

# **Children and Young People**

## **2019 Joint Strategic Needs Assessment**

V3.6- January 2020

<b>Version Control</b>	<b>Date</b>	<b>Amendments</b>	<b>Lead Authors</b>
V0.1	25/10/2019	Draft version	Andy Evans and Ralph Smith, Public Health Knowledge Evidence and Governance Team, BCC
V3.0	01/11/2019	Final Draft	Dr Justin Varney Director of Public Health  Paul Campbell PH KEG Lead
V3.2	19/12/2019	Amended final draft incorporating comments, including; <ul style="list-style-type: none"> <li>• Children's Trust</li> <li>• BSOL CCG</li> <li>• Children's Transformation Programme</li> <li>• Education and Skills</li> </ul>	Ralph Smith
V 3.3	20/12/2019	Children and the justice system focus added	Ralph Smith
V 3.4	07/01/2020	Final draft version for Health and Wellbeing Board	Ralph Smith
V 3.5	09/01/2020	Final version for Health and Wellbeing Board (private)	Ralph Smith
V3.6	27/01/2020	Version for BCC CLT	Ralph Smith

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# Executive Summary

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Birmingham is committed to becoming a city where every child and young person can achieve their potential.

The city has a higher fertility rate than the England and West Midlands average, and a larger proportion of the population aged under 18 years.

Birmingham has the largest proportion of children aged 0-5 years of any local authority in England. The ward with the largest proportion of children 0-5 years and young people age 6-19 years is Alum Rock, and the ward with the smallest proportion of 0-19 years is Sutton Wylde Green.

The population of children and young people in Birmingham are more ethnically diverse than the older population of the city and this diversity increases with every cohort of children born.

Birmingham faces significant challenges in pregnancy reflected in the persistently high rates of still birth and infant mortality, this reflects issues of genetics, late presentation and poor engagement with antenatal services, substance misuse and smoking in pregnancy.

Across Early Years there is consistent evidence highlighting the need to address infant feeding, oral health and mental wellbeing through evidence-based parenting support, and an urgent need for improvement in Early Years services performance and data collection.

In Birmingham there are 27 state funded nursery schools, 295 state funded primaries, 80 state funded secondaries, 7 state funded all-through schools and 27 state funded special schools. A larger proportion of children in education in Birmingham have special educational needs than the England average, and there is also a higher rate of children in care than England. Through the school years there is positive evidence of closing the gap for academic achievement. Our young people are less likely than others in the region and nationally to smoke and more likely to eat fruit and vegetables. However, they have persistent challenges around mental wellbeing, unhealthy weight and inactivity.

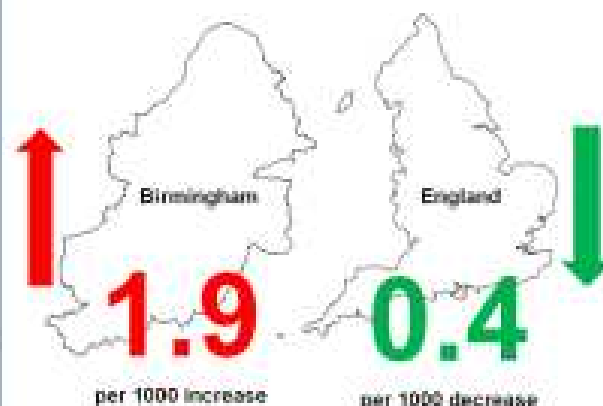
The evidence shows that children and young people facing additional challenges consistently have worse health outcomes, whether these are children with disabilities, children in care (CIC), lesbian, gay, bisexual or trans youth or those who have faced adverse childhood experiences. However, in Birmingham there is some positive evidence that Birmingham is closing this gap for some of these children and the trend is moving in the right direction.

Based on current trends, Birmingham will continue to need to invest in children and young people's services to: meet expanding demand and increasing diversity; navigate successfully the transitions especially for those facing additional challenges; and embed prevention and early intervention at every stage from conception to adulthood to support our children to thrive as they grow.

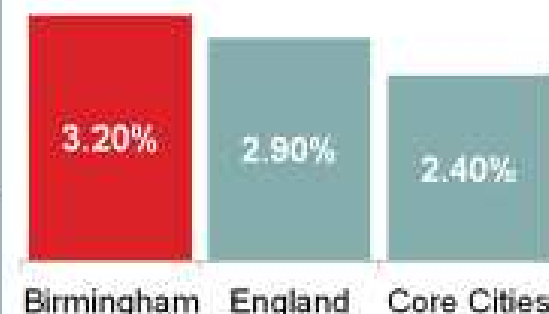
### BAME children



### Infant mortality – 2017 vs 2010



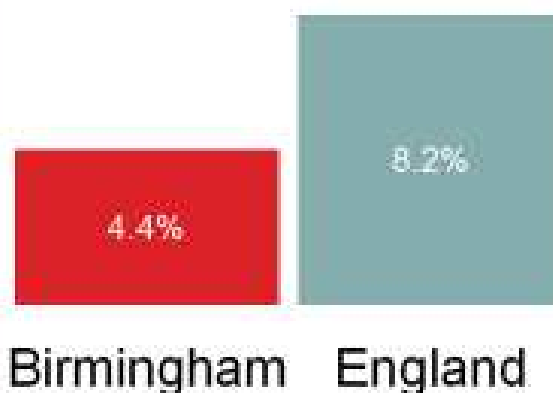
### Special Educational Needs and Disability (SEND)



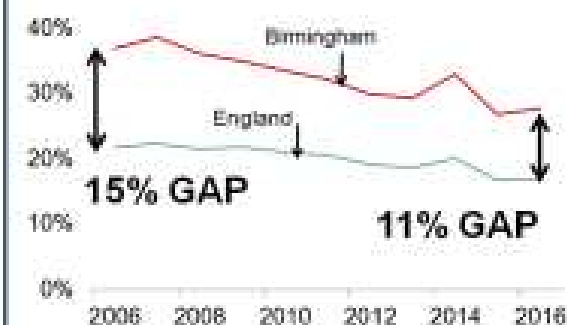
### Average Attainment 8 score at KS4 for looked after children in Birmingham



### Smoking prevalence at age 15



### Children in low income families 2006-2016



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## Conception and Pregnancy

### Key Statistics

In 2018 there were 15,916 live births in Birmingham (table 1); this is the lowest number of live births since 2013. There is a general downward trend in fertility rates and an upward trend in the average age of mothers in Birmingham; however, these are not yet significant enough to be certain that they represent a consistent change in fertility in the city. Compared to the West Midlands and England, Birmingham remains significantly more fertile, accounting for just under a quarter of all the live births in the region (23.7%).

*Table 1: Live births and fertility rates in Birmingham 2013-2018<sup>1</sup>*

	Birmingham						West Midlands	England
	2013	2014	2015	2016	2017	2018	2018	2018
Total Number of Live Births	17,421	16,927	16,828	17,404	16,506	15,916	67,282	625,651
Crude birth rate	16.0	15.4	15.1	15.4	14.5	13.9	11.4	11.2
General fertility rate (GFR)	71.1	68.8	67.8	69.2	65.3	62.8	61.6	59.2
Total fertility rate (TFR)	2.07	2.01	1.98	2.02	1.90	1.83	1.76	1.70
Standardised mean age of mother	30.0	30.2	30.4	30.6	30.7	30.9	30.1	30.6

Source: (ONS 2019 via [NOMIS](#))

Fertility rates vary widely by ward in Birmingham. The generalised fertility rate for 2017 (GFR) is highest in Heartlands ward (89.6 live births per 1,000 females aged 15 to 44) and lowest in Bournbrook & Selly Park ward (15.5 per 1,000).

These fertility rates do not match the age demographics of the female population in each ward; with Bournbrook & Selly Park ward having one of the highest total female populations but the lowest fertility rate and equally one of our mid-range wards Heartlands having a high fertility rate. However, much of the female population in Bournbrook & Selly Park ward are female university students which could explain the lower fertility rate. A full table of ward data can be found in the appendix at the end of the document.

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<sup>1</sup> Crude Birth Rate (CBR) is the number of live births occurring among the population of a given geographical area during a given year, per 1,000 mid-year total population of the given geographical area during the same year. General Fertility Rate (GFR) is the number of live births per 1,000 women of reproductive age (ages 15 to 49 years) per year. Total Fertility Rate (TFR) is the average number of children that would be born to a woman over her lifetime if she survived from birth to the end of her reproductive life and her fertility is the same as the age-specific fertility rates for the full duration of her reproductive life.

## Diversity and Inclusion

The average age of mothers in Birmingham has been steadily increasing since 2013 and in 2018 the percentage of live births to mothers aged over 30 years in Birmingham (52.5%) is now greater than the West Midland average (50.4%) but still below the England average (56.1%), see table 2.

*Table 2: 2018 Live births in Birmingham, England and West Midlands*

	Birmingham (Total)	Birmingham (%)	West Midlands	England
Total Live Births	15,916		67,282	625,651
<b>Age of Mother</b>				
Mother aged under 20	498	3.1%	3.4%	2.8%
(Mother aged under 18)	(122)	(0.8%)	(0.8%)	(0.6%)
Mother aged 20-24	2,404	15.1%	16.1%	13.7%
Mother aged 25-29	4,657	29.3%	30.2%	27.4%
Mother aged 30-34	4,885	30.7%	30.4%	32.5%
Mother aged 35-39	2,827	17.8%	16.4%	19.1%
Mother aged 40-44	584	3.7%	3.3%	4.1%
Mother aged 45 and over	61	0.4%	0.3%	0.4%

Source: (ONS 2019 via [NOMIS](#))

Between the three maternity provider hospital trusts there is little difference between the age profile of women attending the different hospitals.

### *Teenage Conceptions*

We focus on the number of young women becoming pregnant because in general these are unplanned pregnancies and reflect how well as a city we are supporting young people to have healthy relationships, supporting access to contraception and helping young people make informed choices about becoming parents. The research shows that becoming pregnant (conception) under the age of 18 years can have a negative impact on the life chances of both the mother and the child, so there is significant effort put into supporting young women to delay pregnancy until they are older.

The rate of conceptions for young women in Birmingham aged 15-17 years is comparable to the England average (19.4 compared to 17.8 per 1,000 in 2017) which is good, especially as Birmingham has a very young population. The wards with the highest rates of teenage conception in Birmingham appear to be similar in having high levels of deprivation and a relatively low proportion of the population from BAME (Black, Asian and minority ethnic) groups.

Because of the small numbers of teenage conceptions there is limited data available on the demographics of this group, however nationally the evidence in the [Teenage Pregnancy Prevention Framework](#) suggests that the following are risk factors for teenage conception:

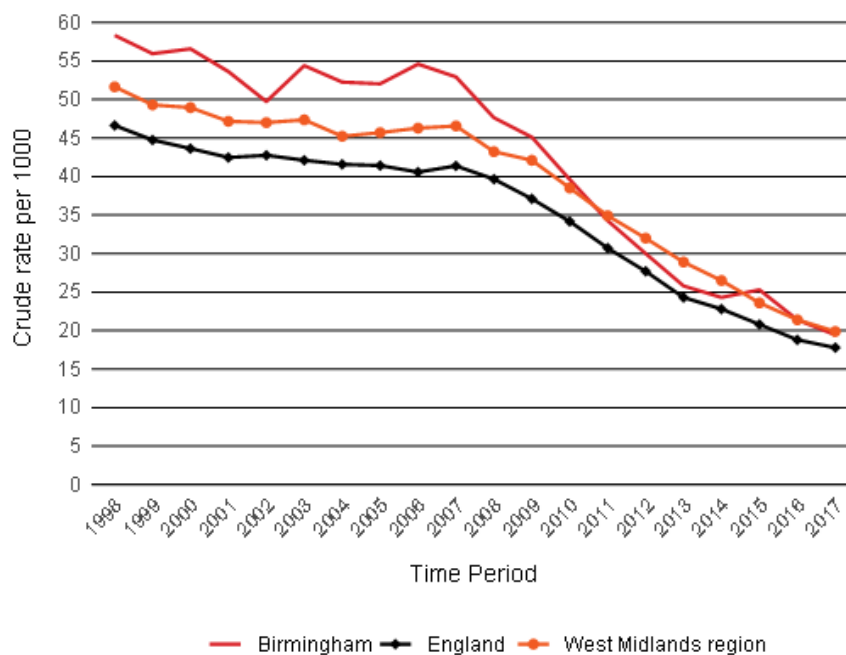
- Poverty
- Persistent school absence by year 9
- First sex before 16 years of age



- Children in care and care leavers
- Lesbian or bisexual experience
- Alcohol use
- Previous pregnancy
- Mother was a teenage parent

45.9% of teenage conceptions in Birmingham in 2017 ended in a termination of pregnancy which was a lower rate than the West Midlands (47.4%) and lower than England (52%), figure 1.

*Figure 1: Conceptions in women aged under 18 per 1,000 females aged 15-17*



Source: ONS

In 2016/17 57.4% of mothers who gave birth in Birmingham were from black or ethnic minority communities, this is significantly higher than the West Midlands (31.3%) or England (23.3%). There is some difference between hospital trusts serving Birmingham, although all three trusts have a lower proportion of women with a white ethnicity than the England average across maternity trusts (table 3).

The information available on the country of birth of mothers shows that in 2017 58% of births in Birmingham were to mothers born in England. The second most common country of birth for new mothers in Birmingham was Pakistan (11.3%), there were 149 different countries of birth recorded in total. Just over 85% of new mothers in Birmingham in 2017 were born in the top 10 of these 149 countries.

Birmingham is the 6<sup>th</sup> most deprived local authority in England. Data on deprivation, using the Index of Multiple Deprivation, is reported through the Maternity Services Dashboard by NHS hospital trust (see table 4).

*Table 3: Percentage of women of different ethnic groups at time of booking in a Birmingham Hospital Trust providing Maternity Services (March 2019)*

	Birmingham Women & Children's Trust	University Hospitals Birmingham Foundation Trust	Sandwell & West Birmingham Hospitals Trust	England Maternity Services Average	Total population of Birmingham (2011 Census)
White	41%	45%	33%	64%	57.9%
Asian/Asian-British	26%	28%	28%	9%	26.6%
Black/ Black British	8%	5%	13%	4%	9.0%
Mixed	2%	3%	4%	2%	4.4%
Other ethnic group	7%	7%	5%	4%	2.0%
Not known	2%	0%	0%	3%	
Not stated	4%	6%	17%	11%	
Missing	10%	7%	1%	2%	
Count	810	760	840		

Source: [NHS Digital Maternity Dashboard](#)

*Table 4: Percentage of women of different deprivation groups at time of booking in Birmingham Hospital Trusts providing Maternity Services (March 2019)*

	Birmingham Women & Children's Trust	University Hospitals Birmingham Foundation Trust	Sandwell & West Birmingham Hospitals Trust
Most deprived (IMD deciles 1 & 2)	49%	62%	65%
Least deprived (IMD deciles 9 & 10)	6%	7%	0%
Count	810	760	840

Source: [NHS Digital Maternity Dashboard](#)

We do not currently have routine data from services or published through national data collection on disability, sexual orientation, gender identity or faith for mothers at the time of birth. Analysis by these characteristics is important, to ensure that services are meeting the needs of parents in the city.

## Maternal and Foetal Outcomes

In comparison with the rest of England, Birmingham has poorer outcomes for several measures of maternal health and infant health: maternal mortality, stillbirth, low birth weight, very low birth weight and infant mortality.

### *Maternal Mortality*

A maternal death is defined internationally as the death of a woman during or up to six weeks (42 days) after the end of pregnancy (whether the pregnancy ended by termination, miscarriage or a birth, or was an ectopic pregnancy) through causes associated with, or exacerbated by, pregnancy (World Health Organisation 2010). In 2018 there were no maternal deaths in Birmingham that met this definition.

### *Stillbirth*

The stillbirth rate is defined as foetal deaths occurring after 24 weeks of gestation (before 24 weeks the death is classified as a miscarriage). In the period 2015-17 the rate of stillbirths in Birmingham was higher than England (6 compared to 4.3 per 1,000 live births) and remained consistent between 2010-12 and 2015-17. Nationally, stillbirths are more common to mothers in the most deprived 10% of communities, compared to those in the least deprived (5.3 compared to 3.7 per 1,000 live births).

The proportion of stillbirths where the mother was in the 15 to 19 age group was 7.8% (2017). The proportion of all live births to mothers in this age group was 3.3%. Similarly, the proportion of stillbirths where the mother was aged 40 or over was 11.1% against 3.9% of all live births to women in this age group. The proportion of stillbirths to women born in Pakistan and India was also higher than the proportion of live births to women born in these countries.

The Birmingham United Maternity and Newborn Partnership (BUMP) improvement programme is currently undertaking a specific programme of work looking at maternal inequalities between different cultures and ethnicities.

Risk factors associated with stillbirth are: social inequality, maternal obesity, maternal age and ethnicity, smoking during pregnancy, previous history of stillbirth, and infections during pregnancy. At least some of these could be classed as lifestyle related behaviours that are modifiable through Public Health interventions.<sup>2</sup>

### *Low Birth Weight*

Low birth weight (LBW) is associated with an increased risk of infant mortality and stillbirth and longer-term health issues. LBW is defined as the percentage of all births (live and stillbirths) with a recorded birth weight under 2500g, as a percentage of all live births with a stated birth weight. Birmingham has a larger percentage of low birth weight babies (9.7%) than the West Midlands (8.7%).

The primary cause of LBW is premature birth, however there are other risk factors such as the baby not growing correctly within the womb (intrauterine growth restriction), or the mental health of the mother. Additionally, LBW is more prevalent

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<sup>2</sup> [Infant Mortality and Stillbirth in the UK](#)

in Asian, Black or Mixed ethnicities.<sup>3</sup> These risk factors are also applicable to very low birth weight.

### *Very Low Birth Weight*

Very low birth weight is a subset of low birth weight, reported as the percentage of all births (live and stillbirths) with a recorded birth weight under 1500g as a percentage of all live births with stated birth weight. The most recently published data on very low birth weight is from 2016 where 1.98% of live births in Birmingham had a very low birth weight, being higher than both the West Midlands (1.67%) and England (1.22%) average. It is of concern that the percentage of very low birth weight births has risen substantially since 2014 (1.62%) and this reinforces the need for strong engagement with parents in the antenatal period to support a healthy pregnancy.

### *Infant Mortality*

The infant mortality rate is the number of infants dying before their first birthday per 1,000 live births; it is normally reported as a rate over a 3 year period. The Birmingham infant mortality rate in the period 2015-17 was nearly double the England average (7.8 compared to 3.9 per 1,000 live births). There were 398 infant deaths in Birmingham during this period and the rate is the second highest in the West Midlands region behind Stoke-on-Trent.

There are three recognised sub-categories within infant mortality:

- Early neonatal – the first 0 to 6 days after birth
- Late neonatal – 7 to 28 days after birth
- Post neonatal – 28 to the end of the first year of life

Nationally, most babies die within the early neonatal period. In Birmingham, the percentage of infant deaths during this initial period after birth in 2015/17 was 63% of all infant deaths, 14% were late neonatal and 23% were postnatal.

