



ST HELENS CHILDREN AND YOUNG PEOPLE NEEDS ASSESSMENT



0-19 YEARS

2024

PUBLIC HEALTH



ST HELENS
BOROUGH COUNCIL

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1. Summary of Key Findings

Population

The 2021 Census reveals that there are 40,016 children aged 0-19 living in St Helens, and this equates to 21.8% of the total population. Of those children, just under half live in the 20% most deprived areas in England. The 0-19 years population varies considerably across St Helens, with Parr having the highest proportion of the population aged 0-19 at 8.7%.

St Helens has a smaller ethnic demography compared to England and the North West.

See **section 4** for more information.

Deprivation and Child Poverty

St Helens faces particular challenges in relation to deprivation and is ranked as the 26th most deprived local authority in England, with 43% of the population living in the 20% most deprived areas in the country. Within St Helens, deprivation is widespread with particularly high levels across the south and east of the borough.

The Income Deprivation Affecting Children Index (IDACI), which measures the proportion of children aged 0-15 living in income deprived families, suggests there are 7,588 children aged 0-15 in St Helens that are living in income deprived families, accounting for 23.7% of the 0-15 population, with highest levels in Parr and the Town Centre.

The proportion of children under 16 living in relative and absolute low-income families in St Helens has increased since 2014-15, with Parr, Peasely Cross and Fingerpost and the Town Centre having higher proportions in the borough.

There has also been an increase in the percentage of children eligible for free school meals (FSM) in St Helens with the latest data showing that over a quarter (26.8%) of pupils are eligible.

See **section 5** for more information.

Housing and Living Situation

In 2022-23 there were 834 households in St Helens with a prevention or relief duty owed, of which 36% had dependent children.

In 2022-23 there were 86 households in temporary accommodation that had dependent children, accounting for 63.7% of all households in temporary accommodation. This is higher than in England and the North West (52% and 57% respectively).

The 2021 Census reveals that 8% of households in St Helens are lone parent households with dependent children, however within St Helens this proportion ranges from 3.5% in Rainford to 14.3% in Peaseley Cross. Data on overcrowded households from the Census show that 4.2% of households with dependent children were classed as being overcrowded, this was lower than in England and the North West.

See **section 6** for more information.

Health and Mental Wellbeing

The prevalence of overweight and obese reception and year six children remains high in St Helens (25.9% for reception and 41.1% for year six in 2022-23) despite a reduction from the previous year. Significant differences across the borough exist and there appears to be a link with deprivation particularly among year six children.

St Helens has the 5th highest percentage of physically active children and young people in the North West at 47.6%, this is higher than the England average of 47.0% and the North West average of 45.1%.

The percentage of 5-year-olds with any experience of tooth decay in St Helens is worse than the England average, however the rate of hospital admissions among 0–19-year-olds for tooth extractions due to dental caries is lower than in England.

The rate of hospital admissions for mental health reasons among 0–19-year-olds vary across the borough and are highest in Town Centre, Eccleston and Peaseley Cross and Fingerpost.

Hospital admissions for asthma have been decreasing, however there has been a recent increase in admission for diabetes and epilepsy among 0–19-year-olds.

See **section 7** for more information.

Child Mortality

The number of still births in St Helens is low and the rate in 2023 was 5.6 per 1,000 births.

Infant mortality (under 1 year) is also low in St Helens and in line with the national average at 4.0 deaths per 1,000 live births.

Child mortality (aged 1-17 years) in St Helens is similar to the regional average at 11.4 per 100,000.

See **section 8** for more information.

Sexual Health

In 2023, chlamydia screening of females aged 15-24 in St Helens was significantly lower than England, but the detection rate was higher.

Coverage for two doses of the HPV vaccination among females aged 13-14 in St Helens has been decreasing (also a trend mirrored nationally and regionally) and in 2023 was 52.8%. Among males this was 46.2%.

The rate of under 18 conceptions in St Helens has been higher than the rate in England over the last two decades. The most recent rates for 2021 is 25.9 per 1,000 females under 18 – this is the 2nd highest rate in the North West and the 8th highest rate in England. Rolling annual quarterly rates to June 2022 do show a recent decrease to 21.8 per 1,000. Rates are higher in the Town Centre and Peasley Cross and Fingerpost wards.

Vulnerable Groups of Children

The rate of hospital admission for self-harm in St Helens is the 3rd highest in England and the highest in the North West in 2022-23. There were 265 admissions giving a rate of 903 per 100,000. This is a decrease from in 2021-22.

Hospital admissions for alcohol specific conditions among under 18s are also high in St Helens at 72.6 per 100,000 and this is more than double the rate in England.

Substance misuse hospital admissions among 15–24-year-olds in St Helens has been decreasing and are now at their lowest at 262.8 admissions per 100,000 (pertains to 80 admissions). Despite this decrease the rate is significantly higher than England and the North West.

The most common types of substances that young people receive treatment for in St Helens are cannabis and alcohol. In recent times there has been a rise in young people receiving treatment for new psychoactive substances (NPS).

The rate of first-time entrants to the youth justice system has increased between 2021 and 2023 and the rate of youth crime in St Helens is higher compared to the Merseyside average. The most common crime types are violence, stalking and harassment and public order.

See **section 9** for more information.

Parental Characteristics

During 2022-23 in St Helens the proportion of adults entering treatment for substance use who live with children was higher than the national average for alcohol and non-opiate misuse.

The number of children (under 18 years) exposed to domestic abuse (where cases were heard at the Multi Agency Risk Assessment Conference (MARAC)) has increased year on year in St Helens. In 2022, 34.4% of assessments completed by Children's Social Care Services had domestic abuse as a factor.

In 2023 almost half (47%) of social care assessments had identified parental mental health as a factor in St Helens, this compares to 37% in the North West and 32% in England.

See **section 10** for more information.

Children with Special Educational Needs and Disabilities (SEND)

In 2022-23 almost a fifth of all pupils were identified with SEND, this has remained similar since 2018-29.

Local intelligence shows that in 2023 the most common primary assessment need for Education and Health Care Plan (EHCP) requests in St Helens was 'social and communication difficulties' at 26.9% of the total requests, and 63% of all EHCP requests were for boys compared to 37% for girls.

See **section 11** for more information.

Education and Aspiration

After the COVID-19 pandemic the proportion of pupils achieving a good level of development in Early Years Foundation Stage (EYFS) assessments decreased (also mirrored nationally and regionally) and in 2023 64.5% were achieving a good level of development in Early Years in St Helens. Less than half of children eligible for free school meals (FSM) achieve a good level of development, and less than a fifth with SEN achieve a good level of development.

Key Stage 2 children meeting the expected standard in reading, writing and maths (WRM) decreased post-pandemic (also mirrored nationally and regionally) and in 2023 61% achieved the expected standard in WRM in St Helens. Less than half of children eligible for FSM met the expected standard and a quarter with SEN met the expected standard.

In Key Stage 4, in 2023, 37.5% of pupils achieved grade 5 or above in English and Maths in St. Helens. Only 21% of pupils from Parr and Town Centre achieved this compared to 60% in Eccleston. Less than a fifth eligible for FSM and those with SEN achieve grade 5 or above in English and Maths.

Persistent absence from school has increased post pandemic and is higher among children eligible for FSM.

See **section 12** for more information.

2. Introduction

Children and young people's health are subject to a range of factors that form the backbone for health: genetics, the environment, wider societal influences and emotional support. If any of these factors are compromised, then a child is less likely to achieve optimal health and meet their growth and development potential.

This Children and Young People's Health Needs Assessment presents an in-depth analysis on the local picture of children and young people's health and wellbeing in St Helens. It aims to facilitate an evidence-based approach to commissioning and service development in St Helens by providing an overview of need, illustrating the health trends within the borough for children, young people, and their families.

This needs assessment covers a breadth of health and wellbeing issues for 0–19-year-olds (extending to 25 years where appropriate) and brings together a range of data that is themed around the following key areas:

- Population
- Deprivation
- Child Poverty
- Housing and Living Situation
- Health and Mental Wellbeing
- Child Mortality
- Sexual Health
- Vulnerable Groups
- Parental Characteristics
- Special Educational Needs and Disabilities (SEND)
- Education and Aspiration

This needs assessment compliments the St Helens 0-5 years Family Hubs Needs Assessment which focuses on maternity and the early years¹ and an upcoming Special Educational Needs and Disabilities (SEND) needs assessment.

2.1 St Helens Children and Young People's Plan 2024-2027

The St Helens Children's and Young Peoples Plan 2023-2024 sets out how our council and partners services and schools will work together for every child in St Helens to ensure that their highest aspirations can be met. This means there is a vision to work together and prioritise those children and young people that have had the hardest start in life, such as those with SEND, those that are looked after, children in need and those who live in poverty. The plan recognises the detrimental impact that poverty has on life chances, health, and achievement of children.²

¹ St Helens Family Hubs Needs Assessment – Maternity and Early Years 2024 [[Our responsibility for public health - St Helens Borough Council](#)]

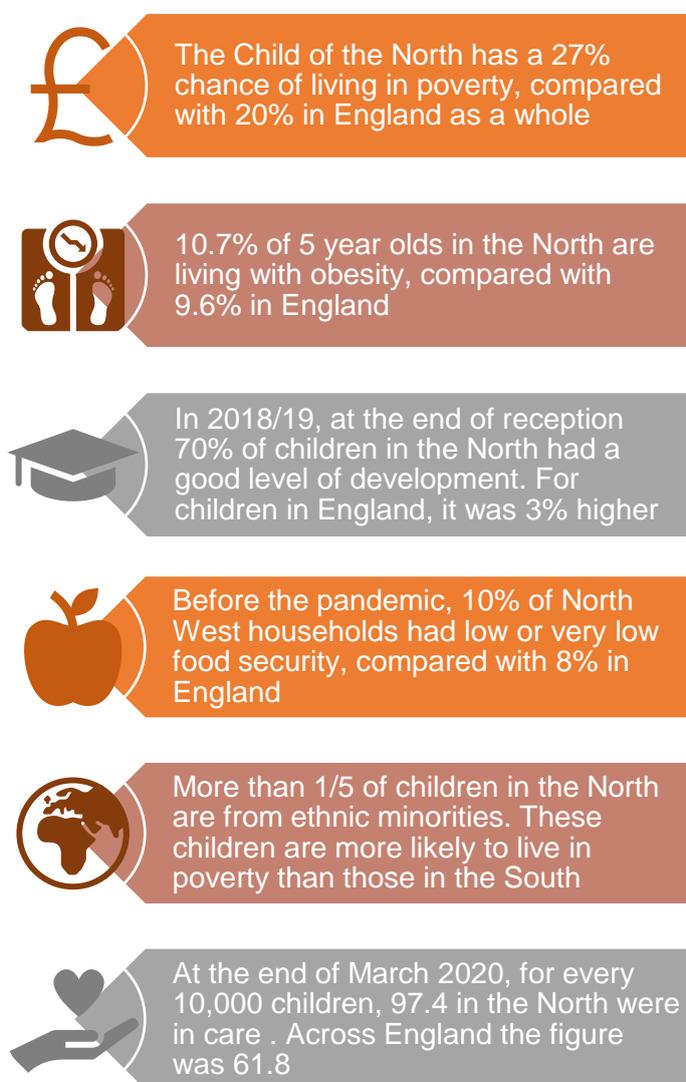
² St Helens Children and Young Peoples Plan 2024-2027 [[Appendix 1.pdf \(moderngov.co.uk\)](#)]

2.2 Child of the North: Building a fairer future after COVID-19

In 2022, the Northern Health Science Alliance and the N8 Research Partnership produced the Child of the North Report, with input from over 40 academics from the North of the country.³

The report highlighted the inequalities experienced by children growing up in the North of England, compared with those in the South, since the Covid19 pandemic. The main driver of these inequalities is child poverty. Child poverty is not fair, and it is not inevitable; it is something which can be prevented if we choose to do something about it. In St Helens we are committed to making the right choices to help lift our children out of the cycle of poverty, insecurity, and disadvantage, and give them the best start in life. Some key findings of the Child of the North are illustrated in figure 1.

Figure 1: Key findings from the Child of the North: Building a fairer future after COVID-19



³ Child of the North: Building a fairer future after COVID-19 [[Child-of-the-North-Report-FINAL-1.pdf](#) (thenhsa.co.uk)]

2.3 Family Hubs

A Family Hub brings several different services together in a 'one stop shop' to make it easier to get the help an individual or family needs. They are a place-based way of joining up locally in the planning and delivery of family services. The aim is to bring services together to improve access, improve the connections between families, professionals, services, and providers and put relationships at the heart of family support.

Family Hubs enable professionals to work together more effectively to help families overcome any difficulties they might be facing. Previously, such services could be disjointed and hard to navigate but the Family Hub will offer guidance and advice on a range of circumstances including parenting classes, midwifery, health visiting, infant feeding advice and perinatal mental health support.

Family Hubs are for families with babies, children, and young people from birth until they reach the age of 19 (or up to 25 for young people with SEND).

All families can face challenges from time to time. Family Hubs make it simpler to get the help that the whole family needs. Investing in families and making sure they get the support they need from birth through to adulthood helps with children's educational attainment, wellbeing and life chances, while also improving wider outcomes such as mental health and unemployment.

Additional information on the background and national and regional context of family hubs can be found in the St Helens 0-5 Family Hubs Needs Assessment.⁴

2.4 Family Hubs in St Helens

St Helens Borough Council have made the commitment to ensuring that children and young people have a positive start in life, which is one of six borough priorities.⁵ Developing Family Hubs within St Helens will help achieve that goal by aligning services in accessible and welcoming locations for children and families. The Local Authority has been allocated over £2 million in funding for Family Hubs development between 2022-2025.

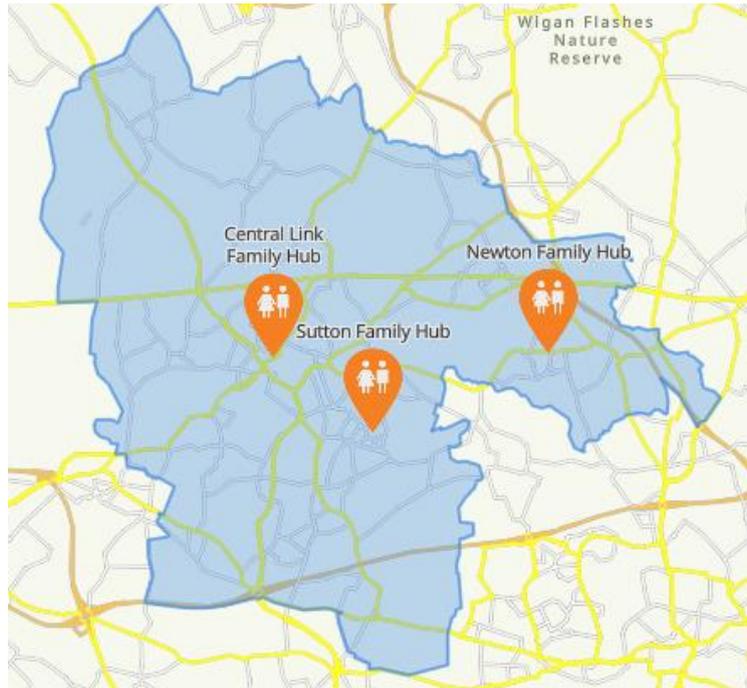
In St Helens Family Hubs Centre's are accessible across the borough in the following locations (also illustrated in figure 2):

- Sutton Children's Centre (Sutton South East ward)
- Central Link Children's Centre (Town Centre ward)
- Newton Children's Centre (Newton-le-Willows West ward)

⁴ St Helens Family Hubs Needs Assessment – Maternity and Early Years 2024 [[Our responsibility for public health - St Helens Borough Council](#)]

⁵ St Helens Borough Council – Our Borough Strategy (2021-2030): <https://tinyurl.com/yckkzys5>

Figure 2: Locations of St Helens Family Hubs Centres



A comprehensive training programme for staff has been developed which includes training for all professionals linked to Family Hub provision, to cover the contents of the full Family Hub service offer and help develop the 'go further' aspects of the 'one workforce', 'tell it once' and 'no wrong front door' ethos and values. In addition, a third sector organisation is helping to mobilise and support parents and young people.

As well as enhancing some of the services already provided, such as midwifery and health visiting, there are new services focussing more on child development, parenting programmes, and youth and adult support groups. There will also be services provided at other linked centres and a new website has been developed, which provides families with all the information they need online with a service directory.⁶

2.5 Impact of Covid-19

The COVID-19 pandemic placed additional burden on parents, with evidence suggesting that children and young people were particularly vulnerable to the effects of lockdowns and the scaling back of services.

Physical health indicators including activity levels, sleep, vaccination coverage and oral health are reported to be adversely affected in 0–4-year-olds since the beginning of the pandemic.⁷

Mental health and wellbeing were negatively affected as well as increased child abuse in certain forms.⁸ School closures caused unprecedented disruptions to education as many children and young people lost vital learning time and reports declare that

⁶ St Helens Family Hub [<https://sthelensfamilyhub.sthelens.gov.uk/>]

⁷ Growing up in the COVID-19 pandemic [[growing-up-in-the-covid-19-pandemic-evidence-review-of-the-impact-of-pandemic-life-on-physical-development-in-the-early-years \(1\).pdf](https://www.nspcc.org.uk/0-5-years/growing-up-in-the-covid-19-pandemic-evidence-review-of-the-impact-of-pandemic-life-on-physical-development-in-the-early-years-1.pdf)]

⁸ NSPCC [<https://learning.nspcc.org.uk/media/2747/statistics-briefing-impact-of-coronavirus.pdf>]

disadvantaged children fell behind by up to 8 months in maths.⁹ And, as previously noted, The Child of the North report described how children in the North of England were disproportionately affected by the consequences of the pandemic.¹⁰

3. Methods

This needs assessment aims to cover the breadth of health and wellbeing issues facing children and young people in St Helens to understand needs within the Borough. Data from a range of sources have been utilised and are referenced throughout this document, using both nationally published available data and St Helens specific data. Where possible, ward level and deprivation analysis have been carried out using ONS population data.

4. Population

This section presents an overview of the 0-19 years population in St Helens using Census population figures by age band and sex, by ward of residence, Indices of Multiple Deprivation (IMD) decile and ethnicity.

4.1 Children and Young People Population

Population data from the 2021 Census shows that within St Helens, there are 40,016 children aged 0-19 years, making up 21.8% of the total resident population. In St Helens there is a slightly higher proportion of males compared to females at 51.3% and 48.7% respectively.

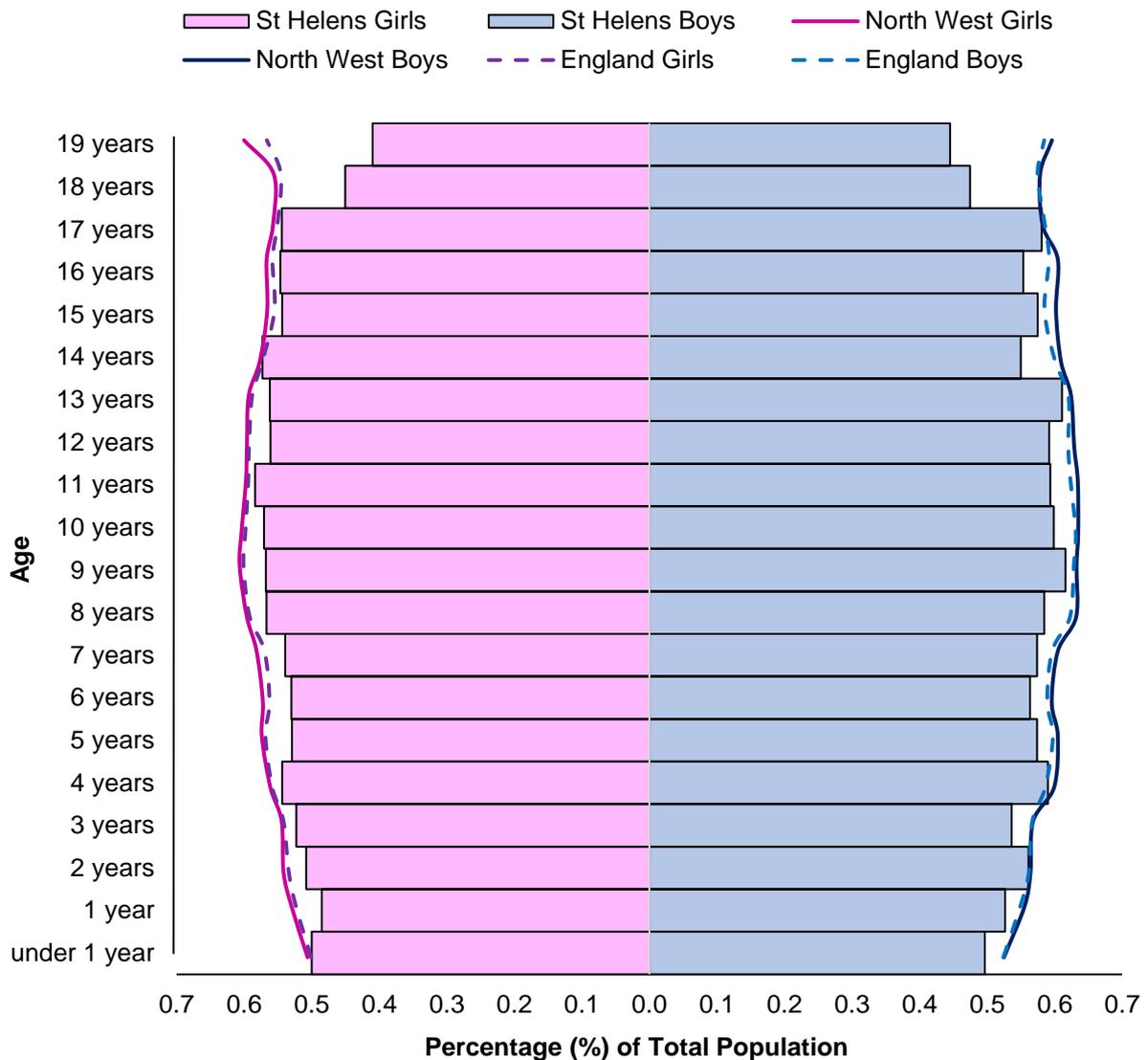
St Helens has a slightly smaller proportion of the total population that are 0-19 years compared to England and the North West, where 23.4% and 23.1% respectively are within the 0-19 age group.

When we consider the 0–19-year-old population by single year of age in St Helens, there is a smaller proportion of 18-19 year olds compared to England and the North West. Figure 3 illustrates the percentage of the 0–19-year-old population in St Helens by sex and single year of age compared to England and the North West.

⁹ BBC - <https://www.bbc.co.uk/news/education-60683839>

¹⁰ Child of the North: Building a fairer future after COVID-19 [[Child-of-the-North-Report-FINAL-1.pdf](#) ([thenhsa.co.uk](#))]

Figure 3: Percentage (%) of 0–19-year-olds in St Helens, England and North West (2021)

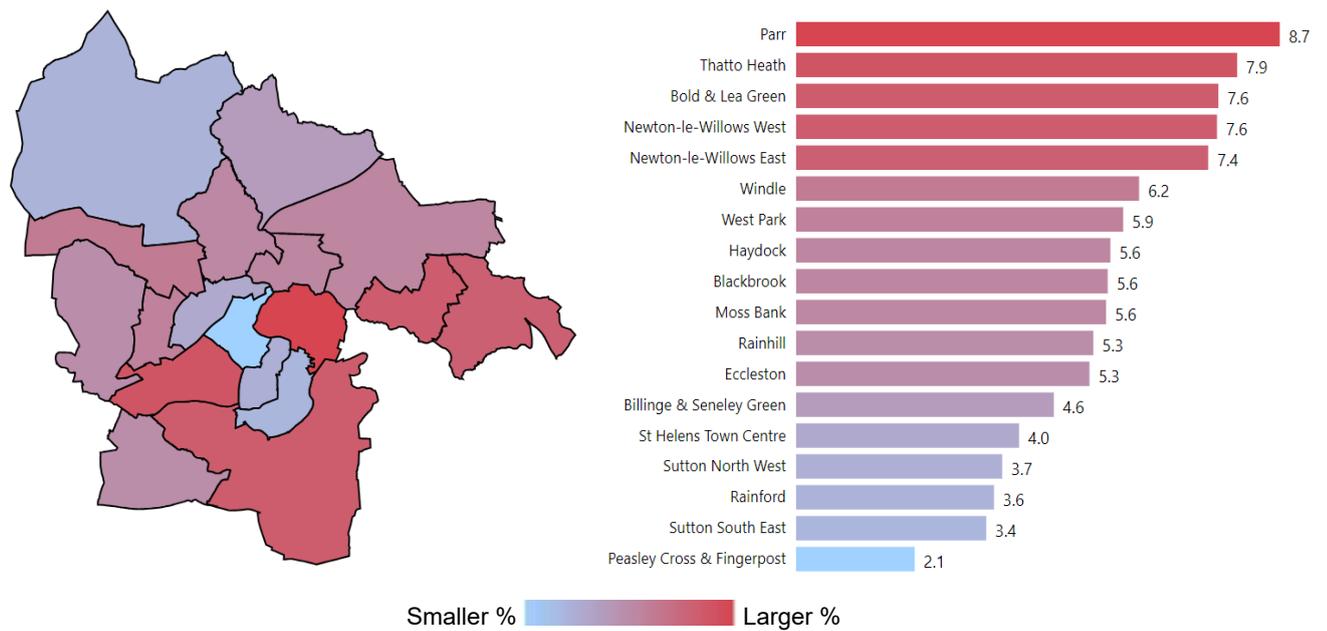


Source: NOMIS

The 0-19 years population varies considerably across the wards within St Helens, with Parr having the highest proportion of the population aged 0-19 at 8.7%, followed by Thatto Heath with 7.9%. In contrast, Peasley Cross and Fingerpost has only 2.1% of the population that are aged 0-19 years. Figure 4 illustrates the 0–19-year-old population differences across St Helens.

With Parr also being the most deprived ward in St Helens according to Indices of Multiple Deprivation (IMD) 2019 data, it is of note that these young people are more likely to have been exposed to inequalities in childhood and adolescence and may not have the same opportunities with young people who live in less deprived areas.

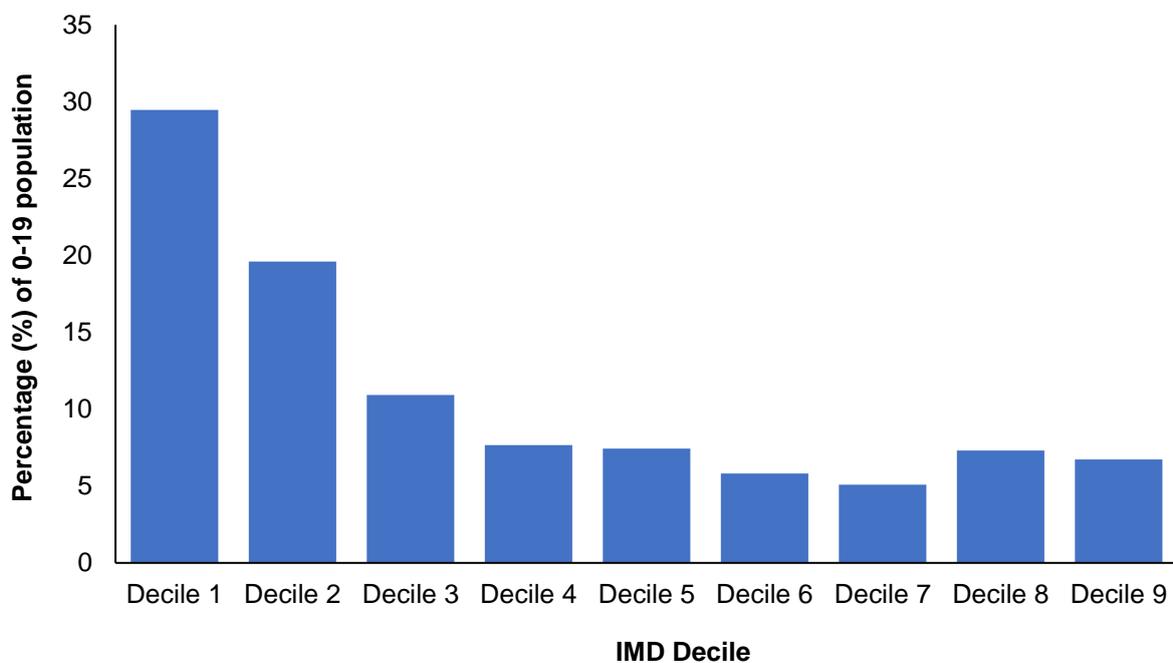
Figure 4: Population (displayed as a percentage) of 0–19-year-olds in St Helens by Electoral Ward Boundary (2021)



Source: Office for National Statistics – Age by Single Year

Figure 5 shows the percentage of the 0–19-year population living in each deprivation decile in St Helens, illustrating that just under half (49.1%) are living in the 20% most deprived areas nationally (decile 1 and 2).

Figure 5: Percentage (%) of 0–19-year-olds in St Helens by IMD Decile (2021)



Source: Office for National Statistics

4.2 Ethnic Population

According to the 2021 Census, 96.3% of children aged 0-19 years in St Helens identified as White. This was a decrease compared to the 2011 Census where 97.8% identified as White.

There were 1,430 young people aged 0-19 years in St Helens who were either Black, Asian, Mixed or Other Minority Ethnic.¹¹ This represents 3.7% of total 0–19-year-old population (a 1.5% increase from the previous Census in 2011).

As illustrated in figure 6, St Helens has a smaller ethnic demography compared to the England and North West.

Figure 6: Ethnicity (presented as a percentage of total 0-19 year olds) in St Helens, The North West and England (2021)



Source: ONS – Ethnic group by age and sex

The 2021 Census also revealed that 97.2% of St Helens residents' main language was English. Polish was the second most common main language with 0.6% followed by Romanian (0.4%), Hungarian (0.2%) and Arabic (0.1%).¹²

¹¹ Ethnic analysis should be interpreted with caution. Published data from Census 2021 suppresses low numbers (10 and below) and therefore certain ethnic populations may be underrepresented.

¹² Census 2021 – Main Language (detailed) [[Language, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/language-england-and-wales)]

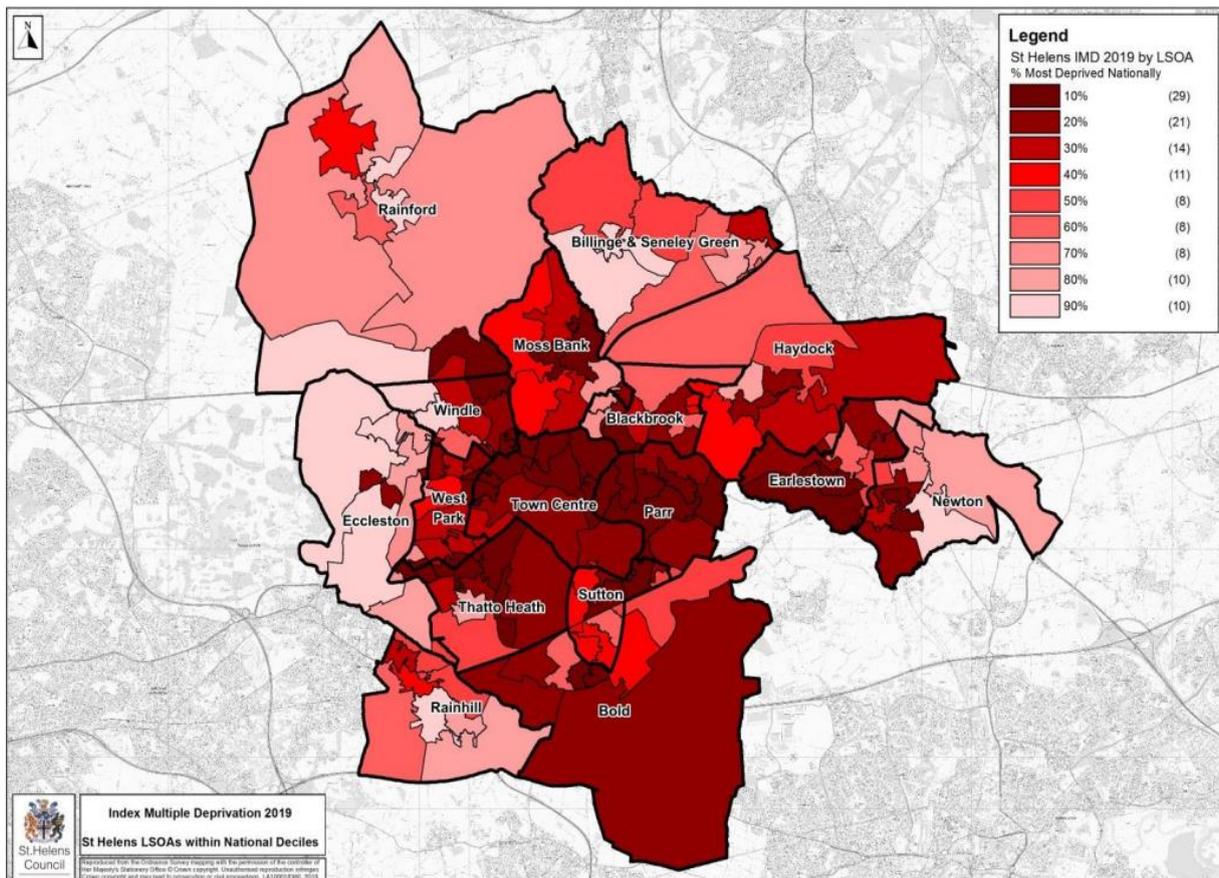
5. Deprivation

5.1 Indices of Multiple Deprivation

St Helens is ranked as the 26th most deprived local authority in England out of 317 (Indices of Multiple Deprivation, 2019). Its relative position deteriorated since the 2015 Index of Deprivation where St Helens was ranked as the 36th most deprived area (out of then 326 authorities). Overall, 43% of the population of St Helens live in the 20% most deprived areas in England. There are no postcodes in St Helens with an IMD 10 decile (least deprived).

Figure 7 illustrates how the lower super output areas (LSOA) of St Helens sit within the national deciles. There are a total of 29 LSOAs that fall within the 10% most deprived small areas in England. Multiple deprivation is widespread across St Helens, with high levels across the south and east of the Borough.

Figure 7: St Helens Indices of Multiple Deprivation (IMD) Decile by Lower Super Output Area (IMD 2019)



Source: Indices of Multiple Deprivation (2019)

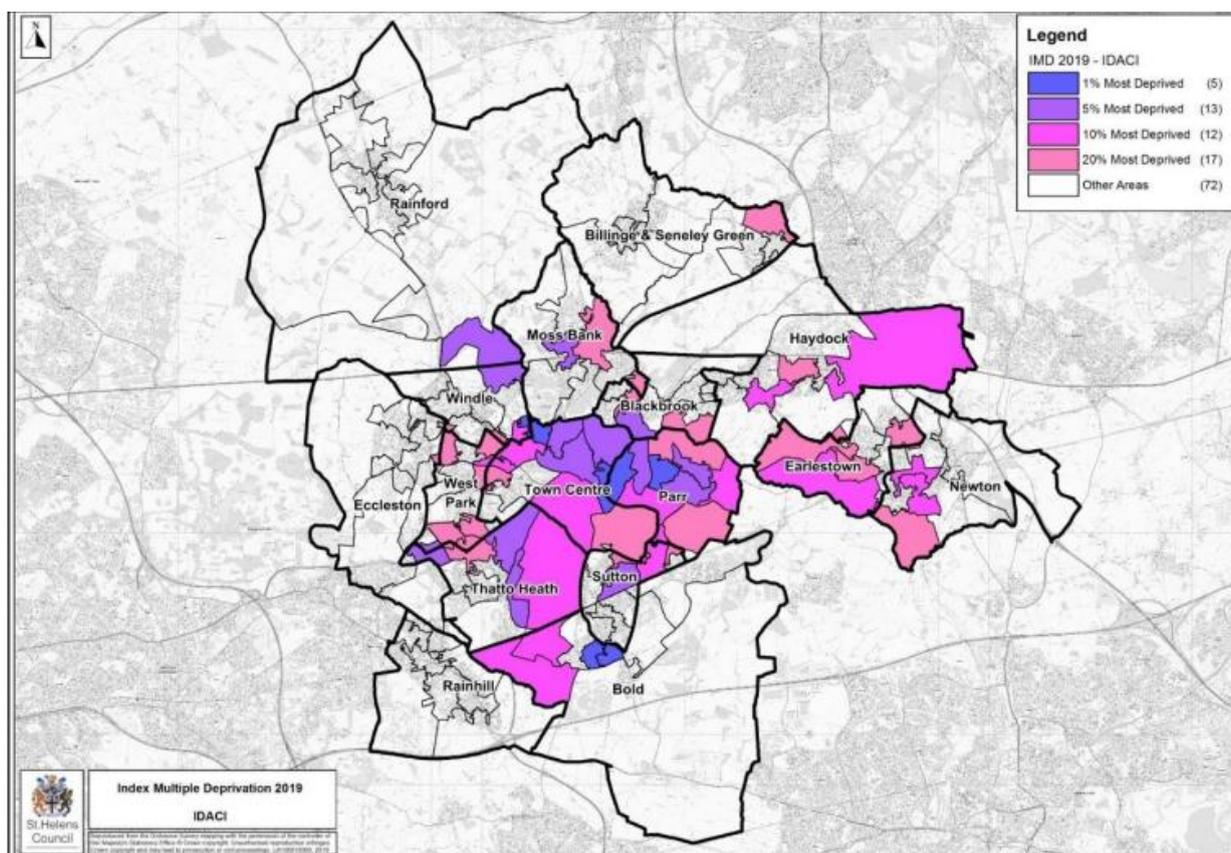
5.2 Child Poverty

5.2.1 Income Deprivation Affecting Children Index (IDACI)

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. It is a subset of the Income Deprivation Domain which measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).

There is a total of 7,588 children aged 0 to 15 living in income deprived families, 23.7% of the 0-15 population. The highest levels of income deprivation affecting children are found in Parr, Town Centre and Bold Wards. In the Parr Stocks Road LSOA, the most deprived neighbourhood in St Helens, 63.1% of children aged 0 to 15 are living in income deprived families.

Figure 8: St Helens Income Deprivation Affecting Children Index (IDACI) by Lower Super Output Area (IMD 2019)



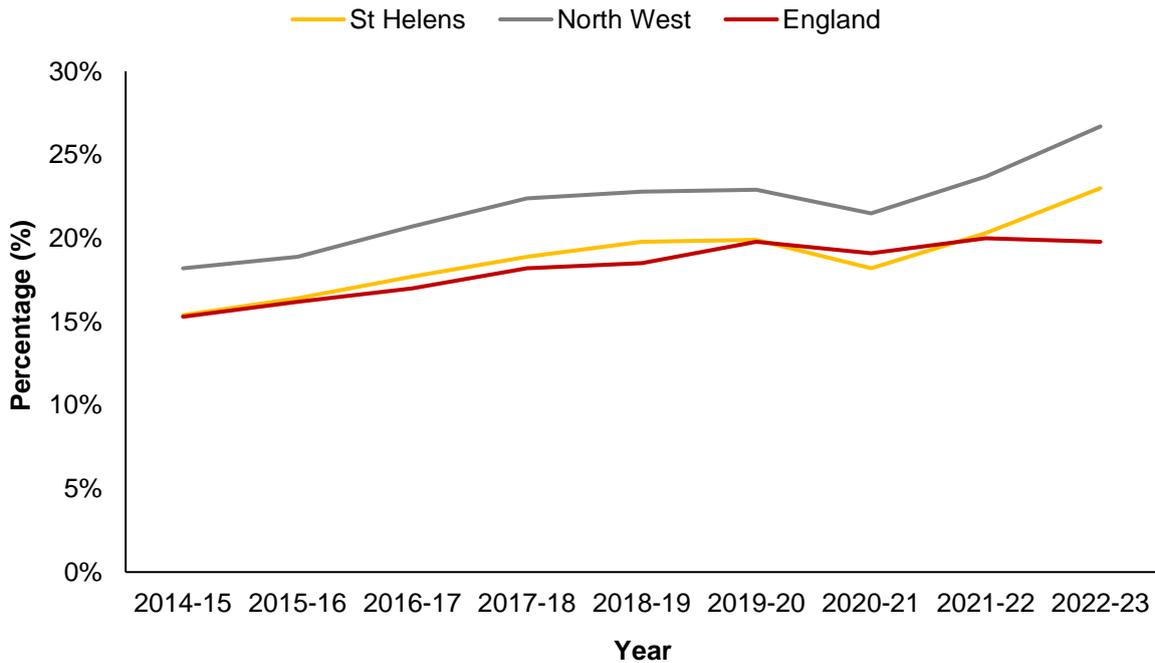
Source: Indices of Multiple Deprivation (2019)

5.2.2 Children Living in Relative Low-Income Families

In 2022-23 there were 7,543 children aged 0-15 years living in relative low-income families¹³ in St Helens, giving a proportion of 23.0%, this is above the national average of 19.8% but lower than the North West average of 26.7% (figure 9).

The number of children living in relative low-income families in St Helens increased by 14.3% between 2021-22 and 2022-23 (from 6,589 to 7,543).

