explained by the establishment of SAFE Place Merseyside in 2008, which may take some of those aged 16-19 who previously would have been referred to the Rainbow Centre. It is also possible that some of the recent preventive initiatives may have had an effect on reducing the need for attendance. This view may be supported by the fact that numbers of more serious police incidents involving safeguarding children requiring referral to hospital have declined recently, between 2007 to 2009.

Safeguarding activity in general is showing a recent upward trend across Merseyside – a proportion of which will involve specialist cases. It is not clear what the increased need for specialist safeguarding activity will be. There are increasing numbers of children with child protection plans, and of looked after children. Merseyside Police incidents involving child safeguarding concerns have shown an overall increase, as have referrals to the Rainbow Centre (between 2007 to 2009). Although there were fewer child deaths in 2009/10 compared to 2008/09, there were slightly more unexplained child deaths (SUDI/SUDC). There was a 34% increase in named safeguarding nurse referrals at Alder Hey Hospital from 2007 to 2009. As reported in the Safeguarding Children Annual Report by Liverpool PCT (Rogers 2010), there has been a general increase in safeguarding activity in all providers. This follows a national trend, and is likely to be due to the increased scrutiny and surveillance as a result of recent high profile cases which led to a focus by the government and the inspectorates (Rogers, 2010).

9.2 Area

Wirral had the lowest rate of police hospital referrals for more serious safeguarding concerns, with only 1.8 per thousand. The next lowest rate was in Sefton (4.0), compared to

the highest rate of 11.7 per thousand in St.Helens. It is possible that this may reflect inequalities in access to medical examination for abuse in Wirral and Sefton or may be due to historic patterns of referral. Access to specialist safeguarding services in north Sefton (and possibly soon in Wirral) will now be through the Rainbow Centre rather than through local services and this is likely to increase the number of referrals to the Rainbow Centre.

However, the fact that Wirral had the lowest rate of total police incidents involving safeguarding children could indicate a lower need/demand for specialist safeguarding on Wirral. This would not be the case in Sefton, which had the highest rate.

Of police referrals to hospital for serious concerns over physical abuse, the areas with the fewest referrals were Wirral, with only 2% of all referrals and Sefton, with approximately 1 in 10. These were also the two areas with the lowest rate of hospital admissions for non-accidental injury on Merseyside. Conversely, these were the two areas with the highest proportions of child protection plans for physical abuse. This could also indicate unmet need in Wirral and Sefton, with high levels of physical abuse and low levels of specialist interventions. On the other hand, this could be explained if there was a high incidence of low level physical abuse that did not require specialist intervention. Patients' needs could be being met appropriately by local services. It could also indicate that there are higher referrals for specialist intervention in other areas than are needed because services are available locally. Further investigation is required to explore these issues. A review of case notes may be helpful here.

9.3 Age/sex

As discussed under the previous heading, those aged under 10 are most at risk of being involved in safeguarding incidents requiring specialist intervention, especially physical abuse. Up to age 10, there are more males than females involved in such cases, with the exception of specialist intervention around sexual abuse, where four out of five cases are female.

9.4 Ethnic group

In examining issues around ethnicity, there are problems with missing data – for example in police data, information on ethnic group was only available for 50.5% of cases. Data from the Rainbow Centre was more complete, with ethnic group being recorded for 83% of attendances. Incomplete data is a common problem with research involving analysis by ethnicity. At Alder Hey, the method of recording ethnicity is likely to improve in the near future, if proposals to introduce mandatory coding are implemented.

Analysis of available data shows that children from black and ethnic minority (BME) groups – in particular black children - are statistically significantly over-represented in police incidents related to safeguarding. This finding was mirrored in the analysis of attendances at the specialist Rainbow Centre for safeguarding at Alder Hey Hospital. There are differences between ethnic groups in the types of safeguarding concerns. Compared to police incidents involving white children, the type of incidents involving children from BME backgrounds were

much more likely to be requests for information, neglect and other incidents (including welfare and emotional abuse). Police incidents relating to children from BME backgrounds were much less likely to involve sexual abuse and slightly less likely to involve physical abuse. This is similar to patterns of attendance at the Rainbow Centre, where attendances by children from BME backgrounds were slightly less likely to involve sexual abuse and physical abuse.