The cause of death varies between early and late neonatal. The older the infant the more likely the deaths are not immaturity related i.e. 63% of all early neonatal deaths were related to their gestation at time of birth, whereas this fell to 32% for late neonatal deaths. Equally, congenital diseases increased as a cause of death between the two categories of death and dropped even further in the post neonatal deaths. The same was true for deaths within the asphyxia, anoxia or trauma grouping.

Risk factors associated with infant mortality are low birth weight, smoking at time of pregnancy, teenage pregnancy, breastfeeding, mother's country of birth, consanguinity and congenital abnormalities deprivation and maternal age.

Various studies examining consanguinity and congenital abnormalities have identified significantly higher mortality rates in Birmingham Pakistani and Bangladeshi mothers compared to White Europeans<sup>4</sup>

### *Abortion/Termination of Pregnancy*

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<sup>3</sup> <https://www.babycentre.co.uk/a1033196/low-birth-weight-in-babies>

<sup>4</sup> Infant and Perinatal Mortality in the West Midlands: Public Health England 2016

Termination of pregnancy (abortion) is a proxy measure for unwanted or unplanned pregnancy, although some terminations are due to medical issues with the foetus. As such this measure can be viewed similarly to teenage pregnancy in reference to how well we are delivering services around conception planning.

The age standardised abortion rate in Birmingham in 2018 (18 per 1,000 female population aged 15 – 44) is significantly higher than the national average (17.5 per 1,000).<sup>5</sup> Rates in Birmingham were lower than England for the 18 – 24 age groups but higher for the 25+ age groups. This suggests that there are issues around accessing contraception and family planning support for women age 25+.

National rates of termination of pregnancy are higher in areas with more deprivation and this might also be the case for Birmingham, but we do not have data to analyse this in more detail.

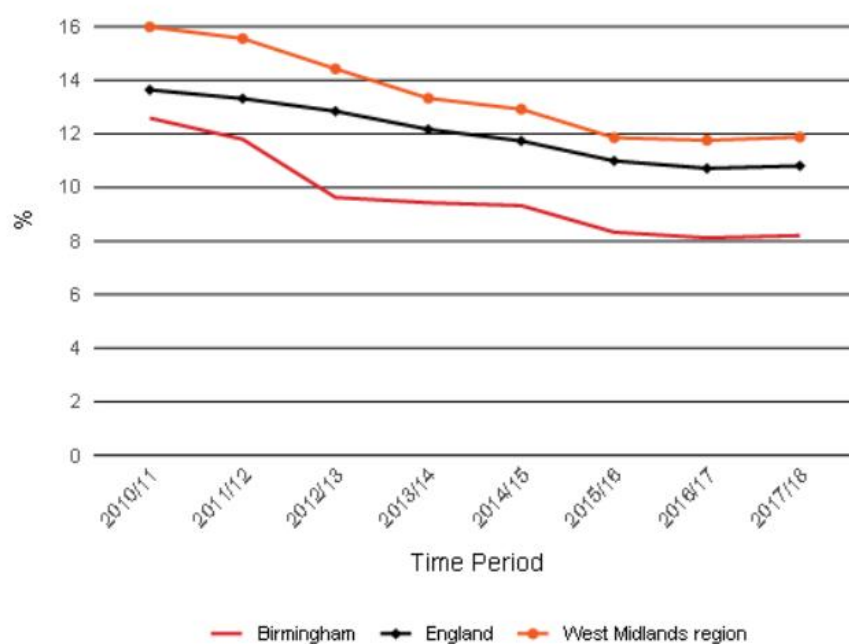
## Health Risks in Pregnancy

### *Smoking in Pregnancy*

Smoking in pregnancy can be dangerous to both mother and baby and increase the risk of complications during pregnancy, birth and the baby's early years.

In 2017/18 the proportion of Birmingham women smoking at the time of delivery was 8.2%, lower than the England average (10.8%) which can be seen in figure 2. Nationally the proportion of women who smoke at the time of delivery is higher in the most deprived 10% of communities, compared to the least deprived decile (11.8% compared to 7.2%). The rate of smoking at delivery fell in Birmingham between 2010/11 and 2015/16 but has since levelled off, mirroring the national trend.

*Figure 2: Mothers smoking at time of delivery*



Source: PHE / NHS Digital

<sup>5</sup> [Abortion statistics for England and Wales: 2018 Department of Health and Social Care](#)

Smoking at delivery data needs to be interpreted with caution. The rate for Local Authorities is estimated, based on figures collected for Clinical Commissioning Groups (CCGs). Furthermore, the latest reported data for Birmingham and Solihull CCG recorded 13.2% of maternities as smoking status unknown.<sup>6</sup> Many of our residents are part of Sandwell & West Birmingham CCG where the unknown percentage was 10.2%.

### *Obesity in Pregnancy*

Carrying excess weight (overweight and obesity) during pregnancy can cause problems for both mother and baby during pregnancy. We define excess weight as having a body mass index greater than 25, the higher the BMI the greater the risk. It is best for women to have a healthy weight before they become pregnant. Carrying excess weight does increase the risk of miscarriage, blood clots and pre-eclampsia, diabetes and complications during childbirth.

In the UK<sup>7</sup> 21.3% of the antenatal population are estimated as being obese and less than half of pregnant women (47.3%) having a body mass index (BMI) within the normal range. In the context of Birmingham this would mean that in 2018 an estimated 3,390 live births were to obese mothers.

Antenatal booking data from NHS Digital suggests that maternal obesity is higher in Birmingham than the UK average and higher than the West Midlands average, especially for morbidly obese and obese categories of excess weight (table 5).

*Table 5: Weight categories at antenatal booking for women resident in Birmingham 2017/18*<sup>8</sup>

	Birmingham		West Midlands		England	
	Count	%	Count	%	Count	%
Morbidly obese	2,270	11.7%	4,190	5.5%	19,010	2.8%
Obese	3,370	17.3%	11,815	15.4%	102,400	15.1%
Overweight	4,595	23.6%	16,235	21.2%	153,215	22.5%
Normal	6,325	32.6%	24,300	31.7%	258,295	38.0%
Underweight	450	2.3%	1,720	2.2%	22,765	3.3%
Unknown	2,420	12.5%	18,280	23.9%	124,210	18.3%

Source: Maternity Service Data Set NHS Digital

Data from the NHS Digital Maternity Outcome Dashboard for March 2019 demonstrates that across all three trusts providing maternity services for Birmingham women, there is a higher proportion of obese and overweight women giving birth at Sandwell and West Birmingham Hospital Trust (table 6). University Hospital Birmingham Foundation Trust has a higher than average percentage of missing data. This data quality issue has been a trend since December 2018 and is of concern.

<sup>6</sup> NHS Digital SATOD data visualisation tool

<sup>7</sup> RCOG [Care of Women with Obesity in Pregnancy \(Green-top Guideline No. 72\)](#)

<sup>8</sup> Copyright © 2016 Health and Social Care Information Centre. The Health and Social Care Information Centre is a non-departmental body created by statute, also known as NHS Digital. [ViewPlus](#) Maternity Services Data Set Extracted October 2019

**Table 6: Percentage of women of different weight groups at time of booking in Birmingham Hospital Trusts providing Maternity Services (March 2019)**

	Birmingham Women & Children's Trust	University Hospitals Birmingham Foundation Trust	Sandwell & West Birmingham Hospitals Trust	England Average
Obese	23%	21%	25%	19%
Overweight	28%	25%	29%	24%
Healthy Weight	38%	33%	39%	40%
Underweight	2%	2%	3%	2%
Missing	9%	19%	4%	15%
Count of Women Booked	810	760	840	

Source: [NHS Digital Maternity Dashboard](#)

### *Alcohol Consumption During Pregnancy*

The Chief Medical Officers for the UK recommend that if you're pregnant or planning to become pregnant, the safest approach is not to drink alcohol at all to keep risks to your baby to a minimum.

Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink, the greater the risk.

Data from NHS Digital suggests that less than 0.5% of women drink alcohol regularly at the time of their antenatal booking appointment, however this still equates to 310 women whose pregnancy is at risk because of alcohol use.

### *Substance Misuse During Pregnancy*

Using drugs while pregnant creates significant risks to both mother and foetus. These risks include premature and underweight babies, stillborn births and birth defects. Data from NHS Digital reports 270 women were currently using drugs at the point of antenatal booking and 1,310 reported having previously used drugs at some point <sup>9</sup>.

### *Complex Social Factors*

The NHS collects data on women who have complex social risk factors at the time of antenatal booking, particularly alcohol or drug misuse, recent migrant or asylum seeker status, difficulty reading or speaking English, aged under 20 or domestic abuse. By identifying these women who are at increased risk the NHS can prioritise support and advice in line with NICE clinical guidelines<sup>10</sup>.

17.5% of women who booked antenatally in 2017/18 were identified as having complex social needs in Birmingham which was above the England value of 9.4%.<sup>11</sup> Data from the Maternity Services Dashboard shows that there is some variation in the percentage of women with complex social factors between the three maternity

<sup>9</sup> NHS Digital: Maternity Services Dataset

<sup>10</sup> NICE. Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors. Clinical guideline [CG110]

<sup>11</sup> Copyright © 2016 Health and Social Care Information Centre. The Health and Social Care Information Centre is a non-departmental body created by statute, also known as NHS Digital. [iViewPlus](#) Maternity Services Data Set Extracted October 2019



providers. Birmingham Women and Children's Hospital Trust reported 10% of women identified as having complex needs in March 2019; compared to 21% at Sandwell and West Birmingham Hospital Trust and 15% at University Hospital Foundation Trust.

### *Mental Health Prediction and Risk*

As part of the antenatal booking appointment the midwife undertakes a mental health risk assessment by asking a series of standard questions as part of a general discussion about a woman's mental health and wellbeing. NICE recommends the following questions:

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the past month, have you often been bothered by having little interest or pleasure in doing things?
- Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?
- Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?

The Royal College of General Practitioners estimates that up to one in five women and one in ten men are affected by mental health problems during pregnancy and the first year after birth. Unfortunately, only 50% of these are diagnosed. Without appropriate treatment, the negative impact of mental health problems during the perinatal period is enormous and can have long-lasting consequences on not only women, but their partners and children too. However, this is not inevitable. When problems are diagnosed early and treatment offered promptly, these effects can be mitigated.<sup>12</sup>

Data for Birmingham was not available at the time of publication of the JSNA; however, the Public Health Team will continue negotiations to secure access to this data and hope to report locally as and when this becomes possible.

### **Service Models**

Birmingham's maternity services are provided by Birmingham Women's Hospital, Good Hope Hospital, Heartlands Hospital and Sandwell & West Birmingham Hospitals NHS Trust (at City Hospital), provide a shared model of care with midwives, community services and primary care.

The NHS Saving Babies' Lives Care Bundle, launched by NHS England to reduce the rate of stillbirth and early neonatal death by incentivising the reduction of smoking in pregnancy, and raising awareness and improving monitoring of foetal growth and movement, has been implemented in Birmingham. This is accompanied by the development of a systematic approach to maternity care – a partnership of two maternity providers to deliver care using the same pathways in a more community orientated approach. The improvement programme to deliver this

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<sup>12</sup> <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/perinatal-mental-health-toolkit.aspx>



approach is overseen by the Birmingham United Maternity and Newborn Partnership (BUMP) partnership of commissioners and providers.

The commissioned NHS Maternity services are aligning into Local Maternity Systems sharing common standards, a model of community personalised risk-stratified care and any specialist facilities or skills. Personalised mother-centred care is also a standard, including choice and shared decision making. The systems also attempt to raise standards of care and improve outcomes by reducing adverse events such as stillbirth, difficulties during labour, and death of the baby during and after birth. The two large maternity services in Birmingham and Solihull have been collaborating as an early adopter of this approach since 2016. Full adoption is planned for 2020 with the impact and benefit being measurable in 2023.

An important feature of this approach is the collaborative partnership with those working in the Early Years System, establishing and sustaining support for parents and the development of the infant. In particular, this includes: the threat from tobacco smoking; support to establish sound infant feeding practices (breast and bottle feeding); and uptake of immunisation (by the mother during pregnancy and the child in the first five years of life).

## Maternity Service Data

There are many maternity service indicators but two significant ones in the context of population health are the rate of late antenatal booking and the uptake of antenatal screening.

### *Late Antenatal Booking*

NICE Quality Standard for Antenatal Care (2016) recommends that women should have received their first antenatal booking appointment before 10 weeks of gestation (70 days). Across the three maternity providers in Birmingham there is some variation in the proportion of women late booking in March 2019 (table 7), with women in SWBHT booking later than at UHBFT and women booking at BWCT booking significantly later, but this may reflect the case mix of women attending BWCT which is a centre of excellence, providing specialist services for more complex pregnancies for the whole region.

**Table 7: Percentage of Women at different gestation days at time of booking in Birmingham Hospital Trust providing Maternity Services (March 2019)**

	Birmingham Women & Children's NHS Trust (BWCT)	University Hospitals Birmingham Foundation Trust (UHBFT)	Sandwell & West Birmingham Hospitals Trust (SWBHT)	England Average
<70 days	43%	59%	56%	56%
71-90 days	38%	22%	20%	28%
91-140 days	14%	11%	15%	9%
> 141 days	5%	8%	10%	8%
Missing	0%	0%	0%	0%
Count	810	760	840	

Source: [NHS Digital Maternity Dashboard](#)

### *Method of Delivery*

Method of delivery can reflect both the complexity of the case mix in maternity as well as the quality of care. The Maternity Dashboard reports on a monthly basis the different percentage of delivery by NHS hospital trust, the level of spontaneous delivery is highest at Sandwell and West Birmingham Hospital Trust (table 8).

*Table 8: Percentage of different methods of delivery in Birmingham Hospital Trust providing Maternity Services (March 2019)*

	Birmingham Women & Children's NHS Foundation Trust	University Hospitals Birmingham Foundation Trust	Sandwell & West Birmingham Hospitals Trust
Elective caesarian section	11%	8%	11%
Emergency caesarian section	18%	20%	15%
Spontaneous delivery	47%	56%	63%
Instrumental delivery	14%	11%	9%
Other	9%	5%	3%
Missing data	0%	0%	0%

Source: [NHS Digital Maternity Dashboard](#)

### *Skin to Skin Contact at One Hour*

The proportion of babies who are given skin to skin contact with their birth mother within an hour of birth is used as an indicator of quality of care as it is an important step towards developing a strong bond between mother and child. Across the three providers there has been some variation over 2018/19.

The Women and Children's NHS Foundation Trust has historically had a high percentage of missing data but from January 2019 this dropped dramatically and in March 2019 80% of babies were achieving skin to skin with their mothers within an hour of birth.

Sandwell and West Birmingham Hospitals Trust has consistently had about a third of data missing for this metric and at March 2019 66% of babies were achieving skin to skin within an hour in this trust. The picture is very similar at University Hospitals Foundation Trust. There is a clear need to improve recording of this metric at both Sandwell and West Birmingham and University Hospitals Foundation Trust.

### *Uptake of Antenatal and Newborn Screening*

There is a national antenatal screening programme which offers women the opportunity for both blood and ultrasound screening to reduce risk to both mother and foetus and identify potential birth defects. The screening tests are undertaken by maternity services.

The National Antenatal Screening programme includes:

- Antenatal blood tests for Rubella, HIV, Syphilis and Hepatitis B
- Antenatal ultrasound screening for fetal anomalies
- Antenatal Sickle Cell and Thalassaemia testing for higher risk couples
- Newborn Blood Spot Screening testing for genetic conditions like cystic fibrosis

- Newborn and infant physical examination programme checking babies physically within 72hrs of birth

Of the NHS Trusts who service the Birmingham population the 2018/19 quarter four coverage of antenatal infectious disease screening and antenatal sickle cell and thalassaemia screening coverages were reported at 99.4% or better against a threshold of 95%.

For the same reporting period the completion of laboratory requests showed marginally more variation, but no Trust reported less than the threshold of 97%, and newborn and infant physical examination coverage was reported by the Trusts as 97-99% against a threshold of 95%.

### **Future Trends**

Population projections from ONS revised in 2014 have predicted a 1% rise in births year on year in Birmingham until 2021. Since 2014 our actual births have been below the projected rate, mirroring the national picture. Although there has been a recent slight decline in fertility rates it is slower than the national decline and the overall fertility in Birmingham remains significantly higher than England.

## Early Years 0-5 years

### Key Statistics

There were an estimated 100,690 children aged 0 to 5 years in Birmingham in 2018, this equates to 8.8% of the total population of the city. 51.3% of this population are male and 48.7% are female; this differs from the overall population where 49.5% are male and 50.5% are female

The largest population was in Alum Rock ward with 3,060 in this age group; the smallest in Sutton Wylde Green ward with a 5 and under population of 510 (2017 data). Lozells ward has the highest male population of 54.7%, and Stirchley ward the highest female population of 54.5%

The number of children aged under 5 years living in poverty<sup>13</sup> is very high in Birmingham at 29% - with the England figure being 20% (of children in families claiming child benefit). End Child Poverty published figures in May 2019 showed that 41% of Birmingham children were living in households in poverty, compared to 30% nationally (poverty was defined as household income adjusted to account for household size, is less than 60% of the median, with all poverty rates calculated after housing costs). Within this there is significant variance between different parts of Birmingham with Small Heath ward at 62% and Sutton Wylde Green at 16%.<sup>14</sup>

### Diversity and Inclusion

The last record of population by ethnicity is the 2011 census. The breakdown of broad ethnic groups of the age 0 to 4 population from the 2011 census is in the table 9 below (single year of age data is not available to calculate 0-5). However, there could have been significant changes in the ethnic mix for this age group since 2011.

*Table 9: Ethnic profile of children aged 0- 4*

Ethnic Group	% of Population aged 0-4	Total Birmingham %
White	40.1%	57.9%
Mixed/multiple ethnic group	10.7%	4.4%
Asian/Asian British	35.2%	26.6%
Black/African/Caribbean/Black British	10.6%	9.0%
Other ethnic group	3.3%	2.0%

Source: 2011 Census

During 2018, 2,050 new migrants aged 0 to 5 registered with a GP in Birmingham; with the majority coming to the city from Romania, Italy, Pakistan and India. This figure was slightly higher than 2017 at 2,035. Many of these new migrants located to Soho and Jewellery Quarter, Ladywood and Alum Rock wards.

<sup>13</sup> Children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income. HM Revenue and Customs (Personal Tax Credits: Related Statistics – Child Poverty Statistics)

<sup>14</sup> <http://www.endchildpoverty.org.uk/poverty-in-your-area-2019/>

We do not currently have data on the profile of the 0-5 years age group by other demographic aspects such as disability, faith and gender identity in Birmingham.

National data would suggest that 8% of children have a disability<sup>15</sup>, although some of these children will develop disability during their childhood. In this age group this would equate to over 8,000 children with a disability in the city.

Faith can have a role in the context of childhood health outcomes and further work is needed to explore this in Birmingham given the cultural diversity of the city.

International research<sup>16</sup> suggests that about 1 in 100 births are children whose bodies differ from standard male or female presentations which can be in many different forms, usually due to genetics, and there are more that have genetic differences that come into the classification of intersex. This could potentially affect over 1,000 children in the city in this age group. Although most people with intersex variations are physically healthy, they may experience physical, mental, sexual and reproductive health and wellbeing issues related to their particular intersex variation. Therefore there is a need for those responsible for their care to understand the range of health issues affecting people with intersex variations and how these issues differ according to an individual's particular variations.