Figure 9: Percentage (%) of children (under 16) living in relative low-income families in St Helens, England and North West (2014-15 – 2022-23)

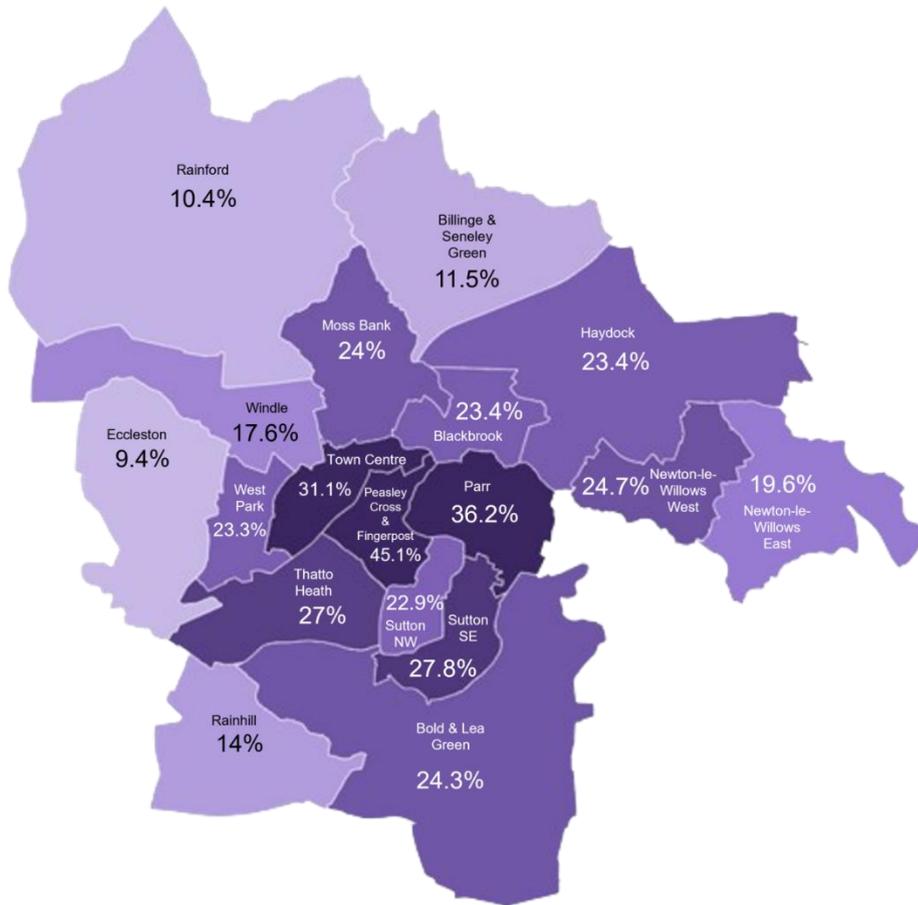


Source: Fingertips

Across St Helens there are disparities and the proportion of 0–15-year-olds living in relative low incomes families ranged from 9.4% in Eccleston to 45.1% in Peasley Cross and Fingerpost in 2022-23 as shown in figure 10.

¹³ Relative low income is defined as a family in low income Before Housing Costs in the reference year. A family must have claimed one of more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income.

Figure 10: Percentage (%) of children (under 16) living in relative low-income families in St Helens by Ward (2022-23)



Source: Office for Health Improvement and Disparities

5.2.3 Children Living in Absolute Low-Income Families

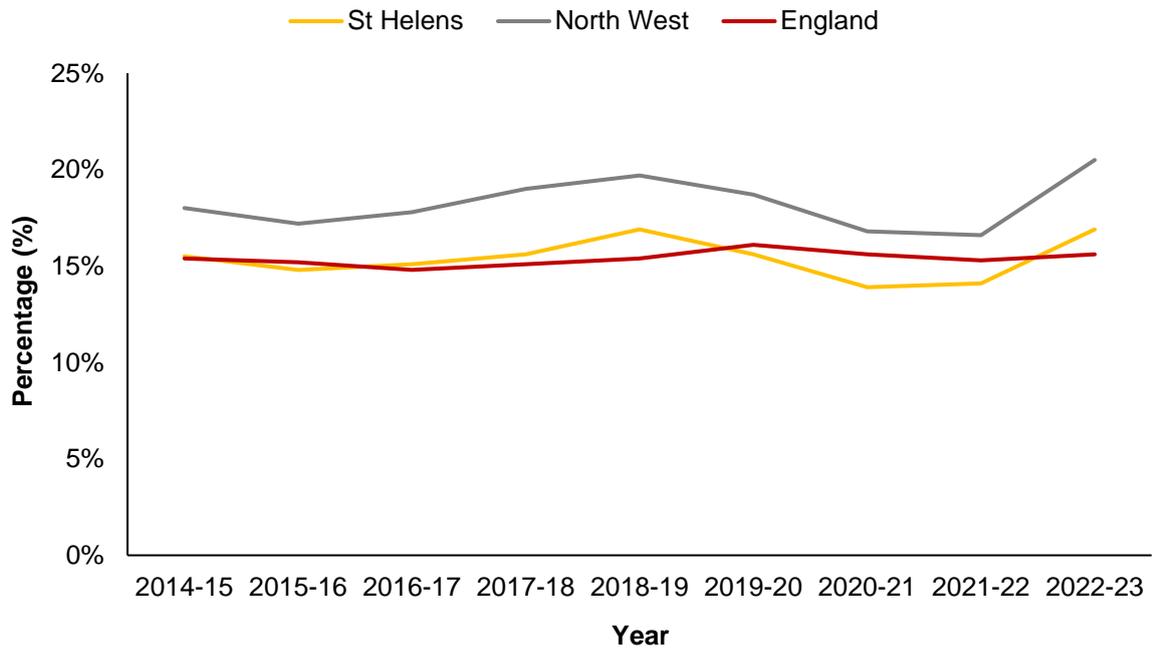
In 2022-23 there were 5,555 children aged 0-15 years living in absolute low-income families¹⁴ in St Helens, giving a proportion of 16.9%. This is above the national and regional averages of 15.6% and 20.5% respectively (figure 11).

The number of children in absolute low-income families in St Helens increased by 20.9% between 2021-22 and 2022-23 (from 4,509 to 5,555).

Across St Helens there are disparities and the proportion of 0–15-year-olds living in relative low incomes families ranged from 7.5% in Eccleston to 32.6% in Peasley Cross and Fingerpost in 2022-23 as shown in figure 12.

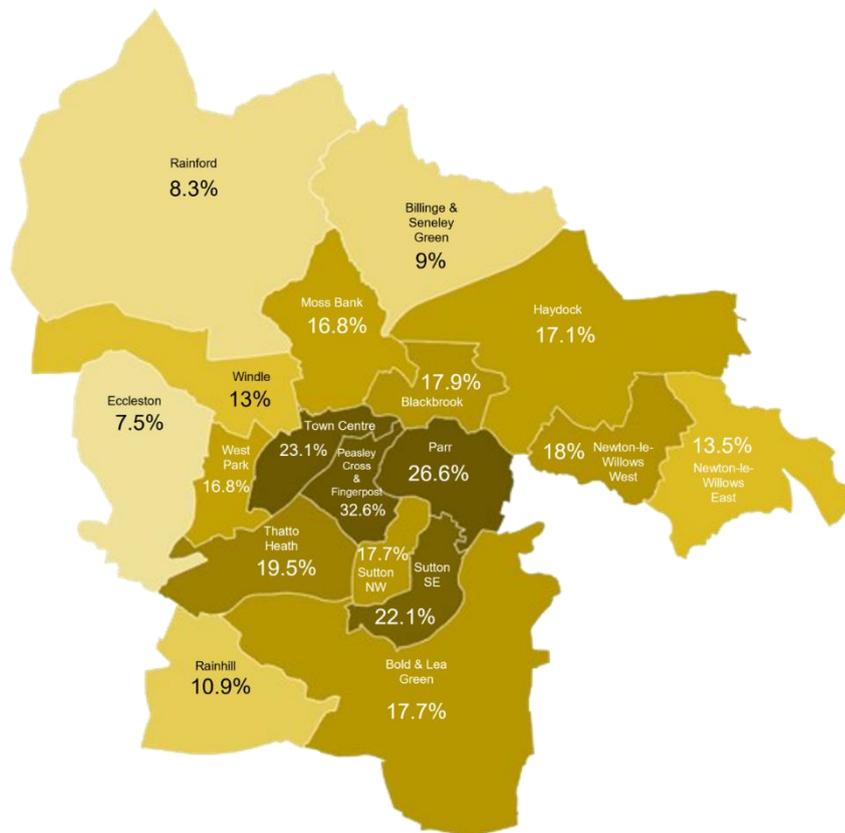
¹⁴ Absolute low income is defined as a family in low income Before Housing Costs in the reference year in comparison with incomes in 2010 to 2011. A family must have claimed one or more Universal Credit, Tax Credits or Housing Benefits at any point in the year to be classed as low income.

Figure 11: Percentage (%) of children (under 16) living in absolute low-income families in St Helens, England and North West (2014-15 – 2022-23)



Source: Fingertips

Figure 12: Percentage (%) of children (under 16) living in absolute low-income families in St Helens by Ward (2022-23)



Source: Office for Health Improvement and Disparities

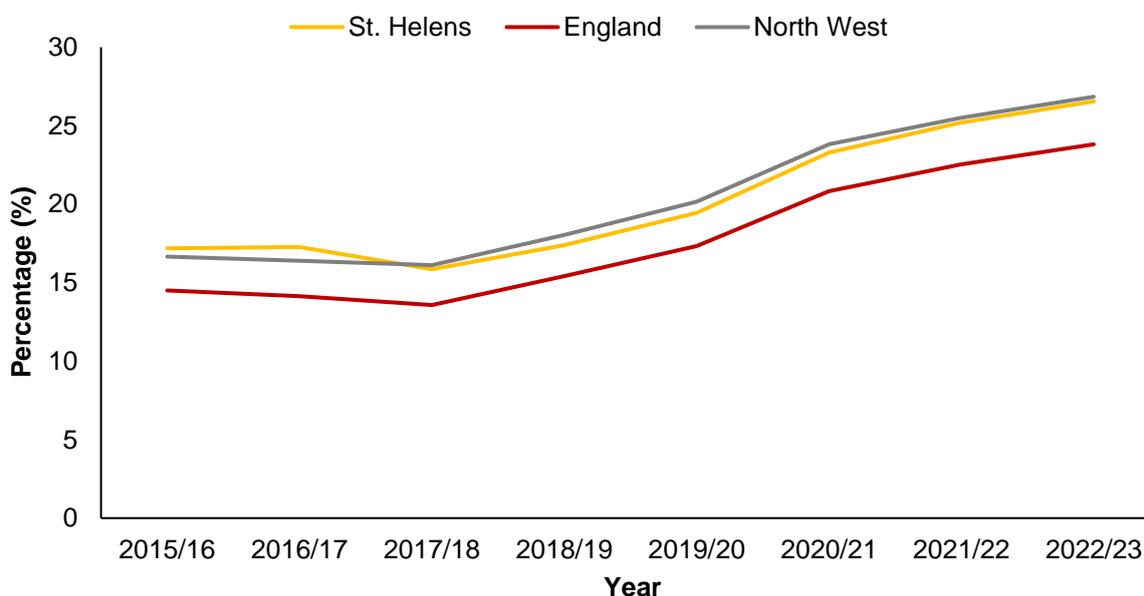
5.2.4 Food Insecurity

Food insecurity experienced by children and young people was highlighted during the pandemic and exposed the limitations of the economy in ensuring affordable, available, and nutritious food for all.¹⁵ Data from the YouGov survey commissioned by The Food Foundation demonstrated that 14% of adults living with children reported experiencing moderate or severe food insecurity within the previous 6 months which included 2.3 million children, and this insecurity persisted despite parents returning to work and children to school.¹⁶

Another measure associated with child poverty is the proportion of pupils eligible for free school meals (FSMs) (if parents are in receipt of certain means tested benefits). Families facing financial hardship often struggle to provide regular meals for their children and therefore FSMs can significantly alleviate this burden. For families of primary school-aged children, these meals can save up to £450 per year, making a substantial difference in family budgets.¹⁷

There has been a rise in the proportion of school age children in St Helens who are eligible for free school meals, which is consistent with the national and regional trends (figure 13). Latest data from the 2022-23 academic year shows there were over a quarter of pupils eligible for free school meals (26.8%) which was 3% more than the national proportion at 23.8%.

Figure 13: Percentage (%) of Pupils Eligible for Free School Meals in St Helens, North West and England's State Funded Nursey, Primary, Secondary, Alternative Provision and Special Schools (2015-16 – 2022-23)



Source: Department for Education

¹⁵ Lombardozzi et al (2021) [[Food Poverty London_Lombardozzi et al_0.pdf \(open.ac.uk\)](#)]

¹⁶ Food Foundation (2020) [[Vulnerability to food insecurity since the COVID-19 lockdown | Food Foundation](#)]

¹⁷ The Farm Kitchen [<https://thefarmkitchen.com/2022/06/07/why-free-school-meals-are-so-important/>]

The proportion of each respective ethnic group’s eligibility for Free School Meals in St Helens are presented in table 1. Asian pupils had the lowest FSM eligibility at 13%, whereas ‘other’ ethnic groups had the highest FSM eligibility at 37.5%.

Table 1: Percentage (%) of Pupils Eligible for Free School Meals by Ethnicity in St Helens’ State Funded Nursey, Primary, Secondary, Alternative Provision and Special Schools (2015-16 – 2022-23)

Ethnicity	Percentage (%) of pupils in St Helens Eligible for Free School Meals
Asian	13.0
Black	27.0
Mixed	22.0
White	20.5
Other	37.5

Source: Department for Education

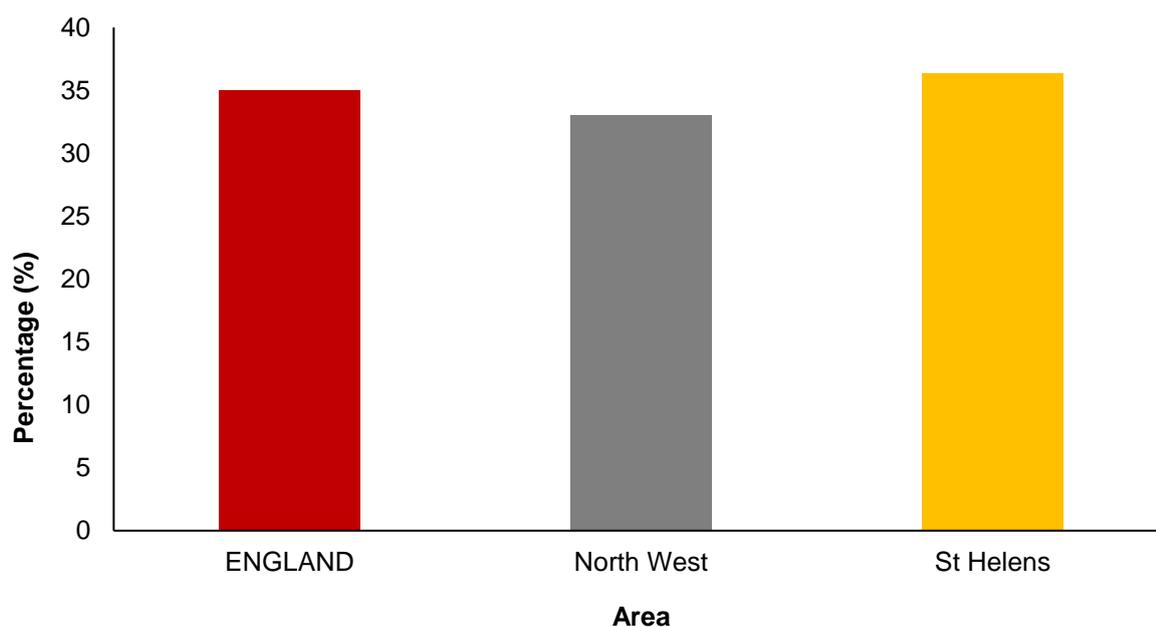
6. Housing and Living Situation

6.1 Family Homelessness

Family homelessness has a major impact on children’s health and wellbeing, with infants’ development particularly vulnerable to the risk factors associated with homelessness, such as impact on access to healthcare, immunisations, and higher rates of infection and accidents. Children who experience homelessness are more likely to experience stress and anxiety which can lead to longer term behavioural issues and depression.

In 2022-23 there were 834 households in St Helens with a prevention or relief duty owed, of which 303 (36.3%) had dependent children, this was a 0.8% increase from 2021-22. Figure 14 shows the percentage of households with a prevention or relief duty owed with dependent children in St Helens, North West and England. These figures refer to the number of families who met the legal definition of being homeless or threatened with homelessness in the next 56 days.

Figure 14: Percentage (%) of households with prevention or relief duty owed with dependent children in the St Helens, North West and England (2022-23)



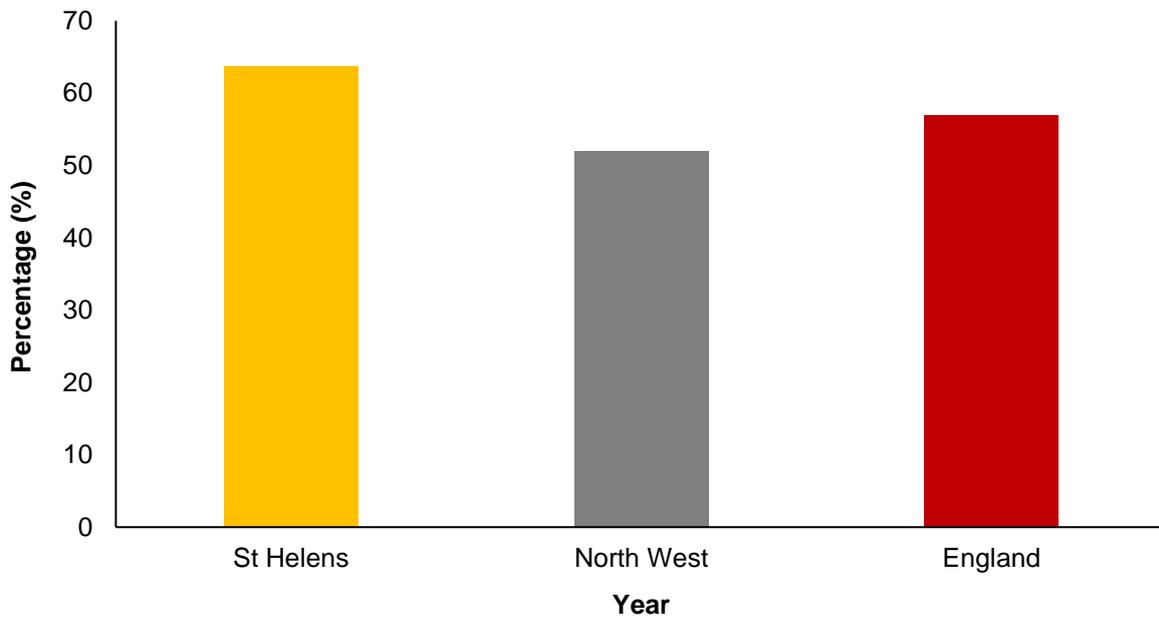
Source: Department for Levelling Up, Housing and Communities – Statutory Homelessness

6.2 Children in Temporary Accommodation

There may be instances where families are evicted at short notice or need to flee their homes due to safety concerns around domestic abuse or crime, and as a result end up in temporary accommodation. Temporary accommodation is not a home or a long-term solution and can therefore disrupt routines and cause stress and negatively impact mental health for all family members.

Figure 15 shows the percentage of families in temporary accommodation with dependent children in St Helens compared to the regional and national averages in 2022-23. St Helens had a slightly higher proportion of families in temporary accommodation with dependent children at 63.7% (equates to 86 households) compared to England (57%) and the North West of England (52%).

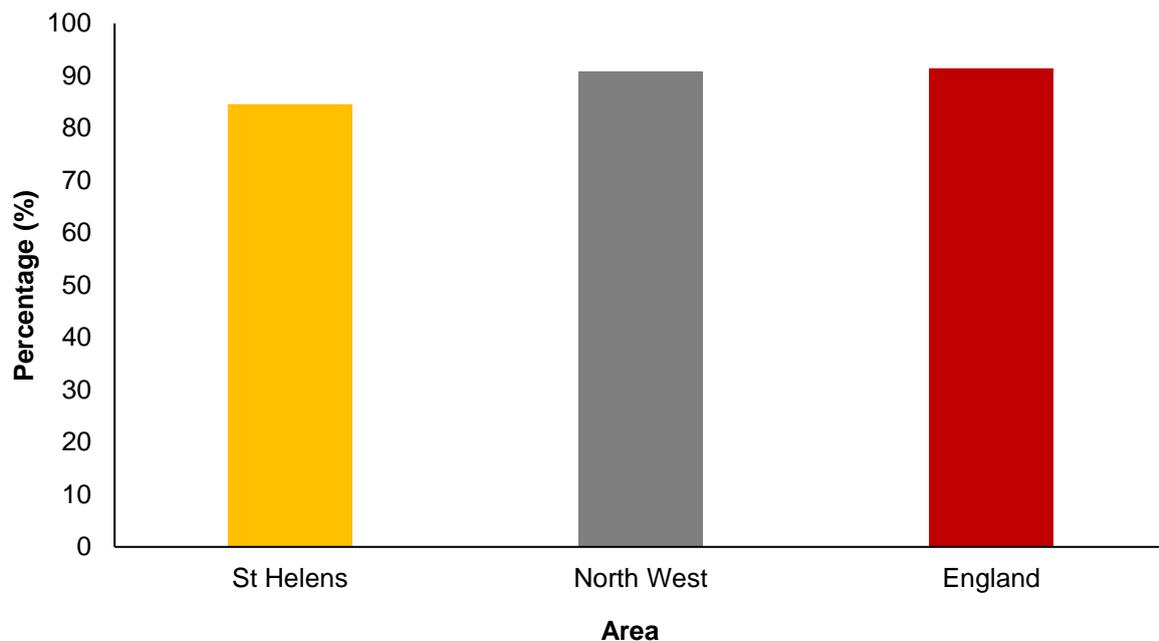
Figure 15: Percentage (%) of families/households in temporary accommodation with dependent children in St Helens, North West and England (2022-23)



Source: Department for Levelling Up, Housing and Communities – Live Tables on Homelessness

Figure 16 shows the percentage of families in temporary accommodation with dependent children where the parent/carer was female. This was lower in St Helens (84.5%) compared to England (91.3%) and the North West (90.8%) suggesting there may be a higher need for support for fathers or male carers in St Helens compared to other areas. The M.A.T.C.H (Men And Their Children) group is available in St Helens for emotional support, attachment, and school readiness support.¹⁸

Figure 16: Percentage (%) of families/households in temporary accommodation with dependent children where the parent/carer was female in St Helens, North West and England (2022-23)



Source: Department for Levelling Up, Housing and Communities – Live Tables on Homelessness

¹⁸ M.A.T.C.H – Men and Their Children [[Pace & Launchpad \(sthelens.gov.uk\)](https://paceandlaunchpad.sthelens.gov.uk)]

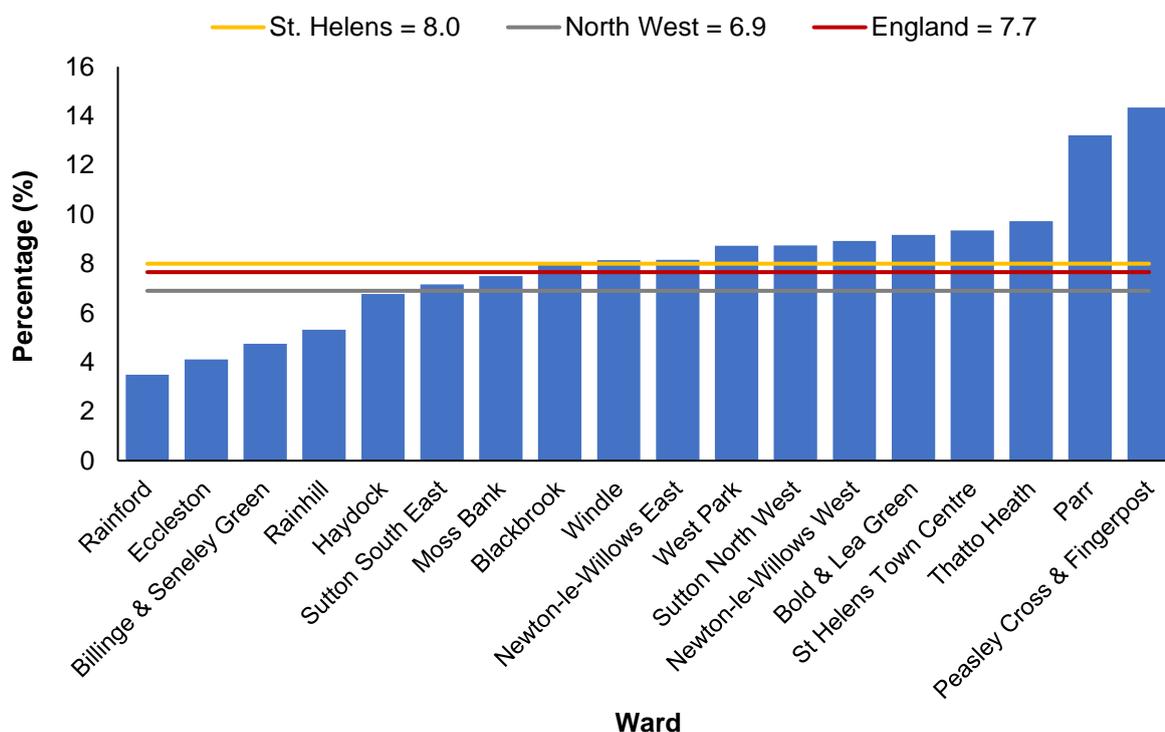
6.3 Lone Parent Households

Parents and primary carers/guardians and the home environment play a crucial role in a child’s development. A robust, supportive, and nurturing environment is key for better life outcomes, school performance, and employability.

Single-parent households can face challenges with the absence of a second parent, these challenges include financial strain, loneliness, and the absence of a male or female role model.

According to the 2021 Census, 8% of households in St Helens were lone parent households with dependent children, which was similar to the national average of 7.7% (figure 17). At ward level, there are disparities across the borough. Peasley Cross and Fingerpost had the highest percentage of lone parent households at 14.3% followed by Parr at 13.2%, also suggesting a link with deprivation.

Figure 17: Percentage (%) of single-family households (lone parent families with dependent children) in St Helens by ward (2021)



Source: Census 2021

Tables 2 and 3 show the percentage of lone female and male parent families (as a proportion of all families with dependent children) across Cheshire and Merseyside Local Authorities.

St Helens had the 5th highest proportion of lone female parent families in Cheshire and Merseyside at 17.3% of all families with dependent children. However, for lone male parent families, St Helens had the highest proportion (along with Wirral) across Cheshire and Merseyside at 1.5% of all families with dependent children.

Table 2: Percentage (%) of all dependent children families where lone parent is female in Cheshire and Merseyside - 2021

Area	Percentage (%) of Female lone parent families with dependent children
Knowsley	17.3
Liverpool	16.5
Halton	13.6
Wirral	13.0
St Helens	11.7
Sefton	11.3
Warrington	9.8
Cheshire West & Chester	9.0
Cheshire East	7.7

Source: Census 2021

Table 3: Percentage (%) of all dependant children families where lone parent is male in Cheshire and Merseyside - 2021

Area	Percentage (%) of Male lone parent families with dependent children
St Helens	1.5
Wirral	1.5
Halton	1.4
Knowsley	1.3
Liverpool	1.3
Warrington	1.2
Cheshire East	1.1
Sefton	1.1
Cheshire West & Chester	1.0

Source: Census 2021

6.4 Overcrowded Households

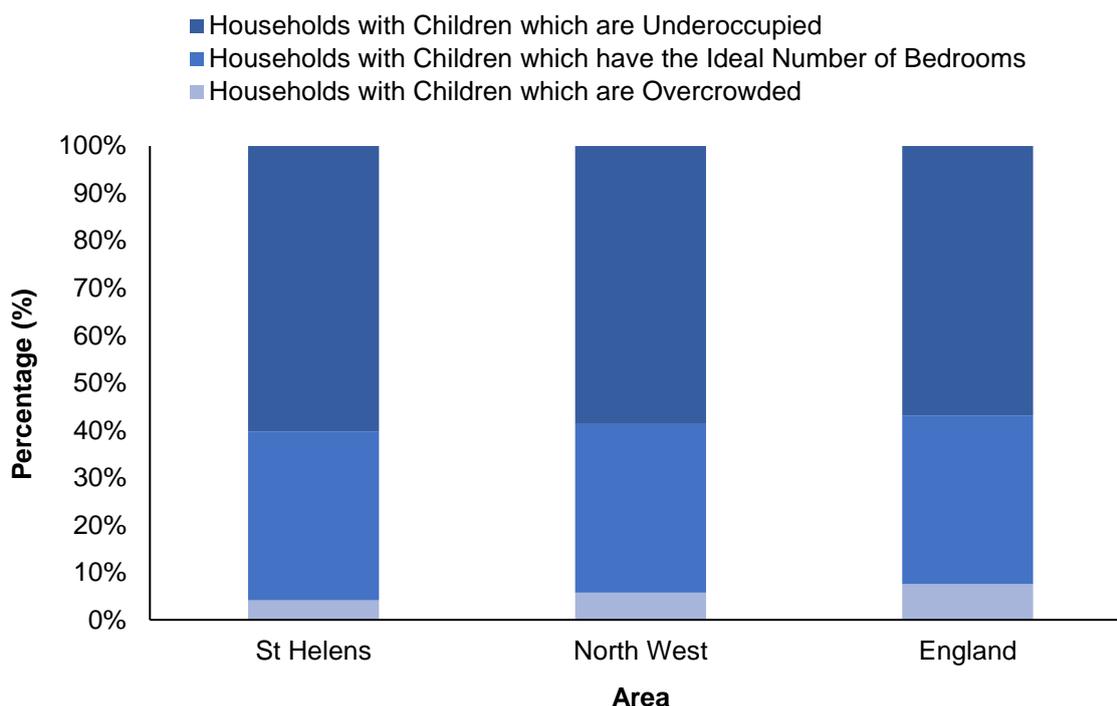
An adequate bedroom is important for a child’s privacy and personal space to relax but a room can also be a canvas for self-expression, creativity and promote independence and responsibility, as well as a quiet space for studying and learning.

Figure 18 shows that households with dependent children that were overcrowded¹⁹ during the 2021 Census. In St Helens 4.2% of households with dependent children were classed as being overcrowded, this is lower than England (7.5%) and the North West (5.7%).

An under-occupied household is one where the number of bedrooms exceeds the minimum requirement according to the bedroom standard or the household has more bedrooms than necessary for their occupants.

¹⁹ An over-crowded household is where there are not enough bedrooms to meet the minimum bedroom standard for its occupants.

Figure 18: Percentage (%) of households with dependent children that were underoccupied, overcrowded, or have the ideal number of bedrooms in St Helens, North West and England (2021)



Source: Census 2021

7. Health and Mental Wellbeing

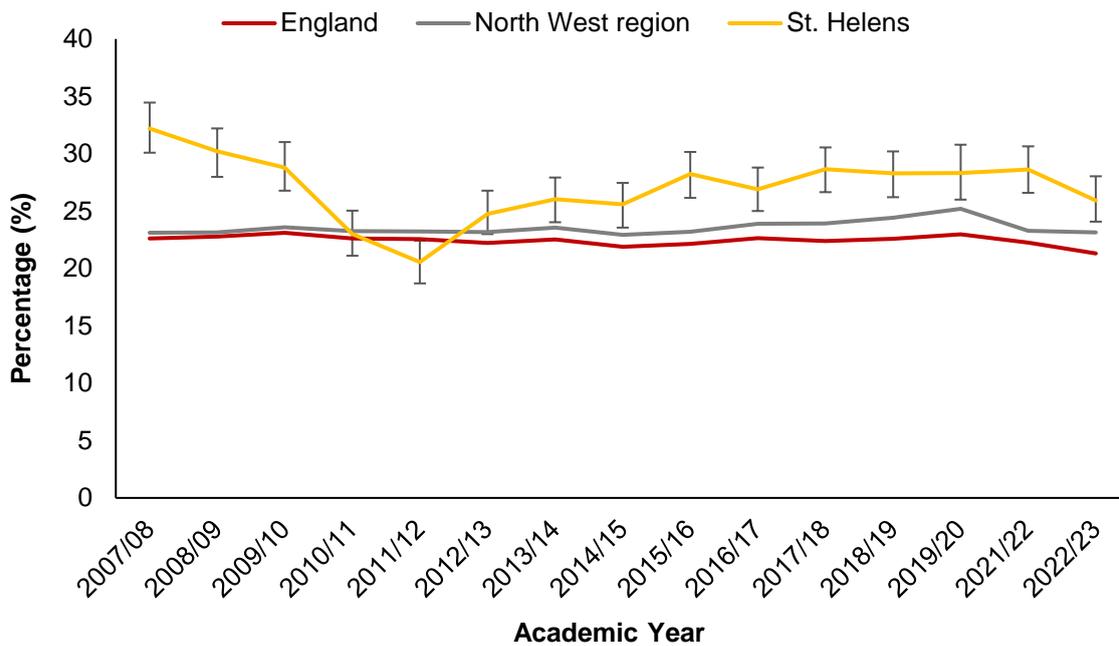
7.1 Overweight and Obesity

Addressing obesity is complex and requires a system-based approach which tackles the obesogenic environment such as availability and cost of healthy food versus unhealthy food, opportunity for physical activity, and access to green spaces.

In St Helens the prevalence of overweight or obese children in Reception has been consistently significantly higher than the national and regional averages since 2013-14 (figure 19). The most recent data relates to 2022-23 and in St Helens this revealed that 25.9% of reception children were overweight or obese, this was a reduction from the previous year of 28.6%.

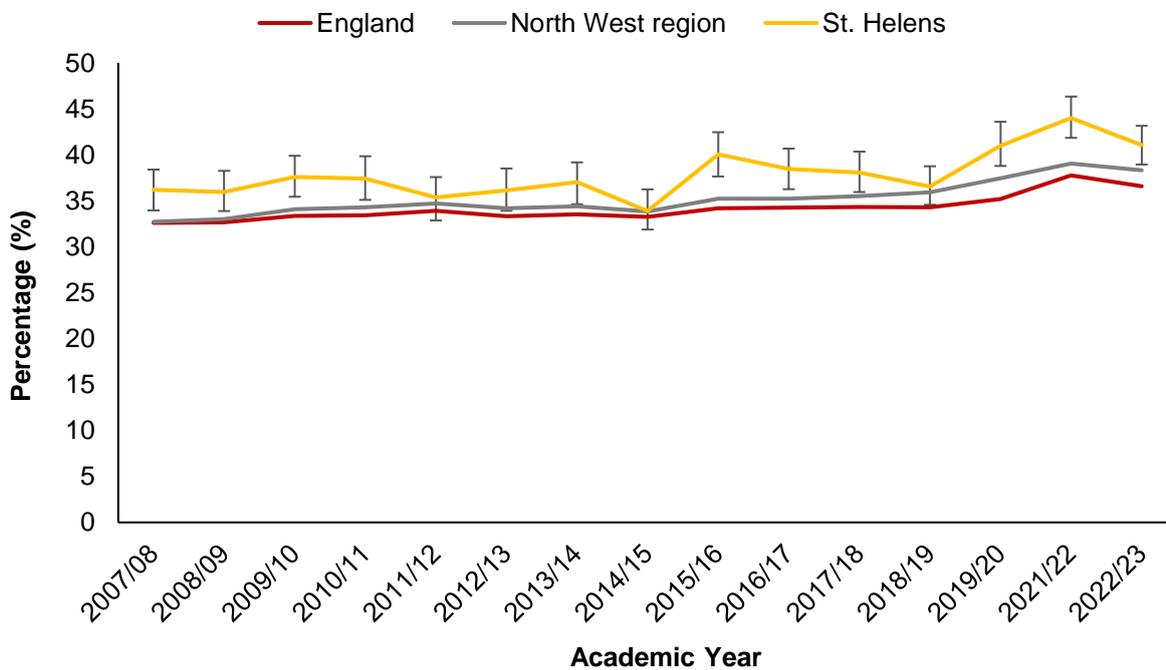
In terms of the year six trend of the prevalence of overweight and obesity, again this has been significantly higher than the national average since 2015-16. The most recent data relates to 2022-23 and in St Helens this revealed that 41.1% of year six children were overweight or obese, this was a reduction from the previous year of 44.0%.

Figure 19: Percentage (%) of Overweight or Obese Children in Reception Educated and Residing in St Helens, North West and England (2007/08 – 2022/23)



Source: Fingertips (2020-21 data not published)

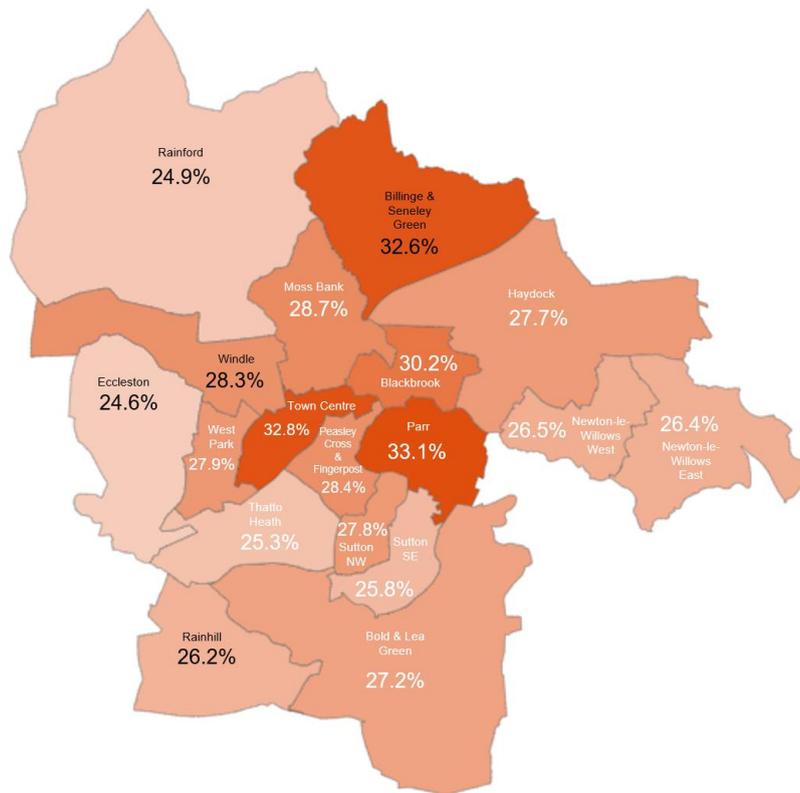
Figure 20: Percentage (%) of Overweight or Obese Children in Year 6 Educated and Residing in St Helens, North West and England (2007-08 – 2022-23)



Source: Fingertips (2020-21 data not published)

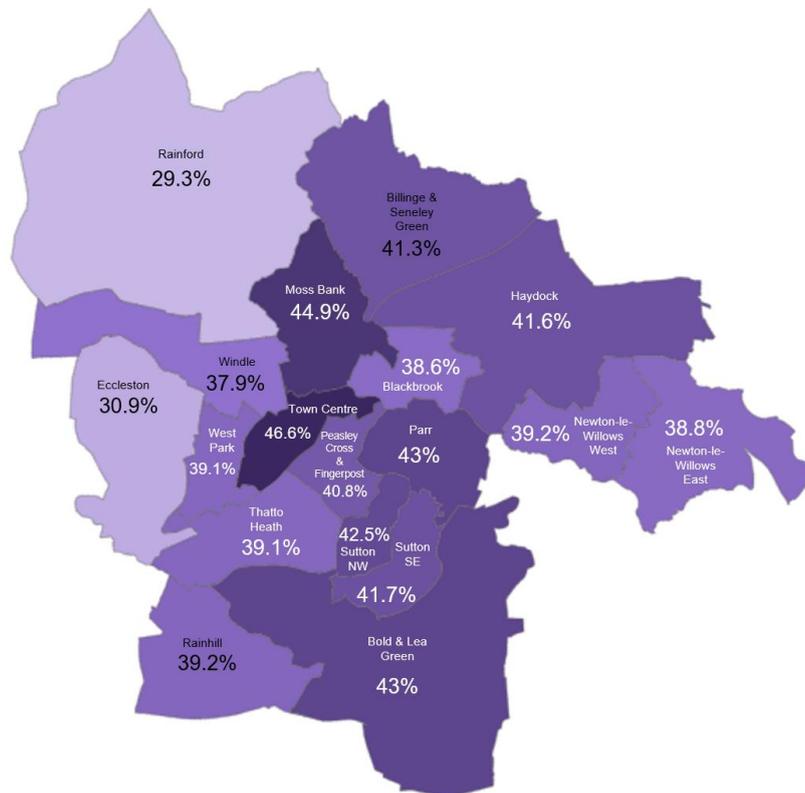
Obesity is a persistent source of inequality in St Helens. Figures 21 and 22 highlights the place-based inequality in the borough for overweight and obesity in Reception and Year 6 aged children.