It could be that there are high levels of need amongst BME groups that are being met, or it could be that too many cases are being referred, possibly because of misunderstandings of need relating to cultural differences. Further investigation is required to explore these differences, possibly involving a review of case notes.

9.5 Data problems

Cases presenting at Alder Hey are more likely to involve serious safeguarding concerns than at other hospitals. This means that it is often more difficult to make the distinction between District General Hospital (DGH) and specialist safeguarding at Alder Hey than at other DGHs. Alder Hey will also receive referrals from other DGHs for a second opinion.

The only data on specialist safeguarding activity that was readily available was for attendances at the Rainbow Centre and police referrals to hospital for safeguarding concerns. It was not possible to obtain detailed computerised data on specialist safeguarding activity that did not pass through the Rainbow Centre, yet was dealt with by Rainbow staff, for example on fabricated illness cases and other complex safeguarding cases. Also, there is no data readily available on time spent by safeguarding teams on cases and no details of numbers of strategy meetings attended, case conferences, courts attended, numbers of reports written and consultation/advice given.

Similarly, it was difficult to obtain data from other hospitals and NHS facilities on Merseyside on safeguarding issues. As with many other areas of work in the NHS, data on safeguarding was not always readily available with the current recording systems in place. For example until recently, in some cases there has been no consistent facility to record data on child protection referrals from Walk-In Centres via electronic recording systems.

Work has commenced across many locations to address this issue in accordance with national requirements and the future plans for recording child protection concerns consistently across organisations would mean that such data will be available in the next few years. How to safely record child protection concerns at the point of referral (particularly on electronic systems) will need to be carefully considered, as to categorise the abuse at the point of referral when the concern may be unfounded may cause problems, for example if a patient requests access to their health records at a future date.

Regarding data on child deaths, it would appear that deaths are being under-reported to CMACE (partly explained by the fact that CDOP reviews can result in delays in results being passed on), and/or reported deaths are not being fully replicated in CMACE data. Further investigation is required.

Police data on child protection referrals does not contain any reference to domestic abuse. At present, the two types of abuse (child and domestic) are recorded in different parts of the database. In future, it would be helpful to link the two datasets so that proportions of safeguarding issues linked to domestic abuse can be identified.

10. Recommendations

10.1 Calculate predicted cases:

Following on from the needs assessment, further work involving the analysis of predicted cases based on population projections would be helpful. This would need to take into consideration the differences between age groups, as populations aged 0-9 are expected to increase across Merseyside by 2015, whilst there will be fewer children aged 10-19. Different patterns of referral across the age groups would also have to be taken into account.

10.2 Further investigate differences between areas:

Care needs to be taken in interpreting the differences in use of services across each local area. It may be that the areas with high referrals are meeting patients need, or it may be that they are referring too many cases. It may be that the low areas are missing cases or that they are meeting patients needs appropriately through local services. At this stage it is not possible to make that judgement - it would take a review of case notes to explore the issues. The review could be based on the model used for the Mersey Peer Review of 66 cases in 2009, involving the police, social care, and health, and expanded to include general practice and acute trusts.

10.3 Ensure equity of provision:

There needs to be agreement on standards and the basis for provision, which needs to be equitable for all Merseyside children, including those on Wirral. A clear safeguarding policy across Merseyside would ensure common care pathways are established to ensure that no child slips through the net. The agenda should be led by the needs of children from across Merseyside rather than those of the various organisations.

10.4 Further investigate ethnic differences:

The finding that available data shows that children from black and ethnic minority (BME) groups are statistically significantly over-represented in police safeguarding incidents and attendances at the Rainbow Centre needs further investigation. It could be that there are high levels of need that are being met, or it could be that too many cases are being referred because of misunderstandings of need relating to cultural differences. As with exploring differences between areas (point 3 above) it would take a review of case notes to help to explain the differences between ethnic groups.

10.5 Improve data collection

a). Improve the availability and quality/depth of data on specialist safeguarding activity outside the Rainbow Centre at Alder Hey and other hospitals and NHS locations. This would include the development of an agreed dataset.

b). Investigate discrepancies in the recording of child deaths.

