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# **Future in Mind Evidence Base: Care of the Vulnerable**

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**Wirral Future in Mind  
Steering Group and Wirral  
Intelligence Service**

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## Future in Mind Evidence Base: Care of the Vulnerable

### For further information please contact:

Author: Lindsay Davidson – Senior Manager, Integrated Youth Support – Wirral Council,  
Children’s Services - [lindsaydavidson@wirral.gov.uk](mailto:lindsaydavidson@wirral.gov.uk)

Wirral Intelligence Service

Email: [wirralintelligenceservice@wirral.gov.uk](mailto:wirralintelligenceservice@wirral.gov.uk)

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## Introduction

[Future in Mind](#) is the government's approach to improve the emotional health and wellbeing of children and young people. It was published in 2015 and calls for action on five themes:

- Promoting resilience, prevention and early intervention.
- Improving access to effective support – a system without tiers.
- Care for the most vulnerable.
- Accountability and transparency.
- Developing the workforce.

Wirral's local approach in response to this national direction and local need is set out in our annually refreshed [Local Transformation Plan published on our Children and Young People: Mental Health webpage](#). This evidence base underpins that plan and our work and is outlined below.

## Why is this important?

The [Green Paper, Transforming Children and Young People's Mental Health Provision](#), outlines that some groups of young people are more likely to experience mental health problems (Transforming Children and Young People's Mental Health Provision: a Green Paper, 2017).

These vulnerable groups include, but are not limited to, age, gender, disability, sexual orientation, involvement in the criminal justice system, children looked after, children in need and young people not in employment, education or training.

The Green Paper highlights the following in relation to the mental health and wellbeing of vulnerable groups of children and young people:

- The prevalence of mental health disorders varies by age, with nearly 8% of 5- 10 year olds having a diagnosable mental health disorder, compared to nearly 12% of 11-15 year olds.
- Mental health disorders also vary by sex in that they are more common in boys (just over 11%) than girls (nearly 8%).
- An Office of National Statistics (ONS) survey showed that mental health problems in children and young people varied depending on ethnicity, with around 1 in 10 white children having a mental health disorder, compared to just under 1 in 10 black children, and 3 in 100 Indian children.
- Research has shown there to be links between mental ill-health and [Adverse Childhood Experience \(ACEs\)](#), with mental health needs being more prevalent among children looked after. It has been estimated that 45% of looked after children have a diagnosable mental disorder (compared to 10% of all children).
- Exposure to domestic abuse can have a negative impact on a child's emotional wellbeing. One study ([SafeLives](#)) has shown that 52% of children who may witness domestic abuse experienced behavioural problems and issues with social development and relationships.
- Lesbian, gay, bisexual and transgender (LGBT) people are more likely to experience poorer mental health than heterosexuals. This indicates that LGBT children and young people have mental support needs.
- Young people involved in gangs experience high rates of mental illness. Signs of severe behavioural problems before the age of 12 are prevalent (40% of those who were gang

members, of both sexes, compared with 13% of general youth justice entrants), and as many as 1 in 3 female and 1 in 10 male gang members are considered at risk of suicide or self-harm.

- There is evidence that young people who are not in education, employment or training (NEETs) have more mental health problems than non-NEET young people. This becomes greater when they become NEET at a younger age, or for a long period of time.
- One quarter of boys in Young Offender Institutions reported emotional or mental health problems and young people with conduct disorder are more likely to engage in criminal activity. Research has suggested that, compared to the general population, these young people are 20 times more likely to end up in prison, and four times more likely to become dependent on drugs.
- There is much evidence that adult mental health problems begin in childhood or adolescence which shows that Adverse Childhood Experiences in infancy may have a negative impact on future mental health and wellbeing. A British cohort study showed that teens who had common mental disorders (CMDs) were more than two and a half times more likely to have a CMD at age 36, compared with mentally healthy teenagers. For teens with persistent CMD, they were over six times more likely to have CMD at age 36 and 43, and four times more likely at age 53.
- Young carers' mental health can be affected by their caring roles.
- Vulnerable children, defined by the Children Act 1989 as 'Children in Need' currently face worse outcomes than the general population. These vulnerable children need support and protection from children's social care due to a variety of reasons which can include being at risk of, or suffering, abuse, neglect, exploitation or youth violence, witnessing domestic abuse, being a young carer, or having a disability. Many children in contact with children's services, including children looked after, and care leavers, have post-trauma stress symptoms, and attachment disorders.