Figure 21: Percentage (%) of Overweight or Obese Children in Reception, Educated and Residing in St Helens by Electoral Ward (2017-18 – 2022-23)



Source: St Helens Council NCMP Dataset – Public Health Intelligence

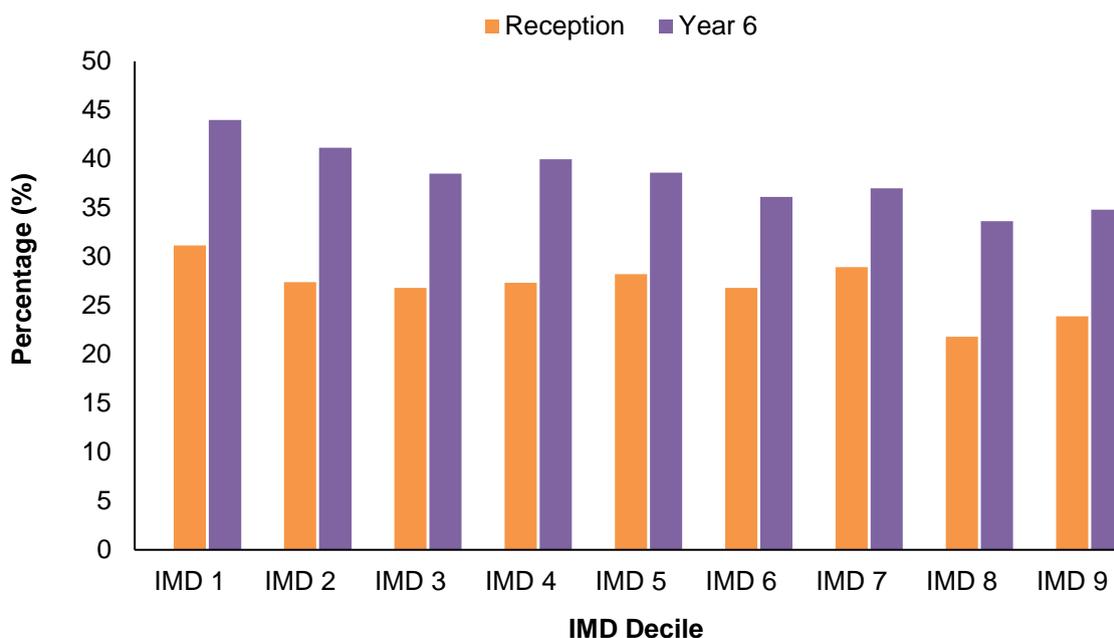
Figure 22: Percentage (%) of Overweight or Obese Children in Year 6, Educated and Residing in St Helens by Electoral Ward (2017-18 – 2022-23)



Source: St Helens Council NCMP Dataset – Public Health Intelligence

Analysis by deprivation show that there is a stronger association with overweight or obesity and deprivation among year 6 children compared to reception aged children (figure 23). In the most deprived decile (IMD 1) of St Helens the prevalence of overweight or obesity year 6 children was 44% compared to 34.8% in IMD 9 (a difference of 9.2%). For reception children the prevalence of overweight or obesity was 31.2% in IMD 1 compared to 23.9% in IMD 9 (a difference of 7.3%).

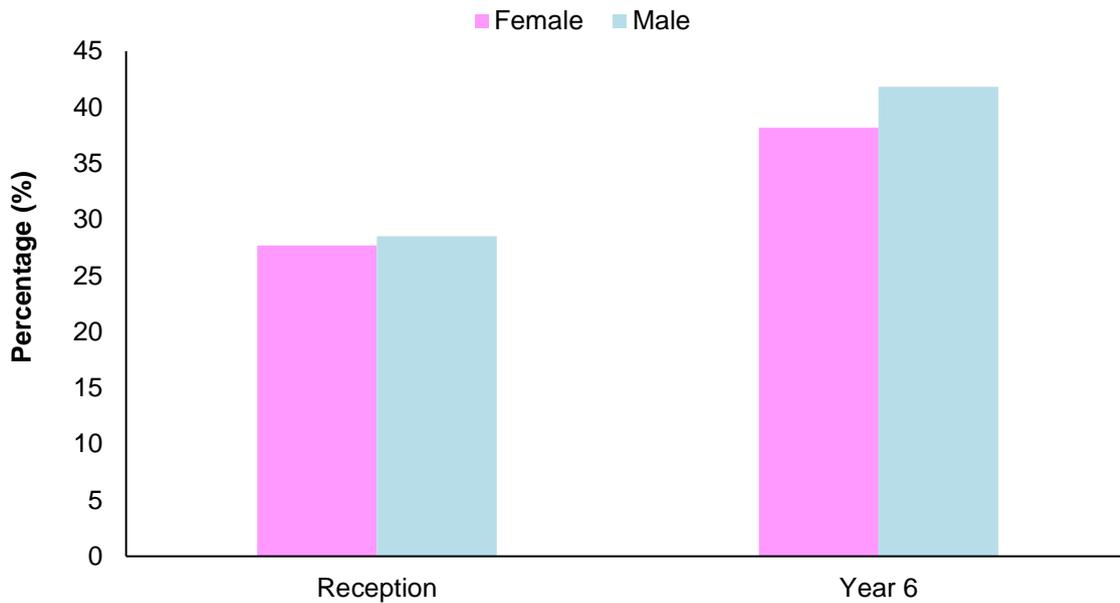
Figure 23: Percentage (%) of Overweight or Obese Children in Reception and Year 6 Educated and Residing in St Helens by IMD Decile (2017/18 – 2022/23)



Source: St Helens Council NCMP Dataset – Public Health Intelligence

Analysis by sex (2017-18 and 2022-23 data combined) show that overweight and obesity prevalence between boys and girls in reception are similar at 27.7% for girls and 28.5% for boys. In Year 6, the prevalence was slightly higher in boys at 41.8% compared to 38.2% for girls (figure 24).

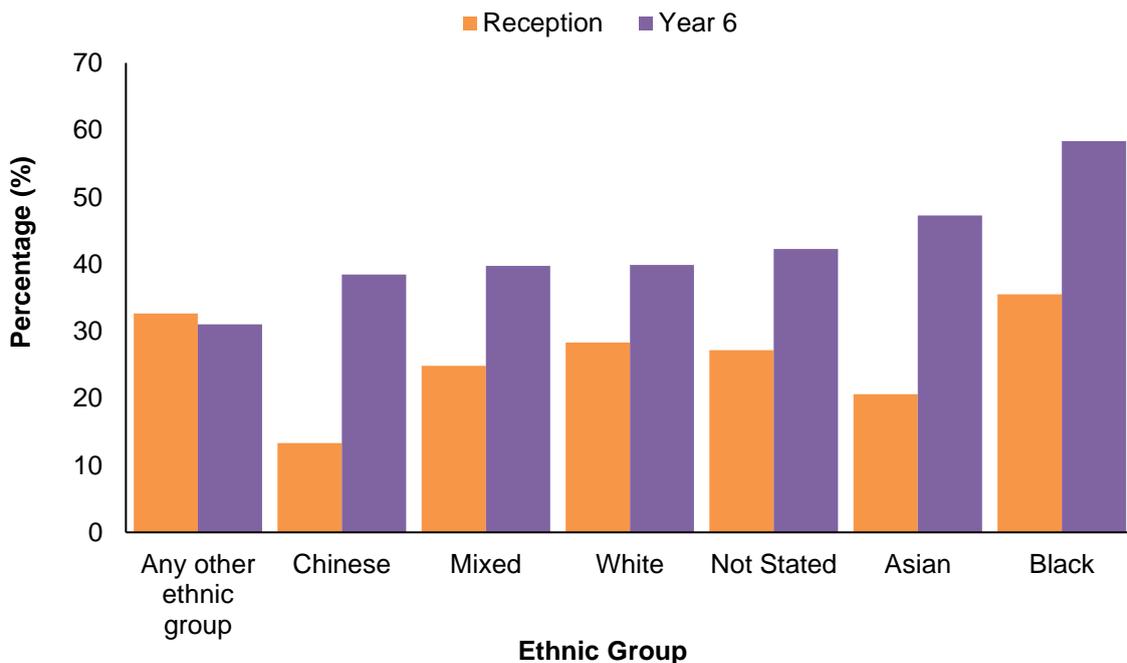
Figure 24: Percentage (%) of Overweight or Obese Children in Reception Educated and Year 6 Residing in St Helens by Gender (2017-18 – 2022-23)



Source: St Helens Council NCMP Dataset – Public Health Intelligence

There are some noticeable differences with ethnicity and prevalence of overweight and obesity for both reception and year 6 aged children. Children from black ethnic groups had the highest prevalence across both age groups, whereas children of Chinese ethnicity had the lowest rates for reception, and ‘other’ ethnic groups had the lowest for year 6 (figure 25).

Figure 25: Percentage (%) of Overweight or Obese Children in Reception and Year 6 Educated and Residing in St Helens by Ethnicity (2017-18 – 2022-23)

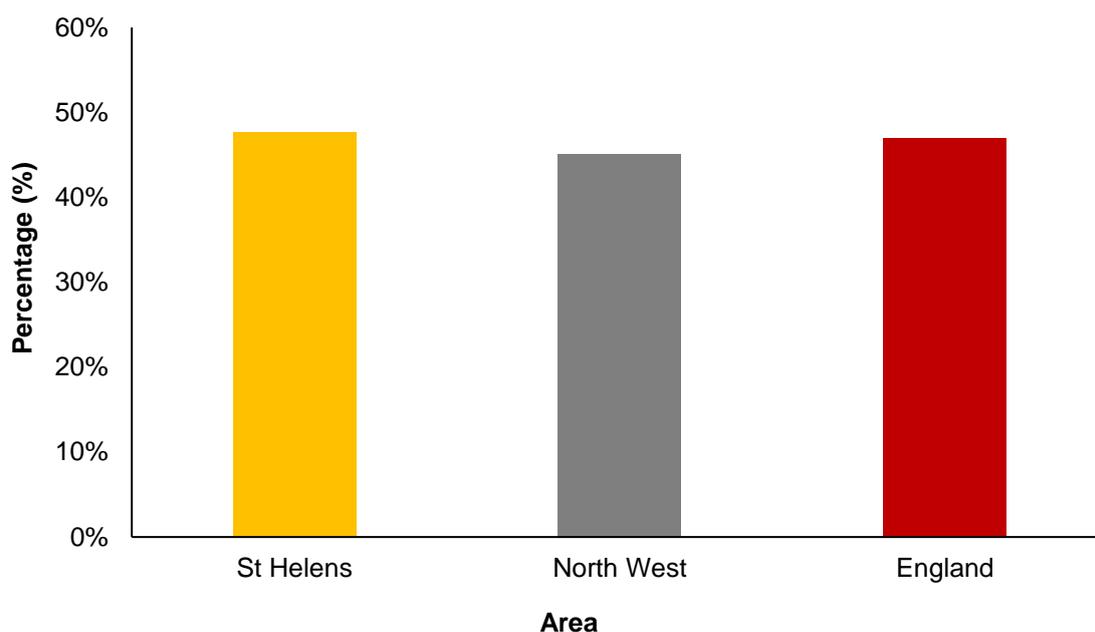


Source: St Helens Council NCMP Dataset – Public Health Intelligence

7.2 Physical Activity

Data from the Sport England Active Lives Survey 2022-23 show that in St Helens 47.6% of children and young people are physically active (participating in sport and physical activity for at least 420 minutes in the last 7 days). As shown in figure 26 this was a higher percentage compared to England and the North West (47% and 45.1% respectively). St Helens also has the 5th highest percentage across the North West. Trend data were unavailable for St Helens.

Figure 26: Percentage (%) of physical active children and young people (aged 5-16 years) in St Helens, North West and England (2022-23)



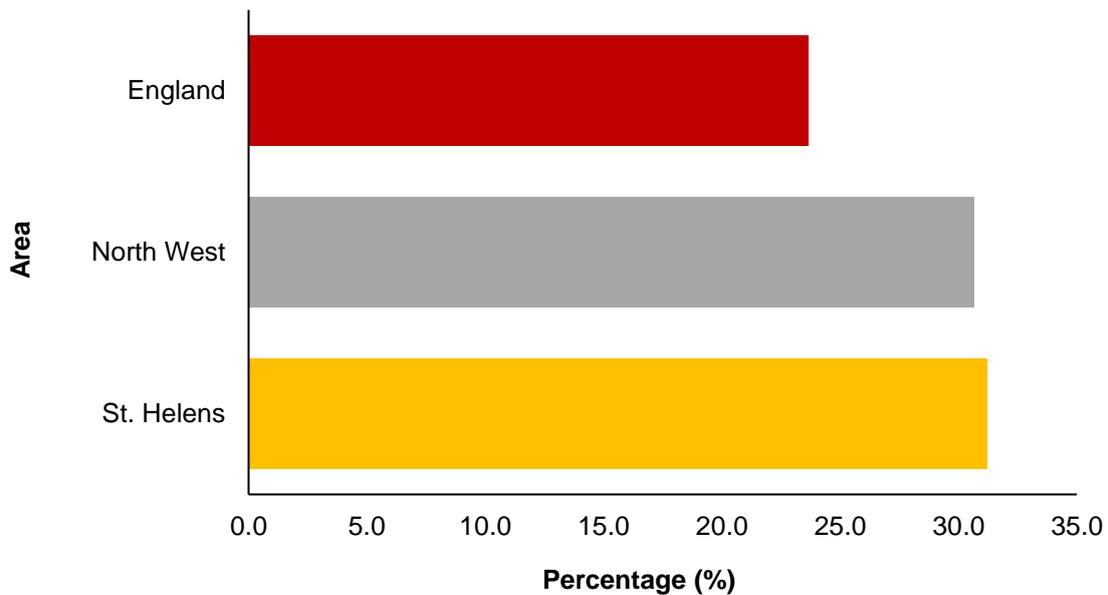
Source: Sport England Active Lives Survey

7.3 Oral Health

Oral health is essential for several reasons. Poor oral health can have detrimental impacts, including pain, infection, poor diet, impaired nutrition and growth, as well as on a child's ability to eat, speak, play and socialise.

Tooth decay is the most common oral health problem among children in the UK and is more common in deprived communities. In St Helens, the percentage of 5-year-olds with any experience of tooth decay is worse than the England average. In 2021-22, 31.2% of 5 year olds in the borough had visual tooth decay compared to 23.7% in England and 30.6% in the North West (figure 27). St Helens ranks as 31st highest in England and 13th highest in the North West.

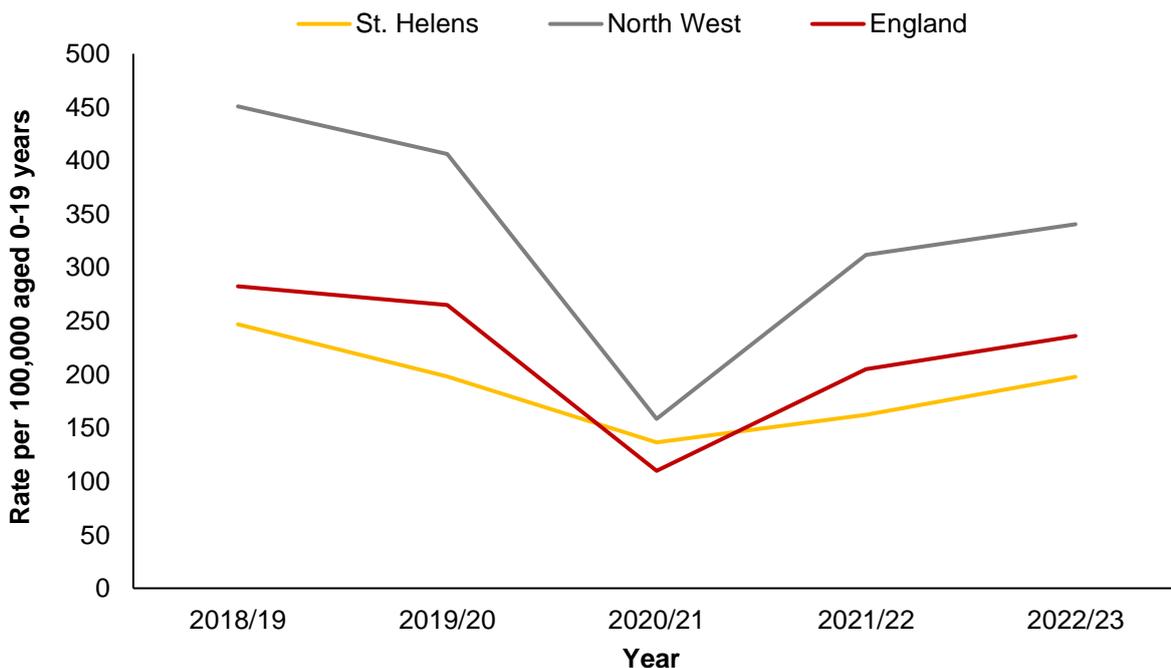
Figure 27: Percentage (%) of 5 year old children with any tooth decay experience in St Helens, North West and England (2021-22)



Source: Oral health survey of 5-year-old children 2022

Data on hospital admissions among 0–19-year-olds for tooth extractions due to dental caries show an overall decreasing trend since 2018-19 (figure 28). There was a significant reduction in 2020-21 due to the COVID-19 pandemic. The most recent rate relates to 2022-23 and in St Helens this was 197.7 admissions per 100,00 (pertains to 80 admissions) and this was lower than both the national and regional averages. St Helens had the 7th lowest rate in the North West.

Figure 28: Rate per 100,000 of Hospital Tooth Extractions (with dental caries as diagnosis) for 0-19 year olds in St Helens, North West and England (2018-19 – 2022-23)



Source: OHID - Hospital tooth extractions in 0- to 19-year-olds

7.4 Mental Health and Wellbeing

There is national evidence that the prevalence of mental health issues in children and young people increased pre pandemic from 1 in 10 in 2003 to 1 in 8 in 2017.²⁰ The national follow up survey suggests that this has increased even further as a result of the pandemic to 1 in 6 in 2020.²¹ Figure 29 outlines the key findings from the follow up survey.

Figure 29: Insights from the Mental Health of Children and Young People in England, 2020: Wave 2 follow up to the 2017 survey

	<p>Rates of probable mental disorders have increased since 2017; in 6- to 16-year-olds from one in nine (11.6%) to one in six (17.4%), and in 17- to 19-year-olds from one in ten (10.1%) to one in six (17.4%). Rates in both age groups remained similar between 2020 and 2021.</p>
	<p>39.2% of 6- to 16-year-olds had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among 17- to 23-year-olds, 52.5% experienced deterioration, and 15.2% experienced improvement</p>
	<p>The proportion of children and young people with possible eating problems increased since 2016; from 6.7% to 13.0% in 11- to 16-year-olds, and from 44.6% to 58.2% in 17- to 19-year-olds.</p>
	<p>Problems with sleep on three or more nights of the previous seven affected over a quarter (28.7%) of 6- to 10-year-olds, over a third (38.4%) of 11- to 16-year-olds, and over half (57.1%) of 17- to 23-year-olds. Across all age groups figures were much higher in those with a probable mental disorder (59.5%, 74.2%, 86.7% respectively).</p>
	<p>16% of 6- to 16-year-olds missed more than 15 days of school during the 2020 Autumn term. Children with a probable mental disorder were twice as likely to have missed this much school (18.2%) as those unlikely to have a mental disorder (8.8%).</p>
	<p>The proportion of 6- to 16-year-olds with a laptop or tablet they could work on at home increased from 89.0% in 2020 to 94.4% in 2021. The proportion receiving regular support from school or college also increased, from 73.7% in 2020 to 79.9% in 2021.</p>

²⁰ NHS England: [[Mental Health of Children and Young People in England, 2017 \[PAS\] - NHS England Digital](#)]

²¹ NHS England: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey>

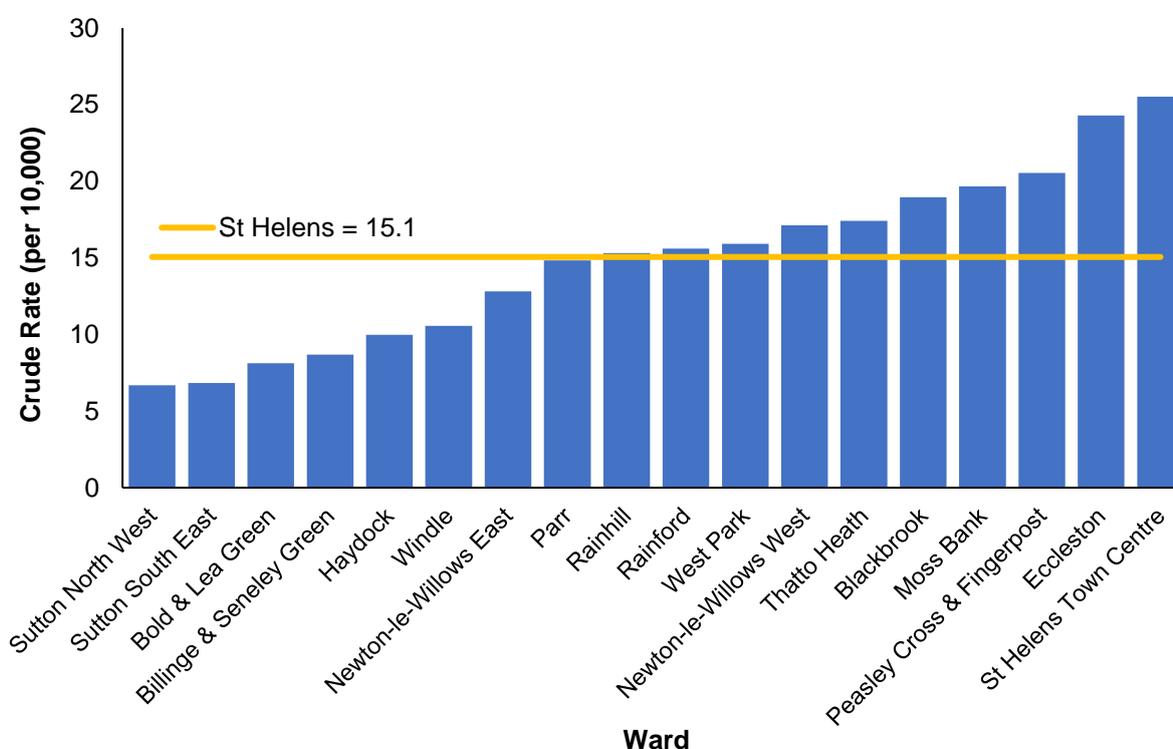
7.4.1 QOF Depression Register

As of August 2024, there were 288 patients (or 0.7%) aged 0-19 in St Helens on the QOF depression register. Of those, 166 (or 57.6%) living in the most deprived quintile, 34 (or 11%) were on 2 other QOF disease registers (18 of those were also on the asthma register).

7.4.2 Mental Health Hospital Admissions

Local data on hospital admissions for mental health reasons among young people (aged 0-19 years) show that between 2018-19 and 2022-23 there were 15.1 admissions per 10,000 population (figure 30). Town Centre ward had the highest rate at 25.5 per 10,000 followed by Eccleston at 24.3 per 10,000.

Figure 30: Hospital Admissions for Mental Health Reasons (Crude rate per 10,000 aged 0-19 years) in St Helens by Ward (2018-19 – 2022-23)

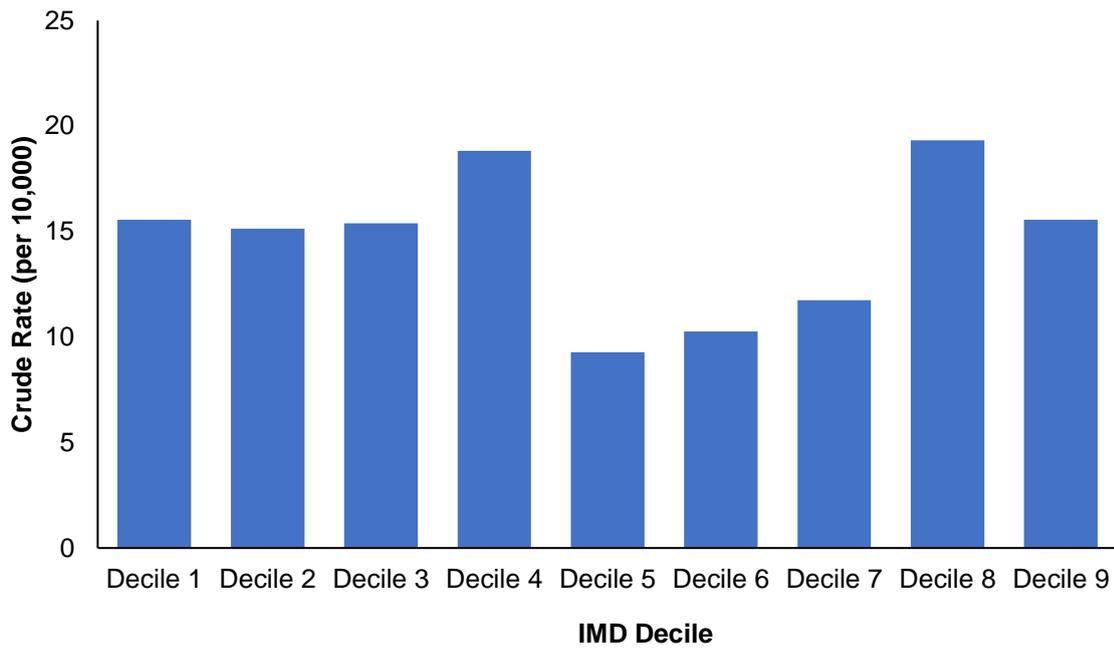


Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

There was no clear association with deprivation and mental health related hospital admissions for young people in St Helens (figure 31).

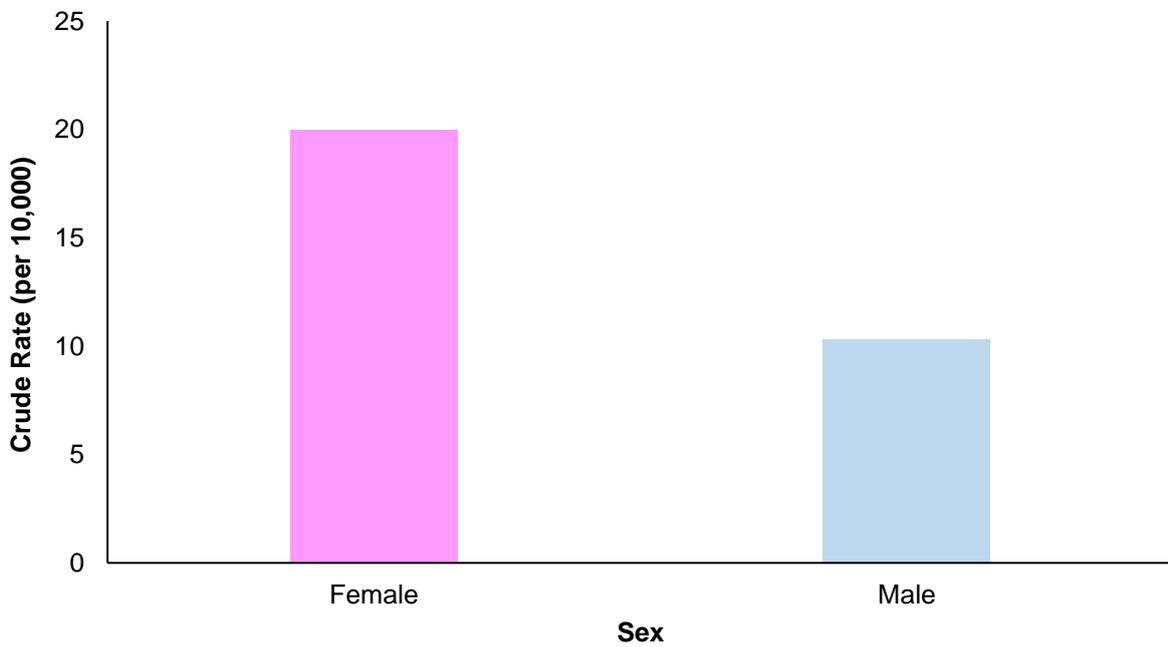
The female rate of mental health related admissions was almost double that of males (20 per 10,000 females compared to 10.3 per 10,000 males), illustrated in figure 32.

Figure 31: Hospital Admissions for Mental Health Reasons (Crude rate per 10,000 aged 0-19 years) in St Helens by IMD Decile (2018-19 – 2022-23)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

Figure 32: Hospital Admissions for Mental Health Reasons (Crude rate per 10,000 aged 0-19 years) in St Helens by Sex (2018-19 – 2022-23)



Source: Mersey and West Lancashire Teaching Hospitals NHS Trust

7.5 Long Term Conditions

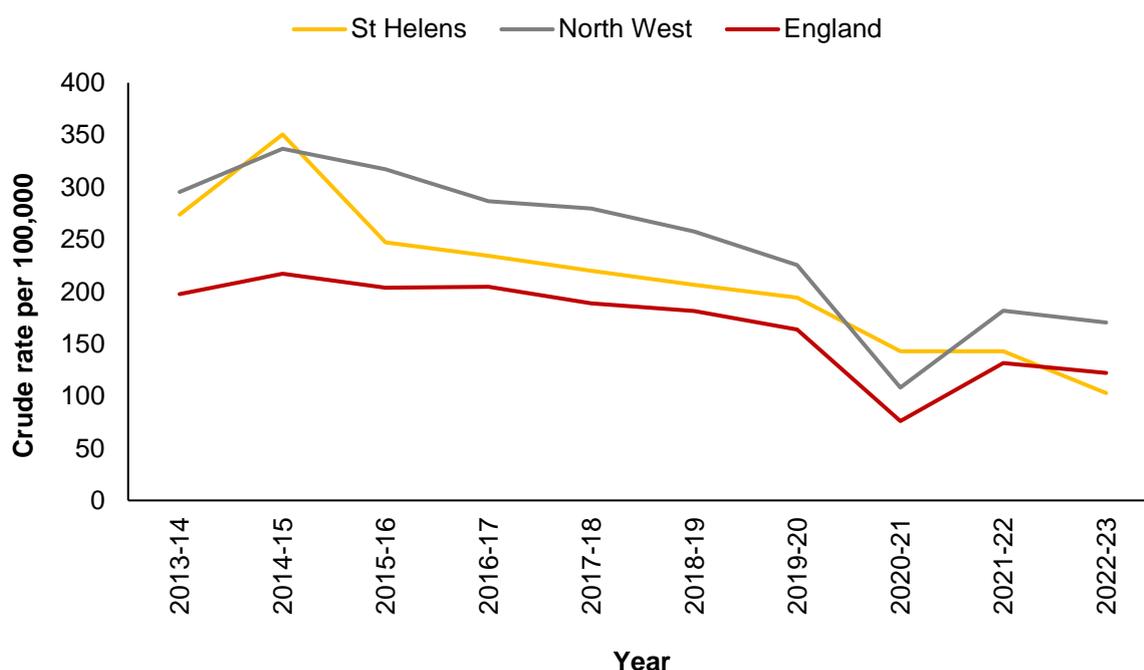
7.5.1 Asthma

Asthma is the most common long-term condition among children and young people and is one of the top ten reasons for emergency hospital admission in the UK.²² Emergency admissions for asthma are strongly associated with deprivation as children and young people living in deprived areas are more likely to be exposed to tobacco smoke and environmental pollution, which may contribute to this.²³

As of August 2024, there were 1,471 patients (or 3.9%) aged 0-19 years in St Helens ICB on the QOF asthma register. Almost half of those with asthma live in the most deprived quintile (48.9%).²⁴

St Helens hospital admission rate for asthma has been declining since its peak in 2014-15 (figure 33) and in 2022-23 there were 40 hospital admissions for asthma among 0–19-year-olds, giving a rate of 102.8 per 100,000 which was below the national rate of 122.2 per 100,000 and well below the regional rate of 170.4 per 100,000.

Figure 33: Hospital admissions for asthma (Crude rate per 100,000 aged under 19 years) in St Helens, North West and England, 2013-14 to 2022-23



Source: Fingertips

²² [NHS England » Childhood asthma](#)

²³ NHS Digital. Health Survey for England 2018

²⁴ CIPHA – CAM Enhanced Case Finding V2

7.5.2 Diabetes

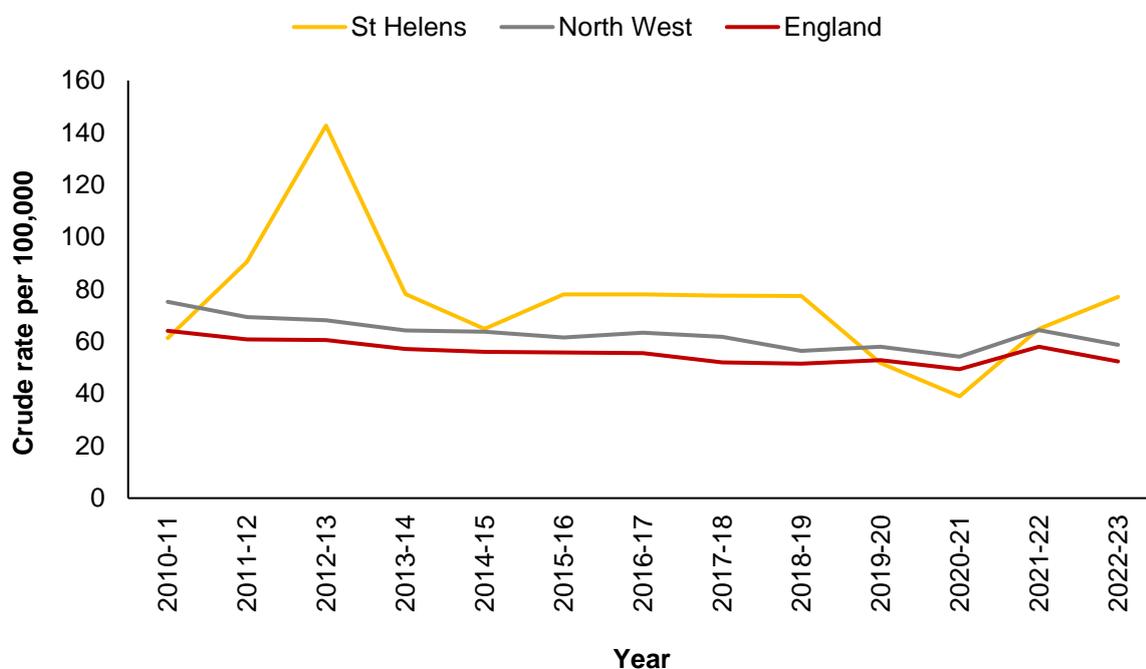
Diabetes is an increasingly common long-term condition in children and young people.²⁵

Type 1 diabetes constitutes the vast majority (90%) of diabetes in children and young people. This is where the body is unable to produce any insulin. The prevalence of type 1 diabetes is not associated with deprivation.

As of August 2024, there were 145 patients aged 0-19 in St Helens ICB on the QOF diabetes register, giving a rate of 3.5 per 1,000 (this is the second highest rate across Cheshire and Merseyside). Most of those individuals had type 1 diabetes (128).²⁶

In 2022-23 in St Helens there were 30 diabetes hospital admissions for young people aged under 19, which represents a rate of 77.1 per 100,000, statistically significantly higher than the England rate of 52.4 per 100,000 (figure 34).

Figure 34: Hospital admissions for diabetes (Crude rate per 100,000 aged under 19 years) in St Helens, North West and England, 2010-11 to 2022-23



Source: Fingertips

²⁵ Royal College of Paediatrics and Child Health [[npda 2022-23 report on care and outcomes.pdf](https://www.rcpch.ac.uk/npda-2022-23-report-on-care-and-outcomes.pdf) ([rcpch.ac.uk](https://www.rcpch.ac.uk/))]

²⁶ CIPHA – CAM-Diabetes (Non PID) Dashboard

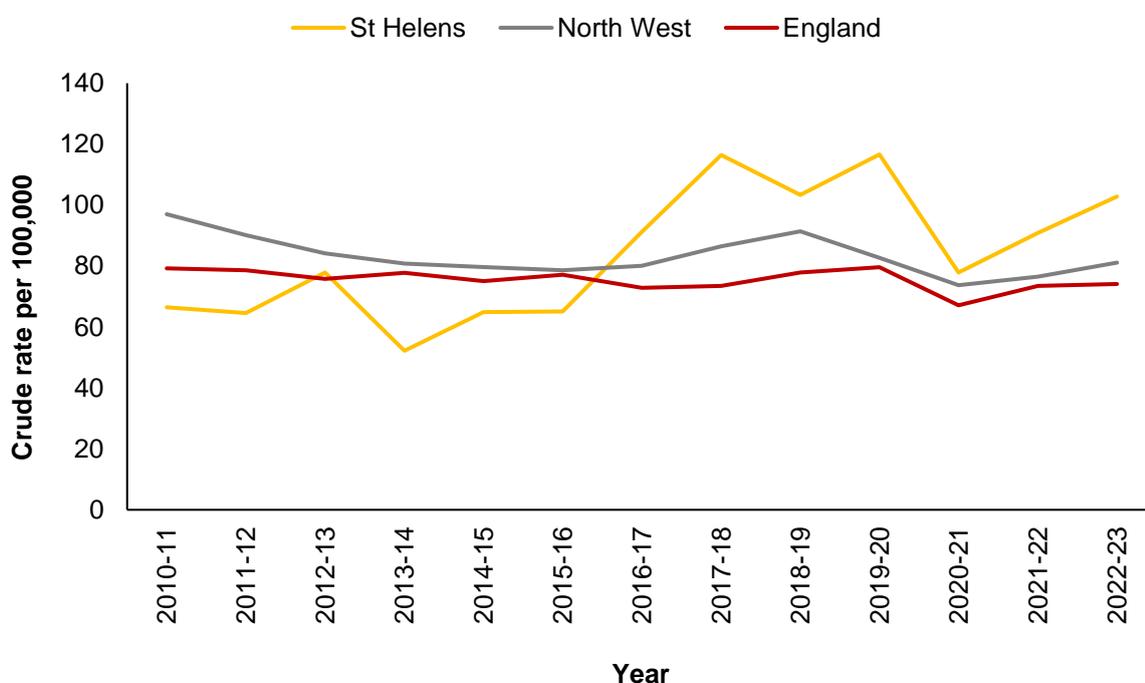
7.5.3 Epilepsy

Epilepsy is the most common long term neurological condition of childhood, and it affects an estimated 113,600 children and young people in the UK, although diagnosis is not straightforward.²⁷

As of August 2024, there were 21 patients (or 0.1%) aged 0-19 years in St Helens on the QOF epilepsy register. Almost half of those with epilepsy live in the most deprived quintile (47.6%).²⁸

In 2022-23 in St Helens, there were 40 epilepsy hospital admissions for young people aged under 19 years, which represents a rate of 102.8 per 100,000, this was higher than the England and North West rates of 74.1 and 81.1 per 100,000 respectively (although not a statistically significant difference) (figure 35).

Figure 35: Hospital admissions for epilepsy (Crude rate per 100,000 aged under 19 years) in St Helens, North West and England, 2010-11 to 2022-23



Source: Fingertips

²⁷ [Key facts about epilepsy \(youngpilepsy.org.uk\)](https://www.youngpilepsy.org.uk)

²⁸ CIPHA – CAM Enhanced Case Finding V2

8. Child Mortality

This section explores infant and child mortality in St Helens using both published data with comparisons to regional and national averages, as well as utilising local data from the Primary Care Mortality Database to determine causes of death by ICD-10-chapter descriptions where possible.

8.1 Stillbirth Rate

A still birth is when a baby dies after 24 weeks of pregnancy and before or during birth. The causes of all still births are not currently known, and it is thought some may not be preventable. However, there are some risk factors which can be avoided.

Antenatal appointments can help identify potential problems, therefore attendance at these appointments will help mothers receive relevant information as the pregnancy progresses. In addition, healthy eating and avoiding smoking, substance use and alcohol use can help keep a baby healthy and minimise the risk of still birth.

Table 4 shows the still birth rate (per 1,000 births) in St Helens between 2020 and 2023. Between 2020 and 2023 there were 32 still births in St Helens.

Table 4: Still birth rate (per 1,000 births) in St Helens (2020 – 2023)

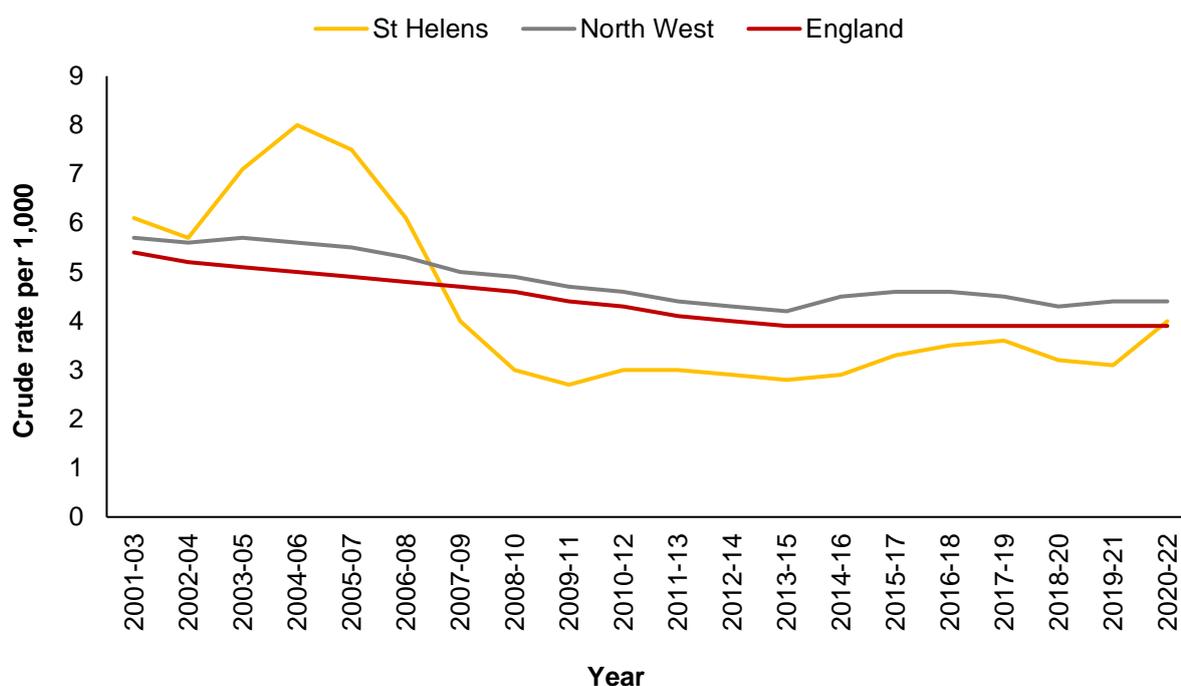
Year	Still Birth Rate	Number of Still Births
2020	4.4	8
2021	3.9	7
2022	3.8	7
2023	5.6	10

Source: St Helens Public Health Birth File

8.2 Infant Mortality Rate

Infant mortality includes deaths under the age of 1 years. Infant mortality in St Helens increased from 3.1 per 1,000 live births in 2019-21 to 4.0 per 1,000 live births in 2020-22. This is in line with the England rate of 3.9 and below the North West rate of 4.4 (figure 36).