### **Birmingham Service Model**

Birmingham is committed to becoming a child friendly city where every child achieves the best start in life and where services work together to improve outcomes for children.

Birmingham City Council commissions a partnership model of health and wellbeing services for early years (0-5 years) based on the national Healthy Child Programme. The service is currently provided by Birmingham Forward Steps (BFS). BFS is a partnership of Birmingham Community Healthcare Trust, Barnardos, Spurgeons, the Springfield Project and St Pauls Community Trust. It integrates health visiting services and children's centres into a ten district model to allow services to flex capacity to meet the needs of more vulnerable children while ensuring the statutory universal checks and support to all infants and young children in the city.

Outcomes for BFS include ensuring all children are supported through the mandated checks of child development, supporting effective parenting including breastfeeding, healthy weaning, active play and increasing uptake of the Healthy Start voucher scheme, and safeguarding vulnerable children.

Early identification and appropriate intervention when children are identified as having developmental delay or disability are important. Some conditions, such as autism, do not present with signs and symptoms until children are 2-3 years old; others like cerebral palsy vary significantly between children and it is only as the child grows that child professionals can assess what support will be needed. Where children are identified through the statutory developmental and educational assessments they are referred to the multi-disciplinary Child Development Centres.

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<sup>15</sup> [ONS Family Resources Survey: financial year 2016/17](#). 22/04/2018

<sup>16</sup> [Intersex society of North America: How Common is intersex.](#)

The City Council has a duty to support access to 15 hours of free nursery educational placements for all children aged 3-4 years old and for children aged 2 in families on low incomes. There is national funding to support the uptake of these opportunities, at no cost to the family, which is channeled through the City Council. Birmingham had high levels of take-up for 3 and 4 year olds in 2018 (92%, national 94%), and this rate of take-up has remained steady over the last four years (although take-up for 2 year olds is 62 per cent which is below the national average)<sup>17</sup>.

General health service provision is through General Practice, one of the key aspects of primary care support for infants and children is the childhood immunisation programme which protects children against preventable diseases that can cause illness, school absence, hospitalization, disability and in some cases death. The routine immunisation schedule is determined nationally and commissioned locally by NHS England and NHS Improvement with support from an embedded Public Health England team.

For children and young people, the schedule includes immunisations delivered in at least eight blocks or age groups; most are delivered before children start school, but some are delivered between 12 and 14 years of age. All of the immunisations for infants and pre-school children are provided in GP Practices. The vaccinations for Primary and Secondary school children are delivered in school by local school age immunisation services (SAIS).

All GP Practices in Birmingham provide the universal immunisation schedule described above, and one SAIS provides the school-age vaccinations. The seasonal flu vaccination for children is delivered in different settings depending on age: vaccinations for those aged 2-3 years are provided by General Practices; school-age (all Primary school children from 2019) child flu vaccinations are provided by the Birmingham SAIS provider. Community pharmacies provide flu vaccinations, but only for people over 18 years old.

### *Service Performance Data*

The national Child Health Programme sets out five mandatory checks which provide good proxies for how well the service is meeting the needs of children and families. The performance data for 2018/19 Q3 is shown in table 10 below.

*Table 10: Performance data for mandated checks, 2018/19 Q3*

<b>Mandated Check Description</b>	<b>Birmingham</b>	<b>West Mid</b>	<b>England</b>
Percentage of births that receive a face to face New Birth Visit (NBV) within 14 days by a Health Visitor	88.5%	86.5%	89.1%
Percentage of infants who received a 6-8 week review by the time they were 8 weeks	90.1%	90.9%	85.6%
Percentage of children who received a 12 month review by the time they turned 12 months	58.4%	71.2%	75.7%
Percentage of children who received a 2-2½ year review	59.8%	75.2%	78.0%
Percentage of children completed the 2-2½ year review using the Ages and Stages Questionnaire (ASQ-3).	N/A	82.4%	92.5%

<sup>17</sup> [Take-up of free early education entitlements Research report. Dept for Education](#)

Birmingham's performance in terms of completion of mandated checks was similar or above England for the NBV and 6-8 week checks but significantly below for 12 month and 2-2½ year review (see table 10).

There were data quality issues in Birmingham which prevented the reporting of the proportion of children in Birmingham who completed the 2-2½ year review using the Ages and Stages Questionnaire (ASQ-3).

In addition to the statutory checks there are two other key service indicators for health and wellbeing; breastfeeding and health start vouchers/vitamins.

### *Breastfeeding*

Breastfeeding has benefits that can last well into adulthood, and the longer the period of breastfeeding the greater and longer lasting the impact. Breastfeeding reduces the baby's risk of infections, diarrhoea, vomiting, childhood leukaemia, obesity, and cardiovascular disease during adulthood.<sup>18</sup>

In 2016/17, 71.1% of Birmingham mothers gave their babies breast milk in the first 48 hours after delivery, below the England average of 74.5%. The Birmingham breastfeeding initiation rate has increased slightly over recent years from 68.6% in 2010/11 to 71.1% in 2016/17 but has remained consistently below the England average.

Nationally rates of breastfeeding initiation are lower in the most deprived 10% of communities than in the least deprived 10% (68.8% compared to 81.2%). A similar differential is evident for breastfeeding coverage at age 6-8 weeks (40.2% in the most deprived, 51.5% in least deprived).

In Birmingham, in 2015, 51% are still breastfeeding at age 6-8 weeks, which was a higher rate than the England average of 43%.

Unfortunately, due to data quality issues with Birmingham Forward Steps in relation to more recent breastfeeding data, we are unable to confirm if these breastfeeding rates have been maintained.

### *Uptake of the Healthy Start Voucher Scheme*

The Healthy Start scheme provides vouchers for pregnant women and parents with children under 4 years of age in receipt of certain benefits to help buy some basic foods. This important means-tested scheme provides vouchers to spend with local retailers<sup>19</sup>

Take up in the most recent reporting period (September 2019) in Birmingham was 60% of eligible families, which was above the national average of 54.2% and the West Midlands average of 57.2%. However, this still means that 40% of eligible families aren't taking up this free support for their children.

### *Uptake of Healthy Start Vitamins*

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<sup>18</sup> <https://www.nhs.uk/conditions/pregnancy-and-baby/benefits-breastfeeding/>

<sup>19</sup> [Healthy Start](#)



Birmingham City Council funds universal provision of the vitamins to help reduce the stigma of the scheme and improve uptake. The voucher scheme provides a means for this vulnerable group to access vitamins with a variety of health benefits that are known to be more prevalent in more deprived communities, and assists with child growth, healthy bones and healthy teeth. For quarter 2, 2018/19, 23% of the cohort of mothers and parents claimed their vitamins <sup>20</sup>

### *Childhood Immunisation*

In 2017/18, 87.6% of Birmingham children received a single MMR vaccination by aged two and 81.6% have received two doses by aged five, both below the England average (91.2% and 87.2% respectively) and below the target rate of 95% recommended for herd immunity (table 11). Figures fell between 2010/11 and 2012/13 in Birmingham before recovering slightly by 2013/14 and then falling back by 2017/18.

Vaccination coverage in Birmingham in 2017/18 was below the target rate of 95% and below national and regional averages for most of the recommended childhood vaccinations. This is concerning given the recent outbreaks of vaccine preventable diseases that have occurred in the United Kingdom.

*Table 11: Coverage for childhood vaccinations 2017/18*

<b>Vaccination</b>	<b>Birmingham</b>	<b>England</b>	<b>West Midlands</b>
Dtap / IPV / Hib (1 year old)	90.1%	93.1%	92.8%
Dtap / IPV / Hib (2 years old)	93.1%	95.1%	95.6%
Hepatitis B (1 year old)	100.0%		
Hepatitis B (2 years old)	100.0%		
Hib / Men C booster (5 years old)	91.5%	92.4%	94.1%
Hib / MenC booster (2 years old)	87.4%	91.2%	90.8%
HPV vaccination coverage for one dose (females 12-13 years old)	81.3%	86.9%	88.1%
MMR for one dose (2 years old)	87.6%	91.2%	91.2%
MMR for one dose (5 years old)	93.7%	94.9%	95.7%
MMR for two doses (5 years old)	81.6%	87.2%	87.6%
PCV	90.8%	93.3%	93.6%
PCV booster	87.2%	91.0%	91.0%

Source: PHE Fingertips

The uptake of the seasonal flu vaccine for those aged 2 to 3 years old in Birmingham in 2017/18 was 38.2%. This was the worst performance in the West Midlands and well below the national target rate of 65%.

### **Key Outcomes**

Early years education measures are a useful indication of early development and school readiness and reflect overall how well the partners in the city are supporting the health and wellbeing of children in this early stage of life.

In 2017/18, 67.7% of children attending a Birmingham school achieved a good level of development at the end of reception compared to 72.1% for England. Girls were more likely than boys to achieve a good level of development (74.6% compared to

<sup>20</sup> Birmingham Public Health.



61.2%). Compared to other core cities Birmingham is in the middle of the group, doing better than Leeds but worse than Newcastle-Upon-Tyne (figure 3).

*Figure 3: School Readiness: the percentage of children achieving a good level of development at the end of reception*



Source: PHE Fingertips

Between 2012/13 and 2017/18 the percentage of Birmingham pupils achieving a good level of development has increased from 49.6% to 67.7%.

The proportion of children achieving a good level of development by the end of reception varies by ethnic group (table 12). The proportion in 2018 was highest for mixed ethnicity pupils and lowest for Chinese ethnicity pupils, however there were a relatively small number of pupils recorded with Chinese ethnicity (103) so this may be vulnerable to distortion. The variance in development suggests there may be a need to target some early years and educational interventions towards addressing inequalities by ethnicity, particularly to close the gap between the city and the West Midlands and England averages.

*Table 12: Children achieving early a good level of development by the end of reception in Birmingham, West Midlands and England 2018*

<b>Ethnicity</b>	<b>Birmingham</b>	<b>West Midlands</b>	<b>England</b>
White	68%	70%	71%
Mixed	69%	68%	72%
Asian	65%	65%	68%
Black	65%	66%	68%
Chinese	60%	67%	76%
<b>All Pupils</b>	<b>66%</b>	<b>68%</b>	<b>70%</b>

Source: DfE: Early years foundation stage profile (EYFSP) results by pupil characteristics: 2018

The proportion of children with special educational needs (SEND) achieving a good level of development is significantly lower than the proportion across all pupils: 21% for pupils receiving Special Educational Needs (SEN) support and 5% for pupils with a statement or educational healthcare plan (EHCP). In England 27% of pupils with SEN support achieved the development goal but only 4% with a statement or EHCP, so the city is doing better than England for EHC but not as well for SEN supported children.

The number of children accessing early years support services (Education) has been increasing over the past 5 years. In academic year 2017/18, there were 2,067 children notified to Early Years Inclusion Support. During 2017/18 the priority SEND need area most in demand in the 0-5 age range was communication and interaction.

### *Developmental Progress Outcomes*

Data quality issues mean that we are unable to monitor child development through the ages and stages questionnaire. The same issue has also prevented us monitoring breastfeeding rates at 6 to 8 weeks since 2015.

### *Health Outcomes*

Lack of access to primary care data limits the monitoring of health outcomes across all age groups. The only prevalence data available through primary care data sources are for those conditions where there is a disease specific Quality and Outcomes Framework (QOF) register. There are no such registers specific to the 0 to 5 age group. Primary care immunisations data is only shared at a local authority aggregated coverage rate by immunisation type and therefore prevents more in-depth analysis of inequalities.

Hospital Episode Statistics (HES) for A&E attendances recorded 60,834 A&E attendances by children aged 0 to 5 in 2017/18. Of these attendances 34.3% did not have a valid primary diagnosis recorded.<sup>21</sup> The table 13 shows the top 10 valid primary diagnoses recorded for the attendances. While some of these may be impossible to eliminate entirely there is potential to reduce these admissions though

<sup>21</sup> Approximately half without a valid code were coded using ICD10 disease classification which is not standard for A&E diagnosis classification. This is due to Heartlands Hospital using ICD10 rather than the standard A&E diagnosis classification method.

infection control (specifically in reference to infectious diseases) and other measures.

*Table 13: Top 10 valid primary diagnosis recorded for A&E attendances for Birmingham children aged 0-5*

<b>A&amp;E Primary Diagnosis</b>	<b>Number of Attendances</b>	<b>% of Total Attendances</b>
Respiratory conditions	11,522	18.9%
Gastrointestinal conditions	4,576	7.5%
Diagnosis not classifiable	3,403	5.6%
ENT conditions	2,454	4.0%
Head injury	1,948	3.2%
Infectious disease	1,836	3.0%
Laceration	1,828	3.0%
Dermatological conditions	1,727	2.8%
Dislocation/fracture/joint injury/amputation	1,550	2.5%
Contusion/abrasion	1,228	2.0%

Source: NHS Digital: HES

There is also potential for A&E attendances to be reduced by better signposting to more appropriate front line service for attendances that fit the NHS definition of "first attendance with some recorded treatments or investigations all of which may have been reasonably provided by a GP, followed by discharge home or to GP care."<sup>22</sup>

Hospital Episode Statistics record demographic factors such as age, home address (aggregated to lower super output layer level) and ethnicity. In future years there may be value in analysing these data in more detail to explore differences across the city in different geographies and different demographic groups.

ONS, via NHS Digital, provide local authorities each year with a breakdown of deaths amongst various age groups. During 2015/17 Birmingham had a total of 59 deaths between the ages of 1 to 5. Causes varied considerably and numbers in each cause were very low. The main five causes were in related to diseases starting at birth: spinal muscular atrophy, cerebral palsy and heart issues due to congenital anomalies. The other main causes were cancers and traffic accidents. Male children accounted for 53% of these deaths.

## **Future Trends**

Office for National Statistics (ONS) population projections made in 2016 predicted that the age 0 to 4 population in Birmingham would increase by 3.3% (2,945) between 2019 and 2029. Nationally the population in this age group is predicted to fall during the same period. Birmingham can therefore expect a greater demand for early years services in the future relative to other areas in England.

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<sup>22</sup> [NHS Digital: Non-urgent A&E attendances](#)

## School Years

### Key Statistics

The 2019 school census recorded 114,564 children at primary schools, 71,218 at secondary school and 10,317 in sixth form in Birmingham.

As at October 2019 Birmingham had 1,431 children listed as home educated. It is usual for this figure to increase throughout the year until July when the year 11 pupils are removed from the list. Estimates suggest that in 2018 there may have been around 53,000 - 58,000 home educated children in England; the number appears to have increased in recent years.<sup>23</sup>

There were an estimated 220,635 children aged 5 to 18 years in Birmingham in 2018, this equates to 19.3% of the total population of the city. 51.6% of this population are male and 48.4% are female; this differs from the overall population where 49.5% are male and 50.5% are female

The largest population was in Alum Rock ward in 2017 with 7,163 in this age group; the smallest in Sutton Trinity ward with a 5 to 18 population of 1,225. From a ward perspective South Yardley ward has the highest male population of 54.5%, and Bournville and Cotteridge ward the highest female population of 50.5%

### Diversity and inclusion

The gender split is mostly even other than for sixth form students, where girls make up 56.3% of the student count.

The 2019 school census recorded 42.1% of pupils as disadvantaged, 28.3% as eligible for free school meals and 41.9% with English as an additional language.

We have limited data on the proportion of school aged children who have long term health conditions and/or disabilities. The proportion of pupils at Birmingham's schools with Education Health Care Plans (EHCP) and Special Education Need (SEN) support gives an indication of the level of need. EHCPs address the health and social care needs of the child or young person as well as their educational needs and can be in force from the ages of 0-25. SEN support which is extra or different help from that provided as part of the school's usual curriculum without a formal assessment process.

*Table 14: Proportion of pupils at Birmingham schools with EHCP and SEN support*

Proportion of Pupils	Birmingham	England	English Core Cities
Primary pupils with EHCP	1.1%	1.4%	0.8%
Primary pupils with SEN support	15.0%	12.4%	14.2%
Secondary pupils with EHCP	1.3%	1.6%	1.2%
Secondary Pupils with SEN support	11.7%	10.6%	11.9%

Source: DfE, 2018

<sup>23</sup> Alternative Provision, Attendance & Independent Education, Birmingham City Council

The proportion of pupils at Birmingham's primary schools with EHCPs is similar to the national average and to the other English core cities (table 14).<sup>24</sup> The proportion of pupils receiving SEN support is higher than the national average but similar to the other core cities. The proportion of pupils at secondary schools with EHCPs and SEN support is similar to the national average and to the other English core cities. A greater number of pupils are categorised under the moderate learning difficulty category than nationally, leading to concern that children's needs are not being accurately identified. Birmingham also has 27 state-funded special schools attended by 2.2% of school population. This is a higher proportion than for England or the core cities. Demand for these places is high and additional provision is used outside the city.

A large proportion of school age children live in areas classified as deprived. Over 50% of Birmingham lower super output areas (LSOAs) were ranked in the top two national deciles for income deprivation affecting children in the 2019 indexes of multiple deprivation. The most deprived areas are concentrated in the central and the southern margins of the city. However, the overall percentage of children entitled to free school meals has fallen from 31.9% (2012) to 24.2% (2018) and the gap between the city and the region has closed by 4 percentage points; the gap with England proportion has closed by 4.4 percentage points.

We do not have any local data on sexual orientation, gender identity or faith on school aged children.

## **Unhealthy Behaviours**

### *Smoking*

Most smokers start smoking when they are children and those who start smoking earliest are more likely to become heavy smokers and find giving up harder.<sup>25</sup> With the known impacts of smoking on health it is therefore a priority for public health to help minimise the rates of smoking in school age children. A survey of persons aged 15 years old shows that nationally the proportion of young people who say they are a regular smoker fell from 20% in 2006 to 7% in 2016 <sup>26</sup>.

Figure 4 shows that in Birmingham 4.4% of persons aged 15 years responding to the What About YOUth (Way) survey in 2015 said they were a current smoker (3.1% regular smoker, 1.3% occasional smoker) compared to the England average of just over 8%.