## Facts, figures, information (Wirral and beyond)

Our [Local Transformation Plan](#) has highlighted care for the most vulnerable as a key theme for delivery. It recognises that vulnerable children are those children most at risk of experiencing inequalities and poor life chances.

In Wirral, the focus of this theme has been around children or young people who are unable or have difficulties accessing mental health services due to either personal or environmental issues.

Barriers which prevent effective engagement around emotional wellbeing and mental health are highly likely to be further compounded when children and young people are vulnerable due to other factors.

In understanding children and young people's needs for emotional wellbeing and mental health we need to ensure they are supported in accordance with their presenting issues rather than the vulnerable group they belong to.

Offering a personalised approach which builds on positive relationships that are already in place will also help to meet the needs of complex children and young people.

The golden thread of Future in Mind is that all the themes are interlinked and without the wider transformation, transforming care for the most vulnerable will be problematic.

Based on the evidence given above, the Care of the Most Vulnerable theme identifies the groups below as those who need further focus:

- Open to social care – Children in Need, Child Protection and Children Looked After, including those who are from Wirral but live outside Wirral; those who are from out-of-borough but who live in Wirral, and those who have left care.
- With Special Educational Needs and/or a Disability.
- Open to the youth justice system.
- Not attending school or not in education, employment or training.
- With parents with physical and/ or mental health conditions.
- Are young carers.
- Refugee or asylum seekers.
- At risk of exploitation inclusive of sexual and criminal acts.
- At risk of substance/alcohol misuse.
- Bereaved.
- Not ready to engage with services or who services find difficult to engage.

Information regarding each of these groups can be accessed by the links below:

- **Open to social care – Children in Need, Child Protection and Children Looked After, including those who are from Wirral but live outside Wirral; those who are from out-of-borough but who live in Wirral, and those who have left care**  
<https://www.wirral.gov.uk/about-council/wirral-plan-2020-vision/wirral-plan-strategies>  
and:  
<https://www.wirral.gov.uk/about-council/wirral-plan-performance>
- **Children and young people with Special Educational Needs and/or a Disability**  
<https://www.wirralintelligenceservice.org/jsna/children-and-young-people-special-educational-needs-disability/>
- **Children and young people not attending school or not in education, employment or training**  
Wirral has good overall participation rates but there remains a ‘significant cohort’ of young people Not in Education Employment or Training that increases in size between the ages of 16 and 18 (circa 243 young people).  
For more see JSNA link to post 16 education, training and skills development section:  
<https://www.wirralintelligenceservice.org/media/2850/wirral-intelligence-service-jsna-post-16-education-final-aug-2019.pdf>
- **Children and young people open to the youth justice system**  
<https://www.wirralintelligenceservice.org/jsna/offenders/>

See also [Appendix 1](#) below.

- **Children and young people with parents with physical and/ or mental health conditions**

The Royal College of Psychiatrists state that many children will grow up with a parent who, at some point, will have some degree of mental illness. Most of these parents will have mild or short-lived illnesses, and will usually be treated by their general practitioner. A few children live with a parent who has a severe mental illness such as schizophrenia or bipolar disorder. They go on to highlight that 68% of women and 57% of men with a mental illness are parents. For more see:

<https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/information-for-parents-and-carers/parental-mental-illness-the-impact-on-children-and-adolescents-for-parents-and-carers>

**General mental health information is available via:**

<https://www.wirralintelligenceservice.org/jsna/mental-health/>

- **Young carers**

According to the Wirral 2011 Census, 748 young people aged 0-15 identified themselves as an unpaid carer, as did a further 2,092 young carers/young adult carers aged between 16-24. Of these, 350 reported that they were delivering 50 or more hours of unpaid care per week. See link below for more details and information regarding young carers:

<https://www.wirralintelligenceservice.org/media/2398/wirral-intelligence-service-cypf-jsna-young-carers-final-january-18.pdf>