Figure 36: Infant mortality rate (crude rate per 1,000 live births) in St Helens, North West and England (2001-03 – 2020-22)



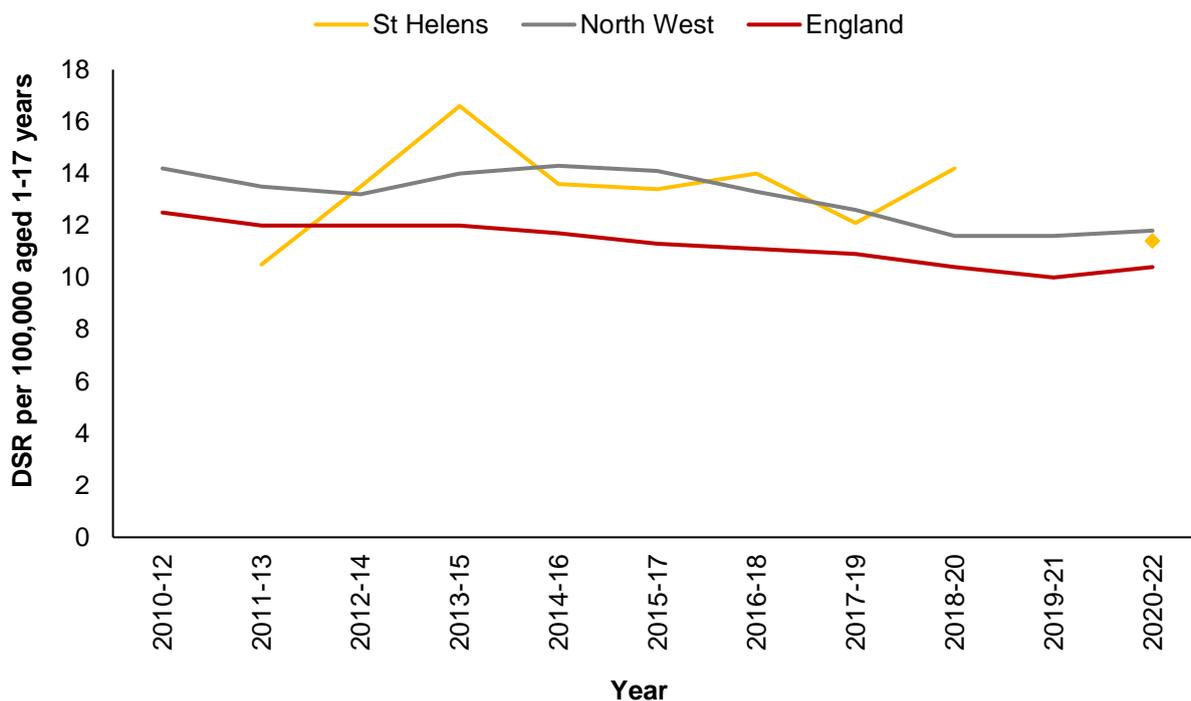
Source: Fingertips

8.3 Child Mortality Rate (1-17 years)

Death in childhood represents a tragedy for not only that child's family but is also a loss to wider society. After the age of 1 year, the most common cause of death among young people is injuries and many of these are potentially avoidable.

There were 12 child deaths registered in St Helens between 2020-22, giving a rate of 11.4 per 100,000 aged 1-17 years. This compares to a rate of 10.4 in England and 11.8 in the North West (figure 37).

Figure 37: Child mortality rate (DSR per 100,000 aged 1-17 years) in St Helens, North West and England (2010-12 – 2020-22)



Source: Fingertips

9. Sexual Health

As young people become sexually active, it is important that they have access to contraception and sexual health services.

9.1 Chlamydia

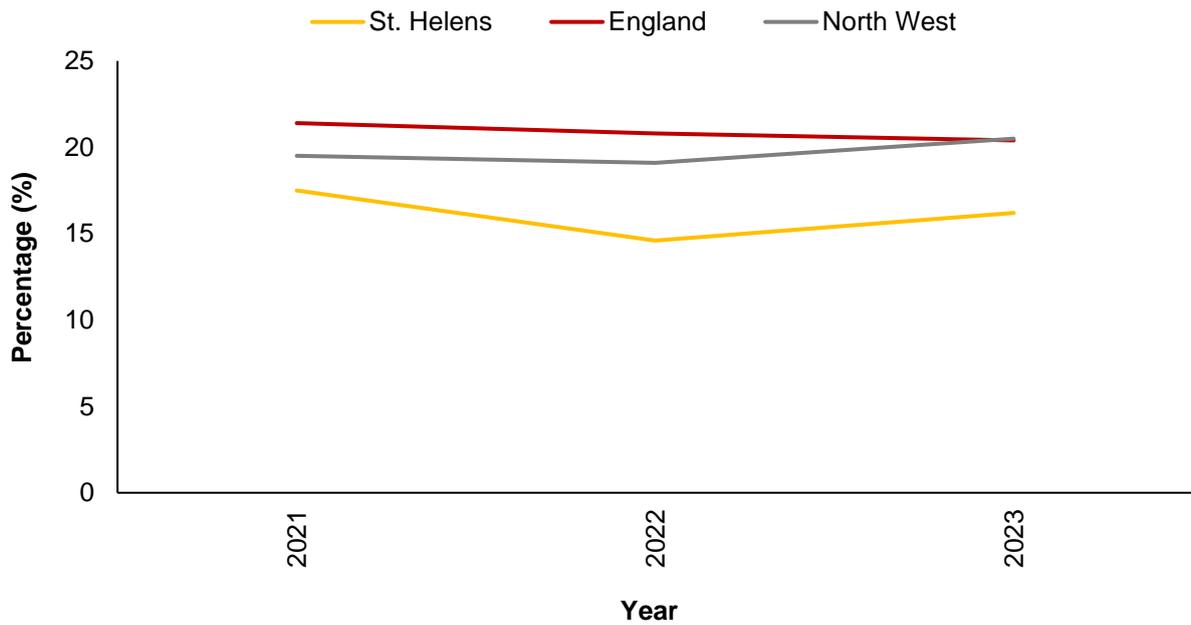
Chlamydia is the most common bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group.

The National Chlamydia Screening Programme (NCSP) promotes opportunistic screening to sexually active young people under the age of 25. In June 2021 changes to the programme were announced with a focus on reducing reproductive harm of untreated infection through opportunistic screening offered to young women under the age of 25.

9.1.1 Chlamydia Screening (females aged 15-24)

The most recent chlamydia screening data relates to 2023 and shows that 17% of young females aged 15-24 years were screened in St Helens, this is statistically significantly lower than the England rate of 20.4% and the North West rate of 20.5% (figure 38).

Figure 38: Proportion of females aged 15-24 screened for chlamydia in St Helens, England and North West (2021 – 2023)

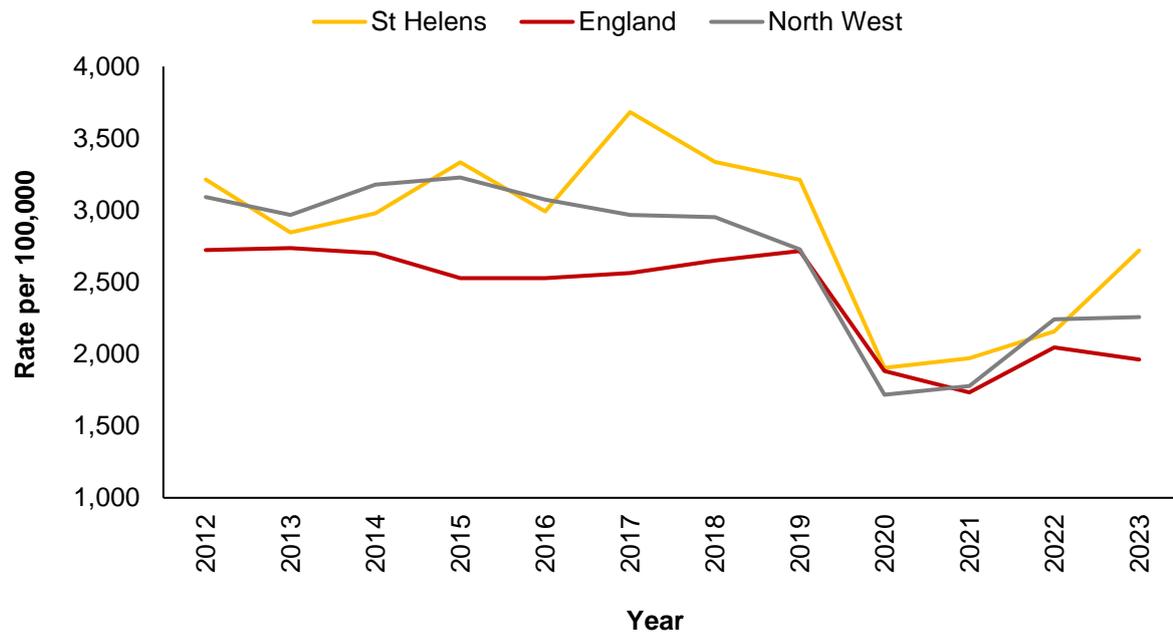


Source: *Fingertips*

9.1.2 Chlamydia Detection (females aged 15-24)

Chlamydia detection rates are higher among females compared to males. The most recent female detection rate for those aged 15-24 in St Helens is 2,722 per 100,000 females. After a sharp decrease in the detection rate during the COVID-19 pandemic, the rates have begun to increase slightly (figure 39). Across Cheshire and Merseyside, St Helens has the 5th highest detection rate for chlamydia in females, and although at 2,722 per 100,000 females aged 15-24 years, this remains significantly under the target rate recommended by the NCSP of 3,250 per 100,000.

Figure 39: Chlamydia detection rate per 100,000 aged 15-24 (females) in St Helens and England (2012 – 2023)

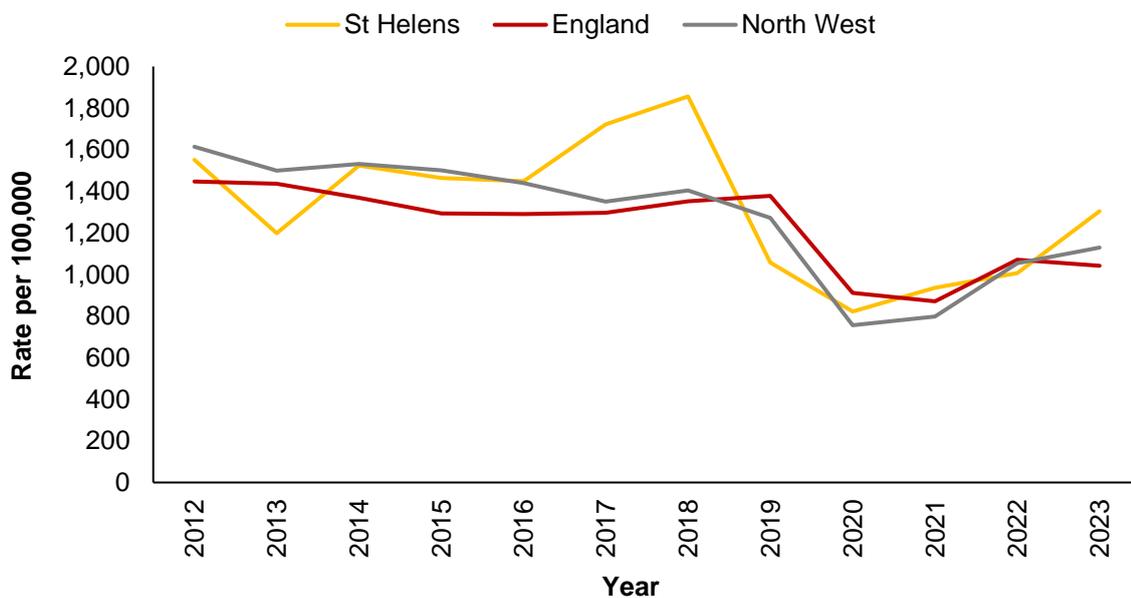


Source: Fingertips

9.1.3 Chlamydia Detection (Males aged 15-24)

Chlamydia detection rates in males are lower compared to females, however these follow a similar trend to those for females in that the rates declined during the COVID-19 pandemic and have since begun to increase. The most recent rate for 2023 is 1,304 per 100,000 males aged 15-24 years (figure 40). Across Cheshire and Merseyside, St Helens has the 3rd highest chlamydia detection rate in males aged 15-24 years (figure 24).

Figure 40: Chlamydia detection rate per 100,000 aged 15-24 (males) in St Helens and England (2012 – 2023)



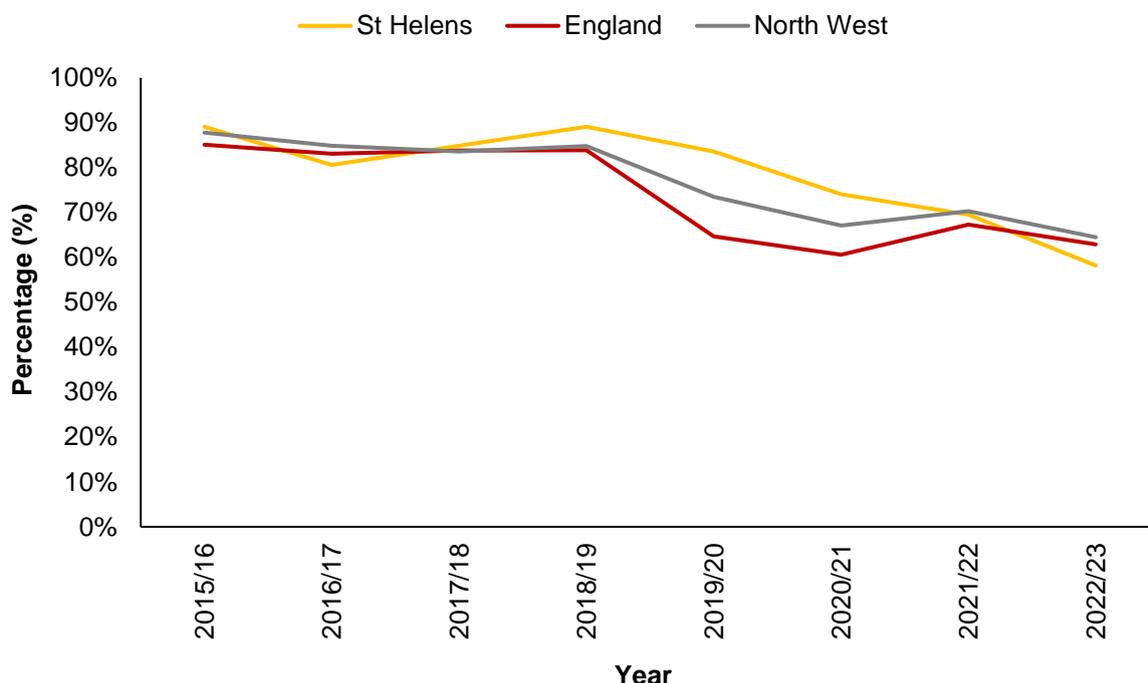
Source: Fingertips

9.2 Human papillomavirus (HPV) vaccination

The national HPV vaccination programme was introduced in 2008, to protect adolescent females against cervical cancer. In 2014 the programme for adolescent girls changed from a three-dose schedule to a two-dose schedule. The programme was then extended to eligible adolescent boys in September 2019.

Data is presented here up to 2022-23. Coverage for two doses of the HPV vaccination among females in St Helens at 52.8% is statistically significantly lower than the England and North West averages at 62.9% and 64.5% respectively (figure 41).

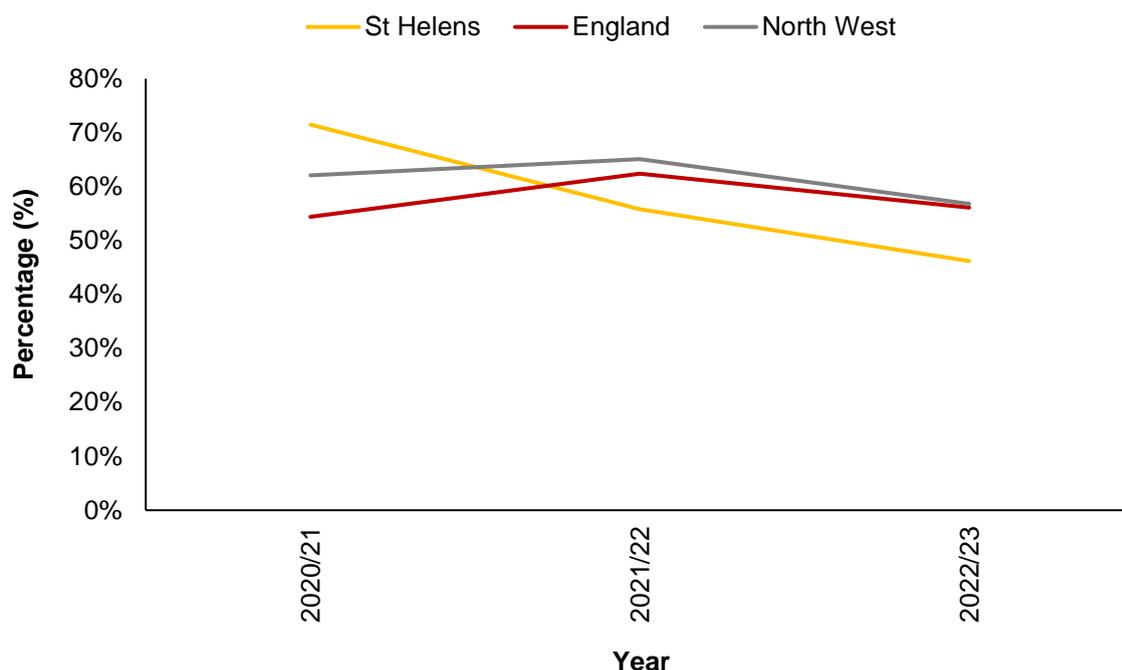
Figure 41: HPV vaccination coverage (percentage) for two doses (females 13 to 14 years) in St Helens, England and North West



Source: Fingertips

Male HPV vaccination coverage for two doses in St Helens also decreased from 71.5% in 2020-21 to 46.2% in 2022-23. The coverage in England increased slightly during this time from 54.4% to 56.1% (figure 42).

Figure 42: HPV vaccination coverage (percentage) for two doses (males 13 to 14 years) in St Helens, England and North West (2020-21 – 2022-23)



Source: Fingertips

9.3 Teenage Pregnancy

Young people in England still experience higher teenage birth rates than their peers in Western European countries, and teenagers remain at the highest risk of unplanned pregnancy. Inequalities in rates persist between and within local authorities, and outcomes for young parents and their children are still disproportionately poor, contributing to inter-generational inequalities.

Sustaining the downward trend and making further progress is one of the key objectives of the Department of Health’s Framework for Sexual Health Improvement in England.

Implementation of statutory relationships and sex education (RSE) in all schools in 2020 has provided a key opportunity to strengthen support for young people to develop healthy relationships and prevent early unplanned pregnancy.

9.3.1 Under 18 Conceptions

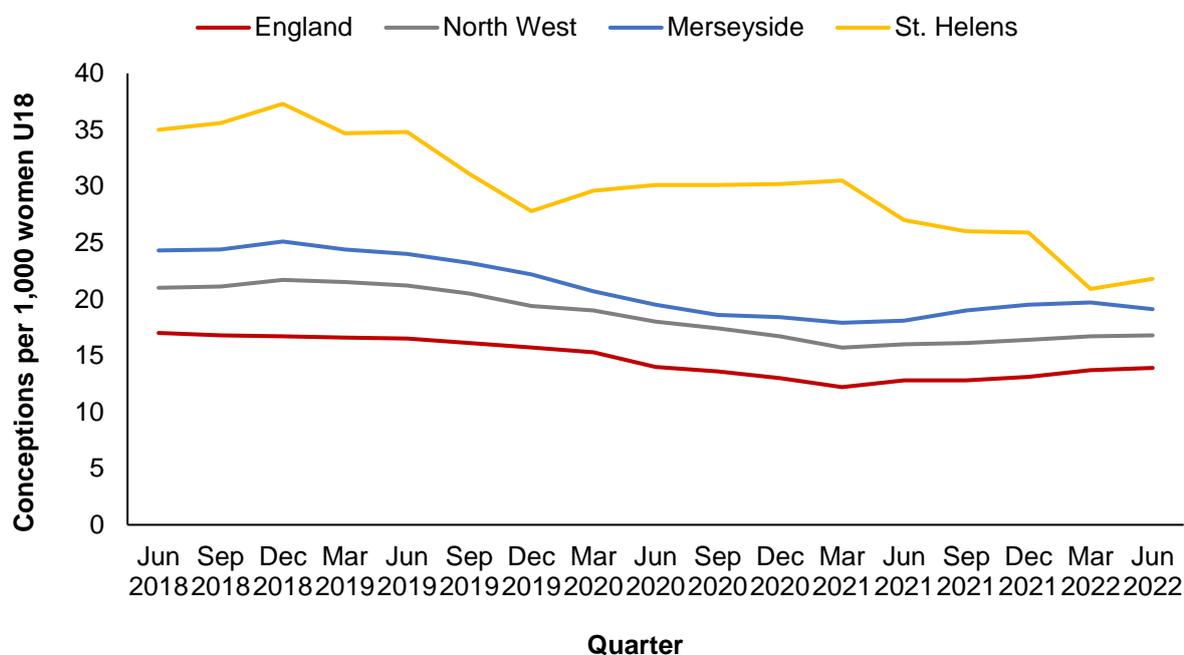
The under 18 conception rates in St Helens have been consistently higher than the rate in England over the last two decades.

The most recent annual rate for 2021 in St Helens is 25.9 per 1,000 young women aged under 18, which in number equated to 78 conceptions. This rate is almost twice the England rate of 13.1 per 1,000. St Helens had the 2nd highest rate in the North West and the 8th highest rate in England.

At the time of writing, annual comparable data for 2022 was unavailable, however quarterly data are available. Figure 43 shows the quarterly (annual rolling) rates of

under 18 conceptions in St Helens per 1,000 women aged 15-17, with comparisons to regional and national rates per quarter in the last 17 quarters. St Helens has seen an overall decrease from 35.0 per 1,000 in Q2 2018 to 21.8 in Q2 2022. However, the rate has remained above the national and regional rates.

Figure 43: Quarterly trend (annual rolling) of under 18s conception (per 1,000) Jun 2018 to Jun 2022

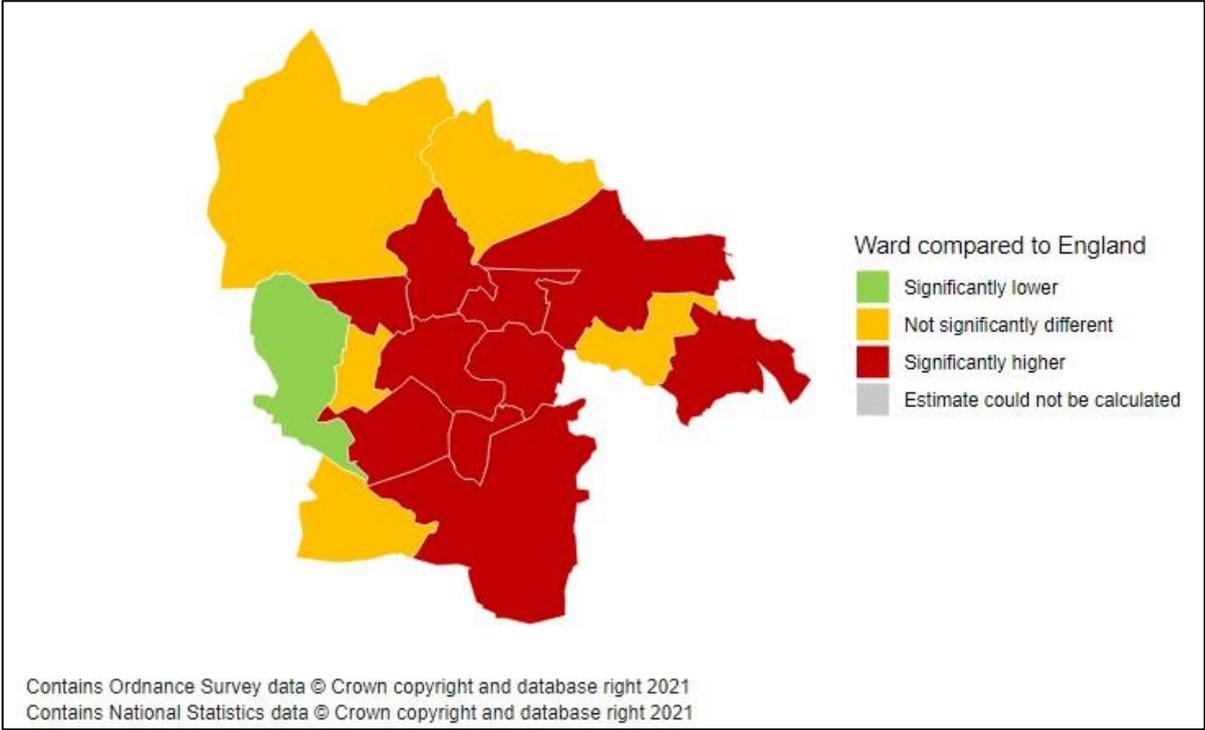


Source: Office for National Statistics

Ward level statistics (figure 44) show that the wards of Moss Bank, Windle, Blackbrook, Haydock, Town Centre, Parr, Sutton, Thatto Heath, Bold, and Newton-le-Willows have higher rates, which are of statistical significance, of U18 conceptions compared to England. Four of the five most deprived Wards in the borough have significantly higher rates of under 18 conceptions.

Only the ward of Eccleston has a significantly lower rate than England, and Eccleston is also the least deprived ward within the borough.

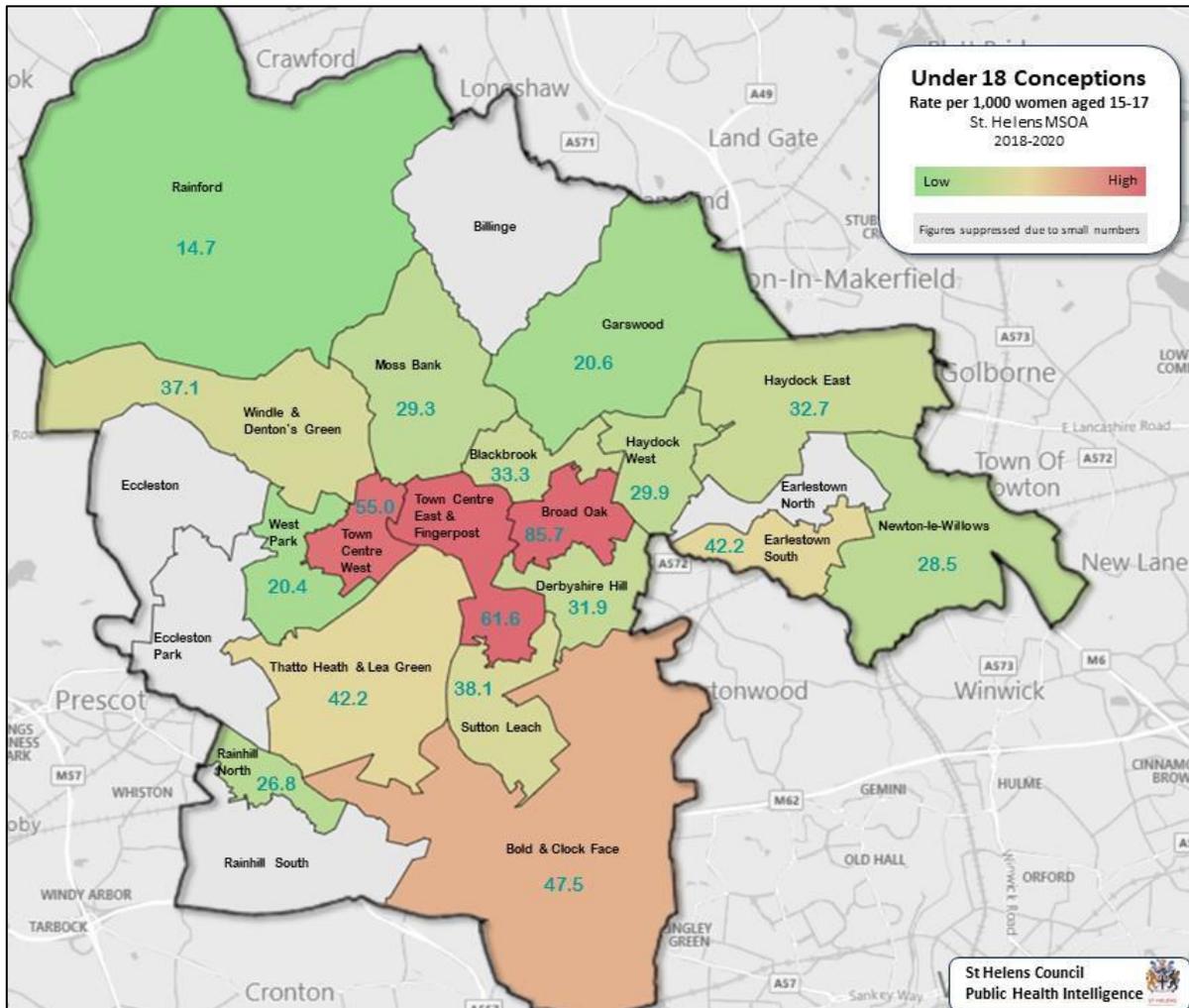
Figure 44: Under 18s conception in St Helens by ward, compared to England: three-year period between 2019 - 2020



Source: SPLASH St Helens 2023-02-01 (UKHSA)

Under 18 conceptions by Middle Super Output Area (MSOA) between 2018 and 2020 show rates vary from 14.7 per 1,000 in Rainford to 85.7 per 1,000 in Town Centre East and Fingerpost. Figure 45 illustrates that higher rates are within the centre of the borough.

Figure 45: Under 18 Conceptions (rate per 1,000 aged 15-17) in St Helens by MSOA (three year period 2018 - 2020)



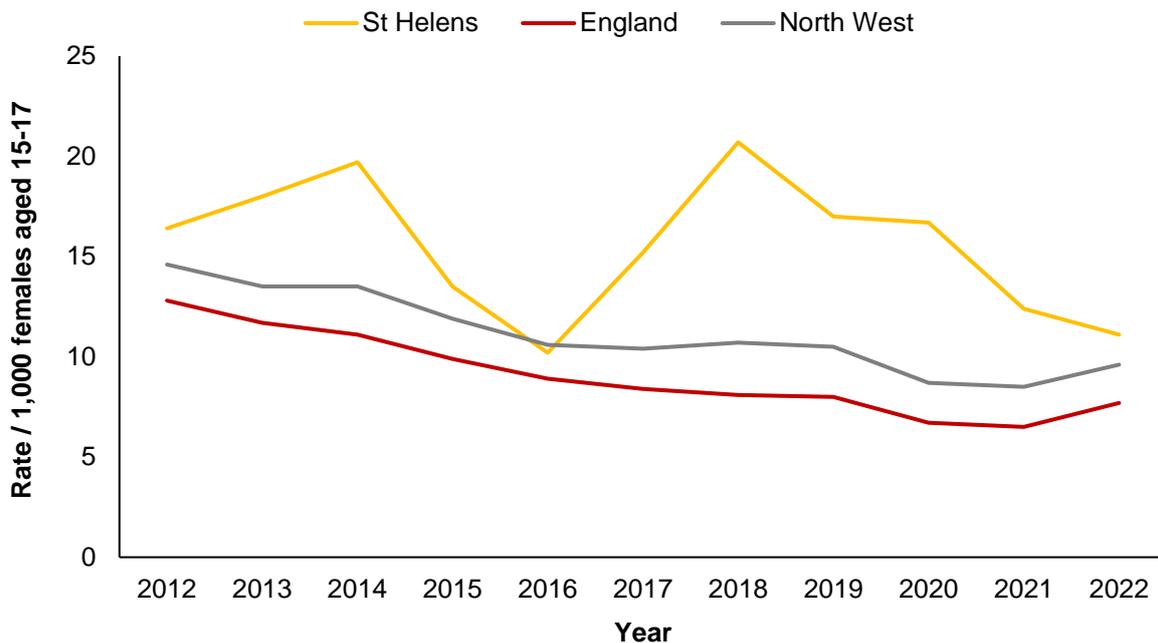
Source: Office for National Statistics

9.3.2 Under 18s conceptions leading to abortion

In 2022 there were 34 abortions in females under the age of 18 in St Helens, giving a rate of 11.1 per 1,000 (compared to 35 in 2021 and a rate of 12.4). This rate is higher than the England rate of 7.7 per 1,000 and the North West rate of 9.6 per 1,000.

Since 2018, the rate of under 18s abortions in St Helens has decreased (figure 46) while more recently, national and regional rates increased between 2021 and 2022.

Figure 46: Trend of abortion rates in under 18s per 1,000 in St Helens, North West and England (2012 - 2022)



Source: OHID

10. Vulnerable Groups of Children

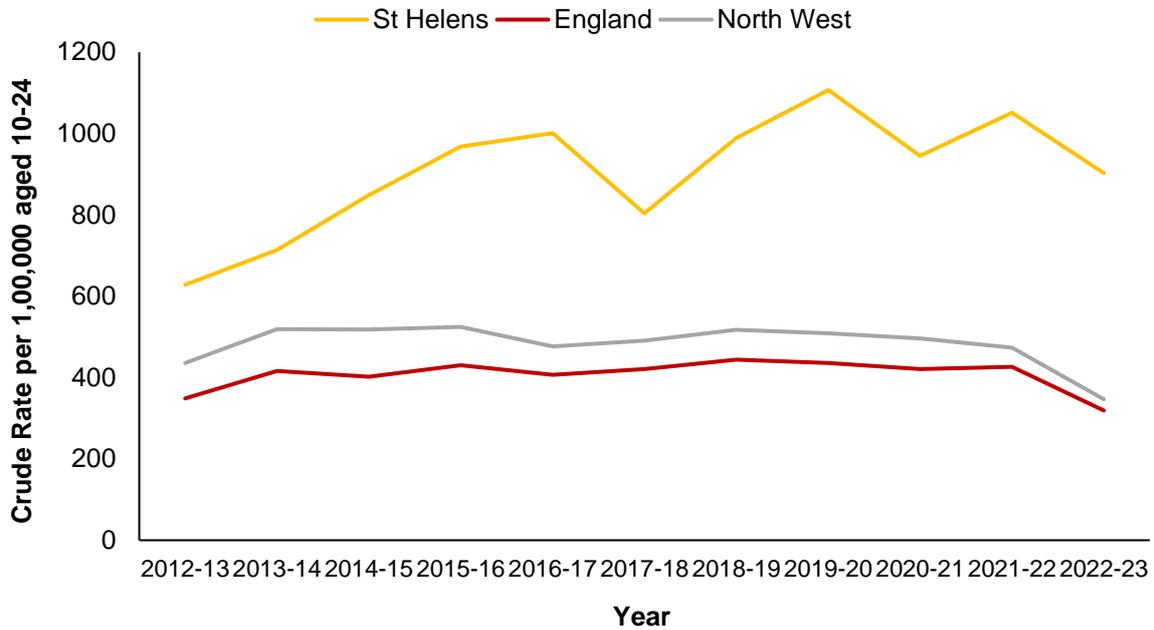
10.1 Self-Harm

Self-harm can take many different forms and as an individual act is hard to define. However, in general, self-harm (or self-injury) is the act of deliberately causing harm to oneself either by causing a physical injury, by putting oneself in dangerous situations and/or self-neglect. Some common reasons for self-harm behaviour include emotional distress, depression, eating disorder, low self-esteem, bullying, abuse or neglect, and grief.

Figure 47 shows the rate of hospital admissions for self-harm among 10–24-year-olds in St Helens, North West and England. The most recent rate relates to 2022-23 and in St Helens there were 903 admissions per 100,000 (pertains to 265 admissions). This was a decrease from the previous year, however the rate remains significantly higher than nationally and regionally. Furthermore, St Helens ranks as the third highest in England and the highest in the North West.

Additional analysis using St Helens hospital admissions data reveal that 33.5% of self-harm attendances among 10–24-year-olds were due to repeat attenders and that poisoning from 4-Aminophenol derivatives was the most prevalent form of self-poisoning.

Figure 47: Hospital Admissions for Self-Harm (crude rate per 100,000) in St Helens, North West and England for 10-24 year olds (2011-12 to 2022-23)



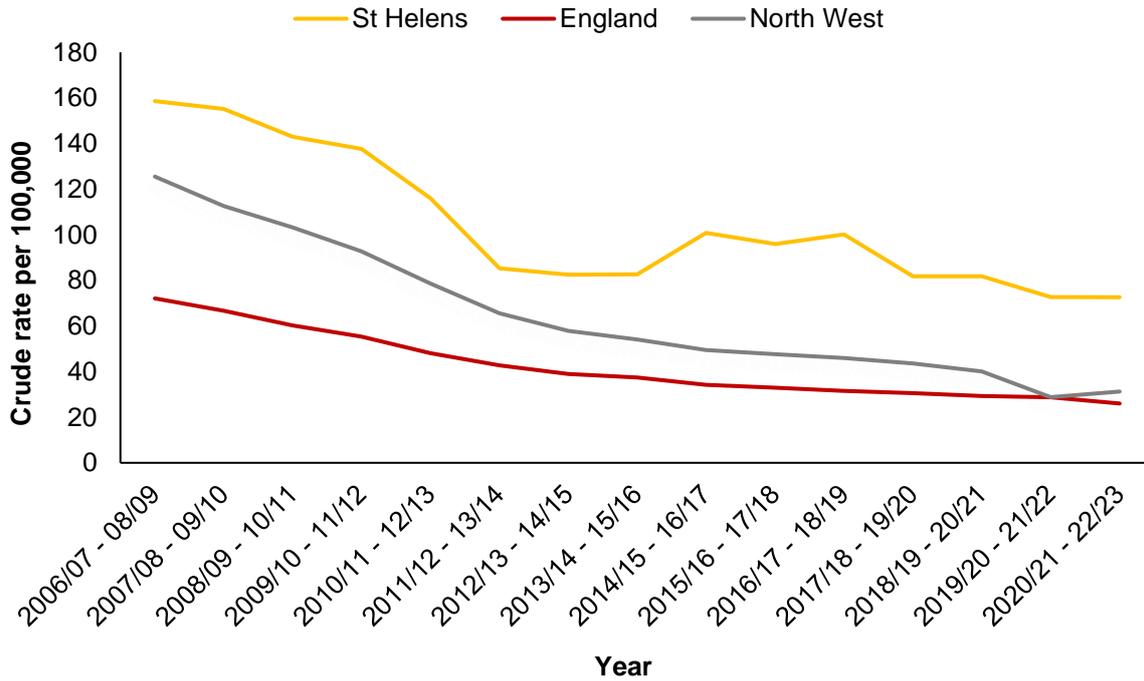
Source: *Fingertips*

10.2 Alcohol Misuse

Alcohol misuse in early life can lead to poor outcomes such as liver damage, impaired cognitive function, poor mental health, addiction, criminality and relationship conflicts with family and friends.

Hospital episodes for alcohol specific conditions among under 18s in St Helens has been consistently higher than the England and North West rates (figure 48). The most recent rate for 2020-23 to 2022-23 is 72.6 per 100,000 (pertains to 80 episodes). Reducing alcohol admissions among young people remains a key priority for St Helens.

Figure 48: Hospital episodes (crude rate per 100,000) for alcohol specific conditions among under 18s in St Helens, England and North West (2006-07 –2008-09 to 2020-21 – 2022-23)



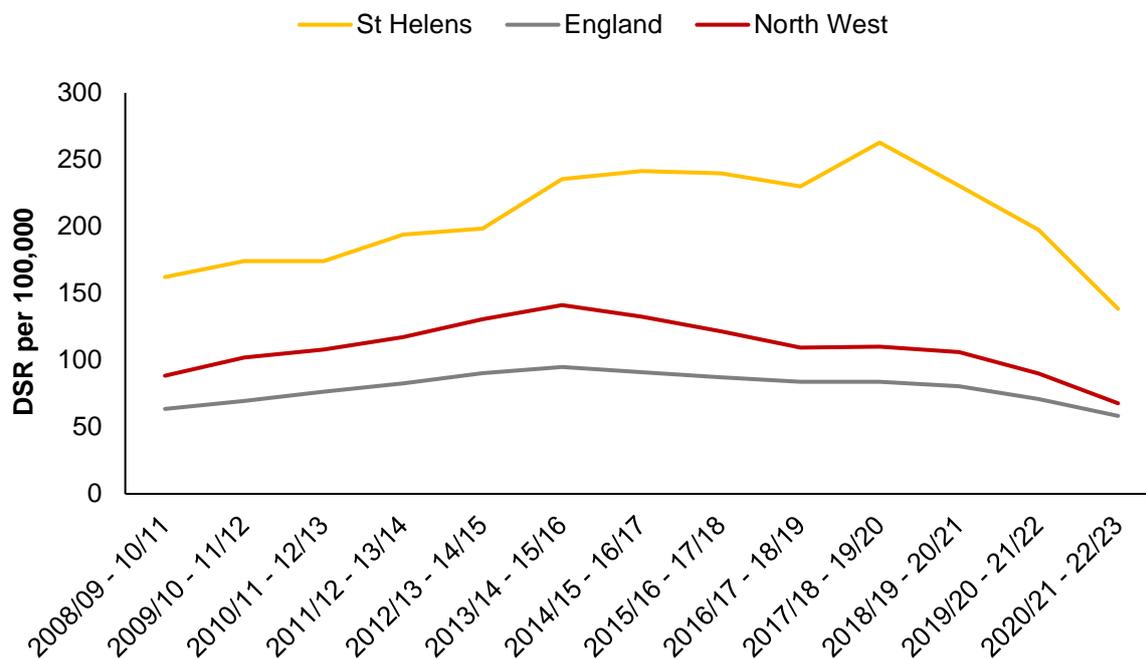
Source: Fingertips

10.3 Drug Misuse

There is evidence to suggest that young people who use recreational drugs run the risk of damage to mental health including suicide, depression, and disruptive behaviour disorders. Regular use of cannabis or other drugs may also lead to dependence.