It would appear that deaths are being under-reported to CMACE (partly explained by the fact that CDOP reviews can result in delays in results being passed on), and/or reported deaths are not being fully replicated in CMACE data. Further investigation is required, *subject to policy change.*

- c). *Consider the introduction of mandatory coding of ethnicity.*
- d). *Consider the introduction of mandatory coding of disability.*
- e). *Consider making readily available links in police data, so that any links between child protection incidents and domestic abuse incidents can be identified. This would help in achieving a better understanding of the differences in approaches to dealing with domestic abuse across Merseyside.*

Appendices

Appendix 1: Demography – projected child populations

Figures A1.1 to A1.5:
Current (2007) and projected (2015) child populations in boroughs across Merseyside

Figure A1.1

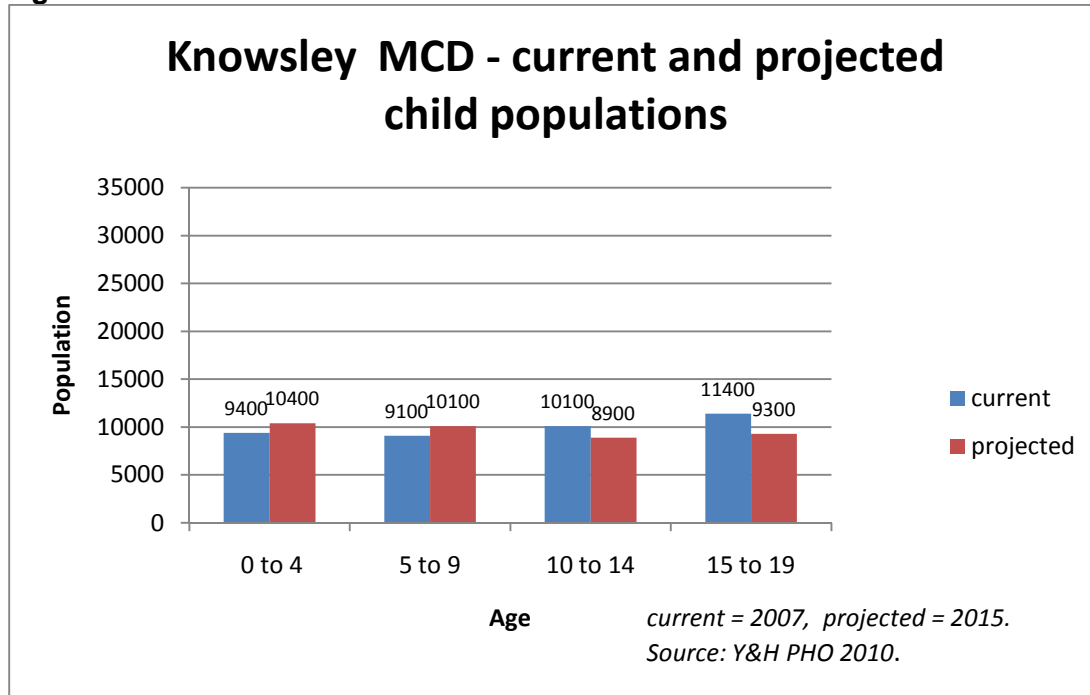


Figure A1.2

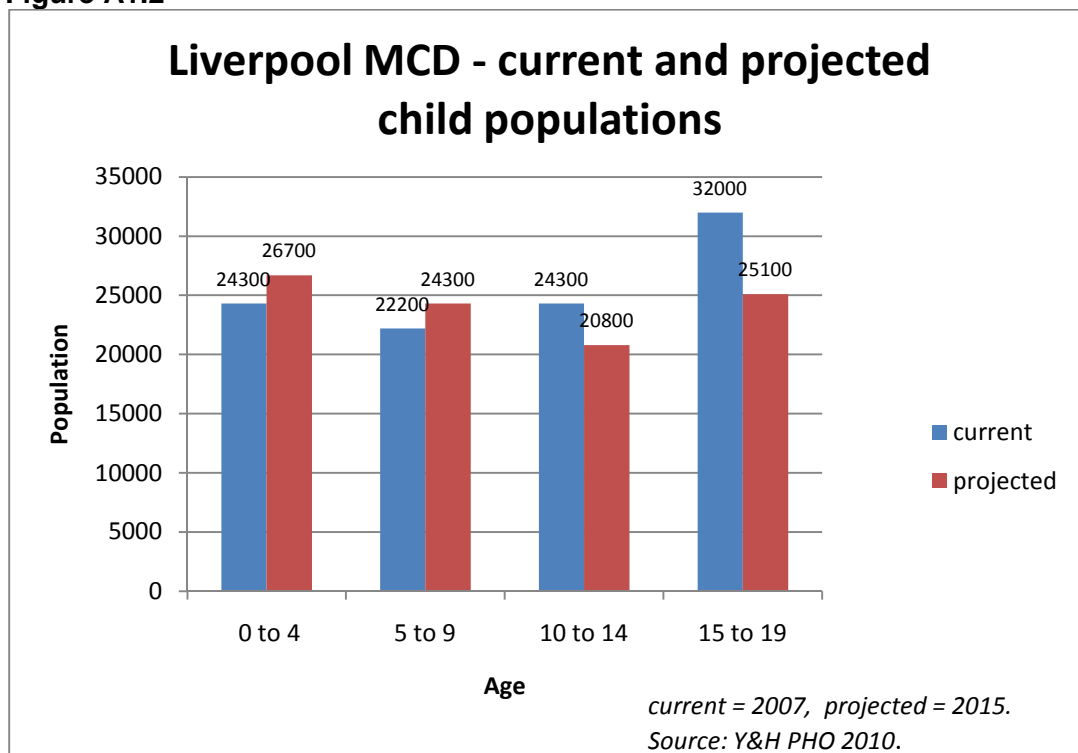


Figure A1.3

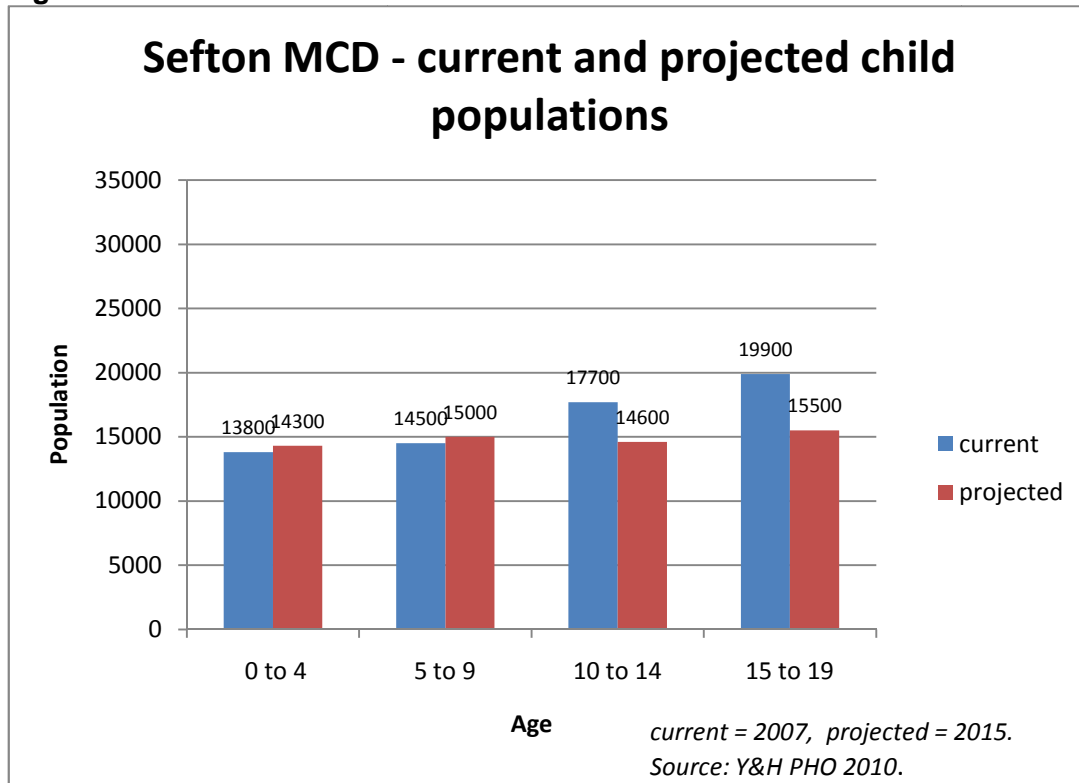


Figure A1.4

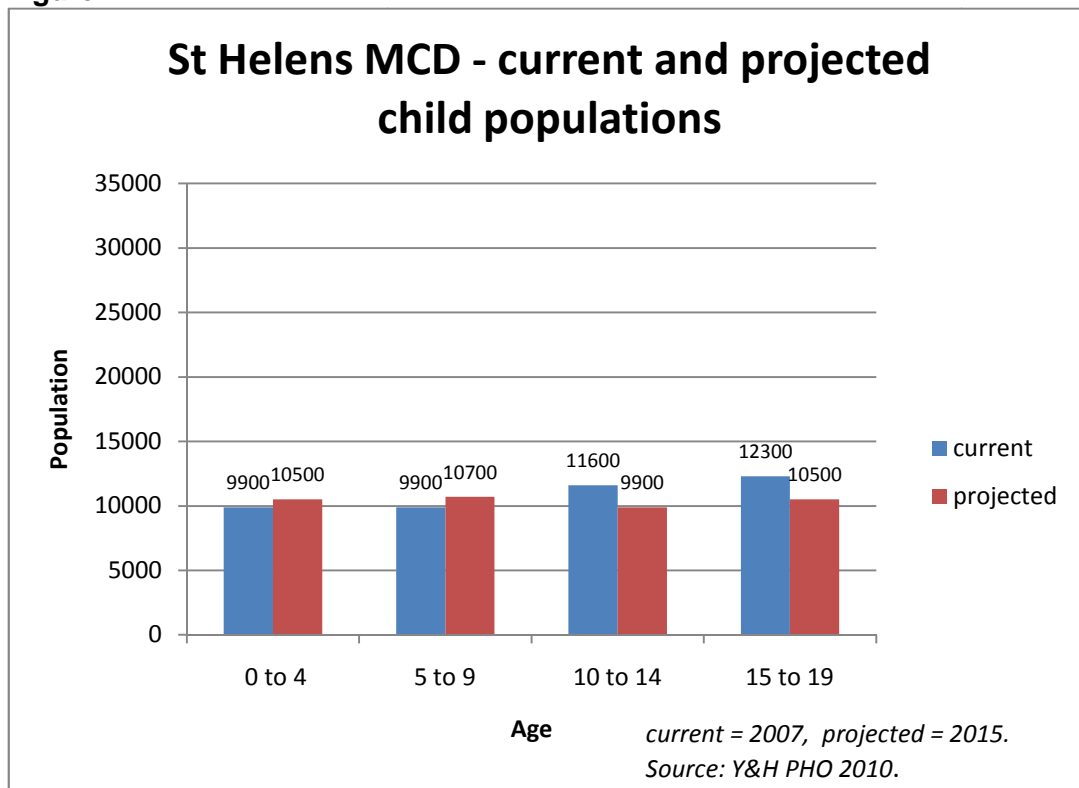


Figure A1.5

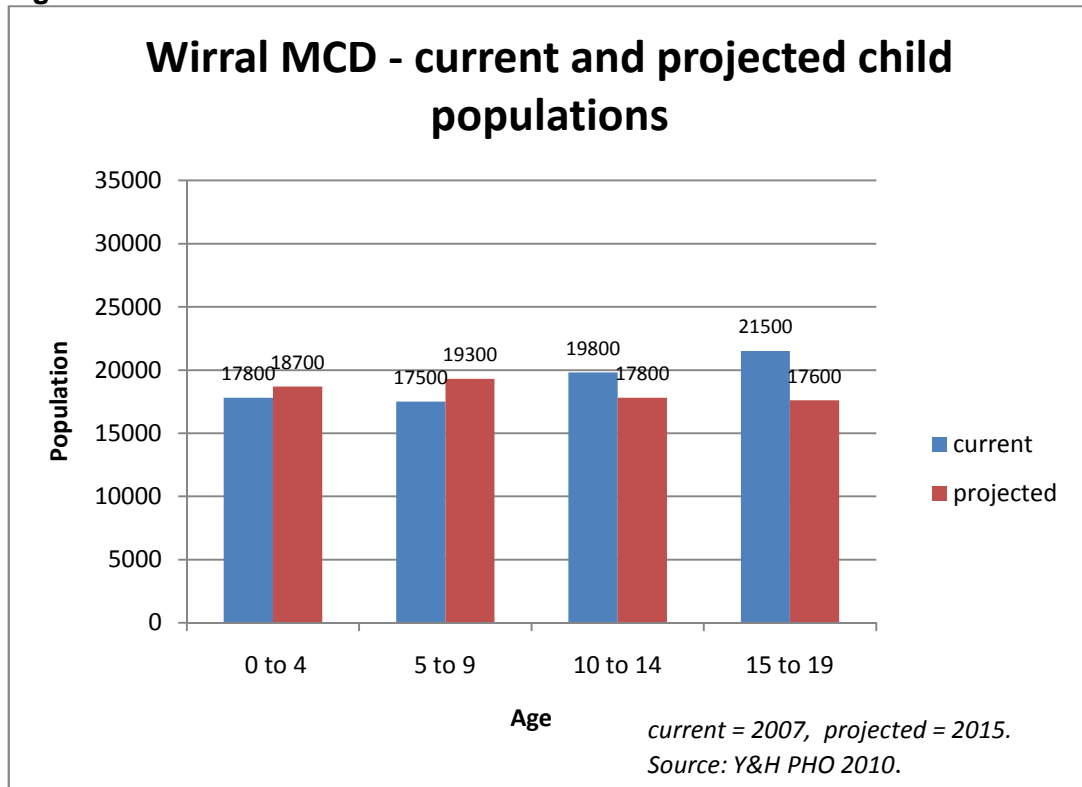


Table A1.6
% change in population, 2007 to 2015

	Age group				
	0 to 4	5 to 9	10 to 14	15 to 19	tot 19 & under
Knowsley MCD	10.6	11.0	-11.9	-18.4	-3.3
Liverpool MCD	9.9	9.5	-14.4	-21.6	-5.7
Sefton MCD	3.6	3.5	-17.5	-22.1	-9.9
St Helens MCD	6.1	8.1	-14.7	-14.6	-4.8
Wirral MCD	5.1	10.3	-10.1	-18.1	-4.2

Source: Y&H PHO 2010

NOTES:

MCD = Metropolitan County District

Current populations: source: Yorkshire & Humber Public Health Observatory - <http://www.atlas.chimat.org.uk/metadata.asp?IsIDGID=true&DBElement=Indicator&DBElementID=18293> - ONS 2007

