

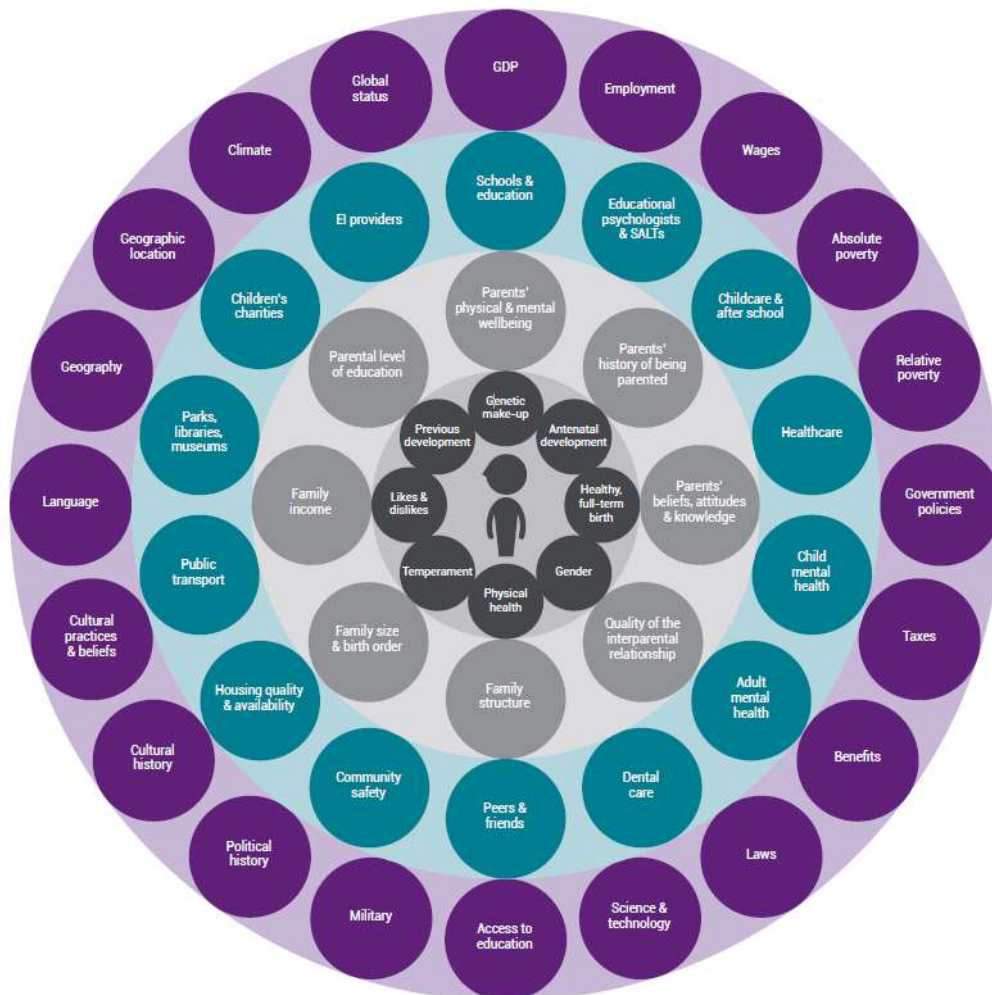


Family Hubs: Northwood Needs Assessment



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Figure 1: Risk factors Occurring in a Child's Life from A guide to doing a population needs assessment for Family Hubs



Family Hubs

The aim for Family Hubs is to offer a welcoming place where families can access Start for Life services.

In 2021, the government committed £302m for 75 local authorities to deliver Start for Life and family help services over the next three financial years. The Department for Education (DfE) have further invested £28.7m in home learning environment recovery programmes.

The Family Hubs and Start for Life Programme contains funding for the following components:

- Creation of a network of Family Hubs
- Infant-parent mental health and relationship support
- Start for Life offer and set up of Parent Carer Panels
- Infant feeding support
- Parent programmes
- Home learning environment recovery programmes (HLE)
- Innovative workforce trials in five local authorities.