Hospital admissions due to substance misuse among 15–24-year-olds in St Helens peaked in 2017-18 – 2019-20 at 262.8 admissions per 100,000 (figure 49). Since then, it has reduced to its lowest ever rate in 2020-21 – 2022-23 at 138.4 admissions per 100,000 (pertains to 80 admissions). Although declining, the rate in St Helens remains statistically significantly higher than the England and North West rates (58.3 and 67.7 per 100,000 respectively).

Figure 49: Hospital admissions (directly standardised rate per 100,000) due to substance misuse among 15-24 year olds in St Helens, England and North West (2008-09 – 2011-12 to 2020-23 – 2022-23)



Source: Fingertips

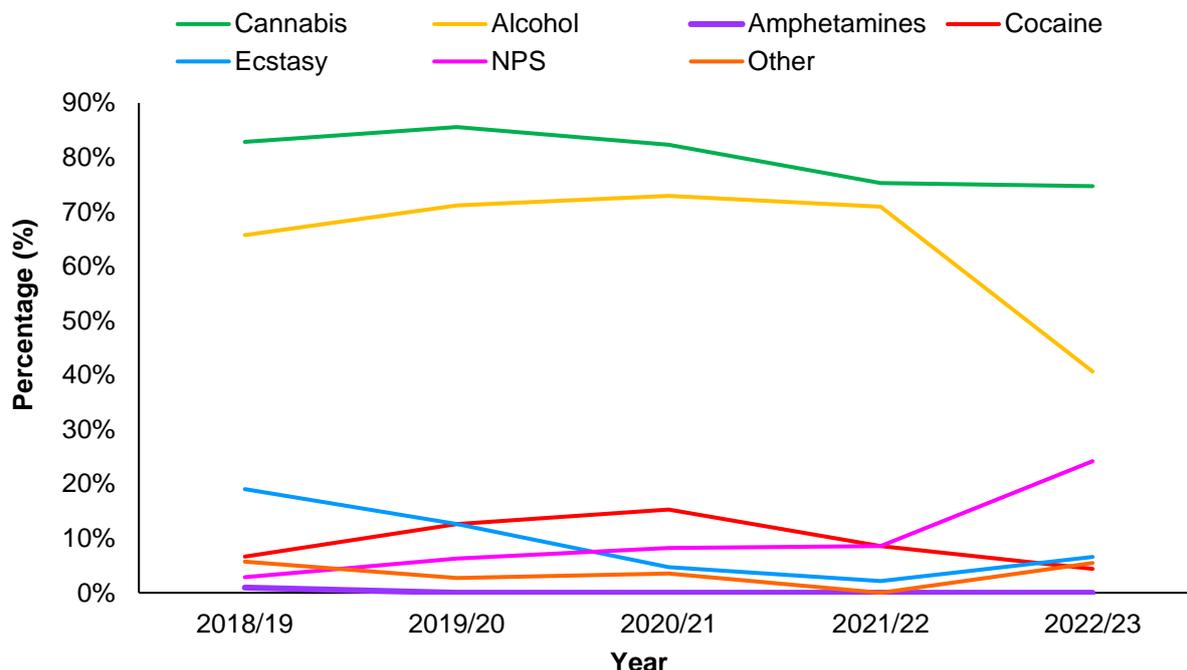
10.4 Young People in Substance Misuse Treatment

St Helens YPDAAT (Young Persons Drug and Alcohol Team) offer support and interventions for young people using substances.

Figure 50 shows the most common types of substances that young people were receiving treatment for in St Helens between 2018-19 and 2022-23. The most common over this five-year period was cannabis, followed and alcohol.

In 2022-23, 74.3% of young people in treatment were using cannabis (compares to 87.1% in England) and 40.1% were in treatment for alcohol (compares to 43.8% in England). There has been a rise in young people in St Helens receiving treatment for new psychoactive substances (NPS) up to 24.2% in 2022-23.

Figure 50: Young People in Specialist Substance Misuse Interventions by Substance Type in St Helens (percentage of total substances used) (2018-19 – 2022-23)



Source: National Drug Treatment Monitoring System (NDTMS)

10.5 E-Cigarettes

E-cigarettes are age-restricted products, and it is illegal to sell them to anyone under 18 years of age. Despite this, there has been an alarming rise in the prevalence of young people vaping nationally and locally. Action on Smoking and Health (ASH) found nationally a 50% year on year increase in the proportion of children experimenting with vaping.²⁹

The risks associated with e-cigarettes (vapes) include dependence,³⁰ asthma,³¹ poorer heart, lung and kidney health, and a potential like to cancer.³²

Data from St Helens Council’s Trading Standards department show that there are more 14–17-year-olds (10%) using vapes regularly (more than once a week) compared to in 2015 and 2017 (figure 51).

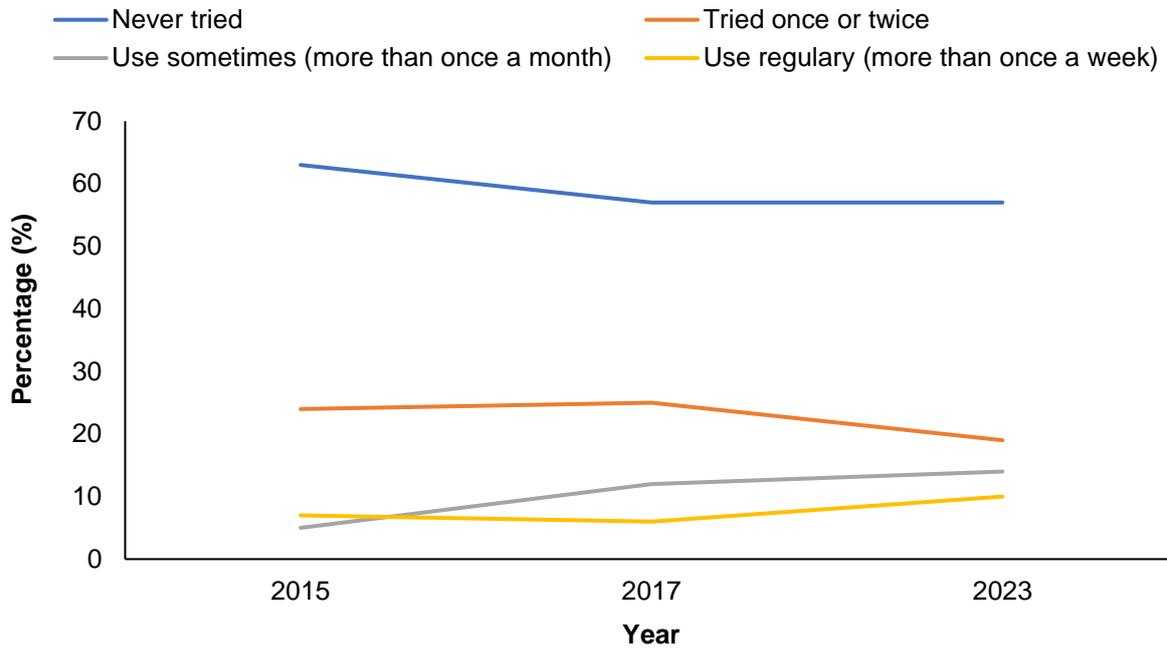
²⁹ ASH [<https://ash.org.uk/resources/view/use-of-e-cigarettes-among-young-people-in-great-britain>]

³⁰ Jankowski et al. (2019) [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6651627/>]

³¹ Honeycutt et al. (2022) [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9588082/>]

³² Mishra et al. (2015) [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4363846/>]

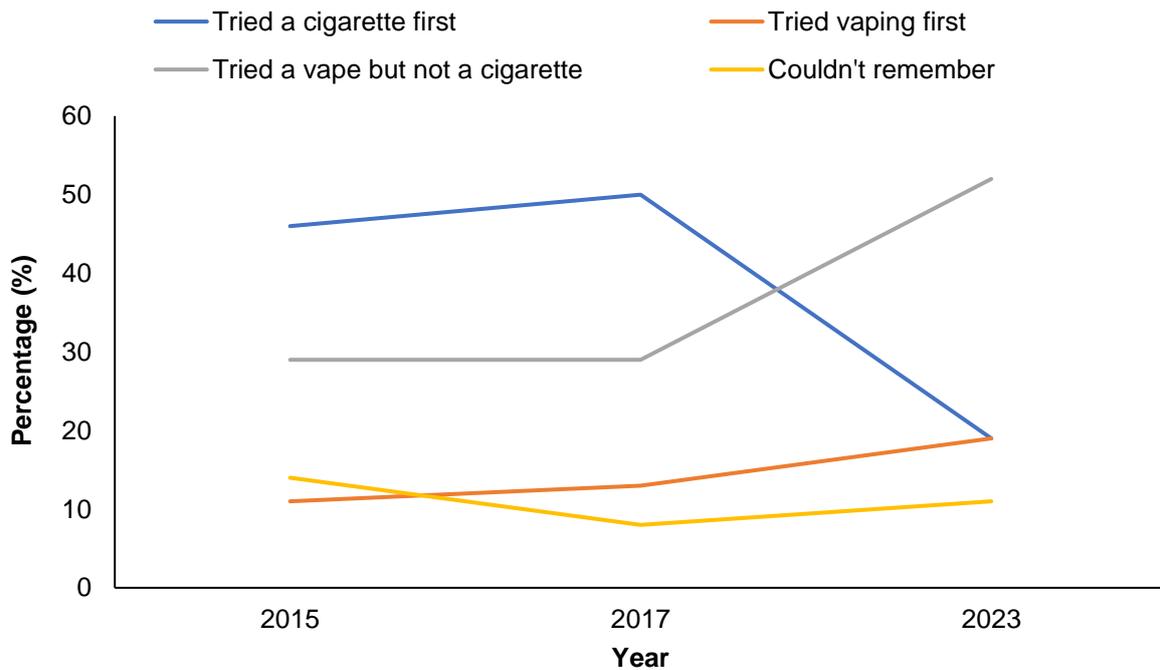
Figure 51: Experience of vaping for 14–17-year-olds in St Helens – Represented as a percentage of all respondents (2015 – 2023)



Source: St Helens Council – Trading Standards Survey

Despite vaping being designed and advertised as a smoking quit aid, over half (52%) of 14–17-year-olds had tried a vape but not a cigarette, thus showing that vaping is often not being used as a smoking quit aid among children (figure 52).

Figure 52: Trying smoking versus vaping for the first time (14-17 year olds) in St Helens – Represented as a percentage of all respondents (2015 – 2023)



Source: St Helens Council – Trading Standards Survey

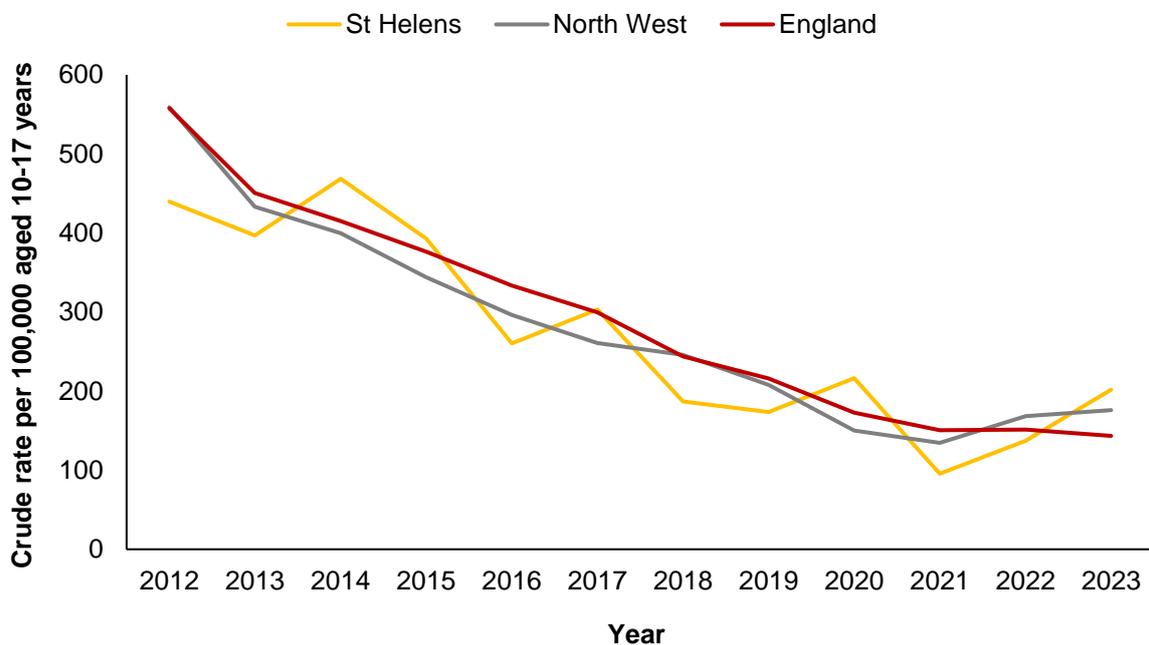
10.6 Youth Crime and Offending

Children and young people at risk of offending or within the youth justice system often have more unmet health need than any other children, and often have greater mental health needs than other young people.

10.6.1 First Time Entrants to the Youth Justice System

Figure 53 shows the rate of first-time entrants to the youth justice system. In St Helens the rate has an overall decrease over time, with a recent increase between 2021 and 2023 (figure 52). Due to small numbers the trend is sporadic. The most recent rate for 2023 of 201.8 per 100,000 relates to 34 individuals in St Helens.

Figure 53: First time entrants to the youth justice system (crude rate per 100,000 aged 10-17 years) in St Helens, North West and England (2012 – 2023)

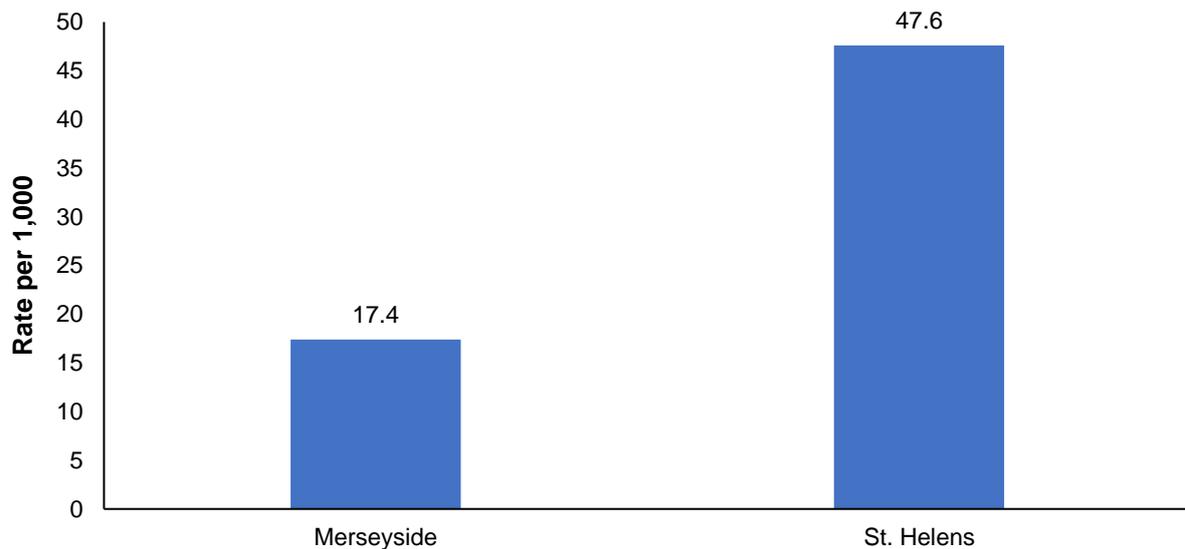


Source: Fingertips

10.6.2 Rates of Youth Crime

Figure 54 shows the crude rates per 1,000 (0-19 population) of youth crime in St Helens and the overall rate for the Merseyside County between 2021 and 2023. Crude rates were over double in St Helens (47.6 per 1,000) when comparing to Merseyside (17.4 per 1,000).

Figure 54: Youth Crime (0-19 Years) in St Helens and Merseyside (Crude rate per 1,000) (2021-22 - 2022-23)



Source: St Helens Council – Community Safety

Table 5 lists the different youth crime types in St Helens between 2021/22 and 2022/23 and their respective percentage from the total number of youth crimes in that period. The most common crime types were violence with 36.5% (when combining with and without injury), stalking and harassment with 13.5% and public order with 12.1%.

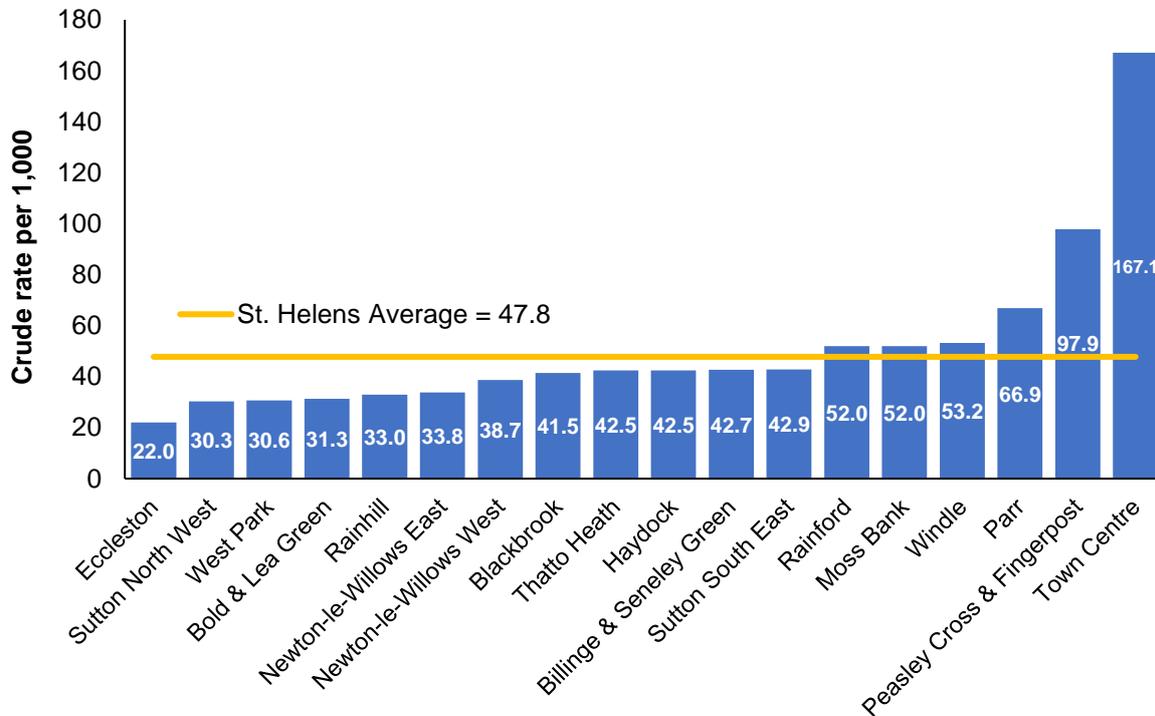
Table 5: Youth Crime (0-19 Years) in St Helens by crime type – shown as a percentage (%) of total crimes (2021-22 – 2022-23)

Crime Type	% of Crimes
Violence Without Injury	23.7
Stalking and Harassment	13.5
Violence With Injury	12.8
Public Order	12.1
Drug Possession and Use	9.9
Criminal Damage excluding Arson	8.9
Other Sexual Offences	3.9
Misc. Crimes Against Society	3.7
Possession of Weapons	2.0
Rape	1.4
Drug Trafficking	1.3
Theft/UTMV	1.3
Theft Shop	1.2
Other Theft	1.0
Burglary - Residential	0.8
Arson	0.7
Burglary - Business and Community	0.6
Robbery Personal	0.4
Theft Person	0.2
Theft From MV	0.2
Theft Bike	0.2
Vehicle Interference	0.1
Robbery Business	0.1
Death or Serious Injury by Unlawful Driving	0.03
Homicide	0.03

Source: St Helens Council – Community Safety

The ward with the highest crude rate per 1,000 for youth crime was Town Centre (167.1 per 1,000) and this was more than double the borough average rate of 47.8 per 1,000, and 7 times higher than Eccleston (22 per 1,000). Crude rates for all electoral wards in St Helens are shown in figure 55.

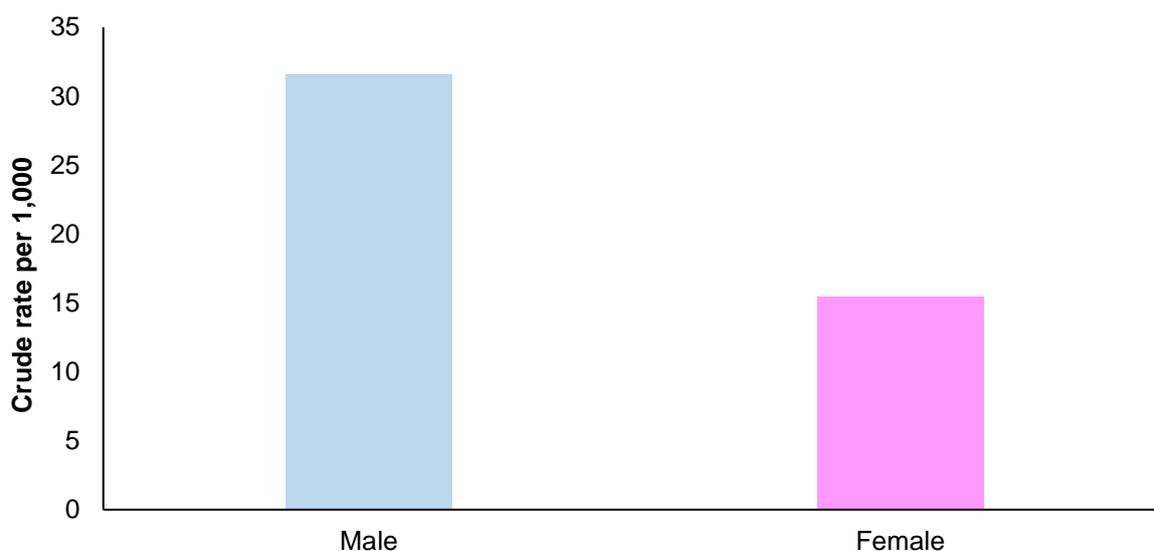
Figure 55: Youth Crime (Crude rate per 1,000 aged 0-19 years) in St Helens by ward (2021-22 – 2022-23)



Source: St Helens Council – Community Safety

There is a higher rate of youth crime among males aged 0-19 in St Helens compared to females. The male rate is 21.6 per 1,000 compared to 15.4 per 1,000 females between 2021-22 and 2022-23 (figure 56).

Figure 56: Youth Crime (crude rate per 1,000 aged 0-19 years) in St Helens by sex (2021-22 – 2022-23)



Source: St Helens Council – Community Safety

11. Parental Characteristics

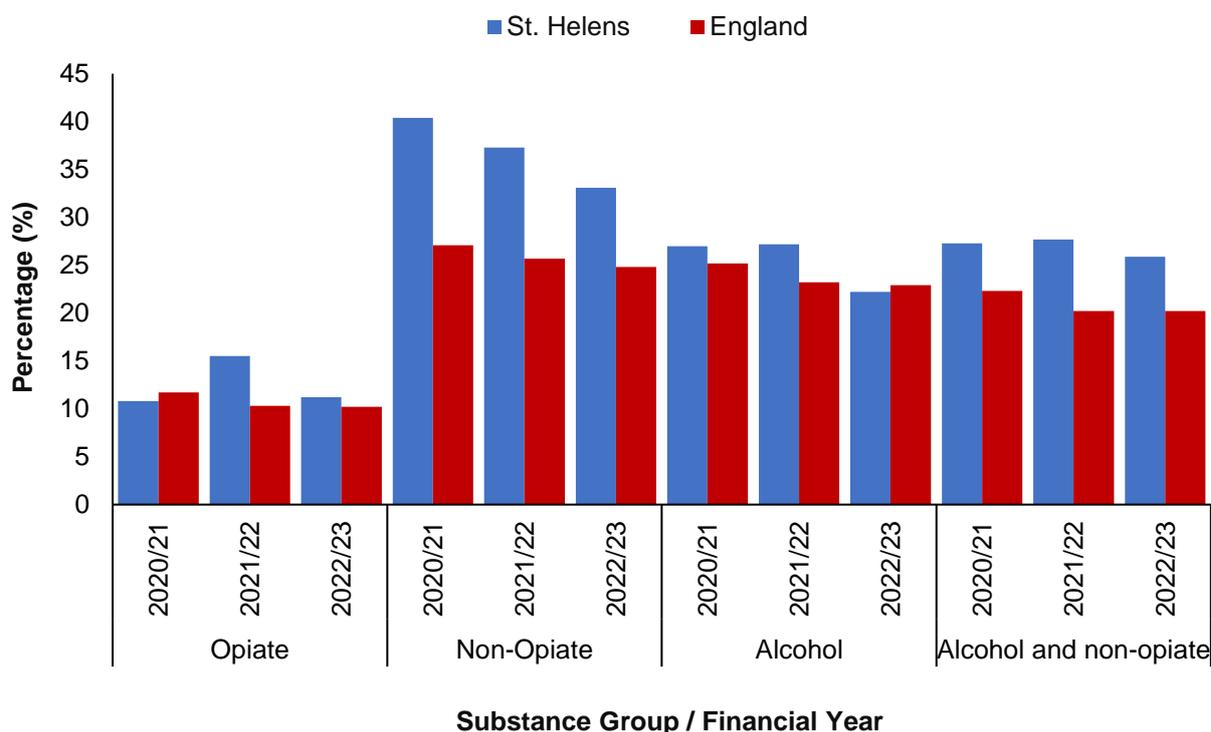
11.1 Parental Alcohol and Substance Use

Parental substance misuse refers to parents and carers who drink or use drugs regularly in excessive amounts, or those who are dependent on alcohol and/or drugs. This can lead to parents or carers struggling to care for and supervise their children and can result in the child being at increased risk of harm and neglect. Risk factors to the child include mental health problems and domestic abuse.

Data from the National Drug Treatment Monitoring Service (NDTMS) shows that during 2022-23 in St Helens the proportion of adults entering treatment who live with children was higher than the national average for alcohol and non-opiate misuse (figure 57).

The proportion of adults entering treatment for substance and alcohol use was higher for St Helens compared to the national average each year except for opiates in 2020-21 and alcohol in 2022-23.

Figure 57: Percentage (%) of Adults in Treatment for Substances and Alcohol Living with Children in St Helens and England (2020-21 to 2022-23)



11.2 Domestic Abuse

Domestic abuse is defined as ‘any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality’.³³ Domestic abuse can include (but is not limited to) the following types of abuse: psychological, physical, sexual, financial, and emotional abuse. These can all have a devastating impact on families, with children at risk of serious harm to both their emotional and physical health.

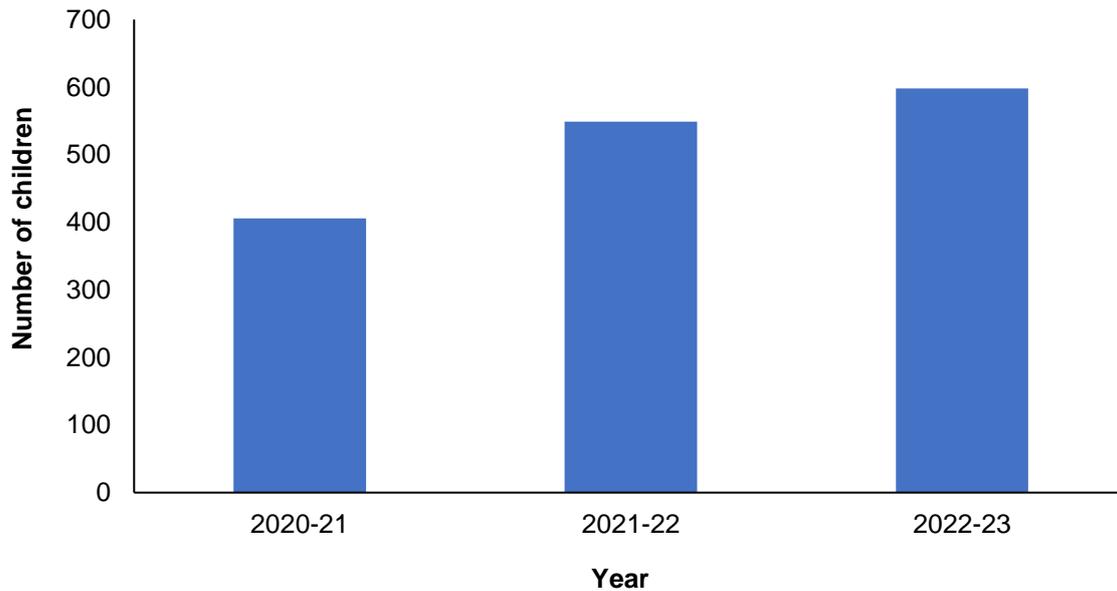
The number of children (under 18 years) exposed to domestic abuse (where cases were heard at the Multi Agency Risk Assessment Conference (MARAC)) has increased year on year in St Helens, with a total of 598 in 2022-23 (figure 58).

St Helens residents who are victims of domestic abuse can access the Safe2Speak service³⁴ or can be referred onto the DART (Domestic Abuse, Recovering Together) programme.

³³ Home Office - [Circular 003/2013: new government domestic violence and abuse definition - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/circulars/2013/03/circular-003-2013-new-government-domestic-violence-and-abuse-definition)

³⁴ Safe2Speak: [Safe2Speak | Support from the St Helens Domestic Abuse Team](#)

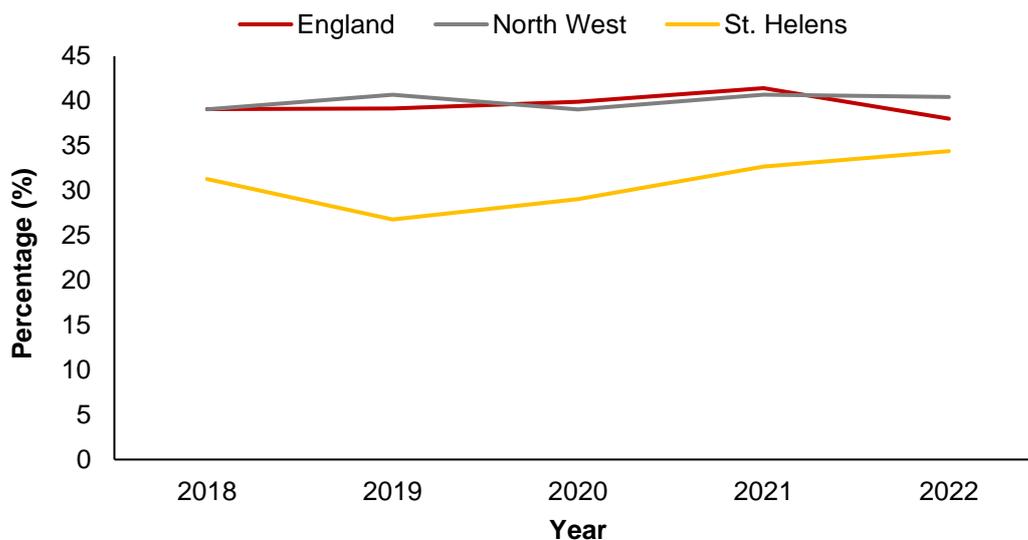
Figure 58: Number of Children (under 18 years) Exposed to Domestic Abuse (where cases were heard at MARAC) in St Helens, 2020-21 – 2022-23



Source: St Helens Council – Community Safety

In St Helens during 2022, from a total of 2,869 assessments completed by Children’s Social Care Services, 987 (or 34.4%) had domestic abuse identified as a factor (figure 59). There is an increasing trend in the percentage of Children’s Social Care Assessments with domestic abuse identified in the borough. Domestic abuse has previously been the leading reason for contacts to Children’s social care within St Helens.³⁵

Figure 59: Domestic Abuse Identified at the end of Children’s Social Care Assessments in St Helens, North West and England (2018-2022)



Source: Department for Education - Characteristics of Children in Need

³⁵ St Helens Council: Domestic Abuse Strategy 2020-2022: <https://tinyurl.com/yc7zdde8>

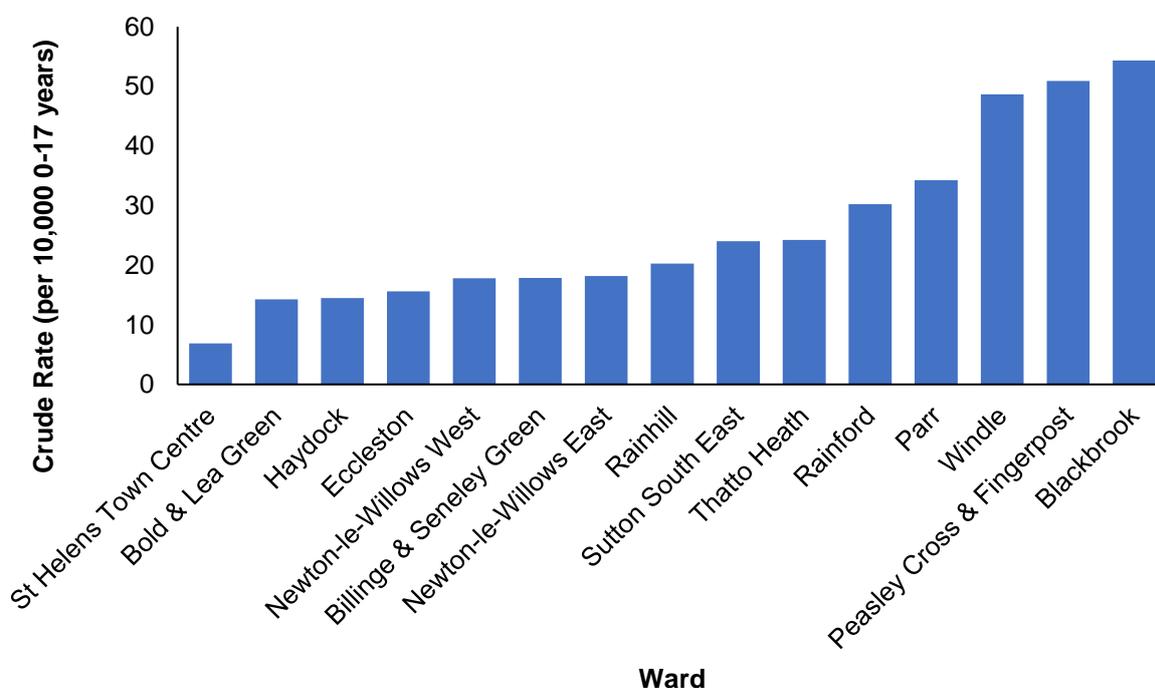
11.3 Parental Conflict

Parental conflict can adversely affect a child’s mental health, wider development and life chances if it is frequent, intense and poorly resolved. Parental conflict increases a child’s risk of a troubled school life and learning, negative peer relationships, poor physical health, smoking and substance misuse, lower employability in later life, depression, and anxiety as well as an increased risk of interpersonal violence.³⁶

Data from St Helens Borough Council Children’s Services relating to contacts³⁷ with a primary reason of ‘parental conflict’ shows that the ward of Blackbrook has the highest rate at 54.3 per 10,000 (figure 60).

Parental conflict is a recent primary contact reason within data collection and may have previously been grouped within a domestic abuse contact. As a result of this, contacts are likely to rise due to cases being captured within the data.

Figure 60: Parental Conflict Contacts (children aged 0-17) by Electoral Ward – Crude rate per 10,000 (2022-2023)



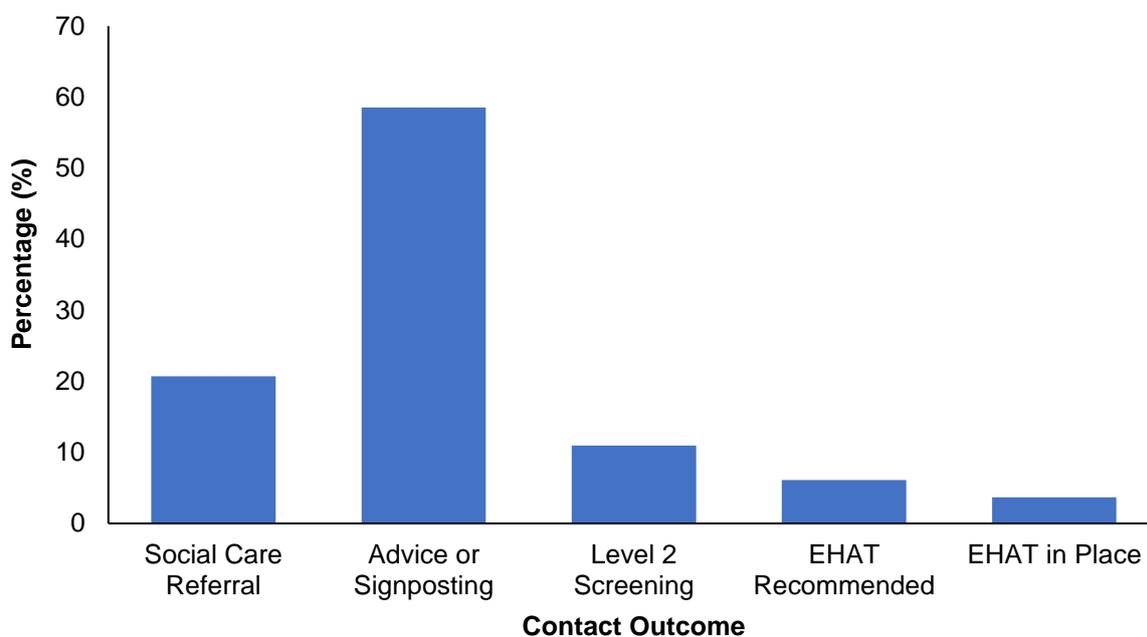
Source: St Helens Council – Children’s Services

³⁶ Department for Work and Pensions: <https://tinyurl.com/2ea5fpdu>

³⁷ A contact is information sent to Children’s Social Care / Early Help requesting services for a child or young person.

The most common outcome from contacts was advice or signposting (59%), followed by 20.7% being referred to children’s social care for an assessment for level 3 (child in need) or level 4 (child protection) support (figure 61).

Figure 61: Parental Conflict Contact Outcomes (children aged 0-17) in St Helens – Percentage (%) of Total Contacts (2022-2023)



Source: St Helens Council – Children’s Services

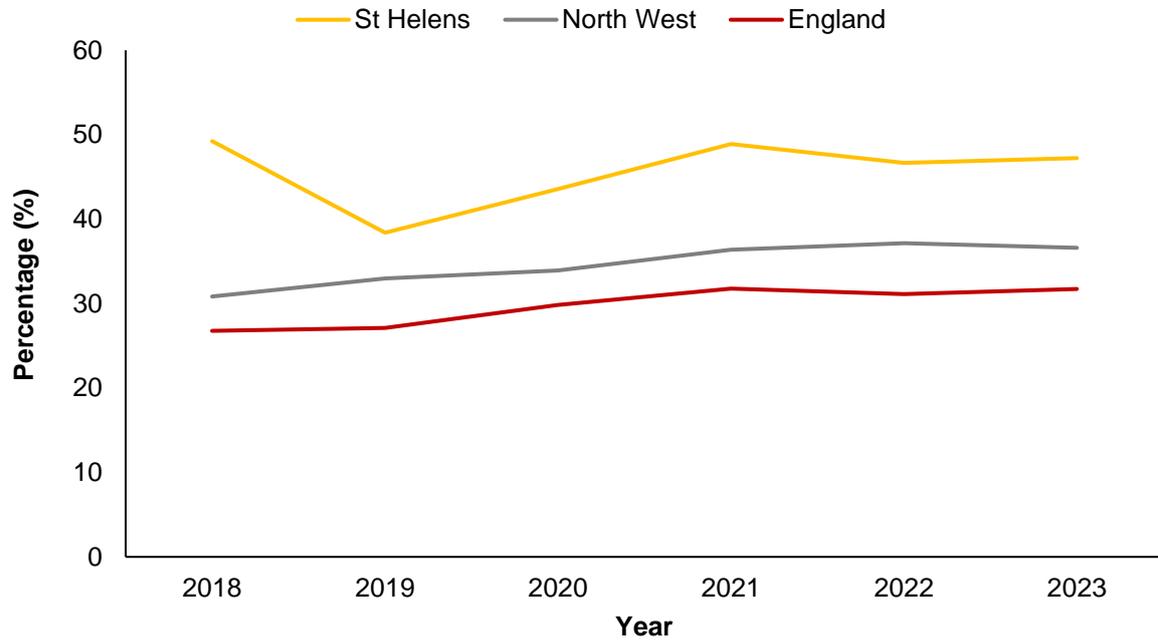
11.4 Parental Mental Health

Poor parental mental health can significantly affect a child’s development and well-being. Children living in poverty with carers or parents that have poor mental health are at an increased risk of long term social and emotional development issues and poor mental health.³⁸

Figure 62 shows the percentage of social care assessments where parental mental health was identified as a factor at the end of assessment in St Helens compared to the North West and England between 2018 and 2023. In 2023 almost half (47%) of assessments had identified parental mental health as a factor in St Helens, this compares to 37% in the North West and 32% in England.