Projected populations: source: Yorkshire & Humber Public Health Observatory - <http://www.atlas.chimat.org.uk/metadata.asp?IsIDGID=true&DBElement=Indicator&DBElementID=19156> - ONS trend based projections, which means assumptions for future levels of births, deaths and migration are based on observed levels mainly over the previous five years. They show what the population will be if recent trends in these continue. The projections do not take into account any future policy changes that have not yet occurred. They are constrained at a national level by the national projections published on 23 October 2007. These projections, for areas in England, published on 12 June 2008 are based on the 2006 mid-year population estimates.

Appendix 2: Child Protection Plans and Looked After Children (further details)

**Table A2.1: Children who were the subject of a Child Protection Plan.
Years ending 31 March 2005 to 2009**

	Number						Rate per 10,000 children aged under 18 years				
	2005	2006	2007	2008	2009	2010	2005	2006	2007	2008	2009
ENGLAND	25,900	26,400	27,900	29,200	34,100		23	24	25	27	31
NORTH WEST	3,440	3,375	3,565	3,980	5,235		22	22	24	27	35
Knowsley	160	110	150	110	135		44	30	42	30	38
Liverpool	235	225	320	355	500	478*	25	24	36	40	58
Sefton	210	145	195	235	310		34	24	33	41	54
St Helens	125	150	105	90	120	196*	31	37	27	23	31
Wirral	265	250	245	115	225		37	36	35	17	33
Merseyside total	995	880	1015	905	1290						

Source: <http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000873/FINALAdditionalTables1to13.xls>

*provisional data from local authority performance management sections in Liverpool and St. Helens