Executive Summary

The aims of this needs assessment are to identify what the needs are of children and families in Northwood, who has them, who might have them in the future and what services might be needed to support these needs. This will be achieved by collecting and analysing data, evidence, and insight.

The establishment of a Family Hub in Northwood offers opportunities for services to work differently with families from the earliest point, to focus on their needs and to support and empower them.

A child's experience during their early years of life is critical to their physical, cognitive, and social development. During this development phase the groundwork is laid for the rest of the child's life. Many of the issues facing young children in their early years can be influenced by deprivation, nutrition, access to good quality early education, immunisation, and access to health services, which all have a long-term impact on children as they progress into adulthood.

Many children and young people living in Northwood ward face greater challenges and inequalities throughout their lives than those living in other parts of Knowsley and England. The main findings from this report are as follows:

1. There are **higher levels of need** for early years and family services in Northwood based on population numbers, with the overall need compounded by babies in Northwood more likely to be born to teenage mothers, single mothers, and have a low birth weight. Northwood had the second lowest breastfeeding proportion (partial and exclusively) at 6-8 week in Knowsley at just over 2 in 10 babies in Northwood, this compared 5 in 10 babies in the highest ward.
2. **Ethnic diversity is growing in Knowsley**, and Northwood is the fourth most diverse ward in Knowsley. Through the Family Hub's programme there is an opportunity to celebrate the diversity, and to boost community cohesion to support a strong, safe, and thriving community; where people from different ethnic, cultural, and religious backgrounds can live and work together to solve common problems and feel connected.
3. **Levels of deprivation in Northwood are high** (Northwood is in the most deprived 10% ward in England), and particularly impacts on families with 53.8% of children aged 0-15 years in Northwood were living in income deprived families, the highest in Knowsley. 55.8% of primary school children in Northwood are eligible for free school meals (FSM), more than double the national rate. Linked to this is higher numbers of children with Special Education Needs and Disabilities, with the most common needs including Autistic Spectrum Condition, and Social Emotional and Mental Health Difficulties.
4. **Social needs are high in Northwood**, with 15.5% of children looked after in Knowsley being from Northwood. Levels of report domestic abuse are high. 2 in 10 of Northwood adult residents have diagnosed mental health problems.
5. **Higher levels of health issues span across the life stages in Northwood**. From data collected there is the assumption that smoking rates are among the highest in Northwood, this is likely to include pregnant women. Northwood also has the fourth highest rate of reception age obesity out of all wards in Knowsley. These factors, and many more, indicate health behaviours and have the potential to impact negatively on the health, wellbeing, and life chances of children in Northwood, not just in their childhood but throughout their life course.

Evidence is clear that identifying risks early and preventing problems from escalating leads to better long-term outcomes, and the development of a Family Hub in Northwood offers the opportunity for services to work together more closely to identify and respond to issues before they develop into more complex problems. Some families with babies, children and young people will need additional, targeted help. Whatever the need, early identification, support which is easily accessible, and strengthened relationships help to address problems before they get worse. Investing in supporting families to care for their babies, children and young people has an important role to play in reducing health and education disparities right from the start, and improving physical, emotional, cognitive and social outcomes longer term.

It was important to include the insight and experience of those who know Northwood best. After completing the first draft of the Family Hubs Needs Assessment, the report was sent to the Knowsley Family Hubs leads, their feedback was used to change and improve the needs assessment.

Three engagement sessions were undertaken with young people from the Northwood Community Primary School to give local children a voice within the report.

Northwood The Place

Northwood ward is in the North-East of Knowsley within Kirkby and shares borders with St Helens and West Lancashire. There is easy access to the area via several arterial routes and to two major cities, Liverpool and Manchester. Northwood is a mix of residential, industrial and agricultural land, with housing mainly concentrated in the west of the ward, close to Kirkby Town Centre. The rest of the ward consists of Knowsley Business Park (industrial estate) and agricultural land.

Knowsley Business Park is situated within Northwood and is one of the largest employment areas in Europe and the second largest of its kind in the North-West. It is home to approximately 800 businesses and 15,100 employees, this includes the Liverpool Football Club training ground, which opened in November 2020. The business park contributes £214 million per annum in Gross Value Added (GVA) to the economy and providing employment opportunities for the area's residents.