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<sup>24</sup> Children and Young People with Special Education Needs and/or Disability in Birmingham; Joint Strategic Needs Assessment 2018-19

[https://www.birmingham.gov.uk/downloads/file/7884/special\\_educational\\_needs\\_and\\_disability\\_2018](https://www.birmingham.gov.uk/downloads/file/7884/special_educational_needs_and_disability_2018)

<sup>25</sup> [ASH Young People & Tobacco](#)

<sup>26</sup> Smoking, Drinking and Drug Use among Young People in England: NHS Digital survey

Figure 4: Smoking prevalence at age 15 - current smokers (WAY survey) 2015



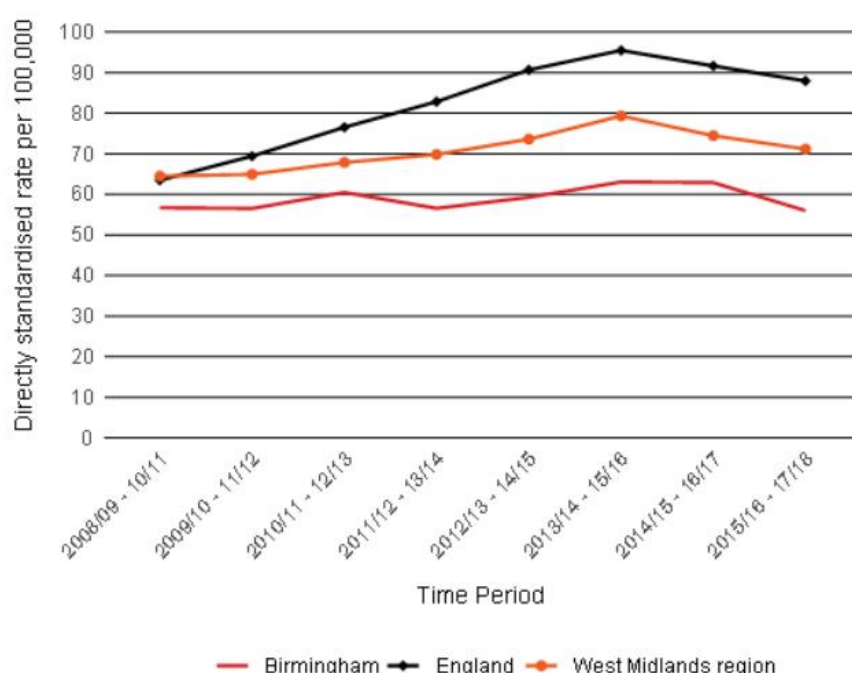
Source: What About YOUth (WAY) survey, 2014/15

### Substance misuse

The use of recreational drugs by young people is a risk to mental health including potential increases in suicide, depression and disruptive behaviour disorders. In the rolling three year period 2015/16 to 2017/18 (figure 5) the rate of admissions to hospital due to substance misuse by those aged 15-24 in Birmingham was below the England average (56.0 compared to 87.9 per 100,000). Whilst the rate of admissions in England increased since 2008/09, rates in Birmingham have remained consistent.

Results from the national WAY survey (2014/15) indicated that the proportion of those aged 15 years old in Birmingham who had taken drugs in the previous month was lower than the national average.

Figure 5: Hospital admissions due to substance misuse (15-24 years)



Source: Hospital Episode Statistics NHS Digital

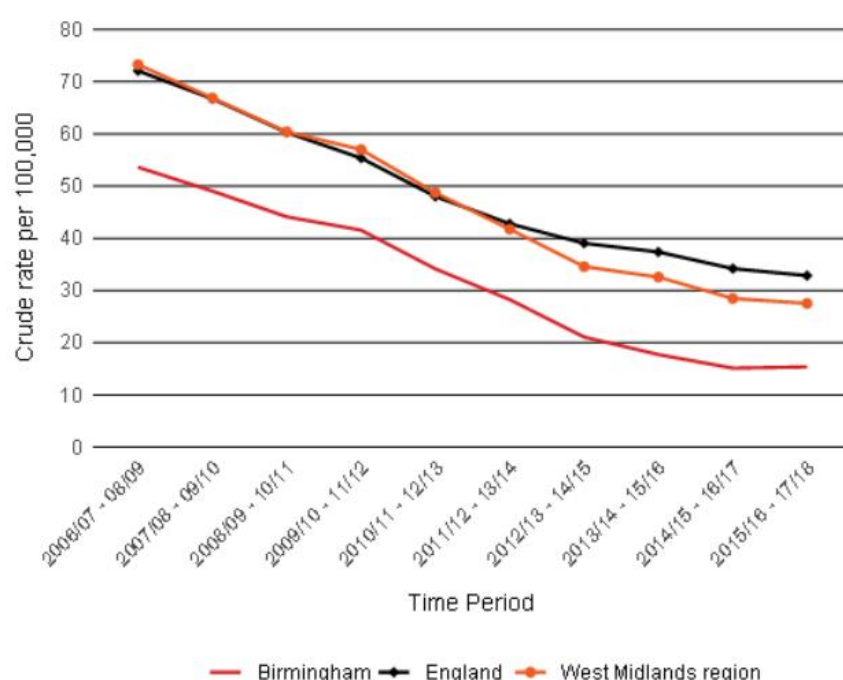
There is strong evidence that teenage drinking affects brain development and is linked with increased health risks though the increased likelihood of teenagers who drink getting into fights or engaging in unprotected sex.<sup>27</sup> Results from the WAY survey (2014/15) indicated that the proportion of those aged 15 years old in Birmingham who were regular drinkers was lower than the national average (2.8% vs 6.2%). The proportion who had been drunk in the previous four weeks was also lower than the national average (6.3% vs 14.6%).

At 15.4 per 100,000, the Birmingham under 18 alcohol specific hospital admission rate was below the England average (32.9 per 100,000) and lower than all core cities, other than Sheffield, in the three years 2015/16 to 2017/18. The rate is significantly below the England average for males (9.0 vs 26.4 per 100,000) and females (22.1 vs 39.6 per 100,000).

The overall under 18 alcohol rates of admission have trended downwards significantly since 2008/09 (figure 6), which is broadly comparable with England. However, the decline in admissions has slowed in the last two years.

<sup>27</sup> [The Drinkaware Trust. Teenage drinking](#)

Figure 6: Admission episodes for alcohol-specific conditions - Under 18s over time



Source: Hospital Episode Statistics NHS Digital

### Healthy eating

Children require the right nutrients for healthy growth and development and should therefore be consuming a healthy balanced diet in line with the Eatwell guide.<sup>28</sup> In 2014/15, 54.1% of those aged 15 years old in Birmingham reported that they eat five portions or more of fruit or vegetables a day compared to the England average of 52.4%, see figure 7. We don't have local data on the consumption of other nutrition indicators like fat, salt and sugar, that are directly associated with health conditions like high blood pressure (hypertension), cardiovascular disease, type two diabetes and cancer. There is a need for better knowledge of the city's food intake by children as the obesity data presented elsewhere suggests it is not healthy.

Nationally, those aged 15 years old from the least deprived backgrounds are more likely than those from the most deprived neighbourhoods to eat healthily (55.8% compared to 51.3%), with some variations also evident among young people from different ethnic backgrounds (49.5% Black, 51.1% White, 60.3% Asian). Increased ethnic diversity of young people in the city maybe a protective factor in terms of fruit and vegetable consumption.

<sup>28</sup> [British Nutrition Foundation. School Children](#)



Figure 7: Percentage who eat 5 portions or more of fruit and veg per day at age 15



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

### Physical activity

In 2014/15 only 12.3% of those aged 15 years old in Birmingham reported that they were physically active for at least one hour per day seven days a week compared to the England average of 13.9%. The Active Lives Survey only collects data on young people over 16 years, however the 17/18 data set shows that young people aged 16-24 years are more inactive (17.7%) than in England (15.4%). A smaller proportion in Birmingham are achieving the recommended levels of physical activity to improve health, only 68.4% compared to 75.4% in England.

Physical activity levels in children are linked with mental health outcomes and the likelihood of continuing to be physically active as an adult.<sup>29</sup> Nationally, 15 year olds from the least deprived backgrounds are more likely than those from the most deprived neighbourhoods to meet the recommended target for physical activity (14.3% compared to 12.3%), with some variations also evident among young people from different ethnic backgrounds (14.4% White, 12.2% Black, 9.5% Asian).

### Obesity

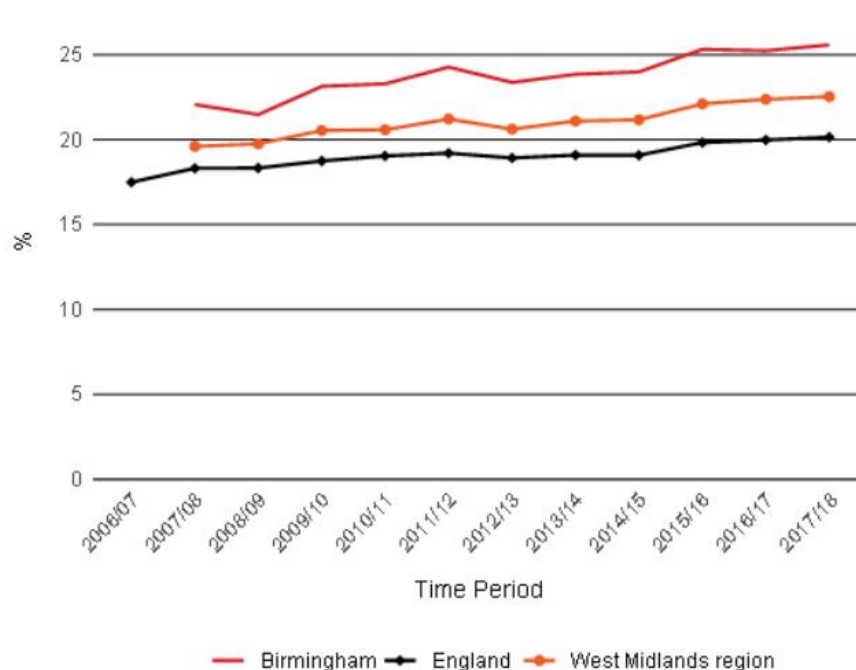
Obesity in children often carries over into adulthood leading to avoidable ill health or premature mortality and can also have a detrimental effect on mental health and wellbeing through bullying and loss of self-esteem. In 2017/18 the percentage of obese Birmingham children at reception and year six is above the England average and among the highest in the West Midlands. In reception 11.3% are classified as obese (9.5% England); in year six 25.6% are classified as obese (20.1% England).

<sup>29</sup> Department of Health and Social Care, Llywodraeth Cymru Welsh Government, Department of Health Northern Ireland and the Scottish Government. UK Chief Medical Officers' Physical Activity Guidelines 2019

Nationally, year six children from the most deprived 10% of the population are more than twice as likely to be classified as obese as those in the least deprived 10% of the population (26.8% compared to 11.7%). There are also differences between ethnic groups (highest among those from a Black/Black British background) as well as between boys and girls (22.2% compared to 18.0%).

In the last few years the number of children classified as obese in reception has remained broadly consistent in Birmingham and England. By contrast, like England as a whole, obesity levels in year six have trended upward (2007/08 22.1%, 2017/18 25.6%) (figure 8).

*Figure 8: Year 6 prevalence of obesity (Including severe obesity)*



Source: NCMP / Public Health England

## Mental Health of School Aged Children

Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives.<sup>30</sup> Alarming, however, 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age.

The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

The Mental Health of Children and Young People Survey 2017 finds that nationally, one in eight children and young people aged 5 to 19 years have at least one mental disorder. The prevalence of mental health problems rises with age, with 9.5% of children age 5-10 years experiencing a mental disorder compared to 16.9% of those

<sup>30</sup> [Mental Health Foundation – Children & Young People](#)

aged 17-19 years old. Emotional disorders are the most prevalent type of mental health problem experienced by those aged 5-19 years old (8.1% of all children), followed by behavioural disorders (4.6%) and hyperactivity disorders (1.6%).

In Birmingham the estimated prevalence of mental health disorders in children and young people (5-16 years) is 10.3% (England 9.2%, West Midlands 9.7%) (table 15).

*Table 15: Estimated prevalence of mental health conditions in children and young people*

	<b>Birmingham Estimated %</b>	<b>Modelled number of young people affected in 2018 (5-16 years population = 190,397)</b>	<b>West Midlands %</b>	<b>England %</b>
Mental health disorders in children & young people 5-16 years	10.3%	19,611	9.7%	9.2%
Prevalence of emotional disorders aged 5-16 years	4.0%	7,616	3.8%	3.6%
Prevalence of conduct disorders in 5-16 years olds	6.4%	12,185	5.9%	5.6%
Prevalence of hyperkinetic disorders in 5-16 years olds	1.7%	3,237	1.6%	1.5%
Potential number of cases of eating disorders in 16-24 years	N/A	21,518	N/A	N/A
Potential number of cases of ADHD in 16-24 years	N/A	22,414	N/A	N/A

Source: [PHE Fingertips Children and Young People's Mental Health](#)

As well as age and gender, a child's background and circumstances have a significant bearing on rates of mental health disorders, with prevalence higher among:

- White British children compared to those from the Asian/Asian British or Black/Black British ethnic groups
- Those living in low income families – (7% among children in most affluent families compared to 15% in the least affluent)
- Those living with a parent with a mental health disorder
- Those who have experienced an adverse life event
- Those who have low levels of social support, smaller social networks, and those not participating in clubs or organisations

Although Birmingham has a lower proportion of white British children than the England average, the city has a higher proportion of low income families (27.6% of children under 16 years live in low-income families), a higher rate of children living in households with a parent in drug treatment and a higher rate of children in care than the England averages. Overall, we would expect to see a higher rate of mental health conditions in children in the city than England because of the increased risk factors.

Figure 9 shows the Birmingham rate of hospital admissions for mental health conditions in children and young people in 2017/18 was lower than the England average (76.4 compared to 84.7 per 100,000). In Birmingham the rate among males was substantially higher than females. Compared to the core cities group, the rate of admission for mental health conditions is third highest.

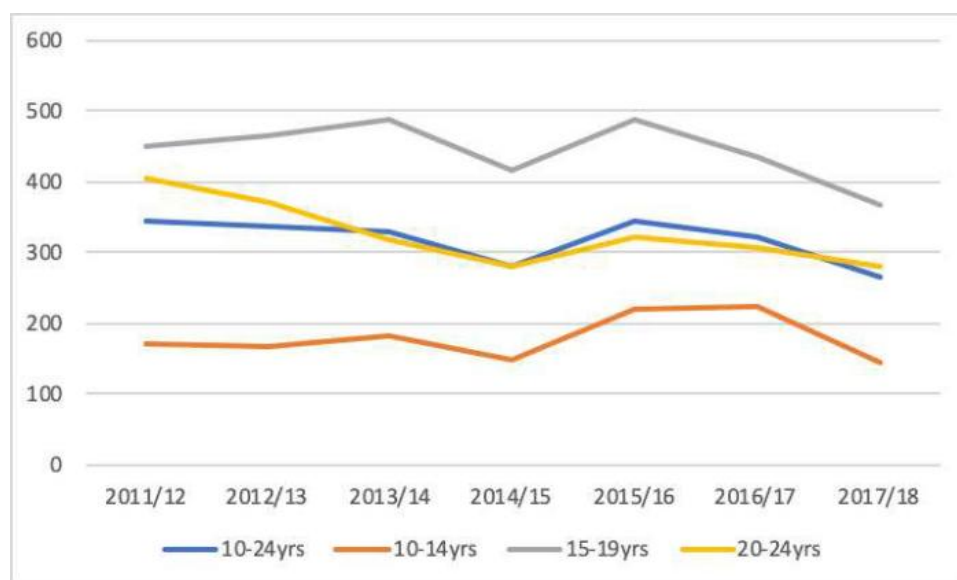
*Figure 9 Hospital admissions for mental health conditions aged 0-17 years 2017/18*



Source: Hospital Episode Statistics NHS Digital

Rates of admission for self-harm in the city are lower than the rates for the West Midlands and England. There has been a gradual fall in the rates of self-harm in Birmingham since 2011/12 to 2017/18, this has been most stark for those aged 15-19 years old and those aged 20-24 years old (figure 10).

*Figure 10: Rate of hospital admissions for self-harm in Birmingham, by age group, between 2011/12 and 2017/18*



Sources: [PHE Fingertips drawn from HES data](#)

## Physical Health of School Aged Children

Asthma is the most common long-term medical condition among children and young people in the UK.<sup>31</sup> It is the most common cause for emergency hospital admissions for children and young people but there is strong evidence that many acute asthma episodes are preventable.<sup>32</sup> Emergency admissions for asthma for children aged 0 to 9 were significantly higher in Birmingham than the national average in 2017 (378.3 per 100,00 vs 255.8 per 100,000).

Accidental injuries are one of the most common causes of death in children over one year of age and more than two million children under the age of 15 attend Accident and Emergency (A&E) departments each year due to accidents in and around the home, many of which could have been prevented.<sup>33</sup> The rate of A&E attendances by children aged 5 to 9 in Birmingham was higher than the England average in the period 2016/17 (317.2 per 100,000 vs 305.7 per 100,000). The rates of A&E attendances during the same period for children aged 10 to 14 and all children under the age of 18 were broadly comparable to the England average. Further analysis of reasons for attendance has not been completed at this point as the quality of clinical coding within A&E data is known to be poor.

The rate of children killed or seriously injured (KSI) in road accidents in Birmingham in 2014-16 was higher than the England average for both the 6 to 10 age group (21.3

<sup>31</sup> [NHS England - Childhood asthma](#)

<sup>32</sup> [Nuffield Trust. Child asthma admissions: part of a 'care-failure' iceberg](#)

<sup>33</sup> [RoSPA – Accidents to children](#)

per 100,000 vs 14.8 per 100,000) and the 11 to 15 age group (46.4 per 100,000 vs 32.6 per 100,000). A Road Safety Strategy for Birmingham has been developed.<sup>34</sup> It sets out an action plan to reduce the number and severity of road traffic accidents, with a focus on the most vulnerable road users in the city.

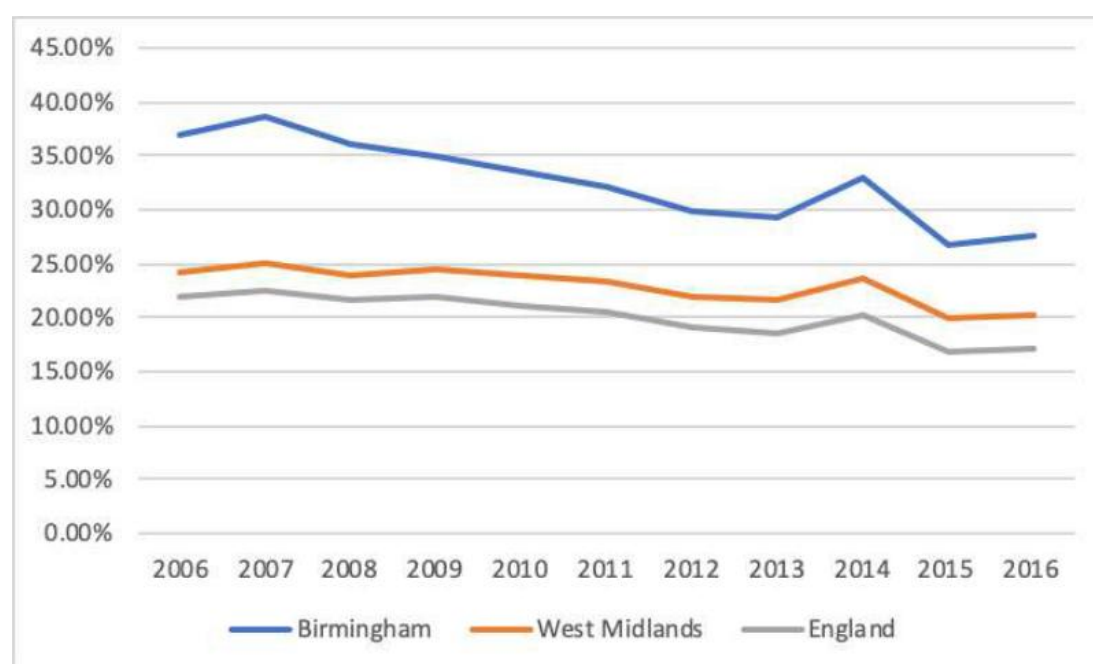
The strategy is a partnership project and the action plan will be delivered by the Birmingham Road Safety Partnership, which includes key partners, West Midlands Police, West Midlands Fire Service, community organisations, and third sector organisations such as RoSPA.