³⁸ National Institute for Health and Care Research: <https://arc-nenc.nihr.ac.uk/news/child-poverty-parents-mh/>

Figure 62: Percentage (%) of Social Care Assessments where Parental Mental Health was Identified as a Factor at the end of Assessment in St Helens, The North West and England (2018-2023)



Source: Department for Education

12. Children with Special Educational Needs and Disabilities (SEND)

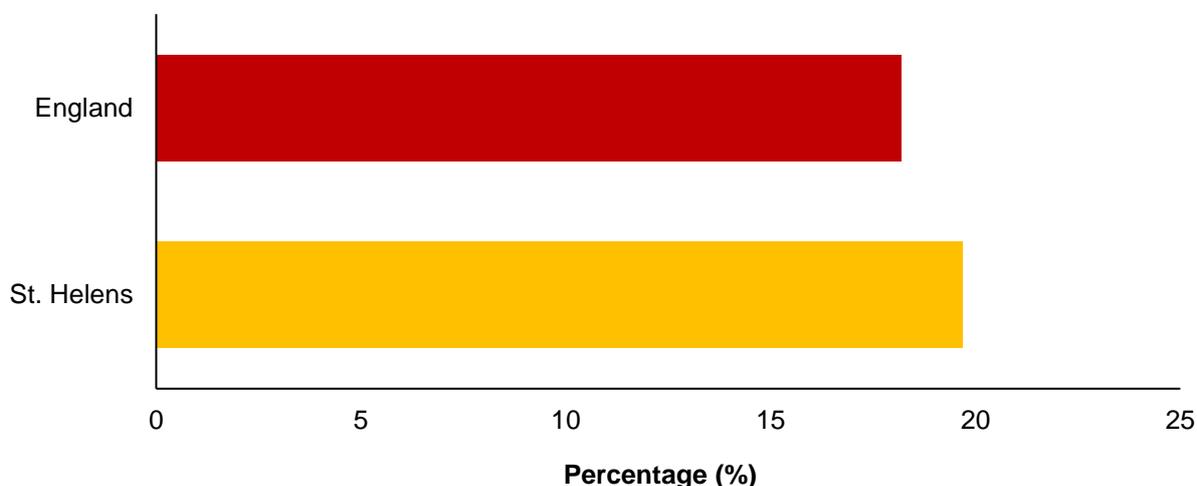
This chapter provides an overview of children and young people in St Helens with Special Educational Needs and Disabilities (SEND) and further information and detail can be found within St Helens SEND JSNA.

Children and young people with SEND (can also be referred to as SEN) have learning difficulties and/or disabilities that impact their ability to learn or participate in various aspects of life, including behaviour and socialisation, speech and language, difficulty with concentration and physical mobility and co-ordination. This can lead to social exclusion and have an impact on mental health. Children with SEND are at an increased risk of abuse and neglect and indications of abuse can be harder to identify. It is important for children with SEND to have the correct support throughout their childhood, adolescence and into early adulthood.

12.1 SEND Population Overview

Figure 63 shows the percentage of pupils in St Helens and England with SEND for the 2022-23 academic year. In St Helens this was 19.7% (almost a fifth of all pupils). This was slightly higher than the national average of 18.2%.

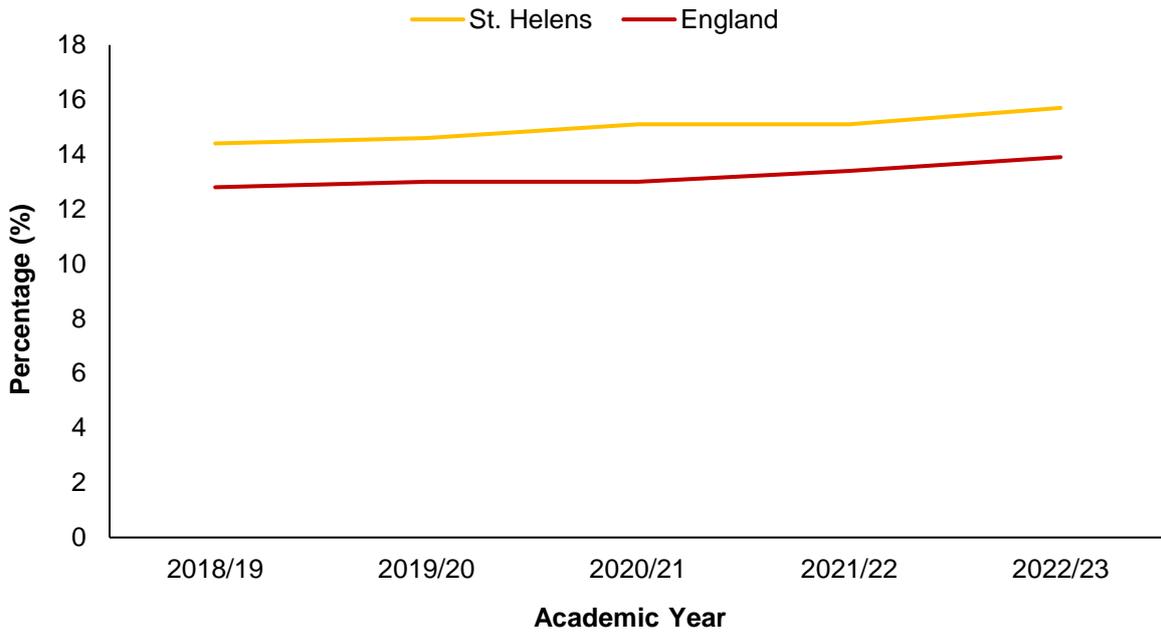
Figure 63: Percentage (%) of pupils with SEND in St Helens and England (2022/23)



Source: Local Government Association

Since 2018-19 the percentage of pupils receiving SEND support has remained similar in St Helens. There has been a rise of 1.3% between 2018-19 and 2022-23. This increase is similar England where there has been an increase of 1.1% (figure 64).

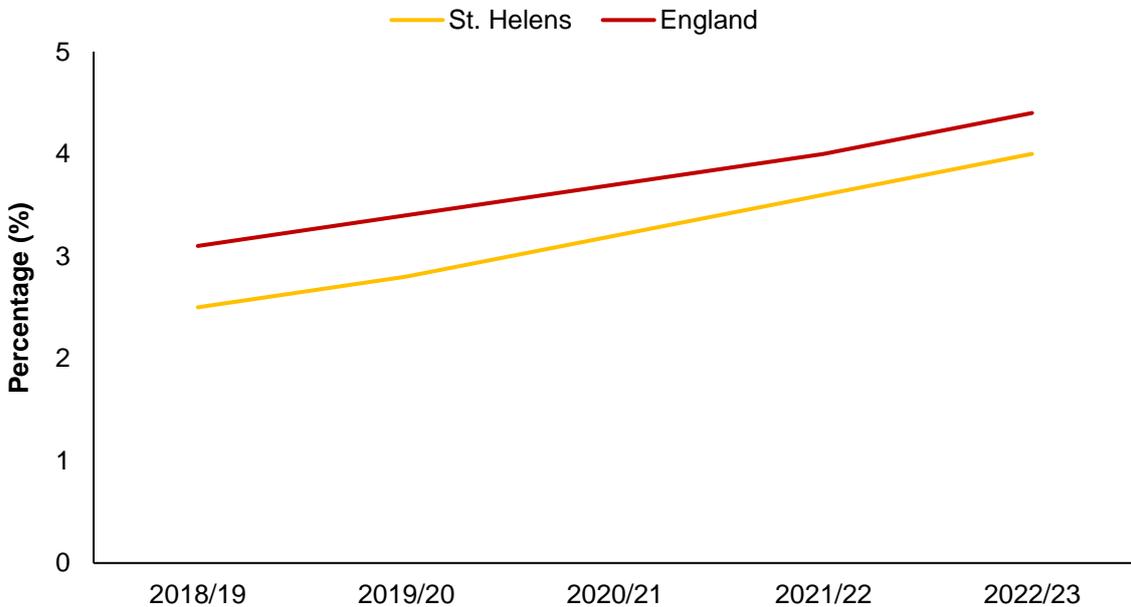
Figure 64: Trend of percentage (%) of pupils with SEND Support in St Helens and England (2018-19 – 2022-23)



Source: Local Government Association

Similarly, the percentage of pupils with statement or EHCP has risen by 1.5% in St Helens between 2018-19 to 2022-23 (from 2.5% to 4%). This is similar with the national trend where there was an increase of 1.3% (from 3.1% to 4.4%) (figure 65).

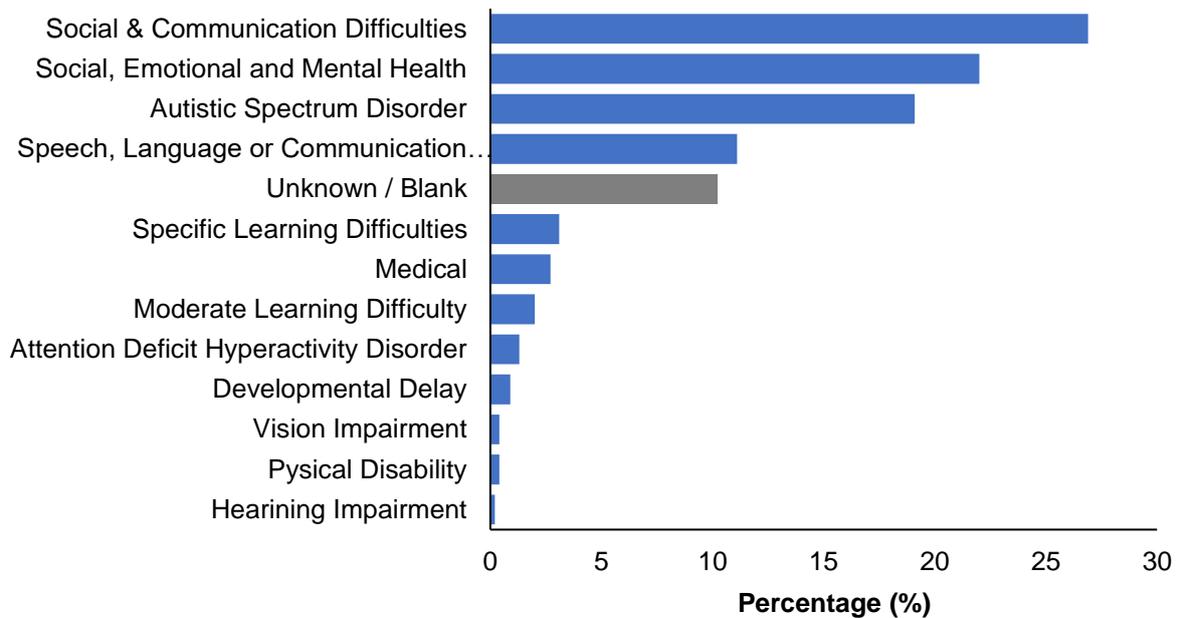
Figure 65: Percentage (%) of pupils with statement or EHC plan in St Helens and England (2018-19 – 2022-23)



Source: Local Government Association

Local intelligence shows that in 2023 the most common primary assessment need for EHCP requests in St Helens was ‘social and communication difficulties’ at 26.9% of the total requests, followed by ‘social, emotional and mental health’ at 22% and Autistic Spectrum Disorder (ASD) with 19.1% of total EHCP requests. Figure 66 shows the breakdown EHCP requests by primary assessment need.

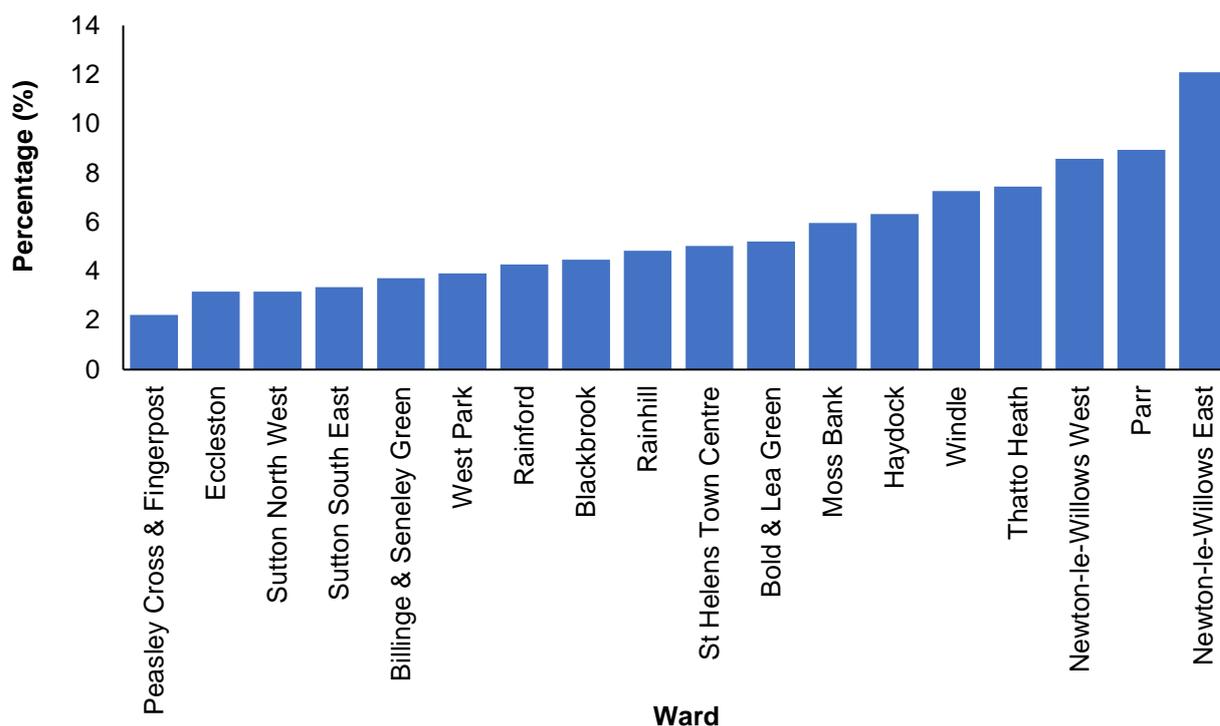
Figure 66: Percentage (%) of total EHCP requests in St Helens by Primary Assessment Need for pupils aged under 21 years (2023)



Source: St Helens Council – Business Intelligence

Analysis by ward shows that the highest proportion of EHCP requests in 2023 were from pupils living in the Newton-le-Willows area, with 12.1% coming from the Newton-le-Willows East ward and 8.6% coming from the Newton-le-Willows West ward (figure 67).

Figure 67: Percentage (%) of total EHCP requests in St Helens by ward, pupils aged under 21 years (2023)



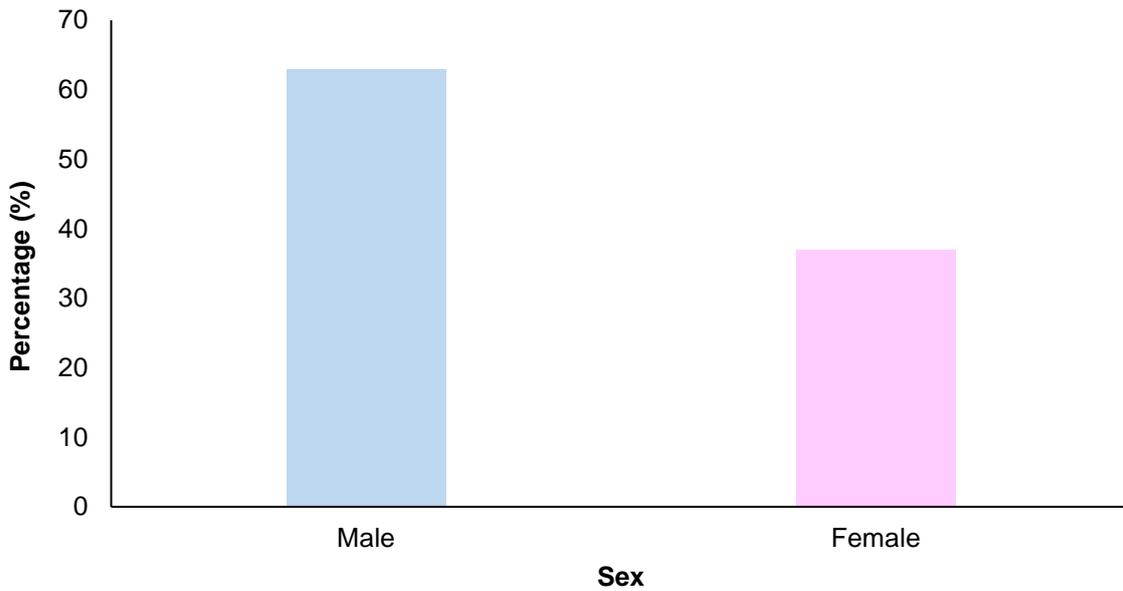
Source: St Helens Council – Business Intelligence

Nationally there are a higher proportion of boys with EHCP requests compared to girls.³⁹

Figure 68 shows that in St Helens, 63% of all EHCP requests were for boys compared to 37% for girls. A higher prevalence of SEND among boys can be attributed to several factors including differences in brain development and functioning, potential gender stereotypes, potential underdiagnosis in girls where SEND such as ASD may present more subtly.

³⁹ Department for Education: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1164690/Special_educational_needs_and_disability_an_analysis_and_summary_of_data_sources.pdf

Figure 68: Percentage (%) of total EHCP requests in St Helens by sex, pupils aged under 21 years (2023)



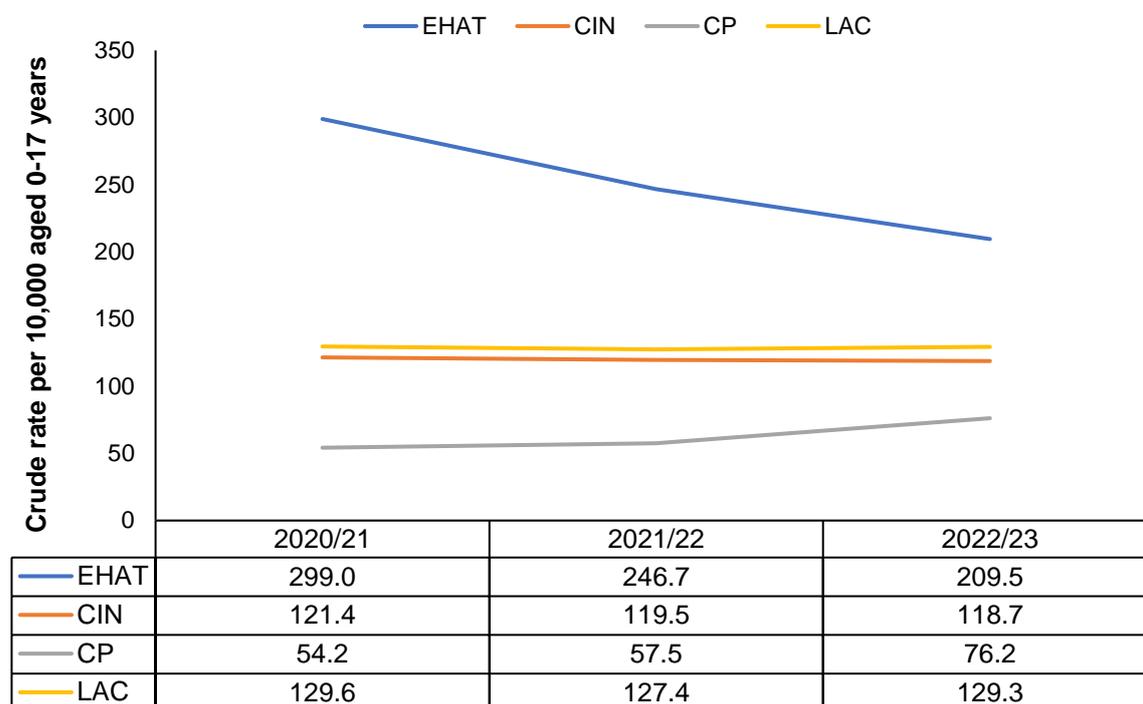
Source: St Helens Council – Business Intelligence

12.2 Children in Need

Children in need are a legally defined group of children (under the Children Act 1989), assessed as needing help and protection because of risks to their development or health. This group includes children on child in need plans, children on child protection plans, children looked after by local authorities, care leavers and disabled children.

Figure 69 shows the rate of Early Help episodes, Children in Need plans, Child Protection plans and Looked After Children in St Helens between 2020-21 and 2022-23. The rate of Early Help episodes reduced from 299 to 209.5 per 10,000 aged 0-17 years, the rate of Child in Need plans and Looked After Children remained similar, whilst the rate of Child Protection plans increased to 76.2 per 10,000.

Figure 69: Early Help and Statutory Services, crude rate per 10,000 children aged 0-17 years in St Helens (2020-21 – 2022-23)



Source: St Helens Council – Children’s Services

Analysis by ward show some disparities within the borough (figure 70).

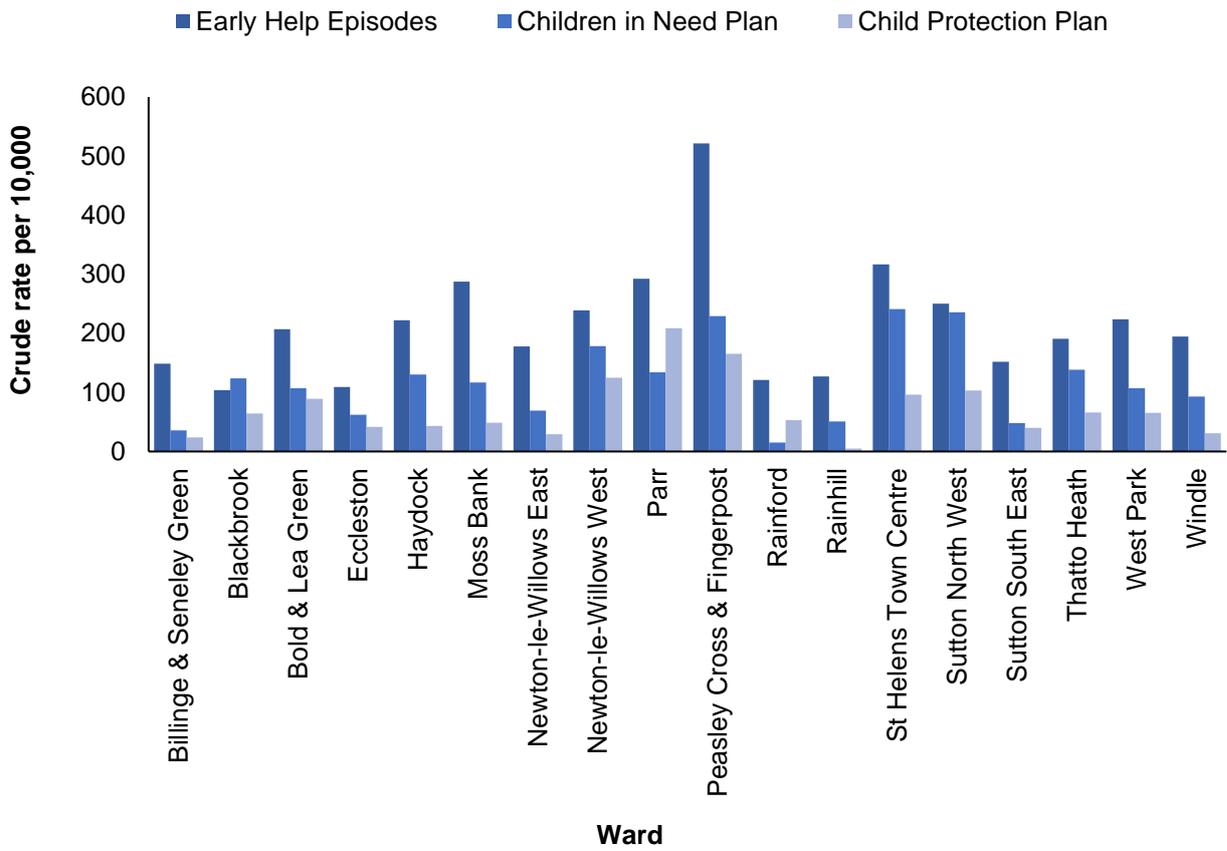
The highest rate for Early Help episodes was in Peasley Cross & Fingerpost at 521.6 per 10,000 aged 0-17 years, whilst the lowest rate was in Blackbrook at 103.8.

For Child in Need plans the highest rate was in Town Centre at 241.0 per 10,000 aged 0-17 years, and the lowest was in Rainford.

Parr had the highest rate of Child Protection plans with 208.5 per 10,000 aged 0-17 years, whilst the lowest rate was in Rainhill at 5.1 per 10,000.

For Child Protection, it was the Parr ward with the highest rate with 208.5 per 10,000.

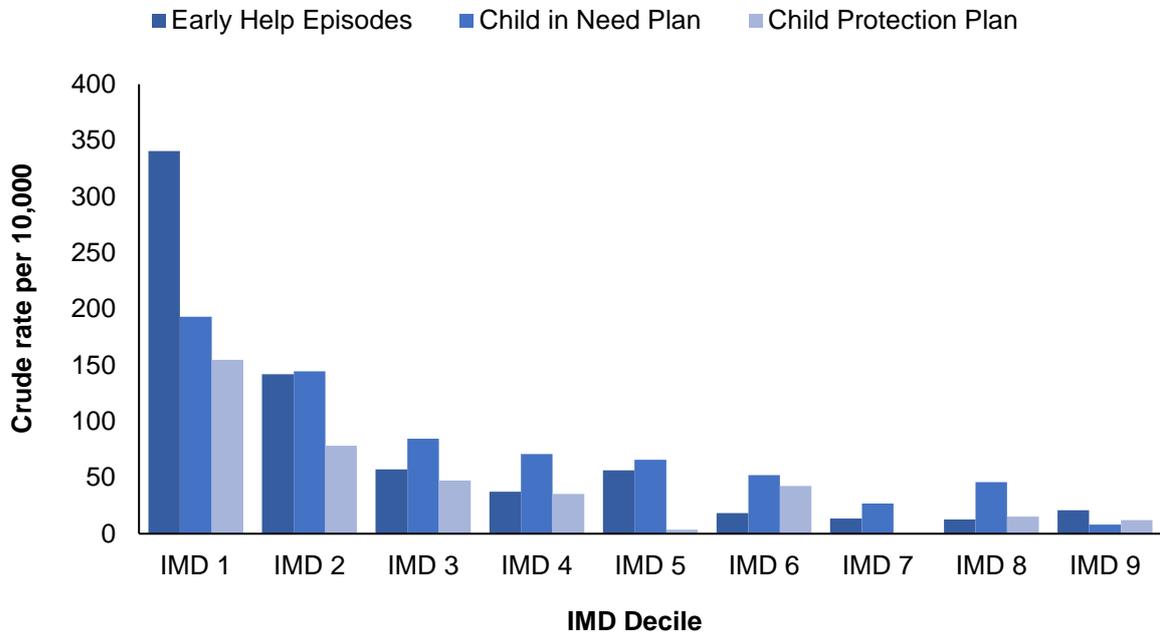
Figure 70: Rate of Early Help Episodes, Children in Need Plans and Child Protection Plans, Crude rate per 10,000 children aged 0-17 (2022-23)



Source: St Helens Council – Children’s Services

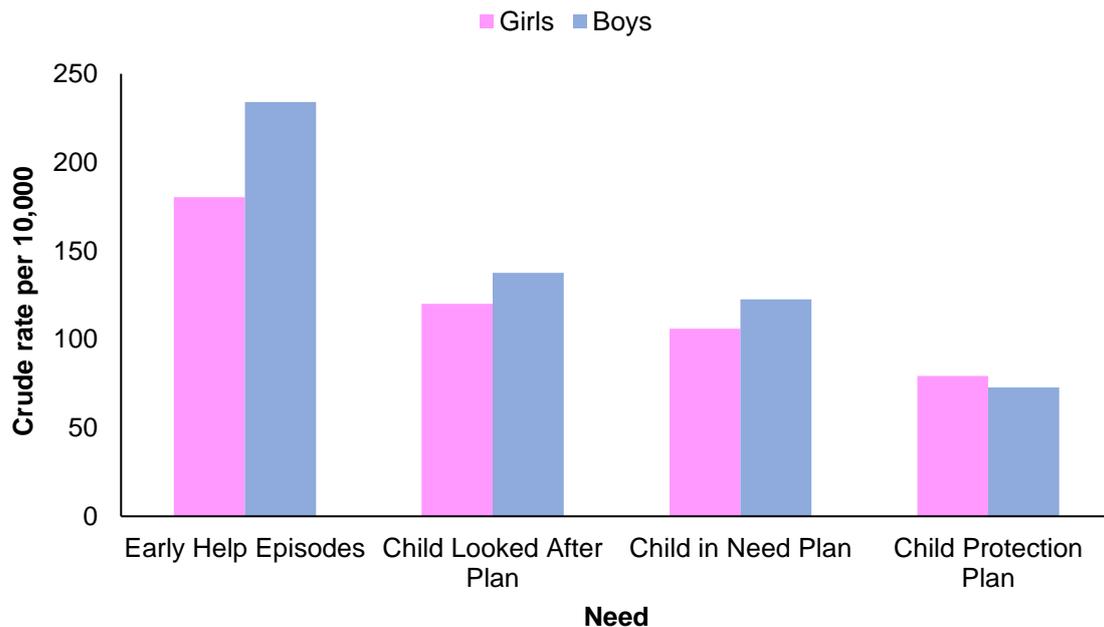
Across the three levels of need (Early Help, Children in Need and Child Protection) there is an association with deprivation (figure 71) and higher rates for boys compared to girls (figure 72).

Figure 71: Rate of Early Help Episodes, Child in Need Plans, and Child Protection Plans by IMD Decile, Crude rate per 10,000 aged 0-17 (2022-23)



Source: St Helens Council – Children’s Services

Figure 72: Rate of Early Help Episodes, Child Looked After Plans, Children in Need Plans and Child Protection Plans (children aged 0-17) by Sex: Crude Rates per 10,000 in 2022-23



Source: St Helens Council – Children’s Services

13. Education and Aspiration

Educational attainment is an important measure and closely relates to health and social outcomes. Poor educational attainment and low literacy levels have been linked to poverty and social exclusion, which also impact on future physical and mental health.

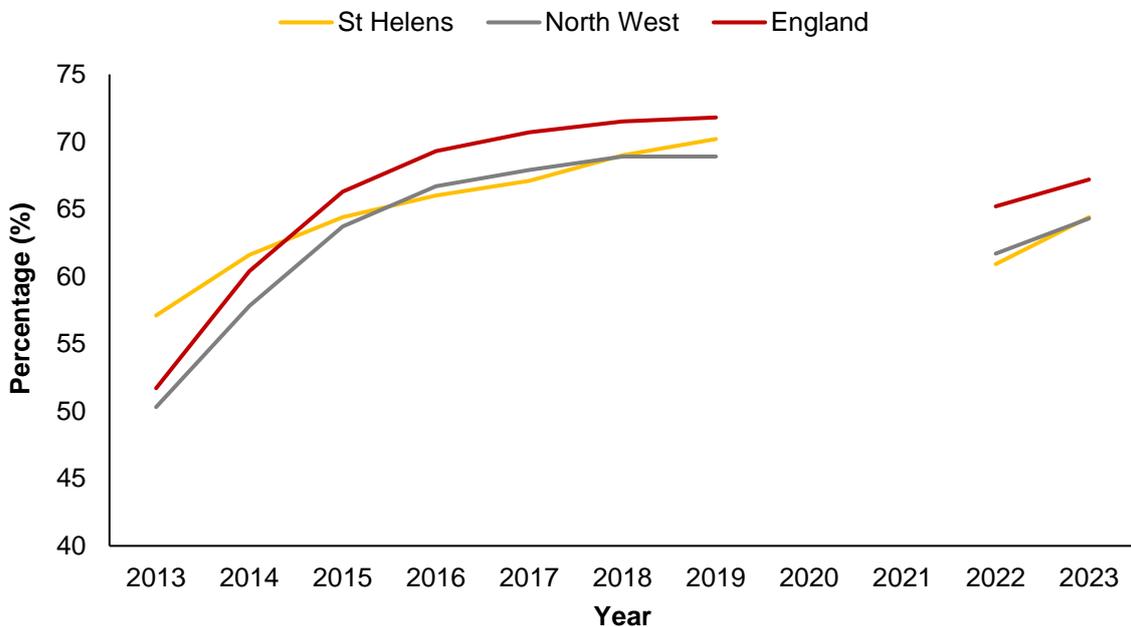
13.1 Early Years

The Early Years Foundation Stage (EYFS) framework helps to monitor the learning, development and care of children typically between the ages of 3 and 5 years and helps towards school readiness.

Figure 73 shows the percentage of pupils achieving a good level of development in the EYFS assessments in St Helens, North West and England from 2013 to 2023 (with the exception of 2020 and 2021 due to the COVID-19 pandemic).

Pre-pandemic the proportion of pupils in St Helens achieving a good level of development at the end of reception was increasing, along with national and regional trends. Post-pandemic the proportion decreased to 60.9% in 2022 and then increased to 64.4% in 2023. This compares to 67.2% in England and 64.3% in the North West in 2023.

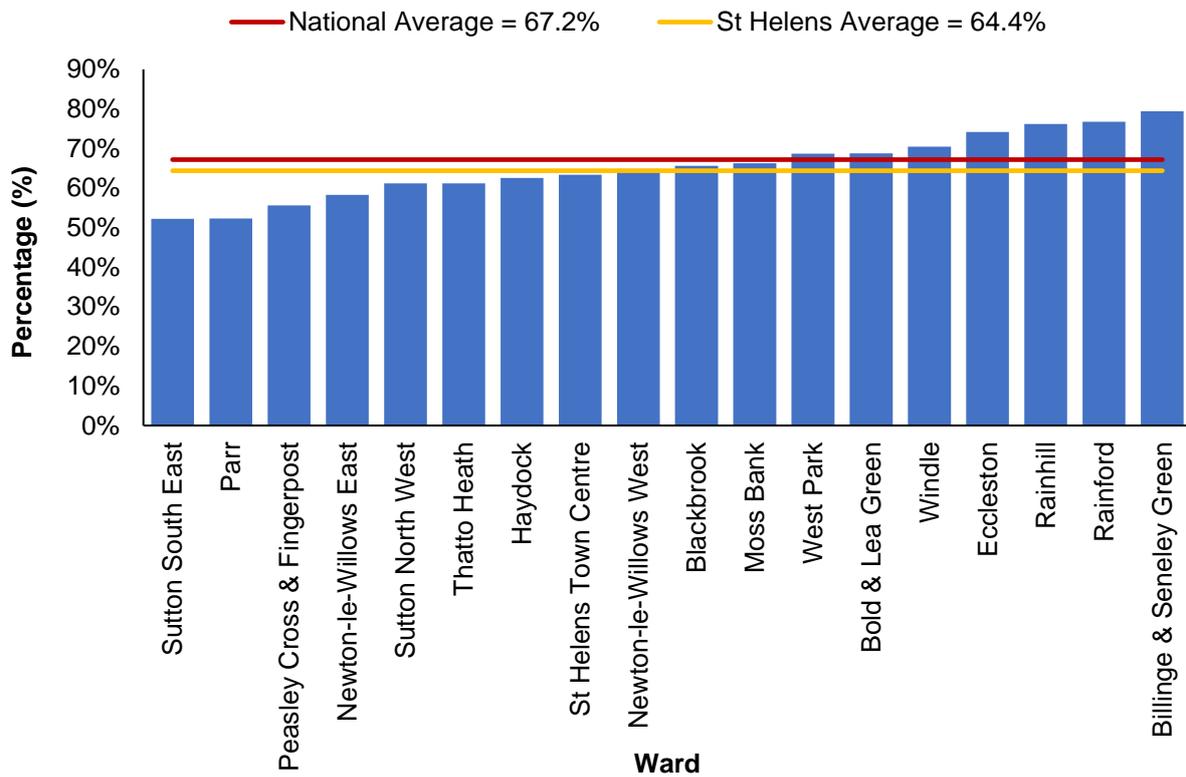
Figure 73: Percentage (%) of Pupils Achieving a Good Level of Development in Early Years Foundation Stage Profile Assessments in St Helens, North West and England (2013 – 2023)



Source: Department for Education – Early Years Foundation Stage Profile Results

Ward level analysis shows disparity across the borough with children achieving a good level of development in EYFS assessments (figure 74). The ward with the highest proportion of children achieving a good level of development was Billinge and Seneley Green at 79.4%. This is in contrast to 52.2% and 52.3% in Sutton South East and Parr respectively.

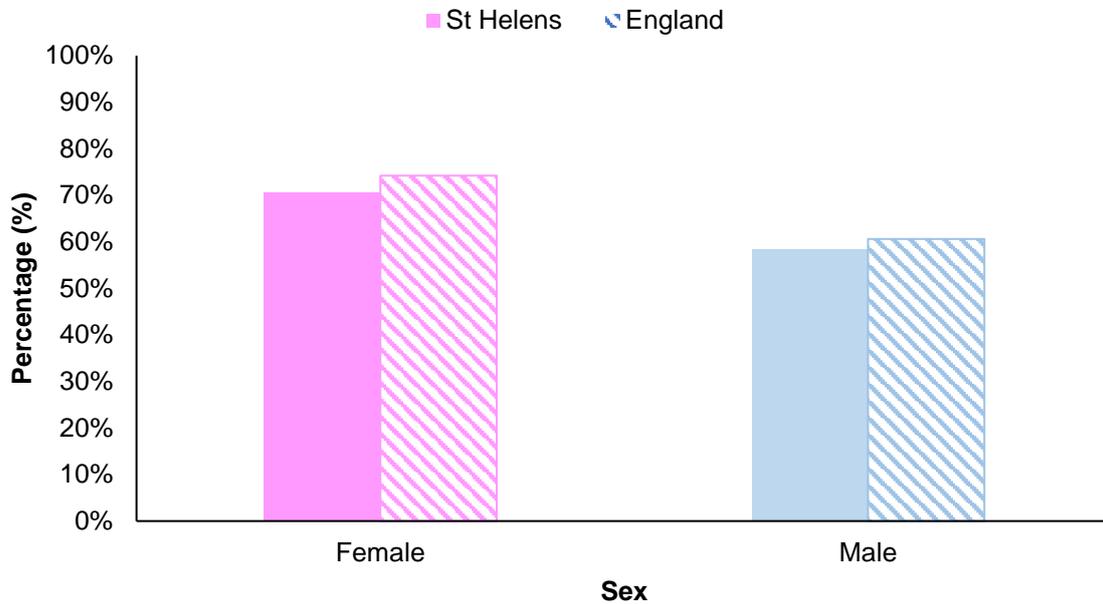
Figure 74: Percentage of Pupils Meeting a Good Level of Development in Early Years Foundation Stage Profile Assessments in St Helens by Ward (2023)



Source: St Helens Council – Business Intelligence

There is a higher proportion of girls achieving a good level of development compared to boys (70.6% and 58.3% respectively) in St Helens, and this is also the case at a national level (figure 75).

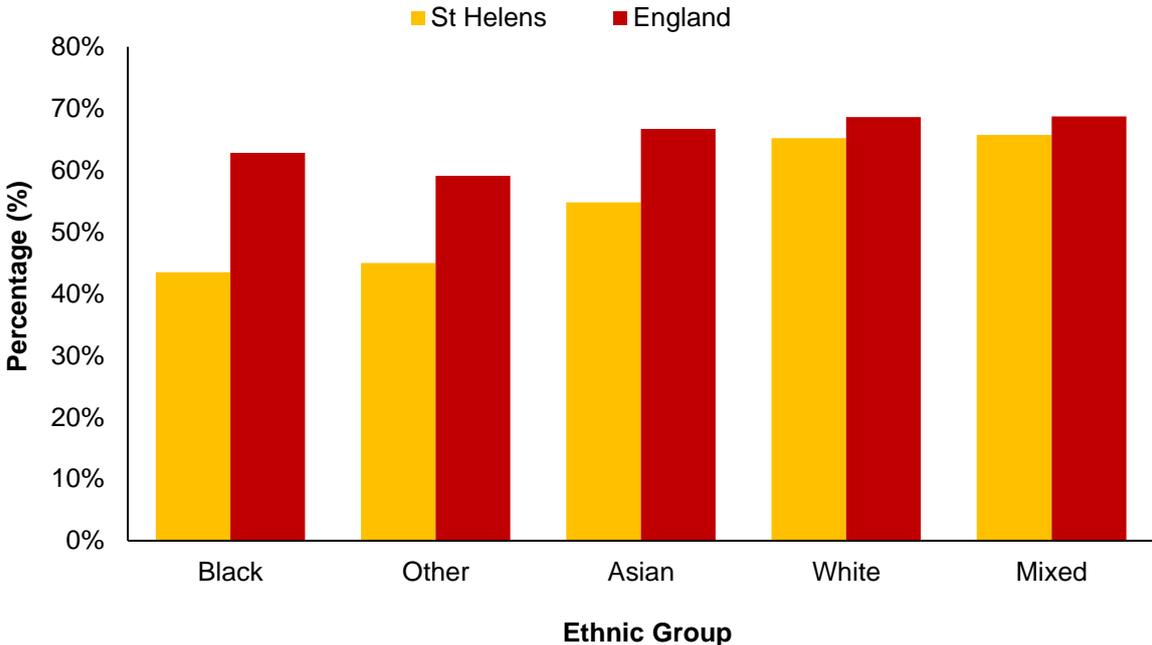
Figure 75: Percentage (%) of Pupils Achieving a Good Level of Development in Early Years Foundation Stage Profile Assessments in St Helens and England by Sex (2023)



Source: Department for Education – Early Years Foundation Stage Profile Results

There are also some differences in the proportion of pupils achieving a good level of development in EYFS between ethnic groups (figure 76). In St Helens there was a higher proportion of children of ‘Mixed’ and ‘White’ ethnic origin achieving a good level of development (65.7% and 65.2% respectively) compared to ‘Black’, ‘Other’ and ‘Asian’ ethnicities. Note that percentages for non-white ethnicities in St Helens relate to small numbers.