- **Refugee or asylum seekers**

The Refugee Council, in their May 2019 report, shows that there were 16 unaccompanied asylum seeking children transferred to the North West region in 2018, compared to 50 in 2017. For more see:

<https://www.refugeecouncil.org.uk/resource-category/policy-briefing/>

- **Young people at risk of exploitation inclusive of sexual and criminal acts.**

See:

<https://www.wirralintelligenceservice.org/jsna/children-young-people-child-exploitation/>

- **Young people for whom substance/alcohol misuse is a concern**

See JSNA overview of needs, substance misuse section:

<https://www.wirralintelligenceservice.org/jsna/by-theme/>

- **Bereaved**

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

See population and demographics Wirral:

<https://www.wirralintelligenceservice.org/jsna/children-young-people-previous-jsna-2018/>

- **Not ready to engage with services or who services find difficult to engage**

No data available.

- **Poverty and inequality can also influence mental health.** In Wirral, half (50%) of referrals to CAMHS come from the most deprived quintile of the Wirral population. When combined with the second quintile (the second most deprived 20% of communities) the activity is covered by close to 70%. [Data and information on child & family poverty affecting Wirral residents is available.](#)

## Current activity and services

Services supporting the emotional wellbeing of children and young people (CYP) as described

- <https://www.wirralccg.nhs.uk/your-health-and-services/mental-health/children-and-young-peoples-emotional-health-and-wellbeing/> and:
- [CYP Mental Health webpage Evidence Base to support Local Plans as Prevention & Early Intervention.](#)

Specialist services supporting the mental health needs of CYP are provided by the Child & Adolescent Mental Health Services (CAMHS) and are described in:

- [CYP Mental Health webpage Evidence Base to support Local Plans as Access to Services.](#)

Specialist services supporting the mental health needs of CYP with a learning disability and / or autism are provided by the Child & Adolescent Mental Health Services (CAMHS) learning disabilities team and are described in:

- [CYP Mental Health webpage Evidence Base to support Local Plans as Children and Young People with a learning disability](#) and
- <http://www.mymind.org.uk/>

Services supporting Children Looked After, Children in Need and Child Protection are provided through Wirral Children and Young People's Department and other multi-agency partners. For more information go to:

- <https://www.wirralsafeguarding.co.uk/>

Services supporting young people not in employment, education or training are provided by various services. For more information go to:

- <https://www.wirral.gov.uk/jobs-and-training/help-finding-work> and/or
- [https://www.careerconnect.org.uk/Find\\_us.aspx?Location=Wirral](https://www.careerconnect.org.uk/Find_us.aspx?Location=Wirral)

Services supporting CYP in contact with the criminal justice system are provided by Wirral Youth Offending Service. For more information go to:

- <https://www.wirral.gov.uk/communities-and-neighbourhoods/crime-reduction/safer-wirral-hub> and/or
- <https://www.wirral.gov.uk/communities-and-neighbourhoods/crime-reduction/youth-offending-service> and/or
- <https://www.wirralsafeguarding.co.uk/>

For Wirral's wider approach to developing services to support children and young people's emotional health and wellbeing see:

- [Local Transformation Plan](#) (2018-2019/20)

## What does this suggest as further action?

Work towards meeting local needs for Care for the Most Vulnerable theme have been included in the updated [Local Transformation Plan](#).

The key deliverables for the Care for the Most Vulnerable theme for 2018-2019/20 are:

- Try a new approach (AMBIT) to enable services to engage with children and young people who they currently cannot engage with.
- Deliver training on the Adverse Childhood Experiences (ACEs) tool to the wider workforce to support the early identification of possible needs so that support can be provided.
- Further explore opportunities to target specific areas for development to improve our care for the vulnerable.
- Ensure children and young people who need early help, prevention or protection get the help they need, taking into consideration their emotional health and wellbeing.