**Table A2.2: Looked After Children,
Years ending 31 March 2005 to 2009**

	Number						Rate per 10,000 children aged under 18 years				
	2005	2006	2007	2008	2009	2010	2005	2006	2007	2008	2009
England	61,000	60,300	60,000	59,400	60,900		55	55	55	54	55
North West	10,260	10,280	10,430	10,300	10,600		67	67	69	69	71
Knowsley	280	280	295	310	305		75	76	81	87	88
Liverpool	870	820	865	845	860	928*	93	90	97	96	99
Sefton	310	340	325	315	365		50	56	55	54	64
St Helens	260	295	320	315	325	355*	64	74	81	81	84
Wirral	675	680	670	610	630		95	97	97	90	93
Merseyside total	2395	2415	2475	2395	2485						

Source: <http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000873/FINALAdditionalTables1to13.xls>

*provisional data from local authority performance management sections in Liverpool and St. Helens

Appendix 3: Police incidents (further details)

Table A3.1

Police incidents involving children. Number of individual cases (%) in each area, 2007-09.

Year	Knowsley SUG	N Liverpool SUG	Sefton SUG	St Helens SUG	Wirral SUG	S Liverpool SUG	Total
2007	423 (39.4)	649 (31.5)	624 (32.6)	533 (38)	581 (34.3)	346 (42.1)	3156 (35.2)
2008	305 (28.4)	618 (30)	626 (32.7)	460 (32.8)	525 (31)	263 (32)	2797 (31.2)
2009	345 (32.2)	795 (38.6)	662 (34.6)	411 (29.3)	590 (34.8)	212 (25.9)	3015 (33.6)
Total	1073 (100)	2062 (100)	1915 (100)	1404 (100)	1696 (100)	821 (100)	8968 (100)

Highest No. of cases within each SUG over the 3 years

Lowest No. of cases within each SUG over the 3 years

Table A3.2:

Including repeated incidents:

Police incidents involving children. Total number of cases (%) in each area, 2007-09

Year	Knowsley SUG	N Liverpool SUG	Sefton SUG	St Helens SUG	Wirral SUG	S Liverpool SUG	Total
2007	478 (36.8)	702 (28.7)	714 (29.1)	621 (34.7)	621 (31.9)	375 (38.9)	3511 (32.2)
2008	392 (30.2)	748 (30.5)	840 (34.3)	638 (35.7)	612 (31.4)	318 (33)	3548 (32.6)
2009	429 (33)	999 (40.8)	896 (36.6)	530 (29.6)	713 (36.6)	271 (28.1)	3838 (35.2)
Total	1299 (100)	2449 (100)	2450 (100)	1789 (100)	1946 (100)	963 (100)	10897 (100)

Highest No. of cases within each SUG over the 3 years

Lowest No. of cases within each SUG over the 3 years

Appendix 4: 'Tellus' Survey (further details)

Table A4.1

'Tellus' survey : Staying safe. School age children, Merseyside local authorities, 2007

	Local authority					England (n=111,325)
	Knowsley (n=634)	Liverpool (n=1,252)	Sefton (n=874)	St Helens (n=415)	Wirral (n=1,004)	
	%	%	%	%	%	%
1.*Around the local area I feel A bit/very unsafe from being hurt by other people	28.7	26.2	25.2	22.1	29.2	25
2.Around the local area I feel Very/quite safe from being hurt by other people	69.8	72.5	72.9	76.7	69.6	74
3.*At home I feel A bit/very unsafe from being hurt by other people	5.8	3.7	4.1	8.1	7.2	4
4.At home I feel Very/quite safe from being hurt by other people	93.5	95.7	94.9	91.5	92	95
5.*Going to and from school I feel A bit/very unsafe from being hurt by other people	17.3	12.7	11.1	11.5	14.7	13
6.Going to and from school I feel Very/quite safe from being hurt by other people	81	86.1	86.9	86.4	84.5	85
7.*Have been bullied in school at least a couple of times in the last four weeks	23.7	20.3	27.1	32.4	27.8	17
8.*Have been bullied in school most days in the last four weeks	7	3	5.3	4.2	4.7	5
9.*Have been bullied somewhere else at least a couple of times in the last four weeks	69.8	72.5	72.9	76.7	69.6	n/a
10.*In school I feel A bit/very unsafe from being hurt by other people	11.2	10.7	13.3	5.4	9.9	14
11. In school I feel Very/quite safe from being hurt by other people	87.1	88.2	85.5	94	89.4	85
12.*My school deals with bullying not very/not at all well	26	25.1	25.6	10.5	29.2	30
13.My school deals with bullying very/quite well	54.7	55.9	61.6	81.3	55.8	57

* = not safe.