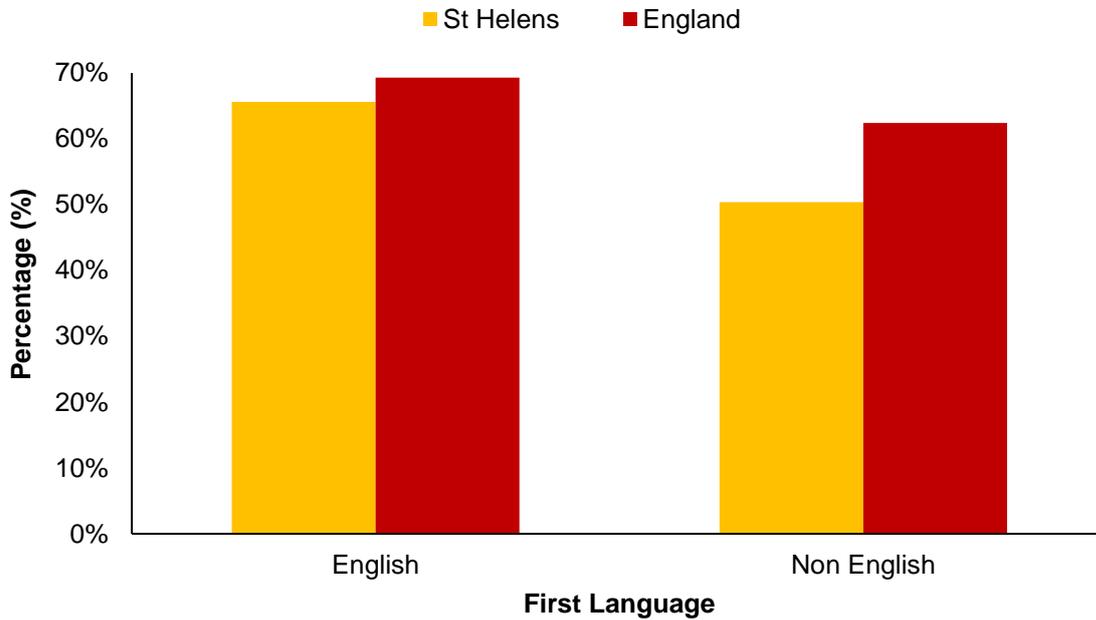
Figure 76: Percentage (%) of Pupils Achieving a Good Level of Development in Early Years Foundation Stage Profile Assessments in St Helens and England by Ethnicity (2023)



Source: Department for Education – Early Years Foundation Stage Profile Results

When considering whether English is a pupil’s first language, there was a higher proportion of pupils in St Helenes whose first language was English who achieved a good level of development compared to those where English was not their first language (65.5% and 50.4% respectively), this was also the case in England as shown in figure 77. However, the older pupils get the more proficient in English they are likely to become.

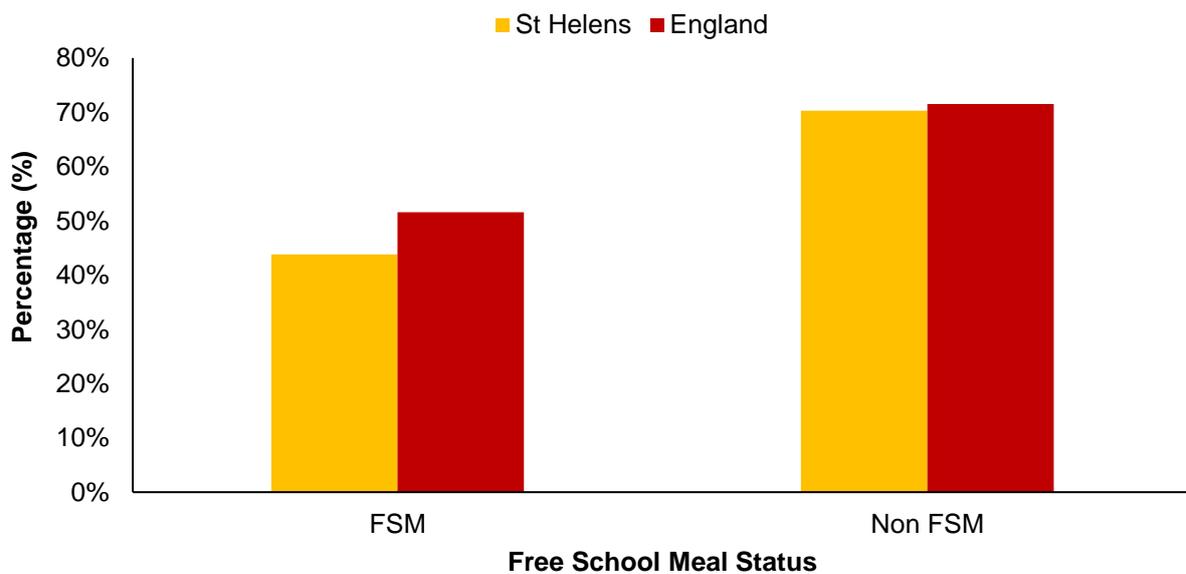
Figure 77: Percentage (%) of Pupils Achieving a Good Level of Development in Early Years Foundation Stage Profile Assessments in St Helens and England by English as First Language Status (2023)



Source: Department for Education – Early Years Foundation Stage Profile Results

Children who were eligible for free school meals (FSM) were less likely to achieve a good level of development in EYFS compared to their counterparts not eligible for FSM (43.8% and 70.3% respectively) as shown in figure 78, and this is also mirrored nationally.

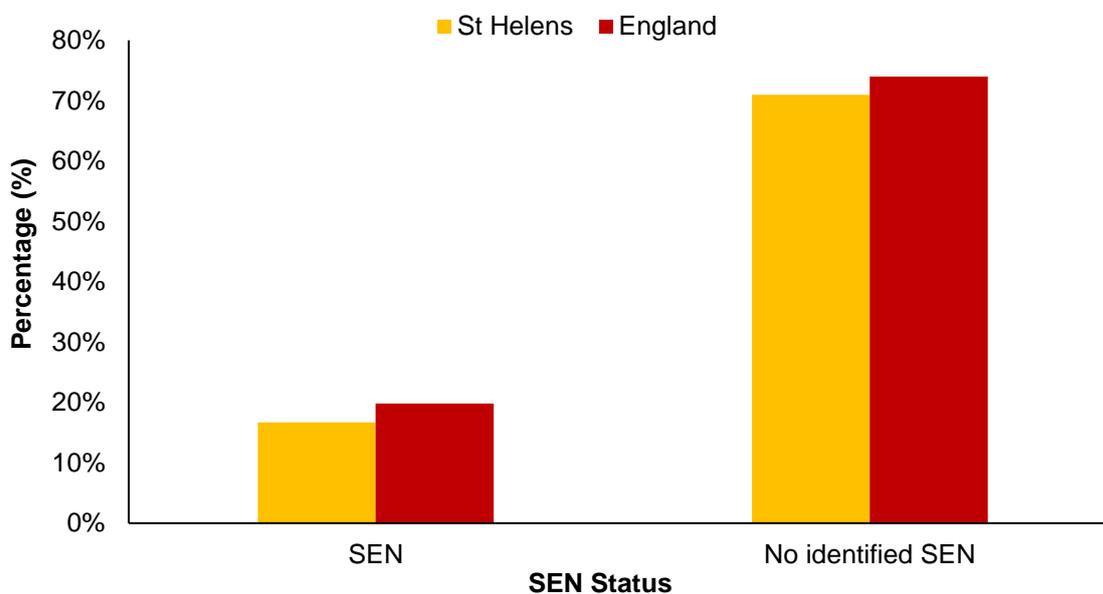
Figure 78: Percentage (%) of Pupils Achieving a Good Level of Development in Early Years Foundation Stage Profile Assessments in St Helens and England by Free School Meal Status (2023)



Source: Department for Education – Early Years Foundation Stage Profile Results

Figure 79 shows a large difference between SEN and no identified SEN pupils in St Helens achieving a good level of development, this is mirrored nationally also. Only 16.7% of SEN pupils in St Helens achieved a good level of development in EYFS compared to 71% of no identified SEN children.

Figure 79: Percentage of Pupils Achieving a Good Level of Development in Early Years Foundation Stage Profile Assessments in St Helens and England by SEN Status (2023)



Source: Department for Education – Early Years Foundation Stage Profile Results

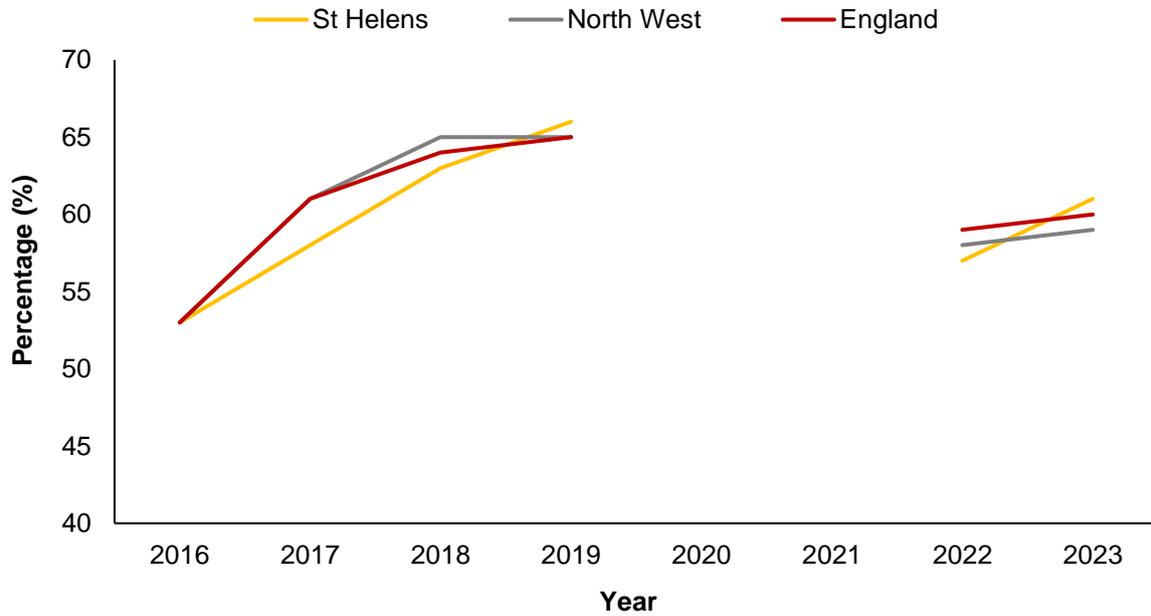
13.2 Key Stage 2

Key stage 2 (KS2) is the final stage of primary school for children aged between 7 and 11 years, and the specific aim of this phase is to further academic development and prepare children for secondary education.

Figure 80 shows the trend of KS2 children meeting the expected standard in reading, writing and maths (RWM) between 2016 and 2023 (with the exception of 2020 and 2021 due to the COVID-19 pandemic).

Pre pandemic (in 2019) the percentage in St Helens was 66% and this has decreased to 61% in 2023. St Helens does have a higher percentage than England and the North West however (60% and 59% respectively).

Figure 80: Percentage (%) of Key Stage 2 Pupils Meeting the Expected Standard in Reading Writing and Maths in St Helens, North West and England (2016 - 2023)⁴⁰



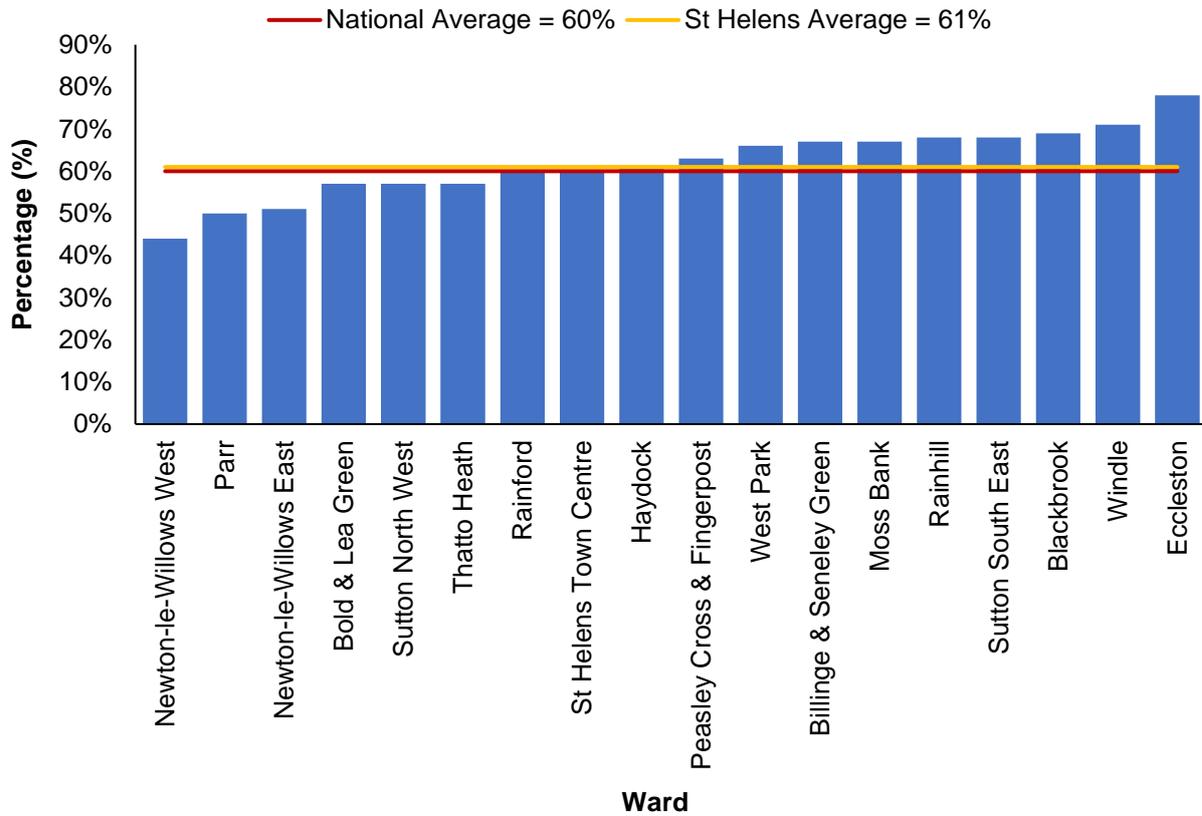
Source: Department for Education – Key Stage 2 Attainment

Ward analysis shows Eccleston had the highest percentage of KS2 pupils who met the expected standard in RWM in 2023 at 78%, whereas Newton-le-Willows West had the lowest percentage meeting expected standards in RWM at 44% (figure 81).

Girls in KS2 were more likely to meet the expected standard in RWM compared to boys (64% and 58% respectively) as shown in figure 82, and this was also seen nationally.

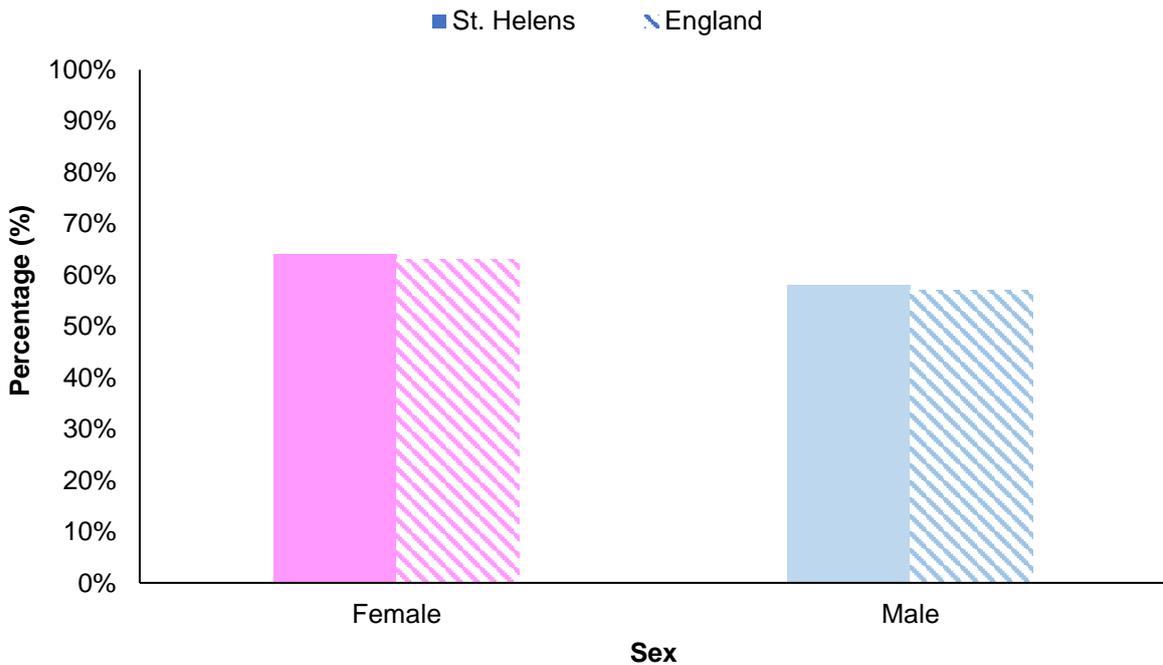
⁴⁰ 2020 and 2021 data missing due to COVID-19 pandemic

Figure 81: Percentage (%) of Key Stage 2 Pupils Meeting the Expected Standard in Reading Writing and Maths in St Helens by Ward (2023)



Source: St Helens Council – Business Intelligence

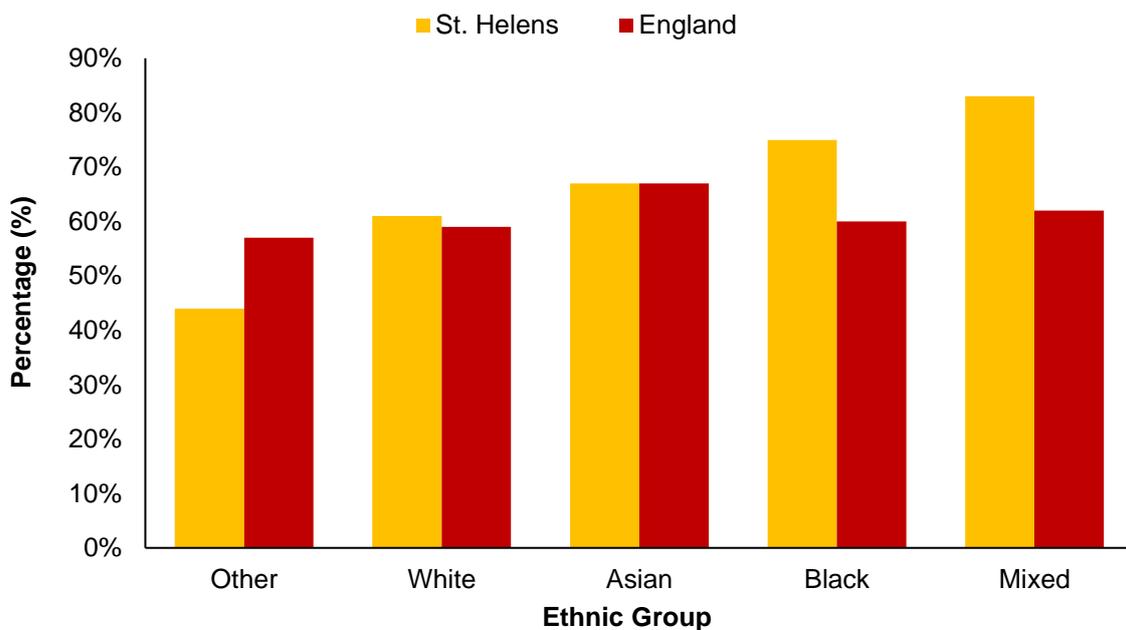
Figure 82: Percentage (%) of Key Stage 2 Pupils Meeting the Expected Standard in Reading Writing and Maths in St Helens and England by Sex (2023)



Source: Department for Education – Key Stage 2 Attainment

There are differences in KS2 children meeting the expected standard in RWM between ethnic groups in St Helens as illustrated in figure 83. However, differences are not as apparent nationally. Note that percentages for non-white ethnicities in St Helens relate to small numbers.

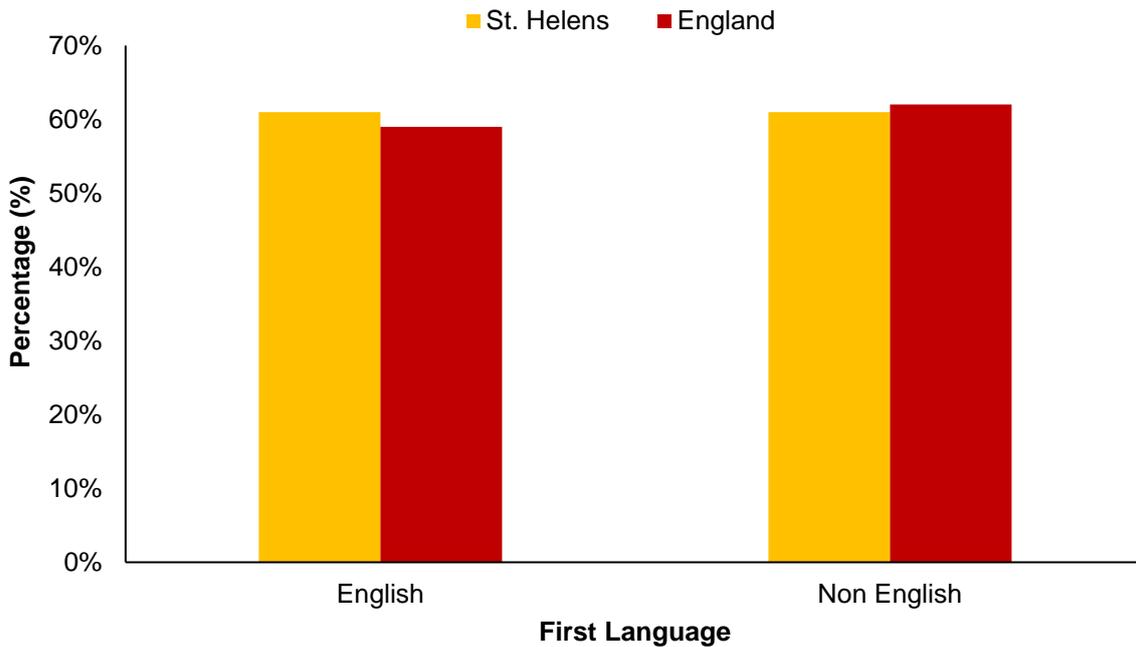
Figure 83: Percentage (%) of Key Stage 2 Pupils Meeting the Expected Standard in Reading Writing and Maths in St Helens and England by Ethnicity (2023)



Source: Department for Education – Key Stage 2 Attainment

There was no difference in the percentage of St Helens KS2 pupils meeting the expected standard in RWM in 2023 between those with English as their first language and those whose first language is not English (figure 84). Both cohorts had 61% of pupils meeting RWM standards in St Helens. Nationally this was 59% for pupils whose first language was not English compared to 62% whose first language was English.

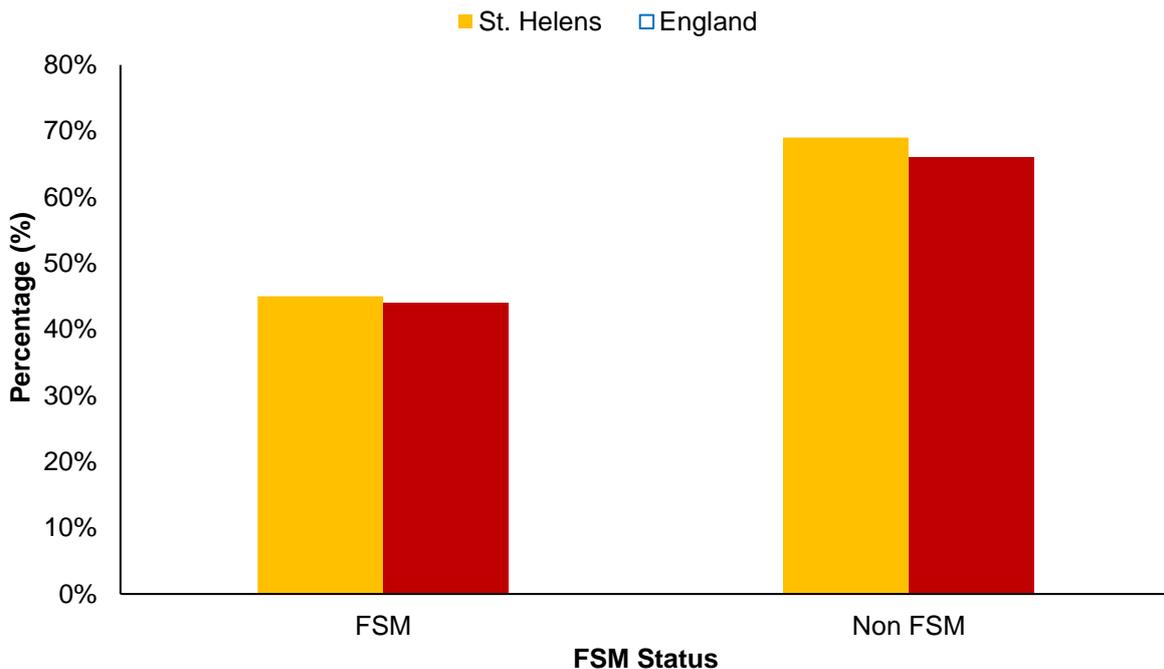
Figure 84: Percentage (%) of Key Stage 2 Pupils Meeting the Expected Standard in Reading Writing and Maths in St Helens and England by English as First Language Status (2023)



Source: Department for Education – Key Stage 2 Attainment

Children who were eligible for free school meals (FSM) were less likely to meet the expected KS2 standards in RWM compared to their counterparts not eligible for FSM. In St Helens 45% eligible for FSM met expected standards compared to 69% not eligible for FSM as shown in figure 85.

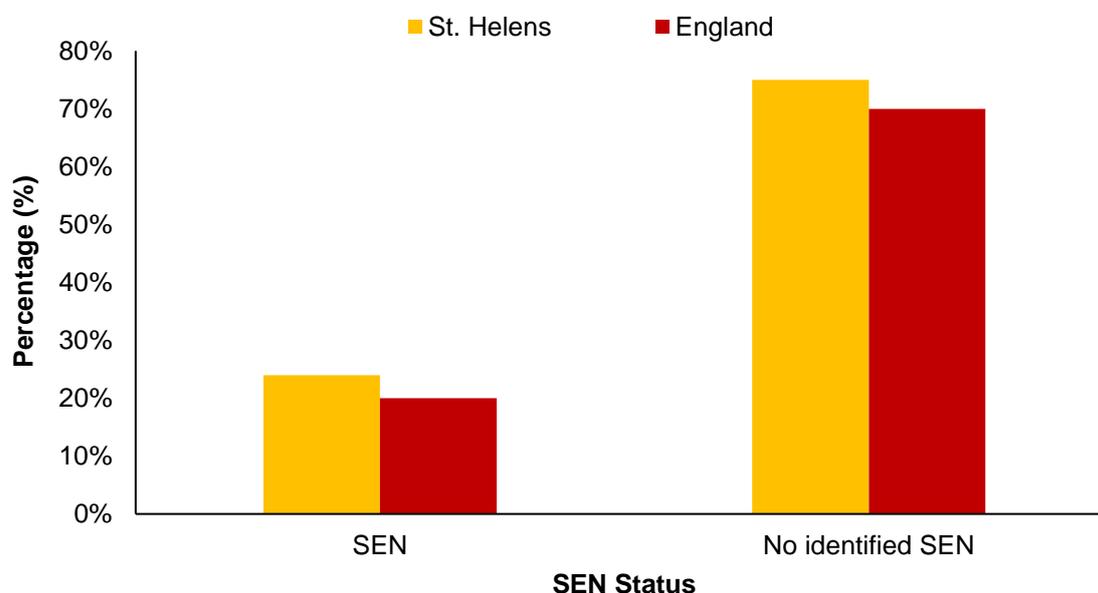
Figure 85: Percentage (%) of Key Stage 2 Pupils Meeting the Expected Standard in Reading Writing and Maths in St Helens and England by Free School Meal Status (2023)



Source: Department for Education – Key Stage 2 Attainment

Figure 86 shows a large difference between SEN and no identified SEN pupils meeting the expected KS2 standards in RWM. Only 24% of SEN met the expected standard compared to 75% of no identified SEN children across St Helens. This was also similar nationally.

Figure 86: Percentage (%) of Key Stage 2 Pupils Meeting the Expected Standard in Reading Writing and Maths in St Helens and England by SEN Status (2023)



Source: Department for Education – Key Stage 2 Attainment

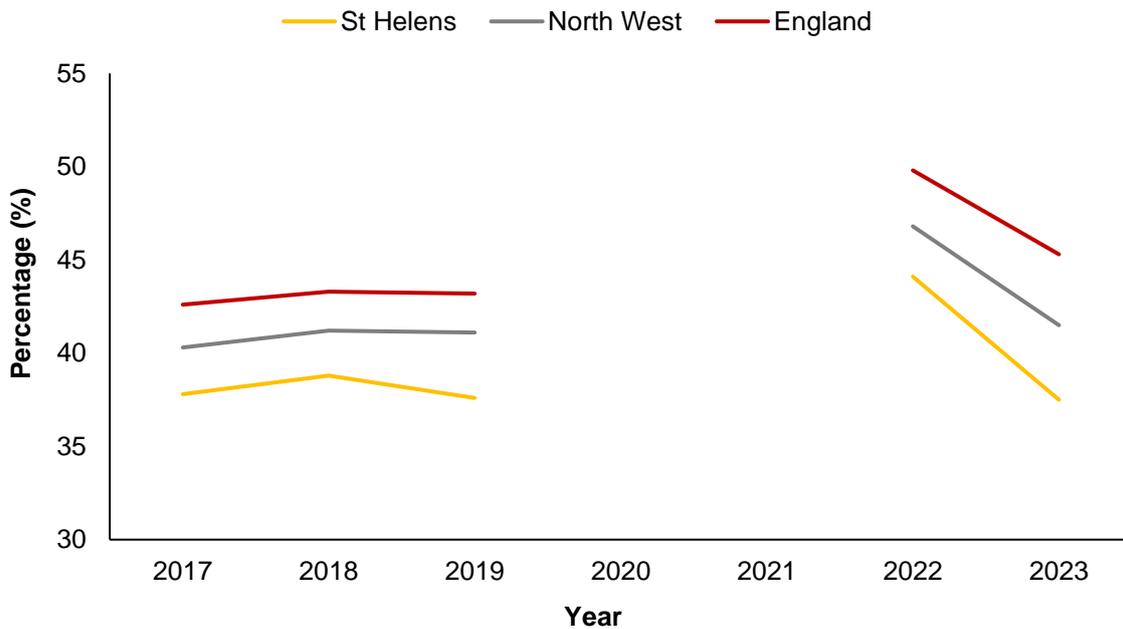
13.3 Key Stage 4

Key Stage 4 (KS4) is a stage of secondary education where pupils aged between 14 and 16 take the General Certificate of Secondary Education (GCSE's) at the end of secondary school, which prepare young people for further education.

Figure 87 shows the trend of KS4 children achieving grade 5 or above in either English literature or language and Maths in St Helens, the North West and England between 2017 and 2023 (excluding 2020 and 2021 due to the COVID-19 pandemic).

Pre pandemic (in 2019) the percentage in St Helens was between 37% and 38%. Post-pandemic this increased to 44.1% and has since decreased back to pre-pandemic levels at 37.5% in 2023. This compares to 41.5% in the North West and 45.3% in England.

Figure 87: Percentage (%) of Key Stage 4 Pupils Achieving Grade 5 or above in English (literature or language) and Maths in St Helens, North West and England (2017 - 2023)

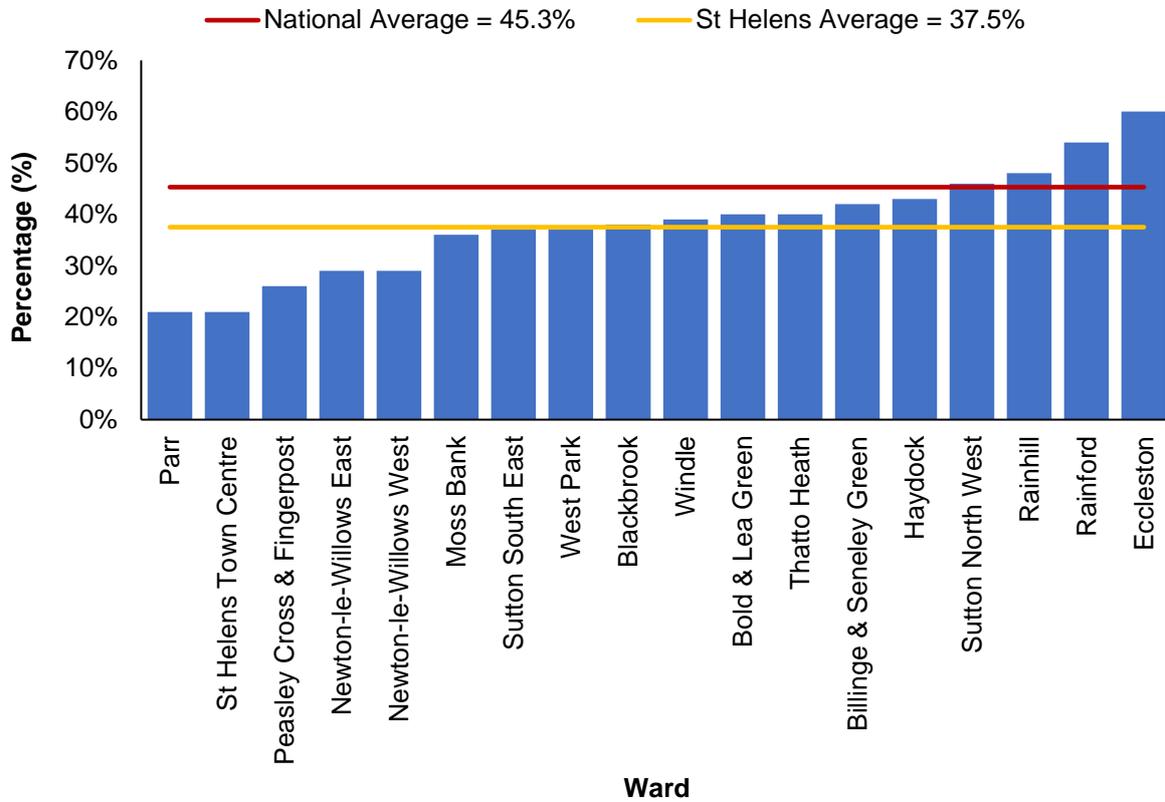


Source: Department for Education – Key Stage 4 Performance

Ward analysis shows Eccleston had the highest percentage of KS4 pupils that achieved grade 5 or above in English or Maths in 2023 at 60%, whereas Parr and Town Centre had the lowest percentage at 21% (figure 88).

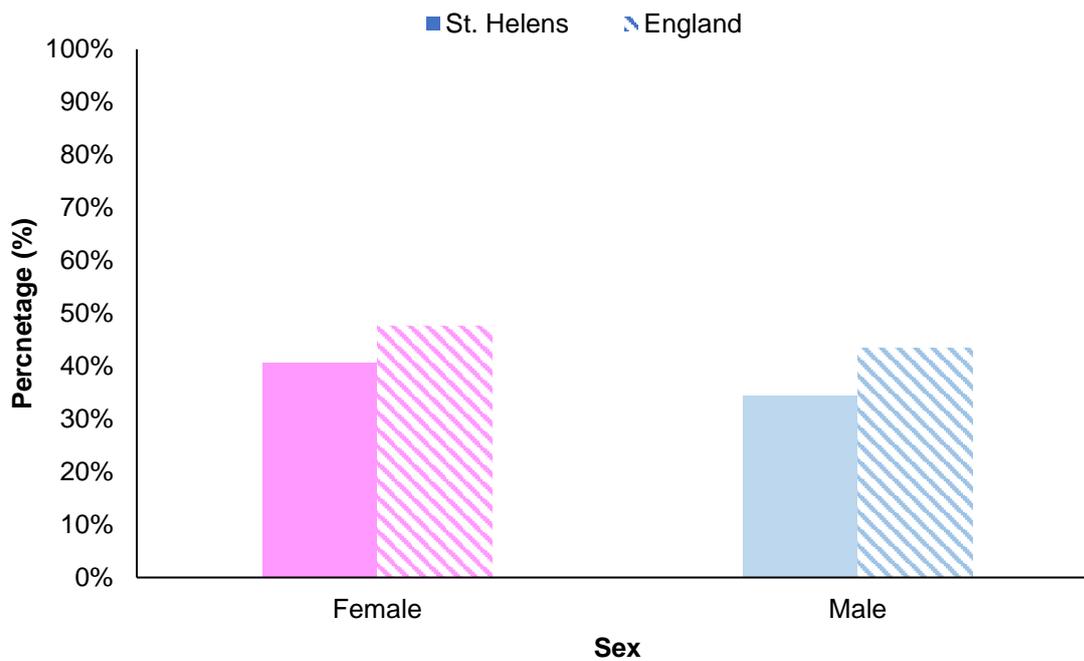
Girls in KS4 were more likely to achieved grade 5 or above in English and Maths compared to boys (40.7% and 34.4% in St Helens and 47.6% and 43.4% in England respectively) as shown in figure 89.

Figure 88: Percentage (%) of Key Stage 4 Pupils Achieving Grade 5 or above in English (literature or language) and Maths in St Helens by Ward (2023)



Source: St Helens Council – Business Intelligence

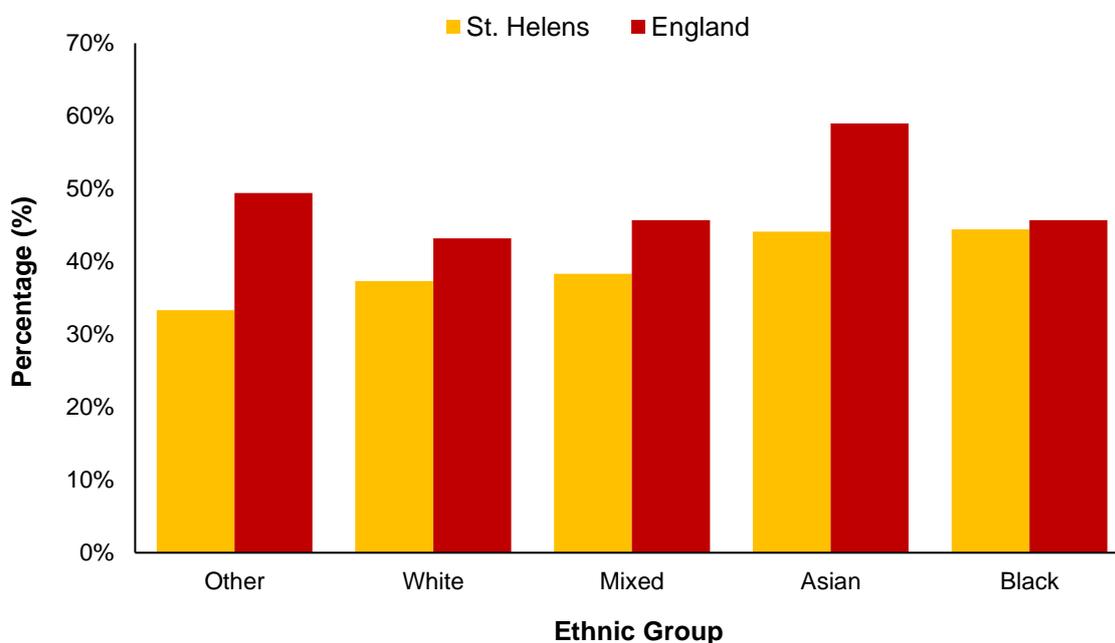
Figure 89: Percentage of Key Stage 4 Pupils Achieving Grade 5 or above in English (literature or language) and Maths in St Helens and England by Sex (2023)



Source: Department for Education – Key Stage 4 Performance

There are differences in KS4 children achieving grade 5 or above in English or Maths between ethnic groups as illustrated in figure 90. Note that percentages for non-white ethnicities in St Helens relate to small numbers.

Figure 90: Percentage (%) of Key Stage 4 Pupils Achieving Grade 5 or above in English (literature or language) and Maths in St Helens and England by Ethnicity (2023)

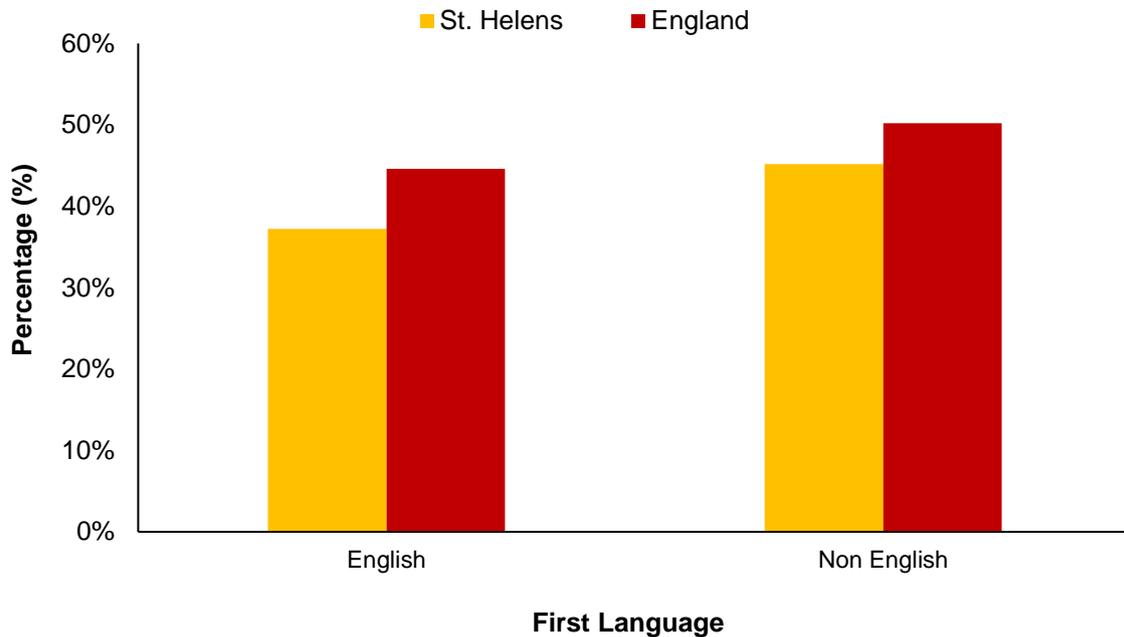


Source: Department for Education – Key Stage 4 Performance

When considering whether English is a pupil’s first language, there was a higher proportion of pupils whose first language was not English that achieved grade 5 or above in English and Maths at 45.2% compared to 37.2% in those with English as their first language (figure 91). This was also reflected nationally.