**For further details please contact:**

- Lindsay Davidson – Senior Manager, Integrated Youth Support – Wirral Council, Children's Services - [lindsaydavidson@wirral.gov.uk](mailto:lindsaydavidson@wirral.gov.uk)
- John Meddings, Future in Mind Project Manager for Wirral at [john.meddings@nhs.net](mailto:john.meddings@nhs.net)
- John Highton, JSNA Programme Lead at [johnhighton@wirral.gov.uk](mailto:johnhighton@wirral.gov.uk)

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## Appendix 1: Youth Justice

### **FIRST TIME ENTRANTS (Impact Indicator)**

The number of first-time (FTEs) entrants to the youth justice system is defined as young people (aged 10-17) who receive their first substantive outcome. The data for this indicator comes from the Police National Computer.

The latest data set published by the Youth Justice Board (YJB) compares April 2018 to March 2019 with April 2017 to March 2018. The YJB have used a 2018 population rate of 29,803 for young people living in Wirral aged 10 – 17 years. The rate is calculated as per 100,000 of the local population of 10 – 17-year olds.

The latest data set is showing a 66.5% increase in the frequency rate of FTEs when comparing the above periods (from 158 in 2017/18 to 265 in 2018/19). This equates to an increase in the actual number of FTEs of 32 young people (from 47 to 79).

The Merseyside average is a reduction of 18% and the National average is a reduction of 19.9% in FTEs frequency rates.



**Figure 1: First Time Entrants (Impact Indicator) Wirral (2017/18 – 2018/19)**

First Time Entrants	Number	Rate
April 18 – March 19	79	265
April 17 – March 18	47	158

**Source:** Youth Justice Application Framework (YJAF is produced by the Youth Justice Board on behalf of the Ministry of Justice)

**Notes:** First Time Entrants (FTEs) are calculated as a rate per 100,000 of the local population of 10 – 17 year olds. The rate is calculated as the actual number of FTEs divided by the local population times by 100,000.

### USE OF CUSTODY (Transparency Indicator)

The use of custody indicator looks at the number of custodial disposals presented as a rate per 1,000 of the local general 10 –17-year-old population. This data will come from YOT's case-level data published in the Youth Justice Application Framework (YJAF).

During July 2018 to June 2019 there were 7 custodial disposals. The local general population of 10 – 17-year olds is 29,803. The rate per 1,000 of the local general population is 0.23.

The National custodial rate is 0.27 and the Merseyside custodial rate is 0.38 for the period July 2018 to June 2019.

Wirral has seen an increase in the custodial rate of 0.07 during the above period when comparing with July 2017 to June 2018 baseline rate of 0.17.

### REDUCING RE-OFFENDING (Impact Indicator)

This report presents the youth re-offending measure which uses data from the Police National Computer. The 12-month (aggregated quarterly cohorts) re-offending rate for October 2016 to September 2017 is presented. The aggregated cohort consists of all young people who have received a pre-court or court disposal or were released from custody in this date range.

- The re-offending binary rate for October 2016 to September 2017 after 12 months is 40.8%.
- The re-offences per re-offender average rate for the above period is 4.18. The frequency rate is 1.70.
- The National (England) re-offending binary rate for October 2016 to September 2017 after 12 months is 39.2%.
- The Merseyside (PCC area) re-offending binary rate for October 2016 to September 2017 after 12 months is 45.5%.

The actual Police National Computer (PNC) data for the Wirral 12-month re-offending cohorts is presented below in figure 2

**Figure 2: 12-month re-offending cohorts for Wirral, comparing 2015/16 and 2016/17**

Re-offending rate cohort	Oct 16 – Sep 17	Oct 15 – Sep 16	Difference
Number in the cohort	98	134	-36
Number of re-offenders	40	53	-13
Number of re-offences	167	271	-104
Average number of re-offences per re-offender	4.18	5.11	-0.93
Frequency rate	1.70	2.02	-0.32
Binary rate	40.8%	39.6%	1.3%

**Source:** Youth Justice Application Framework (YJAF is produced by the Youth Justice Board on behalf of the Ministry of Justice)

**Notes:**

- The re-offending frequency rate is the rate of re-offences committed by young people in the cohort. The re-offending frequency rate is calculated by the total number of re-offences divided by the total number in the cohort.
- The re-offending binary rate is the percentage of young people in the cohort who re-offend. The re-offending binary rate is calculated by the total number of re-offenders divided by the total number in the cohort times by 100 to give the percentage rate.