Northwood has recently benefited from huge redevelopment. As well as Knowsley council investment, The One Public Estate (OPE) programme and Liverpool City Region Combined Authority awarded funds for the Kirkby Town Centre Regeneration. The redevelopment has included a large retail development which included building the first new supermarket in over forty years, a new civic centre (The Kirkby Centre), installation of public art, leisure centre, gym, Kirkby Gallery, Kirkby Library.

Liverpool Football Club have their training ground in Kirkby. This has benefited the local community by providing sporting opportunities; particularly for children, who can take advantage of free weekly football coaching sessions aimed at 7–10-year olds.

Northwood ward has the largest population in Knowsley, it also has a young age structure and the ward with the highest number and proportion of 0–19 year-olds. Households in Northwood predominately live in housing that is owned by Registered Social Landlords and also properties that are owned by the occupants. The number of households living in social rented housing is far higher than the England average and higher than the Knowsley average. Despite many residents owning their own home the proportion is far lower than the borough and England averages. Northwood has the second highest proportion of household living in privately rented housing in Knowsley, as this is more expensive than social rent and home ownership (in the long-term) this may mean that those residents may be struggling more financially and have a long-term impact on their finances.

Car ownership in Northwood is the lowest in Knowsley, almost half of households (46.9%) have no cars or vans, meaning residents are more reliant on public transport or more expensive transport such as taxis. Apart from making daily life more challenging, it may limit residents' employment and education opportunities.

New housing has recently been built in Northwood with smaller developments planned. The new housing is mostly for the private market and the average prices for the newer houses are more than average prices for existing housing stock. New housing is likely to lead to further population growth in a ward that already has the largest population in Knowsley. The new housing is likely to have an impact on the demographic of the area particularly given that is different to the existing housing stock and more expensive.

Health outcomes in Northwood are much worse than the England average. Life expectancy (LE) at birth is 70.9 years for men and 75.2 years for women. This means men in Northwood live 9 years less than men in Roby (highest LE in Knowsley) and women live 7 years less than women in Swanside (highest LE in Knowsley).

Babies in Northwood are more likely to be born to teenage mothers, have a low birth weight, be overweight or obese by the time they are in reception. Emergency hospital admissions for under 5s are far higher than the England average. Preschool vaccination rates in Kirkby (Primary Care Network) are far lower than the England average. A&E attendances (0-4 years), admissions for gastroenteritis in children and hospital admissions for dental caries¹ (0-5 years) are all much higher than the England averages. All these factors have the potential to impact negatively on the health, wellbeing, and life chances of children in Northwood, not just in their childhood but throughout their life course. For example, low birth weight is linked to neonatal mortality, cognitive development and noncommunicable diseases such as diabetes and cardiovascular disease.

Northwood has the highest rate of cancer and deaths caused by cancer in Knowsley, including under 75 years, breast and lung cancer. Rates of lung cancer are particularly worrying in Northwood, a baseline of 100 is used to represent England anything above is worse, Northwood's rate was 317. Smoking prevalence is likely to be a factor. Death from circulatory disease, coronary heart disease, respiratory disease and those deaths considered preventable under 75 years were all the highest in Knowsley. Obesity prevalence is higher than the Knowsley Clinical Commissioning Group (CCG) average in all but one GP surgery in Kirkby (Primary Care Network QOF prevalence for Obesity, n.d.). Northwood has high proportions of residents who provide unpaid care, including the highest proportion who those who provide 50 hours or more.

Health outcomes in Northwood paint a picture of the huge challenges faced by residents, the council, health practitioners and partners to improve the health, wellbeing, and life chances for Northwood residents.

Despite the challenges many people living in Northwood face, the strengths of the people and community are also evident. Engagement activities held since the beginning of the year have heard from Northwood residents. They stated that the strengths of the area were the 'close knit' community that exists, its willingness to look out for each other, its generosity even in the face of limited resources, the sense strong local identity and of pride linked to the area and Kirkby. There is a high value placed on the impact and openness of local voluntary and faith sector organisations. Other strengths reflected include the natural abilities and talents linked to creative arts and sport. Which very often is a language people can connect with. There are a number of voluntary sector organisations based in the area which provide opportunities for people (cross generational) to stay connected and improve their wellbeing and access information and advice needed, providing a potential foundation to build on in the area."