## Wider Determinants

There are many different factors that affect health including poverty, housing, education, crime and these are called the wider determinants of health.

Evidence linking child poverty and long term health outcomes is very strong.<sup>35</sup> HMRC data shows that in 2016, 27.6% of all Birmingham children aged 0-15 years lived in low-income families compared to the England average of 17.0%. Birmingham has the 6th highest proportion in England. The proportion of Birmingham children aged 0-15 years old in families with low-income increased slightly in 2016. However, the rate has generally been declining between 2006 and 2015 although it remains higher than the England rate and the gap between the city and the nation is not closing (figure 11).

*Figure 11: % of children in low income families (under 16 years)*



Source: [PHE Fingertips](#) drawn from HMRC Personal Tax Credits: Related Statistics - Child Poverty Statistics

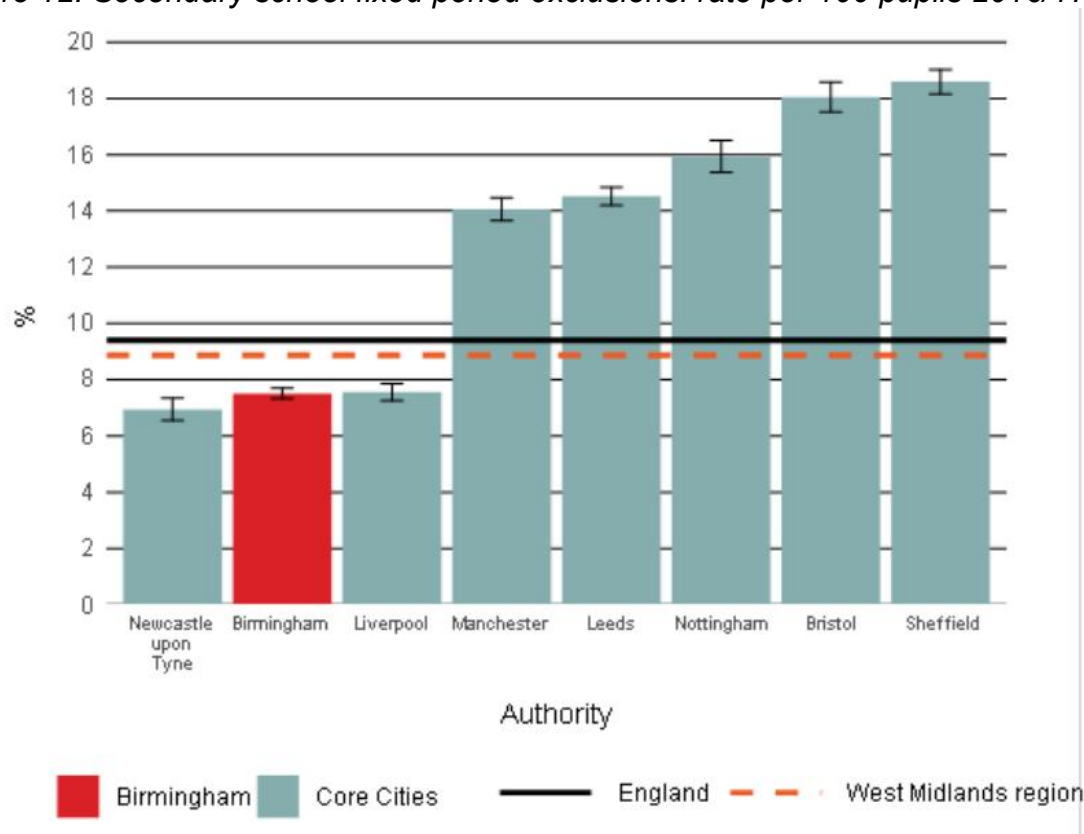
<sup>34</sup> [Birmingham road safety strategy](#)

<sup>35</sup> [End Child Poverty - Child poverty facts and figures](#)

The link between education and health is two way. The quality of educational experience impacts on health outcomes<sup>36</sup> and health outcomes impact on educational outcomes.<sup>37</sup>

Links between school attendance, unhealthy behaviours and health outcomes are well documented.<sup>38,39</sup> Measures of pupil absence are less favourable at Birmingham schools than the England average. For instance, in 2017/18, 13% of pupils of all ages attending a Birmingham school were classified as persistent absentees compared to the England average of 11.2%. The rate among primary school pupils in Birmingham (11%) is the highest in the West Midlands and 7th highest nationally.

*Figure 12: Secondary school fixed period exclusions: rate per 100 pupils 2016/17*



Source: Department for Education

Secondary schools account for over 80% of all exclusions, with the most common reasons being persistent disruptive behaviour, physical assault against a pupil and verbal abuse/threatening behaviour against an adult. The proportion of primary school pupils in Birmingham receiving fixed term and permanent exclusion from school is above the England average and among the highest in the West Midlands. The proportion of secondary school pupils in Birmingham receiving fixed term exclusions from school is below the England average (see figure 12 above) and the

<sup>36</sup> [The Health Foundation. How do our education and skills influence our health?](#)

<sup>37</sup> [Suhrcke M, de Paz Nieves C \(2011\). The impact of health and health behaviours on educational outcomes in highincome countries: a review of the evidence. Copenhagen, WHO Regional Office for Europe.](#)

<sup>38</sup> The Link Between School Attendance and Good Health. Allison MA, Attisha E; Council On School Health. Pediatrics. 2019 Feb 143(2)

<sup>39</sup> [The British Psychological Society. Behaviour Change: School attendance, exclusion and persistent absence](#)

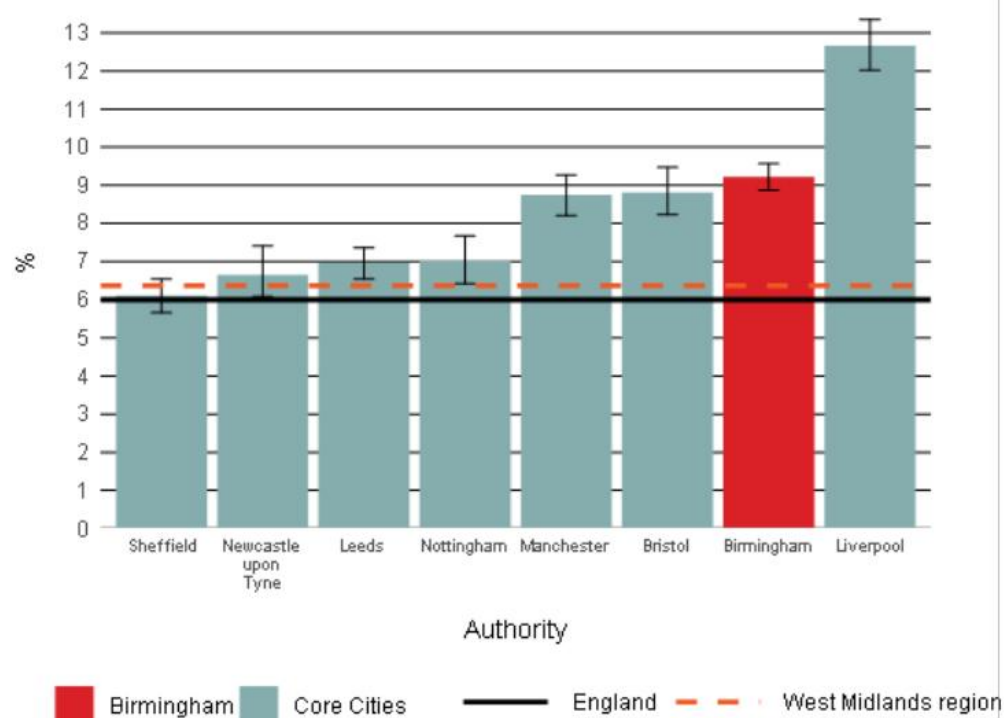


proportion receiving permanent exclusions is broadly comparable the England average.

Excluded young people are more likely to be unemployed, develop severe mental health problems and go to prison. Recent analysis revealed that official data is only the tip of the iceberg in terms of the full extent of exclusion. The number of pupils educated in schools for excluded pupils (termed as Alternative Provision, for example pupil referral units, plus independent, unregistered or illegal schools) is five times higher than the number of officially permanently excluded pupils (2013/14 to 2016/17)<sup>40</sup>

Studies have shown that time spent not in education, employment or training (NEET) can have a detrimental effect on physical and mental health.<sup>41</sup> In 2017 9.2% of those aged 16-17 years old in Birmingham were known to be NEET or their activity was unknown (figure 13). This is higher than the England average of 6.0% and the West Midlands regional average of 6.4%. Like England as a whole, males in Birmingham are more likely to be NEET than females (11.1% compared to 7.2%).

*Figure 13: Those aged 16-17 years old not in education, employment or training (NEET) or whose activity is not known*



<sup>40</sup> [Making The Difference. Breaking the Link Between School Exclusion and Social Exclusion. Institute for Public Policy Research.](#)

<sup>41</sup> [House of Commons Library 2018. Briefing Paper: NEET: Young People Not in Education, Employment or Training](#)



## **Birmingham Service Models**

Birmingham has commissioned a new School Health Support Service in 2019 which sets out to contribute to the following outcomes:

- Reduce pupil absence
- Reduce first time entrants into the youth justice system
- Reduce the number of those aged 16-18 years old not in education, employment or training (NEET)
- Identification of health needs to support schools utilising the early help system
- Active participation in the safeguarding system with children who have an identified health need.
- Implementation of National Child Measurement Programme (NCMP).

The new, three-year contract started in September 2019, and the service provider is Birmingham Community Healthcare NHS Foundation Trust.

Birmingham City Council provides a Special Education Needs Assessment and Review Service (SENAR). This has responsibility for the Education Health and Care plans (EHCP) assessment process in the city. EHCPs address the health and social care needs of the child or young person as well as their educational needs and can be in force from the ages of 0-25. More in depth analysis of SEND needs and service models is detailed in the [Birmingham City Council SEND JSNA 2018-19](#).

Birmingham City Council currently commissions a universal smoking cessation service for individuals to access via a GP or Pharmacy who is contracted to deliver this service and it available for individuals from the age of 12 and over.

Aquarius Action Projects provides young people's substance misuse treatment services in Birmingham. They offer support to anyone under 18 years who has a substance misuse problem, or who are affected by parental (or guardian) substance misuse.

Forward Thinking Birmingham is the provider of mental health services for people up to the age of 25 in Birmingham. This is done through a partnership of four organisations that have come together to support children, young people and families in Birmingham, also working with organisations in the voluntary and community sector.

The NewStart programme is currently working with 66 secondary schools in Birmingham using a whole school approach to help schools identify earlier those pupils who may be vulnerable to poor mental health and build resilience in order to improve academic, social and emotional outcomes.

The national human papillomavirus (HPV) immunisation programme was introduced in 2008 for secondary school year 8 females (12 to 13 years of age) to protect them against the main causes of cervical cancer and extended to year 8 males in 2019/20. This programme is commissioned by NHS England and Improvement via the School Age Immunisation Service.

## School Nursing Service Performance Data

### *School Nursing Service*

Key contract outcomes from the previous school health support contract include:

In 2017/18 total NCMP participation rates for Birmingham were 98%, compared with a national average of 95%.

In 2017/18 NCMP data, the prevalence of obesity in Birmingham reception pupils was 10.4 % against a national prevalence of 9.5%.

2017/18 NCMP data, the prevalence of obesity in Birmingham year 6 pupils was 25.6% against a national prevalence of 20.1%.

Performance data, in line with the above outcomes for the new service, as detailed in service models above, will be available from January 2020.

### *Smoking cessation*

During 2018/19, a total of 177 smokers aged 24-years and under accessed stop smoking support via local pharmacies, with approximately 1 in 5 (n = 35) of these smokers being under 18-years of age. Most of these clients were white British (66%), with the other third comprising a variety of BAME groups.

One in every five (n = 37) of these clients managed to quit smoking at 4-weeks, with 46% of these individuals remaining abstinent at 12-weeks post quit (n = 17).

The most common treatment choice consisted of behavioural support and nicotine replacement therapy (88%).

### *Substance Misuse Services*

Aquarius reported in 2019 that they have contact with between 150 and 200 persons under the age of 18 each year at any one time and between 700 and 800 over the course of a year. The bulk of the referrals are in relation to alcohol (70%), cannabis (75%), and alcohol and cannabis combined (60%), although there are an increasing number of referrals for legal highs such as Black Mamba and Exodus Damnation.<sup>42</sup>

Aquarius have also highlighted that there are differences in the persons engaging with services in Birmingham compared to nationally:

- 38% in mainstream education compared to 50% nationally
- Solvent use 5%, compared to 3% nationally
- 32% NEET, compared to 19% nationally
- 41% White British, compared to 75% nationally
- 16% exposed to domestic violence
- 67% Triggering action from the SDQ (Mental Health Screening tool)

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<sup>42</sup> <https://aquarius.org.uk/>

## *HPV Vaccination*

Human Papilloma Virus (HPV) vaccination coverage in Birmingham schools, is provided by the School Age Immunisation Service (SAIS), and consists of two doses by the age of 13 to 14.

From September 2019, all 12- and 13-year-olds in school Year 8 will be offered the HPV vaccine as part of the national NHS program. This means that boys have been added to the programme that has vaccinated girls for the last few years.

It helps protect against illnesses caused by HPV, including:

- cervical cancer
- some mouth and throat (head and neck) cancers
- some cancers of the anal and genital areas
- genital warts

In England, girls and boys aged 12 to 13 years will be routinely offered the first HPV vaccination when they're in school Year 8.

The second dose is normally offered 6 to 12 months after the first (in school Year 8 or Year 9). It's important to have both doses to be protected. Those who missed their HPV vaccination in school Year 8 can continue to have the vaccine up to their 25th birthday.

Current performance is 77.2% coverage, which is below the target of 90% and below the England level of 83.8%. This is the lowest level for local authorities within the West Midlands.

## **Future Trends**

Office for National Statistics (ONS) population projections made in 2016 predicted that the Birmingham population would increase between 2019 and 2029 by 1.8% in the 5 to 9 age group, 4.7% in the 10 to 14 age group and 13.5% in the 15 to 19 age group.

Nationally, whilst the population in the 5 to 9 age group is projected to fall over the same period, the population in the 10 to 14 and 15 to 19 age groups are expected to grow at a similar rate to Birmingham.

The high rate of growth in the population of those aged 15-19 years old in Birmingham over the next 10 years should be considered when planning services to ensure that these young people are supported to enter adulthood with the best chance of success.

## University/Higher education population and young adults aged 18-25

### Key Statistics

The population of those aged 18-25 years old in Birmingham in 2018 was estimated to be 161,285 with the split between males and females close to 50% each.

The Birmingham resident population of the same age group who were registered with a GP was 151,761 in July 2018. The registered population is almost 10,000 less than the ONS estimated population for the same age range in 2018 suggesting that there might be significant numbers in this age group who are not registering with a GP. This is supported by research showing that there is resistance by students to registering with a GP when at university which could prevent students accessing the health services they need.

The 2016 ONS population projections are forecasting that the size of the Birmingham population will decline to approximately 157,000 by 2023 before starting to grow again. The age 19 population in 2019 was over 5,000 larger than the age 18 population reflecting the large annual influx of students to Birmingham.

### *Universities*

There are five higher education institutions within Birmingham: The University of Birmingham, Birmingham City University, Aston University, University College Birmingham and Newman University. In 2017/18 there were 81,880 students enrolled on courses at these institutions.<sup>43</sup>

A comprehensive review of student health on a national level <sup>44</sup> examined student health in three main areas: looking at the general health needs of students as a group, needs of students with pre-existing conditions and how services can be best configured to meet their needs. Risky health behaviours such as drinking, smoking and recreational drug use are issues for young people. However, it has been noted that all three are on the decrease for adolescents. Encouraging healthy sleep behaviours among students is a known challenge. An American study estimated that 27% of students had at least one sleep disorder. Eating patterns may suffer as students leave home to live in temporary accommodation. A student eating habits survey in 2015 reported 30% going occasionally hungry instead of buying food, 22% saying they do not have a healthy diet because it is too expensive, and 56% found buying fresh food a financial challenge. A National Union of Students Survey reported that 20% of students said they had a mental health problem. A survey by Birmingham City University of new undergraduates found 91% of the new arrivals reported periods of stress or anxiety. Three quarters said they worry about how they look and 45% per cent said they had been concerned about their mental health. <sup>45</sup>

There is very little in the way of systematic UK research on the health needs of students and their use of services, although there is a growing interest in the topic and the development of several position and policy papers.<sup>46</sup>

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<sup>43</sup> [HESA](#)

<sup>44</sup> [An overview of research on key issues in student health](#)

<sup>45</sup> [Staying well at uni](#)

<sup>46</sup> Association for Young People's Health (2017) [An overview of research on key issues in student health](#). London: AYPH

Nationally, the Higher Education Initial Participation Rate (HEIPR) in 2017/18 was 28.6% for those aged 18 years old, 11.7% for those aged 19 and 3.2% for those aged 20 (The HEIPR is an estimate of the likelihood of a young person participating in Higher Education by age 30, based on current participation rates. It is not a measure of participation by particular entry cohorts).<sup>47</sup> This measure is not available at a more local level. National data shows that children from more deprived backgrounds were less likely to go to university after finishing school. It might therefore be expected that a lower proportion of the children growing up in more deprived areas of Birmingham would go to University.

Across the UK in 2018, 20.7% of 18-year-old students resident in England, and from low “higher education participation neighbourhoods”, entered higher education, compared to 11.2% in 2006. The entry rate of state school students in England who, while aged 15 were in receipt of free school meals, has increased from 9.2% in 2006 to 17.3% in 2018.<sup>48</sup>

### *Young Adults Receiving Benefits*

In September 2019 there were 8,700 claimants of employment related benefits aged between 18 and 24 in Birmingham. This was an increase of 19.8% against the previous year but the rate is much lower than it was at its peak during the recession caused by the ‘credit crunch’ in 2009 and can partly be explained by expansion of the Universal Credit service.<sup>49</sup> The claimant rate in Birmingham in 2018 was 4.8% and above the England rate of 2.8%.<sup>50</sup> With the strong evidence in the links between health and work it is therefore of concern for the health of Birmingham citizens that a higher proportion of this age group are claiming employment related benefits.

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<sup>47</sup> <https://www.gov.uk/government/statistics/participation-rates-in-higher-education-2006-to-2018>

<sup>48</sup> [Higher education in numbers: Universities UK](#)

<sup>49</sup> Department for Work And Pensions. West Midlands Group State of the Group Report October 2019

<sup>50</sup> Based on claimant data in June 2018 and ONS mid year population estimates 2018 from <https://www.nomisweb.co.uk/>

## Diversity and Inclusion

In 2017/18 58.5% of students at Birmingham universities were female. However, this varies by university between 47.6% at Aston University and 77.2% at Newman University. Birmingham has a diverse student population in terms of ethnicity with 40.7% of students from BAME groups. Again, this varies by University with 64.9% BAME students at Aston University and 25.4% BAME students at the University of Birmingham. Nearly 11% of students at Birmingham universities in 2017/18 were known to have a disability.<sup>51</sup>

It is estimated that in 2019 nearly 6,000 adults aged 18-24 in Birmingham have a moderate disability and a further 1,000 have a serious physical disability, representing 4.1% and 0.8% of the age group 18-24 population respectively.<sup>52</sup>

Young people aged between 18-25 years who have Autism Spectrum Disorder (ASD) and attention deficit hyperactivity disorder (ADHD) are being helped to move into employment through joint working by Forward Thinking Birmingham and a third sector organisation. The scheme offers bespoke training and multidisciplinary meetings to help identify young people who would benefit.