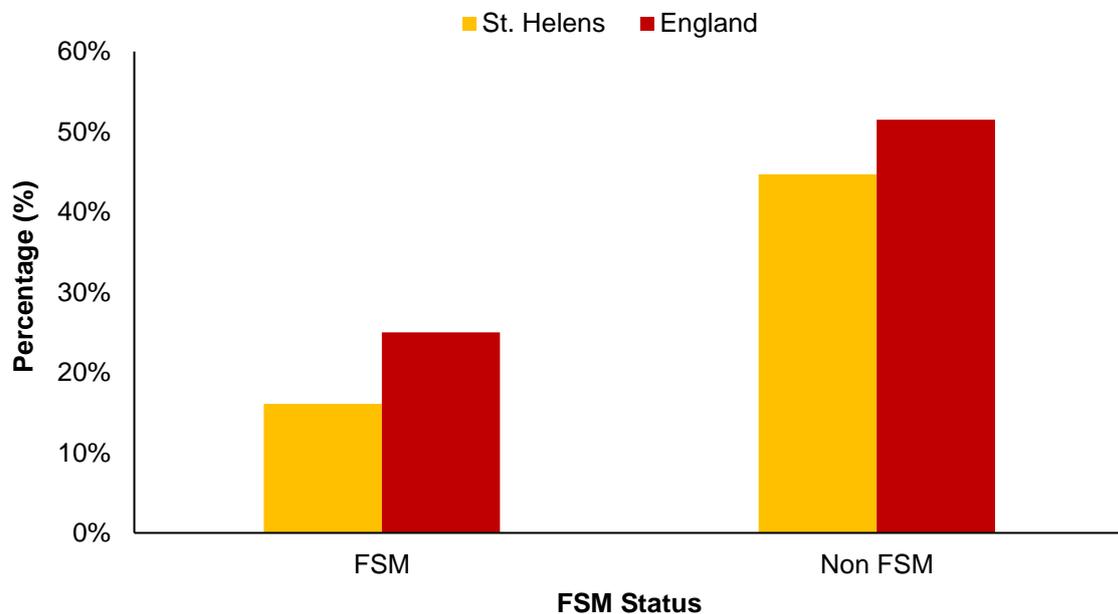
Pupils who were eligible for free school meals (FSM) in St Helens were less likely to achieved grade 5 or above in English and Maths compared to their counterparts not eligible for FSM (16.1% and 44.7% respectively) as shown in figure 92. This was also reflected nationally.

Figure 91: Percentage (%) of Key Stage 4 Pupils Achieving Grade 5 or above in English (literature or language) and Maths in St Helens and England by English as First Language Status (2023)



Source: Department for Education – Key Stage 4 Performance

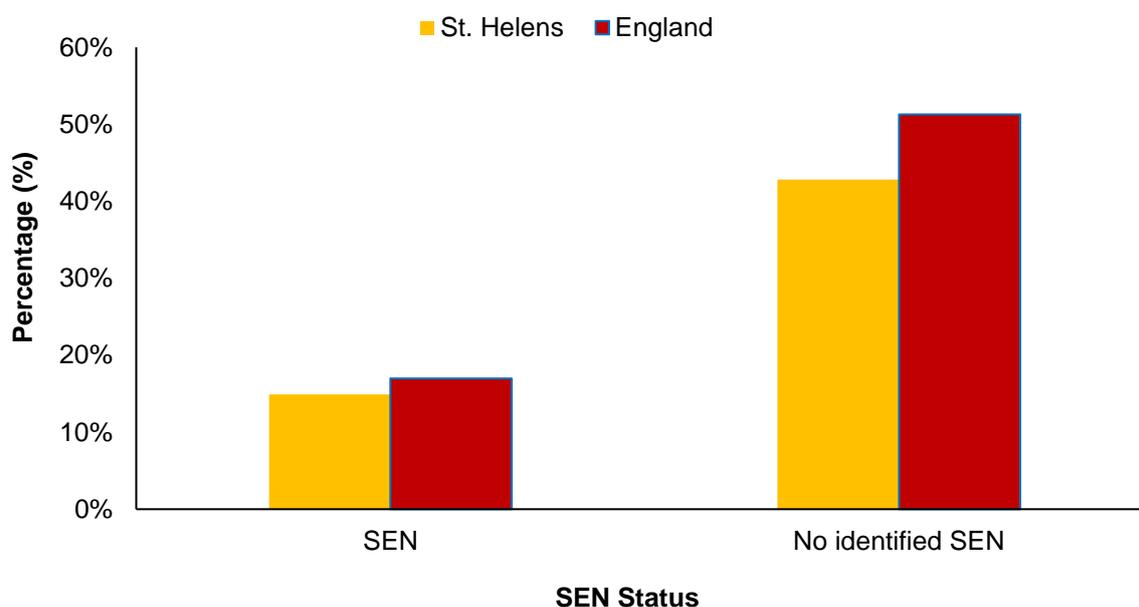
Figure 92: Percentage (%) of Key Stage 4 Pupils Achieving Grade 5 or above in English (literature or language) and Maths in St Helens and England by Free School Meal Status (2023)



Source: Department for Education – Key Stage 4 Performance

Figure 93 shows a large difference between SEN and no identified SEN pupils achieving a grade 5 or above in English and Maths. Only 14.9% of SEN pupils achieved grade 5 or above in English and Maths compared to 42.8% of no identified SEN pupils in St Helens.

Figure 93: Percentage (%) of Key Stage 4 Pupils Achieving Grade 5 or above in English (literature or language) and Maths in St Helens and England by SEN Status (2023)



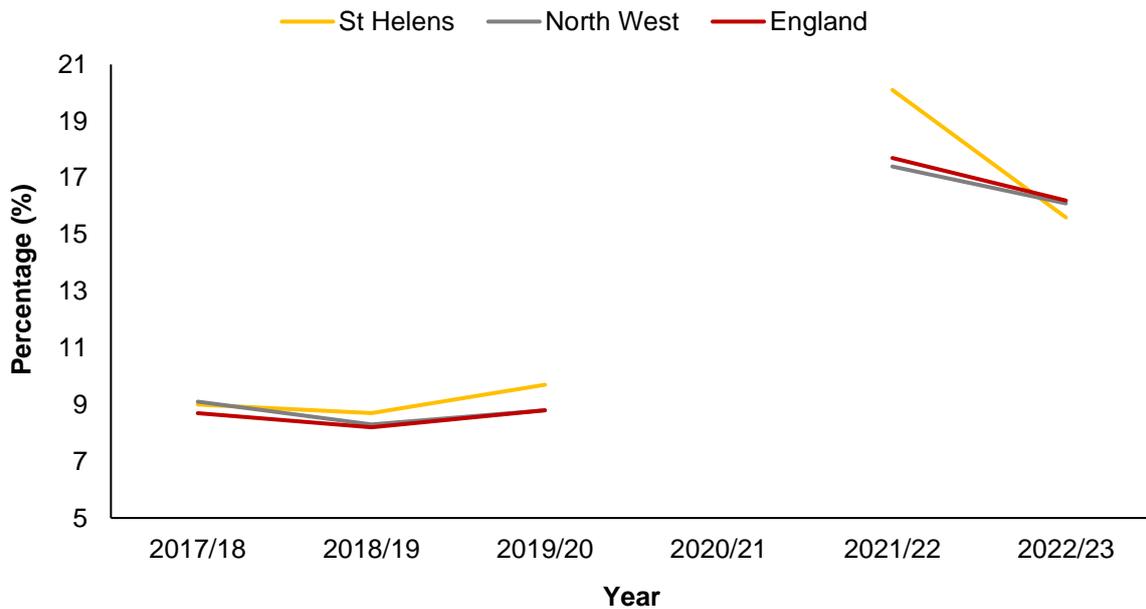
Source: Department for Education – Key Stage 4 Performance

13.4 School Attendance (Persistent Absence)

Persistent absence for children is when their attendance at school is at 90% or below. There are clear links between school engagement, educational attainment and both current and future health outcomes for children and young people. Good educational attainment and skills are key to breaking the intergenerational cycle of inequalities in income and employment opportunities which impact on health.

Figure 94 shows the percentage of primary school children who were persistently absent between 2017-18 and 2022-23 (excluding 2020-21 due to school closures during the COVID-19 pandemic). In St Helens (and seen nationally and regionally) levels of persistent absenteeism were lower pre-pandemic (below 10%). Post-pandemic persistent absenteeism rose to 20.1% in 2021-22 and then decreased to 15.6% in 2022-23.

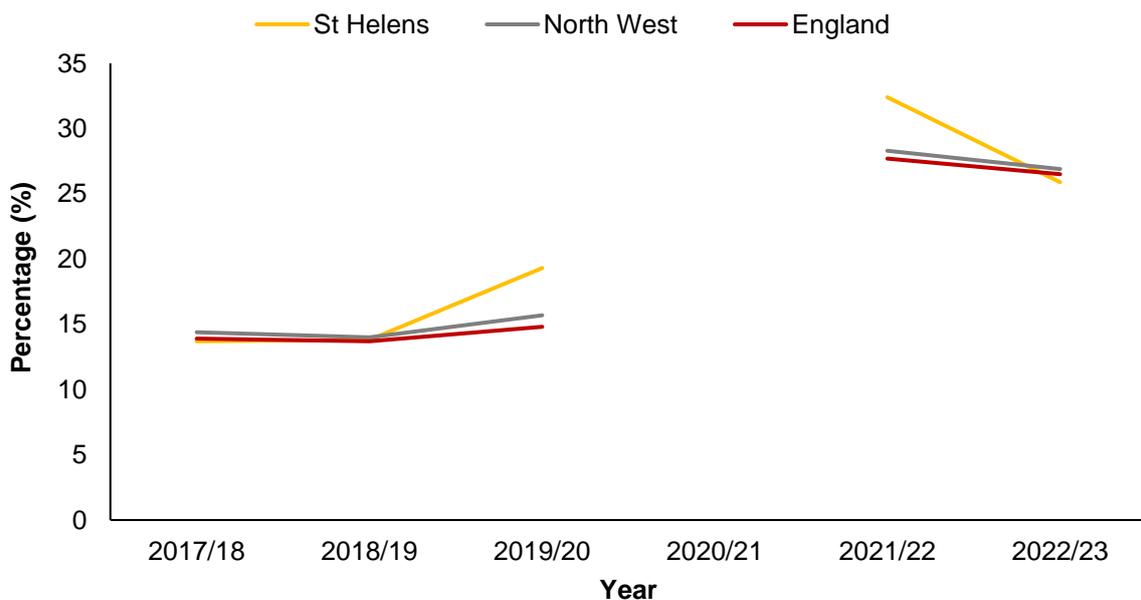
Figure 94: Percentage (%) of Primary School Students who were Persistently Absent in St Helens, North West and England (2017-18 – 2022-23)



Source: Department for Education – Statistics (pupil attendance and absence)

Figure 95 shows the percentage of secondary school children who were persistently absent between 2017-18 and 2022-23 (excluding 2020-21 due to school closures during the COVID-19 pandemic). In St Helens (and seen nationally and regionally) levels of persistent absenteeism were lower pre-pandemic (below 20%). Post-pandemic persistent absenteeism rose to 32.4% in 2021-22 and then decreased to 25.9% in 2022-23.

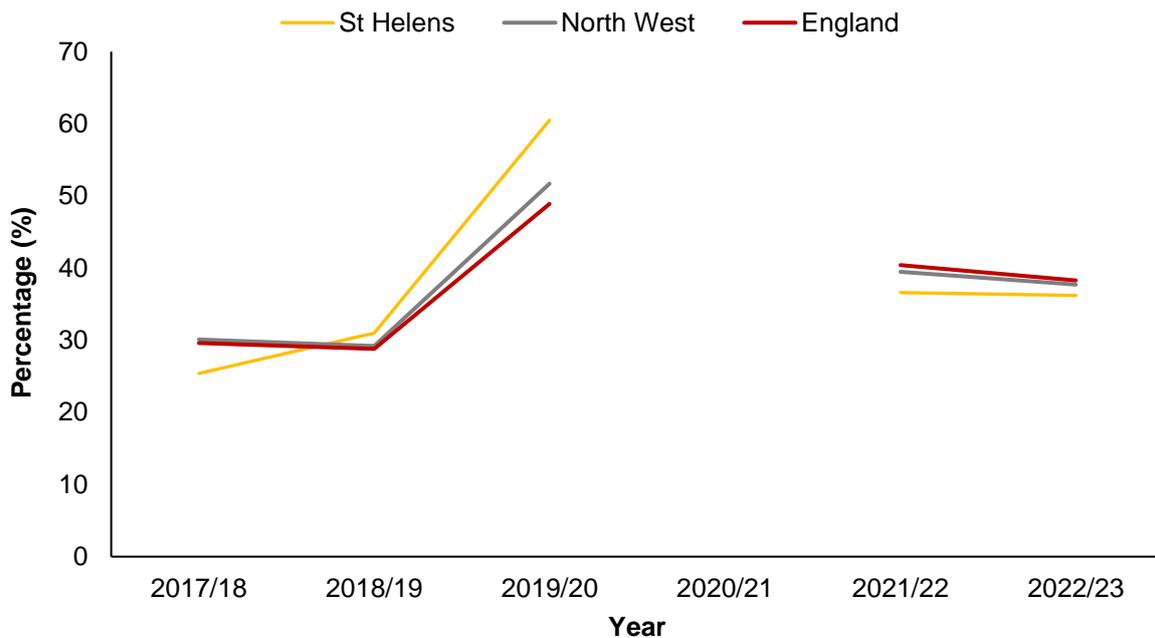
Figure 95: Percentage of Secondary School Students who were Persistently Absent in St Helens, North West and England (2017-18 – 2022-23)



Source: Department for Education – Statistics (pupil attendance and absence)

Figure 96 shows the percentage of pupils in ‘other schools’ who were persistently absent between 2017-18 and 2022-23 (excluding 2020-21 due to school closures during the COVID-19 pandemic). In St Helens (and seen nationally and regionally) levels of persistent absenteeism were higher in 2019-20 and then post-pandemic persistent absenteeism decreased to 36.2% in 2022-23, similar to England and North West levels.

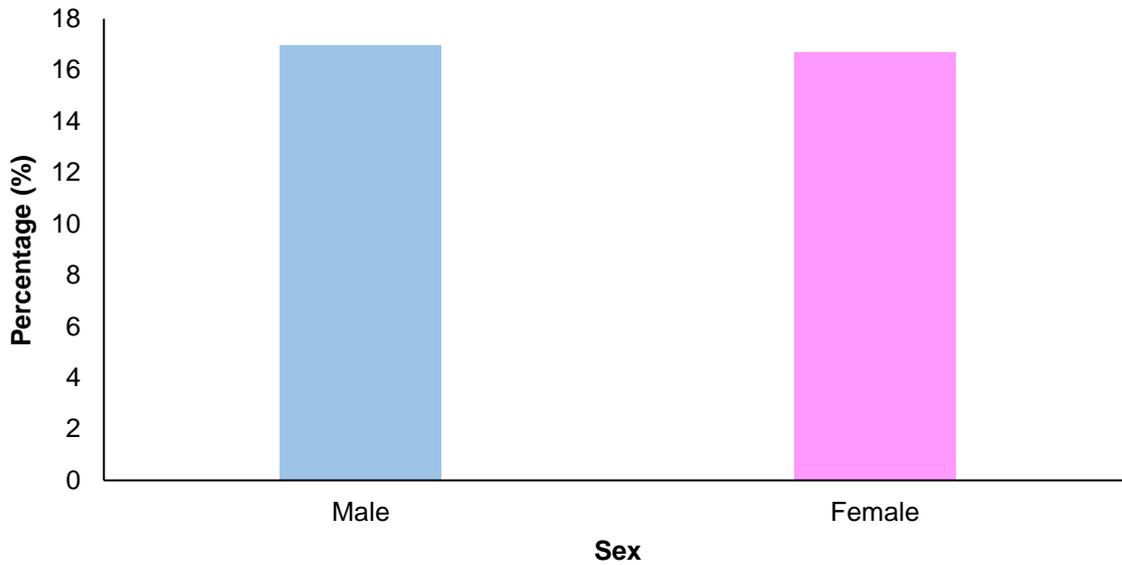
Figure 96: Percentage (%) of Other School Students who were Persistently Absent in St Helens, The North West and England (2017-18 – 2022-23)



Source: Department for Education – Statistics (pupil attendance and absence)

There was no significant difference between male and female and persistent absenteeism (for pupils from all schools combined) in St Helens between 2017-18 and 2022-23 (excluding 2020-21) (figure 97).

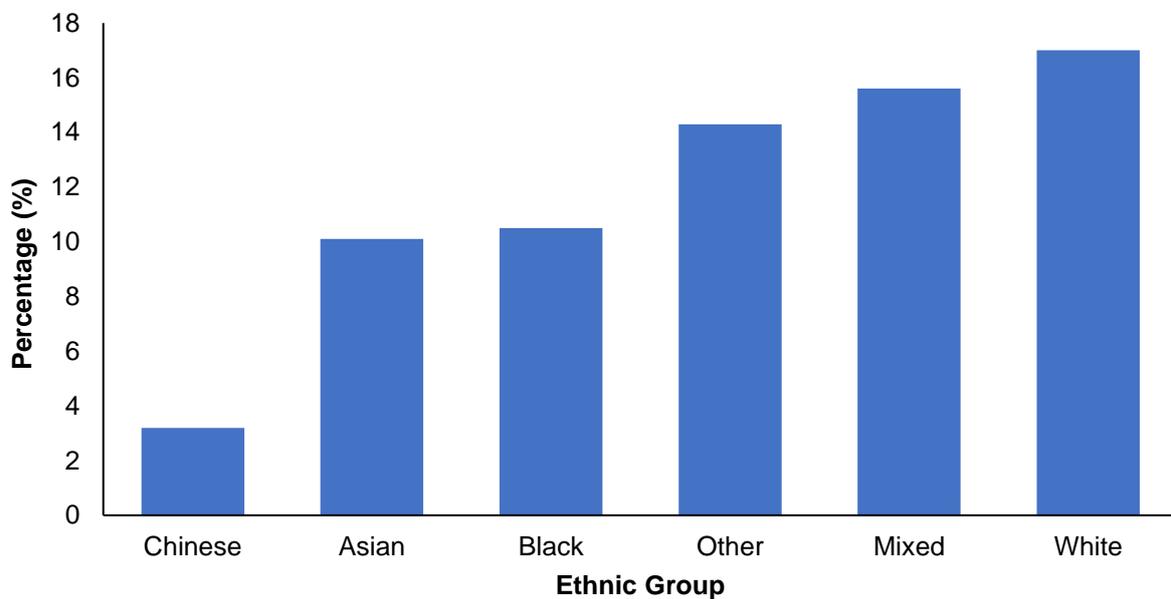
Figure 97: Percentage (%) of Students (all schools) who were Persistently Absent in St Helens by Sex (2017-18 – 2022-23)



Source: Department for Education – Statistics (pupil attendance and absence)

There were some differences in persistent absenteeism and ethnicity with children of white ethnicity having a higher rate at 17% as shown in figure 98. Note that percentages for non-white ethnicities in St Helens relate to small numbers.

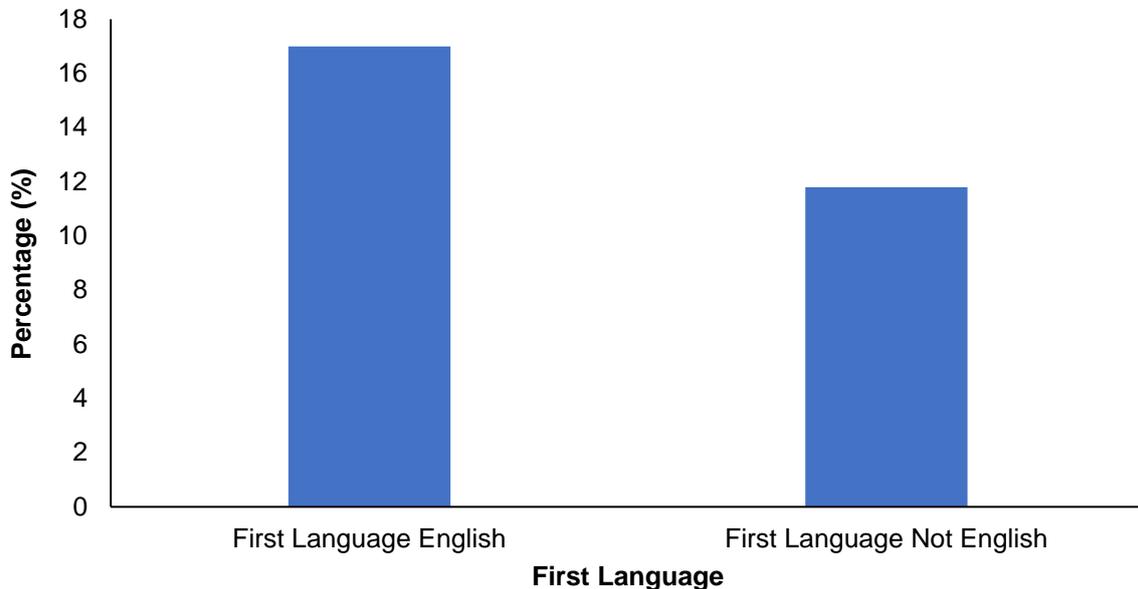
Figure 98: Percentage (%) of Students (all schools) who were Persistently Absent in St Helens by Ethnicity (2017-18 – 2022-23)



Source: Department for Education – Statistics (pupil attendance and absence)

When considering whether English is a pupil's first language, there was a higher proportion of pupils whose first language was English who were persistently absent at 17% compared to 11.8% for those whose first language was not English (figure 99).

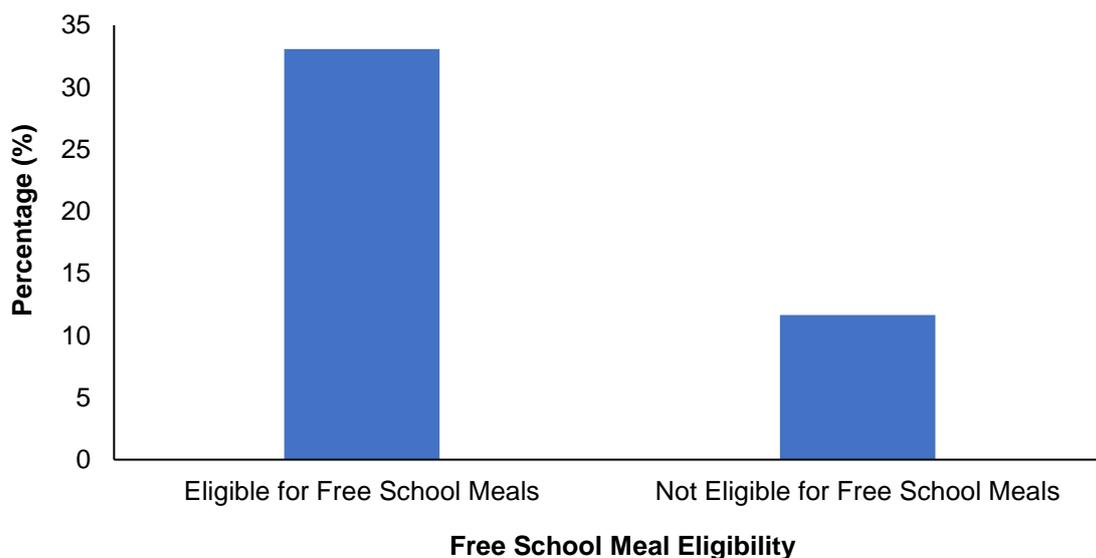
Figure 99: Percentage of Students (all schools) who were Persistently Absent in St Helens by English as First Language Status (2017-18 – 2022-23)



Source: Department for Education – Statistics (pupil attendance and absence)

Pupils who were eligible for free school meals (FSM) were less likely to be persistently absent compared to their counterparts not eligible for FSM (33.1% and 11.7% respectively) as shown in figure 100.

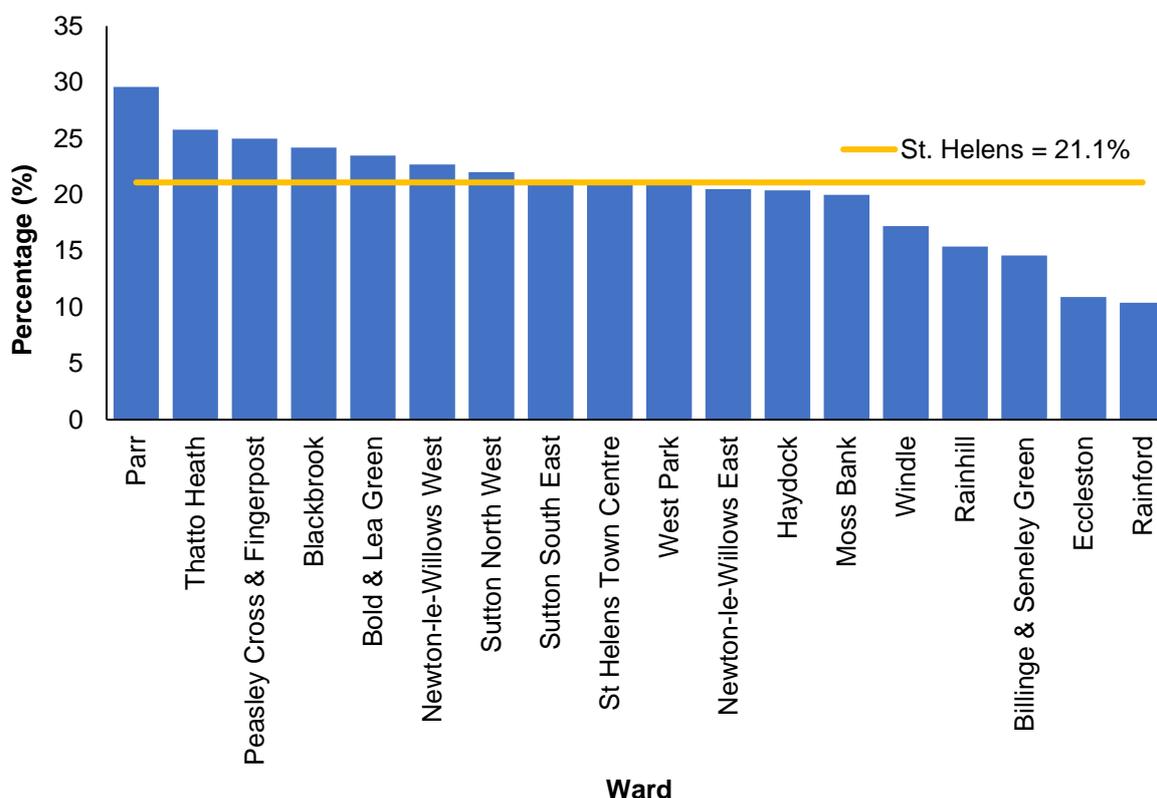
Figure 100: Percentage (%) of Students (all schools) who were Persistently Absent in St Helens by Free School Meal Status (2017-18 – 2022-23)



Source: Department for Education – Statistics (pupil attendance and absence)

Local data from St Helens Council’s Children & Young People’s Services shows there are some intra borough disparities with persistent absenteeism. Figure 101 shows ward levels of persistent absenteeism for pupils from all schools in 2023-24. Parr had the highest percentage at 29.6%, compared to Eccleston and Rainford with 10.9% and 10.4% respectively.

Figure 101: Percentage (%) of Students (all schools) who were Persistently Absent in St Helens by Ward (as of February 2024 during the 2023-24 academic year)



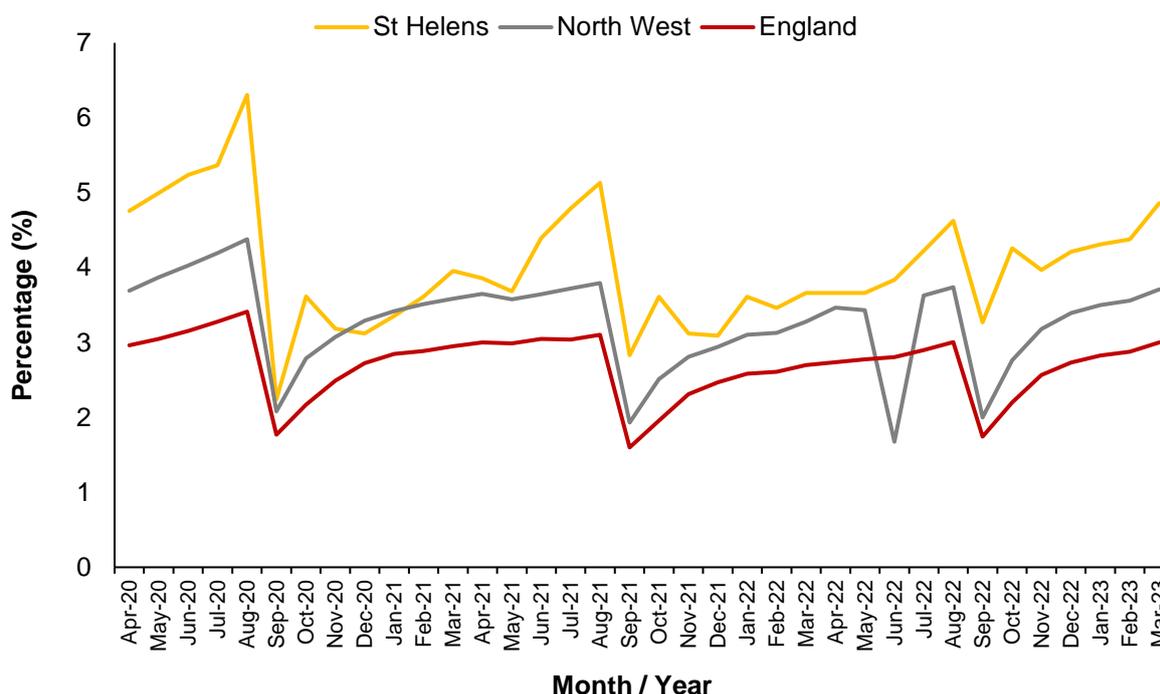
Source: St Helens Council – Children and Young People Services

13.5 Young People Not in Education, Employment or Training (NEET)

Young people are legally required to remain in education, employment, or training until the end of the academic year in which they turn 18. A lack of further education and training can lead to poor basic skills and limited academic and vocational qualifications. Those who are not in education, employment, or training (NEET) have poorer health outcomes, and people who are unemployed for more than 12 months find it increasingly difficult to find permanent employment.

Figure 102 presents data from Career Connect on the monthly trend of the percentage of 16–17-year-olds who were NEET in St Helens, North West and England between April 2020 and February 2023. St Helens has consistently had a higher proportion of 16-17 years that are NEET compared to England over this period. In March 2023, 4.9% of 16–17-year-olds in St Helens were NEET, compared to 3% in England and 3.7% in the North West.

Figure 102: Percentage (%) of 16–17-year-old cohort who were NEET in St Helens, North West and England (Apr 20 – Feb 23)



Source: Career Connect

Table 6 shows the national ranking (where 1 is the local authority with the lowest percentage of 16–17-year-olds NEET) of the nine local authorities within the Cheshire and Merseyside are from 2020-21 to 2022-23, and the difference in ranking between that period.

In 2022-23 St Helens was ranked as 55th (out of 151 English local authorities) and this was an improvement of 4 ranking places since 2020-21. In Cheshire and Merseyside, Sefton has the best ranking at 7th.

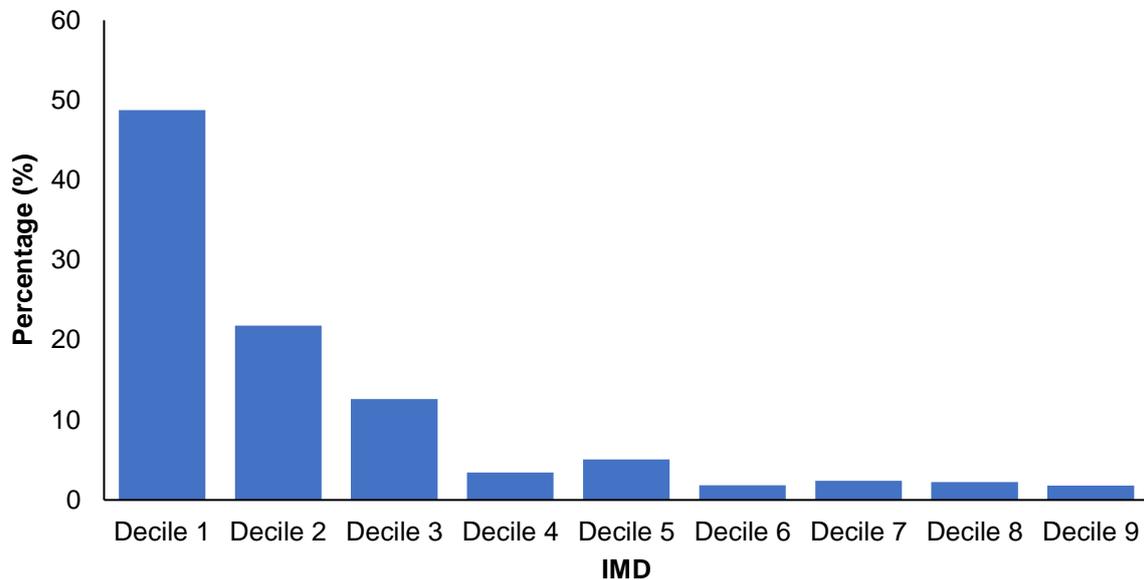
Table 6: National Ranking of percentage (%) of 16–17-year-olds NEET in Cheshire and Merseyside by local authorities (2020-21 – 2022-23)

Area	2020/21	2021/22	2022/23	3 Year Difference
Warrington	30	20	16	14
Knowsley	144	131	133	11
Sefton	15	8	7	8
St Helens	59	54	55	4
Liverpool	147	148	147	0
Halton	23	21	40	-17
Cheshire East	11	14	32	-21
Cheshire West and Chester	3	19	35	-32
Wirral	94	77	128	-34

Source: Career Connect

There was a strong association with the proportion of 16–17-year-olds NEET and deprivation in 2022-23 in St Helens (figure 103). Of those NEET, almost half (48.8%) lived in decile 1 (the most deprived areas).

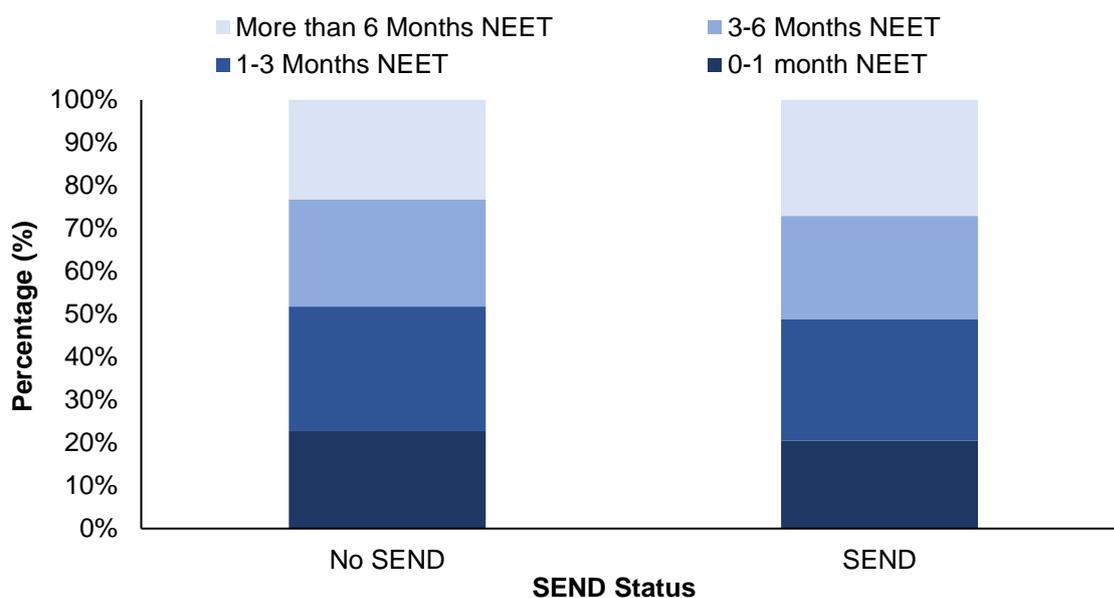
Figure 103: Percentage (%) of 16–17-year-olds NEET in St Helens by IMD Decile (as percentage from total) (2022-23)



Source: Career Connect

Figure 104 shows the proportion of 16–17-year-olds NEET in St Helens by SEND status and the amount of time spent NEET in 2022-23. There are no significant differences between the two cohorts, however there is a higher proportion of 16–17-year-olds with SEND that were NEET for more than 6 months compared to those with no SEND (23.2% and 27.0% respectively).

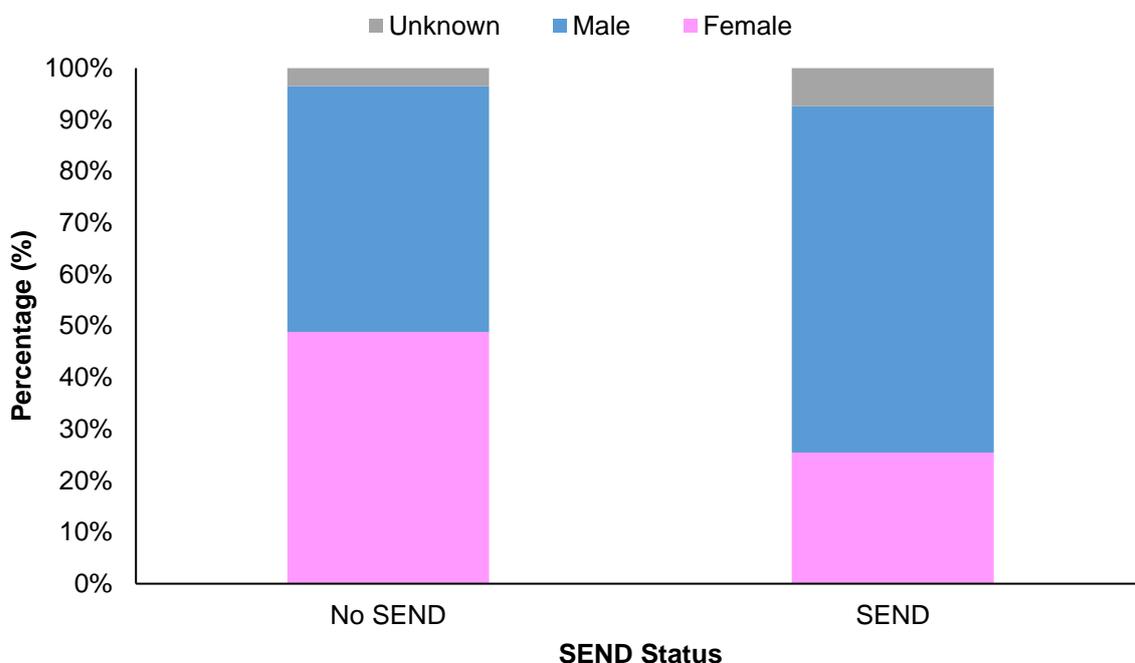
Figure 104: Percentage (%) of 16–17-year-olds NEET by Time Spent NEET and SEND Status in St Helens (2022-23)



Source: Career Connect

Figure 105 shows that there is a higher proportion of males with SEND who are NEET (67.2%) compared to their female counterparts (25.4%) in 2022-23. Whereas there is little difference between males and females with no SEND (47.7% and 48.9% respectively).

Figure 105: Percentage (%) of 16–17-year-olds NEET in St Helens by Sex and SEN Status (as percentage from total) (2022-23)



Source: Career Connect

14. Key Messages

This Childrens and Young People’s Health Needs Assessment has sought to bring together the available data on children and young people aged 0-19 years (aged 0-25 years for SEND) to create a comprehensive picture on the health of the children in the borough and outline some of the challenges and issues that are facing our young people in St Helens.

A common theme throughout the needs assessment is that young people in St Helens face challenges in relation to deprivation and child poverty.

Firstly, St Helens is ranked as the 26th most deprived local authority in England and almost half of 0–19-year-olds live in the 20% most deprived areas in the country. Almost a quarter of 0–15-year-olds are living in income deprived families and children living in relative and absolute low-income families has been increasing, with more families concentrated in the Parr, Town Centre and Peseley Cross and Fingerpost wards.

The proportion of children in St Helens that are eligible for free school meals (FSM) has increased year on year since 2016-17, and now over a quarter of pupils are

eligible. Data throughout the needs assessment highlight the significant disparities in outcomes around educational achievement between children eligible for FSM compared to those who are not eligible. In summary, children eligible for FSM are:

- Less likely to achieve a good level of development in Early Years Foundation Stage (EYFS)
- Less likely to meet the expected standard in reading, writing and maths in Key Stage 2
- Less likely to achieve grade 5 or above in English and Maths in Key Stage 4
- More likely to be persistently absent from school.

The areas of St Helens that are more deprived include Town Centre, Parr and Peasley Cross and Fingerpost, and through the report these areas tend to have the poorest outcomes.

There are many vulnerable children in St Helens, and this is reflected in the high rates of hospital admission for self-harm, alcohol specific conditions, and substance misuse. Youth crime is more prevalent in areas of deprivation. Children with SEND are also at a higher risk of poorer outcomes in relation to their health and education as shown within the report. A more in-depth SEND JSNA explores these issues further.

There are however some indicators whereby the data show an improving picture, for example asthma related hospital admissions are decreasing, child mortality has reduced, the under 18 conception rate is falling, and St Helens has a similar percentage of children that are physically active to England.



Family Hub



ST HELENS
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