More information can be found in the Northwood Health profile see Appendix 1 and the 2021 Census Profile, see Appendix 2.

¹ Dental caries, also known as tooth decay or dental cavities.

Map 1: Northwood Ward Satellite Map with ward and Knowsley boundaries



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Map 2: Northwood Ward Satellite Map with Output Area, ward and Knowsley boundaries



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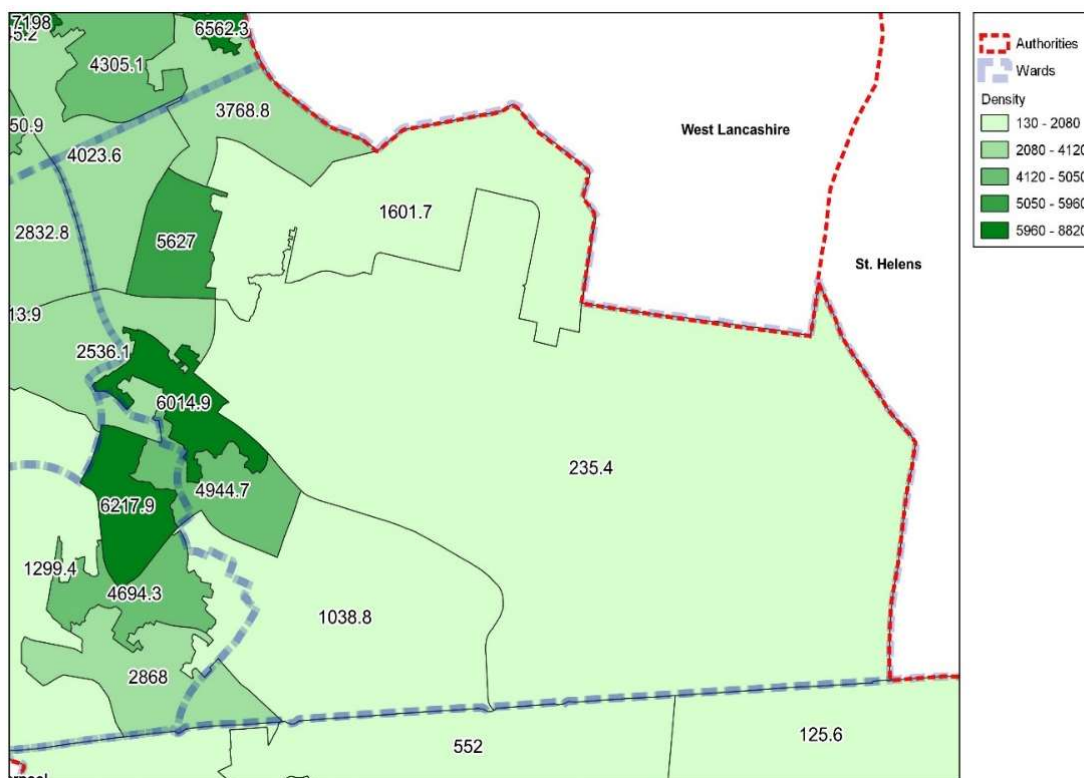
Table 1: Northwood Population Size and Density (2021 Census ONS)

All persons	Female		Male	
	number	%	number	%
11,868	6,243	52.6	5,625	47.4
Households	5,042			
Population Density Per square KM	Northwood	Knowsley	North West	England
	1,121.2	1,787	525.8	433.5

Population density in Northwood appears to be low compared to the Knowsley average, this is due to a large proportion of the ward being either green space or industrial land, this distorts the picture of population density in Northwood. The table above shows the population density for all Lower Super Output areas (LSOAs) within Northwood ward (either all or the majority within the ward boundary). In some areas of Northwood, the population density is actually much higher than the Northwood average.

The map below shows how the population density by Lower Super Output Area is distributed across Northwood ward.