It is estimated that in 2019, there were 1,396 adults age 18-24 with autism in Birmingham, representing 1% of the age group population.<sup>53</sup> The number of adults with autism in Birmingham is projected to increase by 8% between 2019 and 2030, which is consistent with ONS population projections of 6%. However, this is based on the Adult Psychiatric Morbidity Survey from 2007 and will be an underestimate. The Birmingham SEND JSNA<sup>54</sup> records 9% of primary age pupils and 11% secondary age pupils have autism and the overall prevalence in children in Birmingham is 19.5%. These children do not stop have autism, so more accurate methods of measuring prevalence are needed to be able provide the right services.

National evidence shows that care leavers consistently experience some of the worst health, social, educational and employment outcomes in our society. They are known to have the following health and wellbeing needs for care. The term 'care leavers' refers to a person aged 25 or under, who has been in care of a local authority for at least 13 weeks since the age of 14. At age 18, a looked after child is no longer in care, but the local authority still has a responsibility to them as a care leaver until age 21, or up to age 25 if they are in full time education. Furthermore, care leavers are more likely to have poor mental health, have poor dental health, experience homelessness, not succeed academically, live in poverty, and be more commonly represented in the criminal justice system. Additionally, nearly half of female care leavers are mothers by the age of 24.<sup>55</sup> In the year ending 31 March 2018 there were 679 care leavers aged 19-21 who had been in care at Birmingham Local Authority.<sup>56</sup>

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<sup>51</sup> [HESA](#)

<sup>52</sup> Institute of Public Care: [Projecting Adult Needs and Service Information \(PANSI\)](#)

<sup>53</sup> Institute of Public Care :- [Projecting Adult Needs and Service Information \(PANSI\)](#)

<sup>54</sup> [Children and Young People with Special Educational Needs and/or Disability in Birmingham Joint Strategic Needs Assessment 2018-19](#)

<sup>55</sup> Fallon, D., Broadhurst, K., & Ross, E. (2015). Preventing unplanned pregnancy and improving preparation for parenthood for care-experienced young people. London: Coram.

<sup>56</sup> Children looked after in England including adoption: 2017 to 2018 Dept. for Education

There is no routinely collected data on sexual orientation, gender identity or faith on this age group.

## Unhealthy Behaviours

### Substance Misuse

Substance and alcohol misuse are key issues for young adults. Alcohol use in adolescents and young adults is associated with long term health problems including risks to brain development and long-term memory, mental health disorders and social problems<sup>57</sup> and increased risks contracting sexually transmitted infections (STIs)<sup>58</sup>. Cannabis can impact on cognitive impairment including and is associated with mental health issues.<sup>59</sup>

Nationally there has been an upward trend since 2011/12 in class A drug use amongst those aged 16-24 years old, driven mainly by an increase in powder cocaine and ecstasy use.

The Government's 2017 Drug Strategy (Home Office, 2017) stated that specialist interventions should prevent young people's drug and alcohol use from escalating, reduce the harm young people can cause to themselves or others, and prevent them from becoming drug or alcohol-dependent adults.<sup>60</sup>

Birmingham has 13,295 people who are alcohol dependent. These statistics have not been made available by age groups. As of November 2018, the rate per 100 of adult population who are alcohol dependent was 1.58 in Birmingham compared to 1.35 nationally.<sup>61</sup>

Change Grow Live (CGL, the drug and alcohol service in the city) has reported that between 70 and 81 persons aged 16-24 were in treatment services at any one time in 2018/19, which equates to between 1.3% and 1.7% of all persons of all persons engaged with treatment. There is a known issue with engagement with treatment in the transition phase from young people support services to adult support services, which is being explored between Public Health and Commissioning teams in Birmingham.

As of March 2019, Birmingham had an estimated 10,525 people using opiates and/or crack. These statistics have not been made available by age groups. The rate of use per 1,000 of the population for opiates is 11.9 for Birmingham – compared to 7.3 nationally. Crack cocaine rate of use per 1,000 of the population for Birmingham was 9.2, compared to 5.1 nationally.<sup>62</sup>

There were 26 drug related deaths aged under 26 in Birmingham between 2015 to 2018. The majority of these (16) were in the 20 to 24 age bracket and the majority (16) were male. There were approximately 1,500 admissions for alcohol specific conditions in Birmingham for ages 16 to 24 in the 5 years to 2016/17 and 500 admissions for substance misuse.

NICE guidance recommends developing a local strategy to reduce substance misuse among vulnerable and disadvantaged under-25s.<sup>63</sup>

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<sup>57</sup> [Health matters: harmful drinking and alcohol dependence](#)

<sup>58</sup> Boden JM(1), Fergusson DM, Horwood LJ. Alcohol and STI risk: evidence from a New Zealand longitudinal birth cohort. [Drug Alcohol Depend.](#) 2011 Jan 15;113(2-3):200-6. doi: 10.1016/j.drugalcdep.2010.08.005. Epub 2010 Sep 16.

<sup>59</sup> Meier, M. H. et al (2012). Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proceedings of the National Academy of Sciences*, 109(40), E2657–E2664. doi: 10.1073/pnas.1206820109

<sup>60</sup> Home Office. (2010). *Drug strategy 2010. Reducing demand, restricting supply, building recovery: supporting people to live a drug free life*. London: HM Government.

<sup>61</sup> PHE Alcohol Dependence Prevalence in England 11<sup>th</sup> November 2018

<sup>62</sup> PHE Opiate & Crack Cocaine use: Prevalence by Local Area 25<sup>th</sup> March 2019

<sup>63</sup> NICE. (2007). *Substance misuse interventions for vulnerable under 25s (PH4)*. Manchester: National Institute for Health and Care Excellence.



## Sexual and Reproductive Health Issues

National statistics show that the highest rates of new sexually transmitted infections (STIs) are in young people aged 15-24. The consequences of poor sexual health can have long-term health impacts, such as infertility and cervical cancer. There are well evidenced inequalities in sexual health: women, gay men, young people and people from BAME groups are disproportionately affected by poor sexual health.

When interpreting the sexual and reproductive health statistics the focus is on the number of infections detected and terminations of pregnancy. So in some ways a high rate of diagnosed infections can reflect that a service is doing well reaching the people most in need of support but it can also reflect an increased rate of infection in the local community because of a lack of prevention work and access to condoms and contraception. Similarly termination of pregnancy is a blunt metric as within this there are terminations due to unplanned pregnancy which may reflect a lack of access to contraception as well as terminations because of detection of an abnormality in the pregnancy which may increase if maternity services improve screening and support to women. Sexual health indicators for Birmingham and core cites can be seen in table 16.

*Table 16: Sexual health indicators*

	England	Birmingham	Bristol	Leeds	Liverpool	Manchester	Newcastle Upon Tyne	Nottingham	Sheffield
<b>Chlamydia Detection Rate 15-24 per 100,000 2018</b>	1,975	1,816	1,961	3,385	2,557	2,046	1,872	1,928	1,609
<b>Under 25s repeat abortions 2017</b>	26.7%	31.6%	24.3%	26.6%	30.2%	26.9%	22.3%	19.7%	24.4%
<b>HIV Diagnoses Rate 15+ per 100,000 2016/18</b>	42.5	41.0	9.4	13.2	11.8	25.3	7.6	25.7	5.6

Source: PHE Fingertips Sexual and Reproductive Health Profiles

In 2011 the government published *You're Welcome* - quality criteria for young people friendly health services.<sup>64</sup> These standards are largely in line with the NICE guidance on contraceptive services for the under-25s<sup>65</sup>. More recent guidance about

<sup>64</sup> Department of Health. (2011). *You're welcome* - quality criteria for young people friendly health services.

London: Department of Health

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216350/dh\\_127632.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf)

<sup>65</sup> NICE. (2014b). *Contraceptive services for under 25s (PH51)*. London: National Institute for Health and Care Excellence

the development of Integrated Sexual Health Services has been published by the Department of Health and Social Care and Public Health England in 2018.<sup>66</sup> STI testing and treatment (or 'seamless' referral to a more relevant service) and opportunistic chlamydia screening should be offered to young people. Free contraception, condoms, pregnancy testing and emergency hormonal contraception should be made available.

## **Educational attainment**

Attainment of Level 3 equates to achievement of 2 or more A-levels or equivalent qualifications. The percentage of 19-year olds qualified to Level 3 in Birmingham with an Education Health Care Plan (EHCP) in 2016/17 was 11.6% compared to 13.1% for England. In 2015/16 the percentage was 14.4% and higher than the England average. Achievement rates for learners with learning difficulties and disabilities (LLDD) aged between 19 and 25 are lower than for other learners. The achievement gap between LLDD and other learners aged between 19-25 years old did not close between 2014-2017<sup>67</sup>.

## **Mental Health of Young Adults**

### *Loneliness and social isolation*

Loneliness and social isolation are harmful to our health: research shows that lacking social connections is as damaging to our health as smoking 15 cigarettes a day<sup>68</sup> Social networks and friendships not only have an impact on reducing the risk of mortality or developing certain diseases, but they also help individuals to recover when they do fall ill (Marmot, 2010).<sup>69</sup>

The Loneliness Experiment<sup>70</sup> in 2018 is the biggest survey of its kind with over 55,000 people aged 16+ years taking part to explore attitudes and personal experiences of loneliness. The survey found that nationally those aged 16-24 years old experience loneliness more often and more intensely than any other age group. 40% of respondents aged 16-24 reported feeling lonely often or very often.

Some of the key results were:

- People who feel lonely have more 'online only' Facebook friends.
- People said that dating is the least helpful solution suggested by others.
- 41% of people think loneliness can sometimes be a positive experience.
- Only a third believes that loneliness is about being on your own.

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<sup>66</sup> [Public Health England and Department of Health and Social Care. Integrated Sexual Health Services: A suggested national service specification. 2018](#)

<sup>67</sup> Children and Young People with Special Educational Needs and/or Disability in Birmingham. Joint Strategic Needs Assessment 2018-19

<sup>68</sup> Holt-Lunstad J, TB, Layton JB. 2010. Social relationships and mortality risk: a meta-analytic review. *PLoS Medicine* 7 (7)

<sup>69</sup> <https://www.campaigntoendloneliness.org/threat-to-health/>

<sup>70</sup> <https://www.bbc.co.uk/mediacentre/latestnews/2018/loneliest-age-group-radio-4>

In contrast, ONS analysis of the Community Life Survey<sup>71</sup> found that on 9.8% of responded aged 16-24 reported feeling often lonely. Protective factors against loneliness included:

- Those reporting no long-term illness or disability were much more likely to say they “hardly ever or never” felt lonely (44.8%) than those with a long-term illness or disability (19.3%).
- Those living in a household with other adults were more likely to say that they “hardly ever or never” felt lonely than those living in single-adult households (over 40% compared with 18.2%, respectively).

### *Suicide and Self-Harm*

The rate of self-harm hospital admissions 20-24yr olds in Birmingham (281.2/100,000) is lower than the West Midlands (344.9/100,000) and England (406.0/100,000) rates in 2017/18. The rate in Birmingham for this age group has steadily fallen since 2011/12<sup>72</sup>

Suicide is the single biggest killer of men aged under 45 in the UK and contributes significantly to years of life lost in Birmingham due to premature mortality. In the period 2015 – 17 there were 22 suicides in Birmingham by people in the 18 to 24 age group (approximately 11% of suicides by Birmingham residents in this period)<sup>73</sup>.

### *Eating Disorders*

Eating disorders are mental health disorders that are characterised by an attitude towards food that causes people to change their eating habits and behaviour. Eating disorders disproportionately affect adolescents and young adults. Although not considered common, over 1.25 million people in the UK are estimated to be affected by eating disorders, with around 25% of those affected by an eating disorder being male<sup>74</sup>, and are most common in teenagers and young women. Eating disorders can have severe psychological, physical and social consequences. Children and young people with eating disorders often have other mental health problems (e.g. anxiety or depression) which also need to be treated in order to get the best outcomes. Early detection and treatment reduce the risks to physical health and improves recovery.

### **Service Models**

Forward Thinking Birmingham (FTB) is the provider of mental health services for people up to the age of 25 in Birmingham. This is done through a partnership of four organisations that have come together to support children, young people and families in Birmingham, also working with several organisations in the voluntary and community sector. FTB have a dedicated Community Eating Disorder team, which provides a range of specialist evidence-based treatment and support options.

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<sup>71</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/childrensandyoungpeoplesexperiencesofloneliness/2018>

<sup>72</sup> 'Public Health England. Public Health Profiles. [11/12/2019] <https://fingertips.phe.org.uk> © Crown copyright [2019]'

<sup>73</sup> Birmingham Public Health

<sup>74</sup> [BEAT Eating Disorder website](#)

Birmingham City Council provides a Special Education Needs Assessment and Review Service (SENAR). This has responsibility for the Education Health and Care plans (EHCP) assessment process in the city. EHCPs address the health and social care needs of the child or young person as well as their educational needs and can be in force from the ages of 0-25.

Birmingham City Council's Adult Social Care Directorate (BCCASCD) is responsible for the social care for people from the age of 18 and over. In January 2018 there were 502 service users aged between 18-25 years old in receipt of services. The majority of these individuals were classified in the Learning Disability (LD) client group. Young people with LD transfer from Forward Thinking Birmingham (FTB) to BCHCFT at 19 years.

The Birmingham Children's Trust has an '18+ Care Leavers Service' which helps young people make the move from living in care to enjoying independent life as an adult.

Aston University has a health centre on campus that provides opticians and dentistry services. Students are encouraged to register at a nearby city centre GP practice that specialises in student health. The University also has an Enabling Team to support disabled students.

Birmingham University has its own Medical Practice and University Dental and Implant Centre; as well as a mental health advisory service.

Birmingham City University provides comprehensive health care services in conjunction with a large Birmingham NHS GP practice; providing medical consulting rooms on their campuses. They also have a disability support team.

## **Service Data**

There is limited data reported publicly on services for young adults, this is an area where improvement could help better understand this age group.

In January 2018 there were 502 Adult Social Care service users aged between 18-25 years in receipt of services. The majority of these were classified in the Learning Disability (LD) client group.<sup>75</sup>

Birmingham has one of the lowest proportions of supported working age adults with a learning disability in paid employment in the country with less than 1% in employment during 2017/18.<sup>76</sup>

## **Future Analysis**

The presence of five universities and the overall population trend suggests that there will be no reduction in the proportion of young adults in Birmingham. ONS population projection estimates indicates that there are currently approximately 140,000 persons aged 18-24 in Birmingham. This will remain relatively static until 2025, rising to 153,000 in 2030, and then 157,300 by 2035.<sup>77</sup>

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<sup>75</sup> Children and Young People with Special Educational Needs and/or Disability in Birmingham; Joint Strategic Needs Assessment 2018-19

<sup>76</sup> ASCOF online at <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascf/current>

<sup>77</sup> <https://www.pansi.org.uk/index.php?pageNo=383&areaID=8640&loc=8640>



## Young People Facing Additional Challenges

We recognise that there are many groups of children and young people who experience additional challenges. Many of the children and young people are represented in more than one group and in some cases this intersectionality can compound children and young people's disadvantage and the inequalities that result.

In this year's JSNA we have included some specific additional content on some of these groups:

- Disabled children and young people
- Lesbian, gay, bisexual and trans young people
- Migrant and Refugee children and young people
- Gypsy and Traveller children and young people
- Children in Care
- Children affected by Adverse Childhood Experiences
- Children's safeguarding
- Children in contact with the justice system

In the 2020/21 JSNA we plan to expand this section to include young people from specific ethnic minority and faith communities.

## Disabled Children and Young People

The Equality Act 2010 defines a disability as 'a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities'. In Birmingham we are committed to helping children and young people (CYP) to function to the best of their ability and live fulfilling lives. Unfortunately, CYP who have a disability are more likely to experience inequalities. These include;

- more likely to live in poverty,
- to have fewer educational qualifications
- to be unemployed
- experience delays in receiving timely, effective and appropriate healthcare
- have poorer health outcomes
- experience prejudice and abuse.<sup>78</sup>

Key elements of a primary preventive approach for disabilities in CYP include:

- reducing socio-economic disadvantage, exposure to smoking and exposure to environmental hazards
- improving material environments and immunisation uptake
- safe alcohol consumption in pregnancy
- adequate dietary intake of key nutrients.<sup>79</sup>

## Key Statistics Summary

It is estimated that the cost of raising a disabled child is up to three times more expensive than that of raising a non-disabled child.<sup>80</sup> In 2011 there were 19,598 CYP (aged 0-24 years) in the city with a long-term health problem or disability which limits daily activity.<sup>81</sup> The prevalence of disability in Birmingham is higher than the national average. The Family Resources Survey 2016/17 reported that 8% of children (0-19) were disabled and were more likely to be affected by learning or social/behavioural impairments.

Cerebral Palsy affects 1 in 500 births per year in the UK. We estimate 35 children to be affected per year in Birmingham (based on all births in the city). In Birmingham, there are an estimated 560 blind and partially sighted children aged 0-16 and 350 blind and partially sighted young people aged 17-25.<sup>82</sup>

There are 1,526 children (0-19) in Birmingham who were permanently deaf in 2017/18. Approximately half of these children were born with hearing loss while the other half lose their hearing during childhood.<sup>83</sup>

Birmingham children with learning difficulties known to schools numbered over 12,900 in 2018 (a rate of 61 per 1,000 pupils; almost twice the rate for England).<sup>84</sup>

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<sup>78</sup> PHE The determinants of health inequities experienced by children with learning disabilities

<sup>79</sup> PHE Public Health Matters: Supporting children and young people with disabilities in London

<sup>80</sup> Counting the Costs 2012 survey: Contact a Family

<sup>81</sup> ONS, 2011 UK Census

<sup>82</sup> RNIB

<sup>83</sup> Action of Hearing Loss Facts and Figures

<sup>84</sup> Department for Education, Special Educational Needs Statistics, 2018

Children known to schools with autism numbered 4,150 (19.5 per 1,000, England 13.7 per 1,000).<sup>85</sup>

### **Service Model and Service Data**

Birmingham has a local offer for CYP with Special Education Needs and Disability (SEND) with services offered by the council, Birmingham Children's Trust and the NHS.<sup>86</sup> The total number of Birmingham CYP aged 0-25 years with an Education, Health and Care Plan (EHCP) at January 2018, was 9,023 (includes early years and post-16 EHCPs as well as children attending school). Trend analysis for EHCPs show the numbers of CYP with an EHCP have been increasing over the last 10 years.<sup>87</sup> Birmingham Children's Trust provide a disabled children's social care service which includes home support, direct payments and short break fostering.

Birmingham Community Healthcare NHS Trust provides specialist services for children with disabilities and their families. These include children with complex needs and the West Midlands Rehabilitation Centre which offers a wheelchair service, specialist orthotics and a prosthetics and amputee rehabilitation service, as well as supporting children who have cerebral palsy.