Source: YHPHO ChiMat dataset

<http://yhpho.york.ac.uk/IADataServer/metadata.asp?DBElementID=324&DateID=2007-01-01&Period=Year&GeographyTypeID=26>

These details are not available in the more recent 'Tellus' surveys

Appendix 5: Alder Hey Children's Hospital (further details)

A 5.1 Rainbow Attendances by 'In' Hours and 'Out' Hours

Local Authority	2007				2008				2009			
	IN	OUT	TOTAL	%out	IN	OUT	TOTAL	%out	IN	OUT	TOTAL	%out
Knowsley	29	9	38	23.68	34	13	47	27.66	30	12	42	28.57
Liverpool	148	97	245	39.59	146	72	218	33.03	162	100	262	38.17
Sefton	47	16	63	25.40	48	16	64	25.00	33	11	44	25.00
St.Helens	13	7	20	35.00	30	18	48	37.50	63	21	84	25.00
Wirral	0	0	0	0.00	3		3	0.00	1		1	0.00
Other local authorities	12	5	17	29.41	10	7	17	41.18	13	9	22	40.91
Grand Total	253	134	387	34.63	274	126	400	31.50	305	153	458	33.41
	(total includes 4 LA not available)				(total includes 3 LA not available)				(total includes 3 LA not available)			

Table A5.2**Outcome of Rainbow Centre attendances, three year total (2007-2009)**

	Admitted	Residential Care	Emergency Protection Order	Foster Parent	Home – Parents	Home - Other	Police Protection Order	Other	Not available	Grand Total
Local Authority										
Knowsley	7	0	0	11	62	24	0	2	21	127
Liverpool	51	2	1	84	366	83	2	2	134	725
Sefton	12	3	0	22	100	19	0	0	15	171
St.Helens	5	1	0	17	74	15	0	1	39	152
Wirral	2	0	0	0	0	0	0	0	2	4
Other	8	0	0	1	15	9	0	3	24	60
Not available	0	0	0	0	0	0	0	0	10	10
Total	85	6	1	135	617	150	2	8	241	1245
Outcomes of Rainbow centre attendances (%)	6.83	0.48	0.08	10.84	49.56	12.05	0.16	0.64	19.36	100

Source: Alder Hey IT dept.

**Table A5.3 -
Referrals to Rainbow Centre, three year total (2007-2009)**

	Accident & Emergency	Family Support Unit	GP	Health Visitor	Police	Social Worker	Ward	Other	Not available	Grand Total
Local Authority										
Knowsley	20	31	1	0	10	57	6	1	1	127
Liverpool	87	90	0	0	36	460	36	8	8	725
Sefton	19	24	1	1	7	109	9	1	0	171
St.Helens	3	21	0	0	9	105	9	3	2	152
Wirral	0	0	0	0	0	0	3	1	0	4
Other	6	2	1	0	5	13	28	1	0	56
Not available	0	0	0	0	0	2	1	1	6	10
Total	135	168	3	1	67	746	92	16	17	1245
%)Source of referrals (%)	10.84	13.49	0.24	0.08	5.38	59.92	7.39	1.29	1.37	100

Source: Alder Hey IT dept.

Appendix 6: SAFE Place Merseyside (further details)

Table A6.1

SAFE Place Merseyside Referrals under 19, by PCT

PCT	2008 (Sept - Dec)	2009	2010 (Jan - May)	tot	% of total from each PCT
Knowsley	2	7	4	13	12.38
Liverpool	8	18	5	31	29.52
Sefton	1	12	3	16	15.24
St. Helens (incl Halton)	2	7	0	9	8.57
Wirral	3	16	8	27	25.71
Out of area	2	5	2	9	8.57
tot	18	65	22	105	100.00

source: SAFE Place Merseyside

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