Forward Thinking Birmingham is a mental health partnership for 0-25 year olds in the city which has a learning disability (LD) team that works with approximately 300 young people up to the age of 19 years with a moderate / severe LD. GPs in England offer LD health check scheme for adults and young people. GPs located within Birmingham had a total of 571 patients aged between 14-18 years recorded on the LD register in 2018. This is just over 1% of the population in this age group.

Pre-school and school age children in Birmingham, including those attending special schools, are supported by the council's Birmingham Sensory Support Service for sight and hearing impairments.

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<sup>85</sup> Department for Education, Special Education Needs Statistics, 2018

<sup>86</sup> [https://www.birmingham.gov.uk/info/50034/birminghams\\_local\\_offer\\_send](https://www.birmingham.gov.uk/info/50034/birminghams_local_offer_send)

<sup>87</sup> Children and Young People with Special Educational Needs and/or Disability in Birmingham Joint Strategic Needs Assessment 2018-19



## Lesbian, Gay, Bisexual and Trans Young People

There is strong international and UK evidence that lesbian, gay, bisexual and trans<sup>88</sup> children and young people face significant health inequalities including:

- Increased risk of suicide and self-harm
- Increased depression and anxiety
- Increased rates of smoking
- Increased rates of teenage conception

The evidence base suggests that there are also inequalities within the LGBT population and bisexual and trans people experience worse health inequalities than their lesbian and gay counterparts, and LGBT people who are from ethnic minorities or disabled also experiences higher levels of inequalities, but all four groups face significantly worse health than their heterosexual and cis-gender counterparts.

### Key local statistics

Public Health England published a national estimate on lesbian, gay and bisexual populations, at a national level it is estimated that between 2-5% of the population identify with a non-heterosexual sexual orientation. However, the PHE report highlights that young people are more likely to identify with non-heterosexual identities than older age groups. However this estimate is based on the GP survey which excluded under 17 years.

There are no national estimates on the trans population in England as it isn't asked in the census, and there isn't any research that's been done that covers enough people to be statistically significant. The best estimate is that around 1% of the population might identify as trans, including people who identify as non-binary.<sup>89</sup> If we applied this estimate in Birmingham (and assume that the 1% figure is equally represented across all age groups), then there are an estimated 1,400 trans people aged 16-24 in Birmingham.

Although there has been NHS guidance on collecting data on sexual orientation there is very little Birmingham data on the health of this group.

### Service model and data

Birmingham has a dedicated centre called Birmingham LGBT (BLGBT)<sup>90</sup> which is a local charity providing support, information and advice to the local lesbian, gay, bisexual and trans community, and those who identify under a variety of other sexual orientations and genders. This includes some specific provision for LGBT+ young people:

- Sexual health services
- Wellbeing support service
- Counselling and psychotherapy

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<sup>88</sup> The word trans is an 'umbrella' term for all people who cross traditional gender boundaries – whether that is permanently or periodically

<sup>89</sup> <https://www.stonewall.org.uk/truth-about-trans#trans-people-britain>

<sup>90</sup> <https://blgbt.org/>

The Council Youth Service is going through a period of transformation and it will be important to consider the needs of LGBT+ youth as part of this process. There is potential for more coherent approach across other Council led services to explicitly consider the needs of LGBT+ children and young people and LGBT+ parents, for example in children's centres and through youth offending and children in care services.

There is some existing provision in this area via OutCentral, which is a youth group for young people age 13-19, who are LGBT+ or, may be questioning their sexuality. Young people take part in a range of activities including trips out and social activities.<sup>91</sup>

Further approaches could be modelled on existing practice in groups such as Umbrella Health Sexual Health Service & Support who make specific provision for LGBT groups within their services<sup>92</sup> delivered through the BLGBT. Umbrella and the BLGBT also are actively involved in recruitment to the PrEP Impact Trial.<sup>93</sup> PrEP (Pre-exposure Prophylaxis) is a precautionary drug to limit the risk of contracting HIV / AIDs during unprotected sex, and as such would address a health inequality that impacts in reference to men who have sex with men.<sup>94</sup>

Schools are required to have bullying and harassment policies which include addressing homophobic, biphobic and transphobic bullying. There is potential to audit the approaches across Birmingham to share good practice and learning in this space and this may form part of the developing work for a Birmingham Thrive in Education Framework. This could be modelled on existing practice in Brighton and Hove.<sup>95</sup>

Across the NHS and other large employers within the city there is a commitment to mandatory equality and diversity training which includes awareness of LGBT inclusion issues. Although there is mandatory training there is potential for a more consistent approach to targeted LGBT awareness training such as intersectionality and health inequalities.<sup>96</sup>

## Key Data Analysis

There is insufficient routine data collection on sexual orientation and gender identity in young people's service data to identify whether there are different inequalities affecting children and young people in Birmingham from the national and international evidence.

There is a growing body of best practice work to support LGBT children and young people, this includes:

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<sup>91</sup> <https://blgbt.org/directory/927-2/>

<sup>92</sup> <https://umbrellahealth.co.uk/our-services/lgbt-services>

<sup>93</sup> <https://umbrellahealth.co.uk/hiv-and-aids/prep-impact-trial>

<sup>94</sup> <https://umbrellahealth.co.uk/hiv-and-aids/prep-impact-trial>

<sup>95</sup> <https://www.theproudtrust.org/resources/research-and-guidance-by-other-organisations/trans-inclusion-schools-toolkit/>

<sup>96</sup> [https://www.stonewall.org.uk/system/files/accenture\\_-\\_engaging\\_the\\_majority\\_to\\_create\\_an\\_lgbt\\_inclusive\\_workplace.pdf](https://www.stonewall.org.uk/system/files/accenture_-_engaging_the_majority_to_create_an_lgbt_inclusive_workplace.pdf)

- Preventing Suicide: [LGB youth and trans youth](#)
- [Promising Practice model and RCGP LGBT Care guidelines](#)
- [Improving Health and Wellbeing of Gay and Bisexual Men and other Men who Have Sex with Men](#)
- [Improving the Health and Wellbeing of Lesbian and Bisexual Women and other Women who have sex with women](#)

The published evidence would suggest that LGBT children and young people will experience significant health inequalities that may underpin the wider inequalities in the city.

## Migrant and Refugee Children and young people

Most migrants to the UK come to work or study and are young and healthy. However, there are vulnerable groups of migrants who have increased health needs associated with their experiences before, during and after migration.<sup>97</sup>

Children and young migrants can face particular challenges to their wellbeing, education and life chances depending on the circumstances of their migration; for example their country of origin, and whether they are unaccompanied asylum seekers (UASC), economic migrants, children of refugees, victims of trafficking, reunified children or economic migrants. They may face language barriers, poverty, social isolation, racial bullying, instability in housing and immigration status and barriers to both health care and education. While many of these challenges also affect adult migrants, children may be particularly unsettled by migration and may experience emotional, behavioural or physical symptoms and poor mental health as a result. This will particularly apply to vulnerable migrants and those arriving in the UK unaccompanied.

As well as poorer health among migrants, high levels of migration into an area can impact on existing communities by increasing demand for health care and services such as housing, social care, schools and employment. This can lead to increased social tension and create potentially additional stressors due to discrimination and harassment.

### Key Data Summary

At the 2011 Census, 22.2% of the Birmingham overall population had been born overseas. Although established and new migrant communities are found citywide, the largest concentrations are in inner-city areas and wards to the west of the city. After English, the most common languages are Urdu, Punjabi, Bengali, Pakistani, Polish and Somali. In some wards, almost 40% of residents have a main language other than English. For children and young people, especially new arrivals, their limited communication skills can restrict their participation and attainment at school as well as creating challenges around social integration and service utilisation. Although the decennial census is very detailed, it is quickly out of date given the rapidly changing profile of migrants coming to the city.

There were 21,432 overseas migrants aged less than 18 years between 2014 and 2017 who were newly registered with GPs in the city, representing 25% of all migrants. The leading countries of origin for young migrants were from Romania (18%), Italy (10%), Pakistan (6%), Spain (5%) and India (4%).<sup>98</sup>

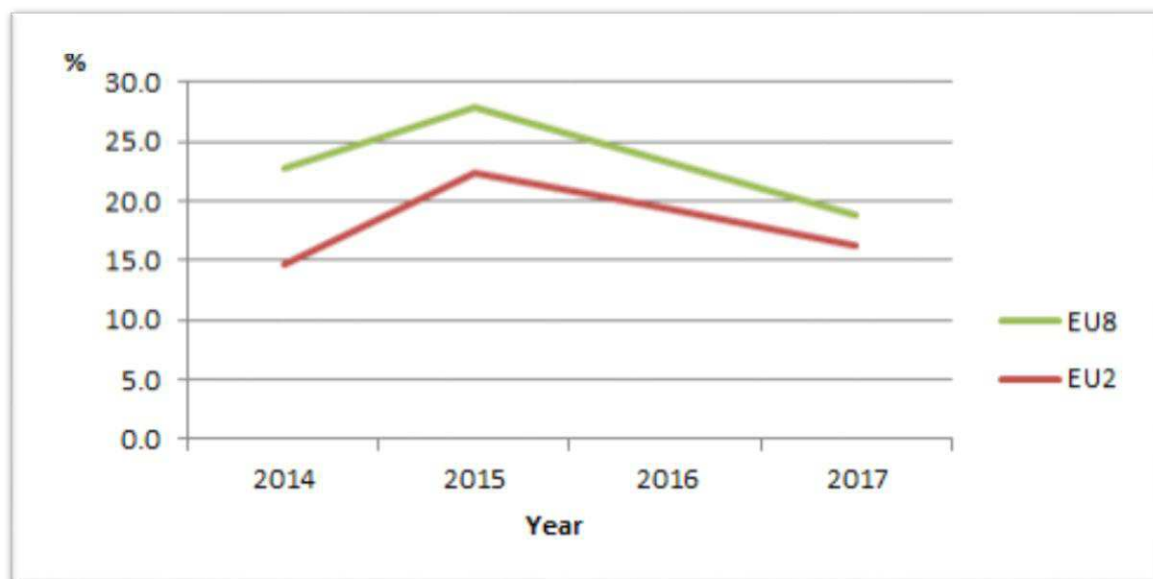
The EU countries, especially from EU8 (Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, Slovenia) and EU2 (Bulgaria and Romania) had a notable increase in migrant children in 2015, accounting for almost 28% of all migrants under 18, though numbers have fallen since, potentially reflecting uncertainty around future rights to reside following the 2016 referendum (figure 14).

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<sup>97</sup> <https://www.gov.uk/guidance/vulnerable-migrants-migrant-health-guide>

<sup>98</sup> NHS Digital "Exeter" GP registration data

*Figure 14: % Migrants aged under-18 years registering with a GP for the first time from EU2 and EU8 countries*



Source: NHS Digital "Exeter" GP Registration Data

Health, wellbeing and mental health is different for certain indicators in Birmingham when compared to England, whether this is for the better or worse, as is detailed throughout this document. Any such inequalities may be exacerbated in those wards with higher migrant populations, who appear to have poorer health outcomes against many health indicators such as lower life expectancy particularly among males, higher A&E attendances for children aged 0-4 and low birth weights.

### **Service Model and Service Data**

Birmingham has two Asylum Seeker Initial Accommodation (IA) centres. There are approximately 370 beds for adults and families and asylum seekers are accommodated for up to 3 weeks (although it can be longer) before they are moved into 'dispersal accommodation' in Birmingham and across the rest of the region. While in the IA people are able to access universal health services, but they are not expected to register with a GP until they are in a more settled location, so separate health services are provided to deal with minor health issues, manage any long-term issues, and refer on to hospital if that is needed.

The Migrant and Refugee Centre is a charity working in Birmingham providing free welfare and benefits advice and support as well as co-hosting some specific health support services such as latent TB screening for new arrivals.

## Gypsy and Traveller Children and Young People

Gypsies and Travelers (GT) are people dedicated to living a travelling existence, or who come from a travelling background and see travelling as an important part of their ethnic or cultural identity. This includes groups such as:

- Romany Gypsies
- Irish, Scottish and Welsh Gypsies and Travellers
- New Travellers or New Age Travelers
- Bargees and other people living in boats
- Fairground and circus families, known as travelling showmen.<sup>99</sup>

Birmingham had a total of 408 GT recorded in the 2011 Census with 164 children and young people aged 0-24.<sup>100</sup> GTs have a much younger age group compared to the general population with 40% of their population aged under 20 years old. The Department of Health completes an annual caravan count and as of January 2019 Birmingham had 22 caravans (17 on unauthorised land).<sup>101</sup> Birmingham had 37 Irish Travellers and 1,042 Roma/Gypsy children attending local schools in 2019,<sup>102</sup> 0.53% of all Birmingham school children.

Nationally GTs have poorer health, worse educational outcomes and a high level of infant mortality compared to other ethnic groups. They also face high levels of hostility and discrimination, including bullying in schools.<sup>103</sup> Evidence shows that accommodation is one of the major overriding factors influencing GT health.<sup>104</sup> Whilst the GT face significantly poorer health when compared to the general population, their children and young people face health issues such as:

- Higher infant and maternal mortality rates<sup>105</sup>
- Low child immunisation levels
- Higher child accident rates
- Bronchitis (even after smoking is taken into account), asthma, chest pain and diabetes in comparison to the general population
- Poor registration with general practice.

### Service Model and Service Data

There is a lack of specific data on the service outcomes for gypsy and traveller children and young people.

Birmingham and Solihull CCG inequalities strategy (2018-2021)<sup>106</sup> aims to improve GT access to primary care as this is implemented there should be improved data on this group of children and young people.

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<sup>99</sup> [Gypsies and Travellers - race discrimination: Citizen's Advice](#)

<sup>100</sup> 2011 Census: NOMIS

<sup>101</sup> <https://www.gov.uk/government/statistics/traveller-caravan-count-january-2019>

<sup>102</sup> <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2019>

<sup>103</sup> <https://www.parliament.uk/business/committees/committees-a-z/commons-select/women-and-equalities-committee/news-parliament-2015/gypsy-roma-and-traveller-communities-inquiry-launch-16-17/>

<sup>104</sup> [https://www.sheffield.ac.uk/polopoly\\_fs/1.437131/file/GT-report-summary.pdf](https://www.sheffield.ac.uk/polopoly_fs/1.437131/file/GT-report-summary.pdf)

<sup>105</sup> <https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/360/full-report.html>

<sup>106</sup> <https://www.birminghamandsolihullccg.nhs.uk/publications/strategic/44-equality-objectives-health-inequalities-strategy-2018-2021/file>

Birmingham City Council has completed a housing needs assessment to assist GT populations to access housing services but there remain systemic data gaps from service providers.

Models to tackle barriers in accessing primary care services suggest the need for health promotion among GT groups and allowing GPs to apply for “enhanced service” statuses when treating GT populations. National models<sup>107</sup> show that GT patients require longer appointment times and a walk-in service which is inclusive and is not seen to single out GT groups. The Department of Health and Social Care<sup>108</sup> advocate collaborative working with local level population and service information serves as a good starting point to engage with the GT community. This includes setting up a community voice, employing specialist health visitors and undertaking peer review sessions to explore the unmet health needs and determinants influencing the GT groups.

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<sup>107</sup> [http://www.gypsy-traveller.org/wp-content/uploads/2015/03/FFT\\_Inclusion-of-Gypsy-Traveller-health-needs-in-JSNA\\_FINAL.pdf](http://www.gypsy-traveller.org/wp-content/uploads/2015/03/FFT_Inclusion-of-Gypsy-Traveller-health-needs-in-JSNA_FINAL.pdf)[http://www.gypsy-traveller.org/wp-content/uploads/2015/03/FFT\\_Inclusion-of-Gypsy-Traveller-health-needs-in-JSNA\\_FINAL.pdf](http://www.gypsy-traveller.org/wp-content/uploads/2015/03/FFT_Inclusion-of-Gypsy-Traveller-health-needs-in-JSNA_FINAL.pdf)

<sup>108</sup> [http://www.gypsy-traveller.org/wp-content/uploads/2015/03/FFT\\_Inclusion-of-Gypsy-Traveller-health-needs-in-JSNA\\_FINAL.pdf](http://www.gypsy-traveller.org/wp-content/uploads/2015/03/FFT_Inclusion-of-Gypsy-Traveller-health-needs-in-JSNA_FINAL.pdf)

## Children in Care

Children in Care (CIC) are defined as “a child who has been in the care of a local authority for more than 24 hours”.<sup>109</sup> It has been recognised that those in this situation encounter many inequalities including:

- An inability to form or secure relationships
- Behavioural issues
- Lower educational attainment
- Poor mental and physical health<sup>110</sup>
- There is also a tendency to go missing from care placements.

Each local authority has a set of measures that central government use to measure their performance and success. We can compare each authority and identify areas with the most need nationally.

### Key Data Summary

At the end of 2018 1,922 children age 0-17 years in Birmingham were in care. This gives Birmingham a rate of 67 per 10,000 population compared to the England rate of 64 per 10,000.<sup>111</sup> Although significantly higher than the national rate, Birmingham is second lowest out of the core cities; with Liverpool the highest at 127 per 10,000. The Birmingham number is higher than the previous year of 1,815 but trend information suggests it has fluctuated since 2012.

7.5% of CIC in Birmingham at the end of 2018 were unaccompanied asylum-seeking children (UASC) compared to an England average of 5.9%. Whilst this had been relatively consistent in Birmingham since 2014; nationally this has increased tenfold.

### Service Model and Service Data

Birmingham now has a new Children's Trust that provide information and advice for families, young people and children<sup>112</sup>. Ofsted have in recent years regularly assessed Birmingham children's social care and the last report in 2018 showed improvements but highlighted specific areas where they expected change by their return in 3 years.

The first annual report from the Trust highlights that:<sup>113</sup>

- 83% of referrals for CIC received a decision within 24 hours of a referral being made
- All of assessments are completed within the required 45 working days
- All CIC in care for 2 years or more have been in the same placement the whole time and as such have a stable home environment

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<sup>109</sup> Children Act 1989

<sup>110</sup> Bazaalgette, Rahilly and Trevelyan, 2015: Luke et al, 2014

<sup>111</sup> <https://www.go.uk/government/publications/children-looked-after-return-2017-to-2018-guide>

<sup>112</sup> <http://www.birminghamchildrenstrust.co.uk/> .

<sup>113</sup> [www.birminghamchildrenstrust.co.uk](http://www.birminghamchildrenstrust.co.uk)



Table 17 gives a breakdown of the percentage of CIC with special educational needs (SEND) for Birmingham, England and Core Cities comparators showing Birmingham has a lower prevalence than England.

*Table 17: Percentage of CIC with SEND*

<b>Core City Comparators</b>	<b>CIC with SEND 2017/18</b>
England	56.3%
Birmingham	55.9%
Bristol	58.2%
Leeds	52.5%
Liverpool	47.7%
Manchester	53.4%
Newcastle Upon Tyne	48.3%
Nottingham	57.4%
Sheffield	60.7%

Source: Department of Education

## Children and young people affected by Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) refer to traumatic events experienced before the age of eighteen. These include:

- parental abandonment through separation or divorce
- a parent with a mental health condition
- being the victim of abuse (physical, sexual and/or emotional)
- being the victim of neglect (physical and emotional)
- a member of the household being in prison
- growing up in a household in which there are adults experiencing alcohol and drug use problems
- domestic violence

A growing body of UK and international research is revealing the extent to which these experiences are associated with the development of a wide range of harmful behaviours including smoking, harmful alcohol use, drug use, risky sexual behaviour, violence and crime. These experiences can disrupt neurodevelopment and are linked to early onset and increased risk of diseases such as diabetes, mental illness, cancer and cardiovascular disease and ultimately to premature death.

### Key Data Summary

While there is no routinely collected data on the distribution of defined ACEs in childhood, commissioned surveys<sup>114 115</sup> suggest, that almost half (47%) of Adults (aged 18-69) had at least one of these experiences in childhood. In Birmingham this could potentially equate to almost 350,000 people. Estimates suggest that around 9% have had four or more adverse experiences which equates to around 67,000 people. Single experiences have an adverse impact on a child's future health and wellbeing, but multiple experiences have a cumulative impact with increased risk of harmful behaviors, illness and premature mortality.

There is insufficient data to quantify how many of Birmingham's 289,000 children experience adverse events. While previous research estimates could place this at almost 50%, the real picture in Birmingham could be much higher given the relative deprivation in the City which is associated with many parental risk factors such as substance misuse and imprisonment. Awareness, early identification, prevention and support will be crucial to reducing the scale and impact of ACEs on the City's future adults

### Service Model and Service Data

The Birmingham Health and Wellbeing Board developed the 'ACEs Birmingham' approach as a response to the strength of evidence of a negative life course impact that untreated adverse childhood experiences can have for individuals. The aim of the 'ACEs Birmingham' approach is to introduce routine enquiry of adverse childhood experiences into frontline specialist practice, in services supporting adults,

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<sup>114</sup> ACEs in Blackburn with Darwin Council –with Liverpool John Moores University 2014  
<https://www.blackburn.gov.uk/Pages/aces.aspx>

<sup>115</sup> Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England. BMC medicine. 2014 Dec;12(1):72.

children and young people, and/or families. 'ACEs Birmingham' offers a set of guiding principles and a preventative framework approach to help local stakeholders to recognise the importance and benefits of aligning strategic direction to reduce the impact of adverse experiences in childhood on individuals and communities. The collective aim is to avoid the consequences of these experiences and to be able to promote recovery.

1) The opportunities for Tertiary Prevention occur where the impact of past adverse experiences in childhood on current ill health and wellbeing results in disturbance of physical or emotional health. This often results in the need for complex or specialist assistance to resolve that disturbance. There is strong evidence that using routine enquiry for the adverse experiences opens therapeutic opportunities for swifter and more significant recovery from emotional distress, health harming behaviours, and destructive relationships.

2) The opportunities for Secondary Prevention arise when disturbances in physical or emotional health are identified early in their development. A response at that point will reduce the impact of any recent adverse experiences in childhood on current health and wellbeing. The intention is to limit the impact on relationships, attachment, and future potential which, if established, would require more complex or specialist assistance later.

3) Primary prevention identifies the opportunities to avoid the adverse experience in the first place as well as addressing the socio-economic influences of health and wellbeing. Taking the opportunities for tertiary and secondary prevention will reduce the likelihood that these adults will repeat the traumas of their childhood on their children. This reduces the likelihood of harm to future children.

## Children's safeguarding

From 1st April 2019 the Birmingham Safeguarding Children Partnership (BSCP) replaced the Local Safeguarding Children Board. The Partnership, whose core members are Birmingham Children's Trust, Birmingham City Council, Birmingham and Solihull CCG and West Midlands Police, share equal responsibility for developing and leading the new partnership arrangements. The board will be prioritising and promoting the alignment of an approach to contextual safeguarding.<sup>116</sup>

Within Birmingham's children's services population there are groups of children who are more vulnerable than their peers, these include:

- Children for who there are concerns about their development and wellbeing
- Children who are at risk of being subject to abuse
- Children who have been subject to abuse including sexual exploitation
- Children who go missing from their home or from a care placement
- Unaccompanied asylum seeking children
- Privately fostered children
- Children at risk of Forced Marriage
- Children at risk of Female Genital Mutilation (FGM)

### Key statistics summary

A child in need is one who has been referred to children's social care services and who has been assessed, to be in need of social care services.

The number of children identified as 'in need' aged under 18 in Birmingham at any point during the year ending 31st March 2019 was 15,600, a rate of 541 per 10,000 (England, 594 per 10,000) and 719 statistical neighbours.<sup>117</sup>

A child protection plan is a plan drawn up by the local authority and sets out how a child can be kept safe, how things can be made better for the family and what support they will need.

The rate of children who were the subject of a child protection plan at 31 March 2019 in Birmingham was 44.7 per 10,000 children (this equates to 1,289 children). This compares to a national rate of 43.7. In 2015 the rate in the city was very similar, at 45.4.<sup>118</sup>

Although private foster families are obliged to register with a Local Authority, it is argued that the real number may be 10 times that are registered.

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<sup>116</sup> Birmingham Children's Trust Business Plan 2018-2023 - 2019/20 (Year 2) Update

<sup>117</sup> [National Statistics: Characteristics of children in need: 2018 to 2019](#)

<sup>118</sup> [Department for Education: Characteristics of children in need: 2018 to 2019](#)

The Birmingham Community Safety Partnership Strategic Assessment 2019 reports on offences such as child sexual exploitation (CSE), forced marriages and female genital mutilation.

For Birmingham, there were 243 crimes that were allocated to CSE in the strategic period (Oct '18 - Sept '19), an increase on the 207 seen the previous year.

The National Society of Prevention of Cruelty to Children (NSPCC) estimate the numbers reporting sexual abuse (of which CSE is a part) by an adult or a peer to be 16.5% of 11-17 year olds <sup>119</sup>– this would represent approximately 17,250 children in the city, based on 2018 populations.

Significant under reporting of the issue is recognised. This is felt to be due to issues of shame, perceived or actual threats to the young person or their family, or to the young person's failure to recognise that they are being exploited.

Forced marriage (FM) involves the use of violence, threats of violence, deception or any other form of coercion or in the case of people with learning difficulties cannot consent for the purpose of forcing a person into marriage or into leaving the UK with the intention of forcing that person to marry. In the city there were 19 crimes reported for the offence of FM in 2019, according to the strategic assessment. This was two less than the previous year.

The National Forced Marriage Unit, which gives advice and support through a help line and email, has seen a national 20% increase in numbers over the last 7 years <sup>120</sup> 75% of cases were female, 63% under 25 years old and 43.6% had a focus country of Pakistan (next higher country Bangladesh at 6%).

FGM also known as female circumcision or cutting, is a collective term for procedures which include the partial or total removal of the external female genital organs, or injury to the female genital organs, for cultural or other non-therapeutic reasons.

There were only 3 offences reported in Birmingham for 2019.

However, figures from a City University study <sup>121</sup> estimate a prevalence of 6.7 per 1000 girls aged 0-14 years old may have affected. This equates to almost 800 girls based on 2018 populations.

## **Service model**

The BSCP recognises that the right people need to be involved so have worked collaboratively with a wide range of partners across the city to identify the organisations and agencies which need to be involved to safeguard and promote the welfare of Birmingham's children.

Birmingham Children's Trust recognise that the needs of young people, and the risks that many face in our community, require new and different approaches from public services to meet need and manage risk. Criminal and sexual exploitation and gangs are significant risks to our young people that require new and different service

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<sup>119</sup> [Sexual Abuse: A public health challenge. NSPCC 2011](#)

<sup>120</sup> [Forced Marriage Unit Statistics 2018 Home Office 2019](#)

<sup>121</sup> [Prevalence of Female Genital Mutilation in England and Wales: National and local estimates: City research Online 2015.](#)

solutions. Police, schools and third sector organisations will be key stakeholders and partners in this work. Work is advanced to develop a new multi-agency response to the Contextual Safeguarding risks young people in the city face. Here Contextual Safeguarding is used as an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse.

When CSE concerns are reported, Birmingham Social Workers complete the Child Exploitation Regional Screening Tool. In January 2019 there were 67 open CSE episodes with the Children's Trust; 92% being female.<sup>122</sup>

Birmingham Against Female Genital Mutilation seeks to lead and co-ordinate multi-agency activity to prevent the practice of FGM by improving education, awareness and prevention work on FGM and supporting agencies to improve the identification and protection of girls at risk to enable relevant safeguarding referrals to be made. Birmingham assessment tool<sup>123</sup>.

## **Headline analysis**

Although the rates of children in need and children on protection plans are similar to the national figures; given the fact that the city has a young and diverse population profile, the number of children involved is large. When examining the cohorts of vulnerable children (for instance those experiencing sexual exploitation, FGM and forced marriages) there is an unclear picture as to the numbers involved. Increasing take up of various screening tools should bring more of these children to the attention of the organisations charged with supporting them.

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<sup>122</sup> Report from Birmingham Children's Trust to the Children's Social Care Overview & Scrutiny Committee 13 March 2019

<sup>123</sup> [Birmingham Health FGM Risk Assessment Tool](#)

## Children in contact with the justice system

Birmingham City Council and its partners have been developing a public health approach to violent crime, which we believe will deliver results in the medium and long term. At the core of this approach is the understanding that these events can be prevented, and that this involves working closely with communities to address the upstream causes of violence. The approach goes further and work must also be undertaken to stop people at risk of worsening violent behaviour from being drawn further into that lifestyle, as well as rehabilitating people who have established violent behaviour. We are reviewing lessons learnt from other areas (such as Scotland) to inform our approach and ensure we can make a difference in Birmingham. We have also taken immediate action in parallel to our longer term plans, and have therefore recently restructured our Community Safety Partnership arrangements. To address the worrying trend, the Community Safety Partnership has: -

- introduced specialist mentoring programmes for young people identified at risk of violent crime; and
- co-ordinated joint action around high risk locations, for example, joint patrol strategies, and crime prevention messaging to vulnerable groups.

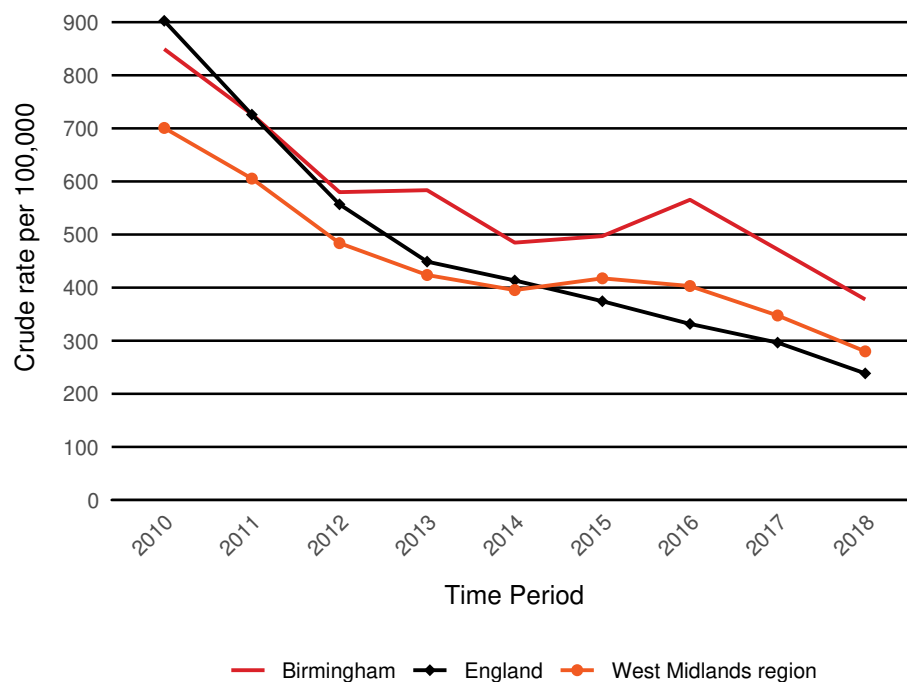
### *First Time Entrants to Youth Justice System*

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children; particularly mental health needs

In 2018 the rate of Birmingham 10-17 year olds entering the youth justice system either by conviction or caution was 377 per 100,000 (significantly above the England average of 238) and 5<sup>th</sup> highest out of the core cities.

The rate of Birmingham 10-17 year olds entering the youth justice system has fallen over the last eight years, with the gap between the city and England slowly narrowing in recent years (figure 15).

Figure 15 First time entrants to the youth justice system



Source: Public Health England

### *Youth violence*

Youth violence is not usually seen in isolation; those that commit violence offences tend to also display other problems such as truancy, dropping out of school and substance abuse and have experienced adverse childhood experiences. Youth violence can be seen from two perspectives: those that commit violent crime and those who are victims.

For offenders that were aged between 10-25 years, there were 691 detected offences (17% of all detected offences for this age group) for violence with injury, with 29% being domestic violence related. For youth violence, there were 10 locations around the city where 4 or more offences had occurred. Almost half of the offences (314, 45%) occurred on a Friday, Saturday or Sunday (Birmingham Community Safety Partnership Strategic Assessment 2019)

From looking at the victim data for Birmingham, where a victim is aged 25 and under, the largest proportion of offences can be classed as violence without injury. However the second category was violence with injury – assault occasion ABH accounted for 1724 offences.



## *Knife Crime*

The number of knife crime offences have increased over a 3 year period from 2016 in Birmingham.<sup>124</sup> For victims of knife offences, those aged 18-25 accounted for the highest proportion, with 212 offences for this age category being 'robbery - personal property'; with offence location being public footpath being the majority for victims aged 10 – 17 years old.

The knife crime offences that occurred the most over the 3 year period are Robbery Personal Property (44%), Wounding with Intent GBH (26%), Malicious wounding (6%), ABH (6%), and Robbery Business Property (6%). Between March 2016 and March 2019, investigations completed with no suspect being identified represented 54% of offences. In 9% of offences a suspect was charged or summoned.

A pilot study of youth engagement in combating knife crime sought to understand the views of young people living in Birmingham where the incidents of knife crime are high. For reasons given, notions of self-defence and personal protection were the main explanations for weapon carrying.<sup>125</sup>

The victim profile for knife crime is

- 74% of the victims were aged 18 and over, with 23% aged 17 and under
- 37% of those 18 and over were aged between 18 and 24
- 85% of victims were male and 13% were female
- 50% of victims were White – North European, 31% were Asian, 10% were Unknown and 9% were Black

Amongst offenders who committed knife crime

- 91% of offenders ages are unknown (of those known, 4% were aged 25+, 3% aged 10-17 and 2% aged 18-24)
- 95% of the offenders were male, 5% were female
- 43% were Black, 33% of offenders were White – North European, and 17% were Asian

## *Gangs*

The county lines offending model involves gangs and organised criminal networks moving drugs into one or more areas in the UK using dedicated mobile phone lines. Offenders remain highly adaptable in their operating methods and practices, including the recruitment and exploitation of vulnerable people; including juveniles. The second greatest number of county lines originated from West Midlands Police Force area; with Birmingham New Street station identified as a major hub for transporting drugs and people

The National Referral Mechanism (NRM) is a process set up by the Government to

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<sup>124</sup> Violence Performance 2016-2019 report. Birmingham Community Safety Partnership.

<sup>125</sup> A study conducted in partnership between West Midlands Police, Centre for Critical Inquiry into Society and Culture (CCISC) Aston University and Legacy West Midlands (April 2017)

identify and support victims of trafficking and exploitation in the UK. NRM highlighted the majority of referrals associated with the county lines business model in 2018 were between 15 and 17 years old. Children at risk had a profile of being in poverty, exposed to family breakdown and intervention by social services, had a looked after status, went missing frequently, had behavioural and developmental disorders and had been excluded from mainstream school. Offenders also target children who have previous involvement in criminality, including other drugs offending.<sup>126</sup>

The Birmingham Children's Trust Criminal Exploitation Panel reported in January 2019, 254 children under 18s were related to gang members as a child or sibling. Furthermore, 69 children under 18s were gang members (not including children and the periphery or at risk of gang affiliation). The National Crime Agency estimate that there are 60 drugs lines running out of Birmingham.<sup>127</sup>

The Home Office is funding a new West Midlands Violence Reduction Unit to deliver focused and strengthened multiagency partnership approach to a shared agenda. The work of the partnership will be grounded in public health principles – an understanding that violence causes ill health; that violence is preventable and not inevitable and that the causes, and the 'causes of the causes' of violence can be addressed. The proposal is to build on an understanding of violence, identify 'what works' and scale those things up, and to innovate and create the evidence of what works where it doesn't already exist. The Unit will do this through collaboration and coproduction and with communities and young people at the heart of the endeavour. The regional strategy includes six strands which implement the public health approach and have been adapted from best practice internationally.

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<sup>126</sup> County lines drug supply, vulnerability and harm, 2018: National Crime Agency

<sup>127</sup> Report from Birmingham Children's Trust to the Children's Social Care Overview & Scrutiny Committee 13 March 2019

## Appendix 1

Table 18 Live births and fertility rates in by ward in Birmingham 2017

Ward Name	Live Births 2017	GFR 2017
Heartlands	281	89.6
Sparkhill	368	84.9
Sparkbrook & Balsall Heath East Ward	519	84.1
Bordesley Green	248	84.0
Alum Rock	508	81.8
Birchfield	247	80.9
Aston	400	78.8
Lozells	203	78.2
King's Norton South	210	78.0
Small Heath	386	77.3
Ward End	243	76.2
Pype Hayes	159	73.8
Garretts Green	160	72.0
Yardley West & Stechford	220	71.8
Shard End	168	70.5
Bordesley & Highgate	287	70.4
Bromford & Hodge Hill	341	70.1
Billesley	294	70.0
Tyseley & Hay Mills	203	69.6
Newtown	218	68.8
Perry Common	175	68.4
Acocks Green	389	68.2
Handsworth	195	67.6
Erdington	273	65.4
Glebe Farm & Tile Cross	374	65.2
Sutton Reddicap	121	65.0
Longbridge & West Heath	261	64.9
Rubery & Rednal	129	64.9
Oscott	247	63.4
Allens Cross	132	63.2
Frankley Great Park	175	63.1
Druids Heath & Monyhull	136	62.8
South Yardley	100	62.2
Bartley Green	315	61.9
Hall Green North	339	61.4
Sutton Roughley	119	60.8
Balsall Heath West	183	60.4
Sutton Wylde Green	87	60.0
Northfield	135	59.7
Stockland Green	348	59.4
Highter's Heath	123	58.9
Perry Barr	270	58.5
King's Norton North	135	57.8

Gravelly Hill	113	57.5
Holyhead	182	57.4
Hall Green South	106	57.1
Yardley East	105	57.1
Quinton	233	56.4
Brandwood & King's Heath	237	56.1
Stirchley	118	55.9
North Edgbaston	353	55.6
Sheldon	226	55.4
Weoley & Selly Oak	269	55.0
Kingstanding	251	54.4
Soho & Jewellery Quarter	404	53.8
Castle Vale	113	53.2
Sutton Mere Green	74	52.4
Moseley	270	52.0
Sutton Vesey	187	51.5
Sutton Walmley & Minworth	146	50.4
Sutton Four Oaks	86	49.3
Sutton Trinity	70	48.9
Harborne	303	48.7
Handsworth Wood	209	47.4
Nechells	248	36.3
Bournville & Cotteridge	166	34.1
Ladywood	260	30.7
Edgbaston	121	19.1
Bournbrook & Selly Park	129	15.5
<b>Grand Total</b>	<b>15,403</b>	<b>59.3</b>

Source: ONS Births, local analysis.