Map 3: Residents per Square Kilometre by Lower Super Output Area in Northwood Ward*



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*Wards are not an administrative geography, therefore LSOAs do not 'nest' within ward boundaries. LSOA where they are fully, or the majority is within the Northwood ward boundary.

Ages of Children

Northwood has higher proportions of children aged 4 years and under compared to Knowsley, the North-West region and England. Northwood ward has the highest number of children in this age group in Knowsley.

There are a disproportionate number of women (52.6%), compared to the England average; this may possibly be explained by a higher proportion of lone parents. This is corroborated by, 90% of household referenced peopleⁱ living in lone parent households being women. Women making up 54% of adults aged 16 to 44 years in Northwood, this is the peak childbearing age group for women.

Chart 1: Number of Children aged 0-4 years by ward 2021 (2021 Census ONS)

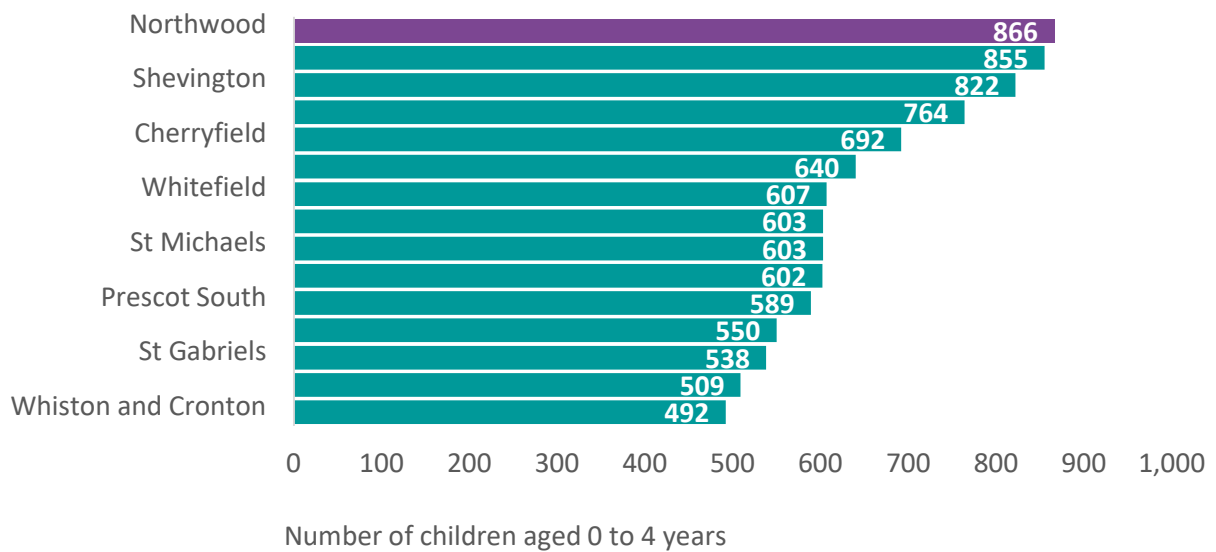
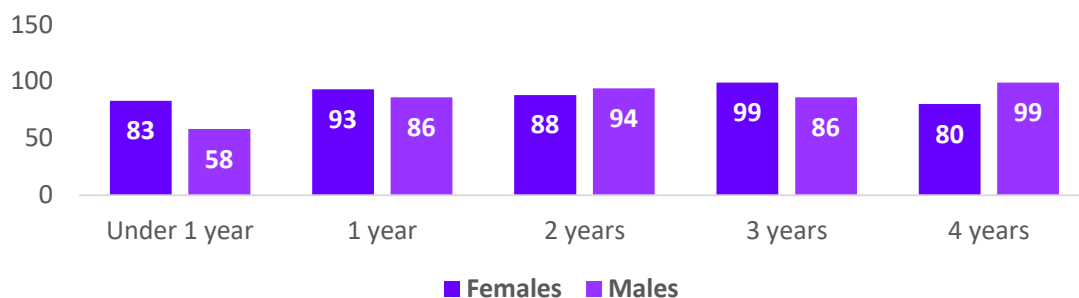


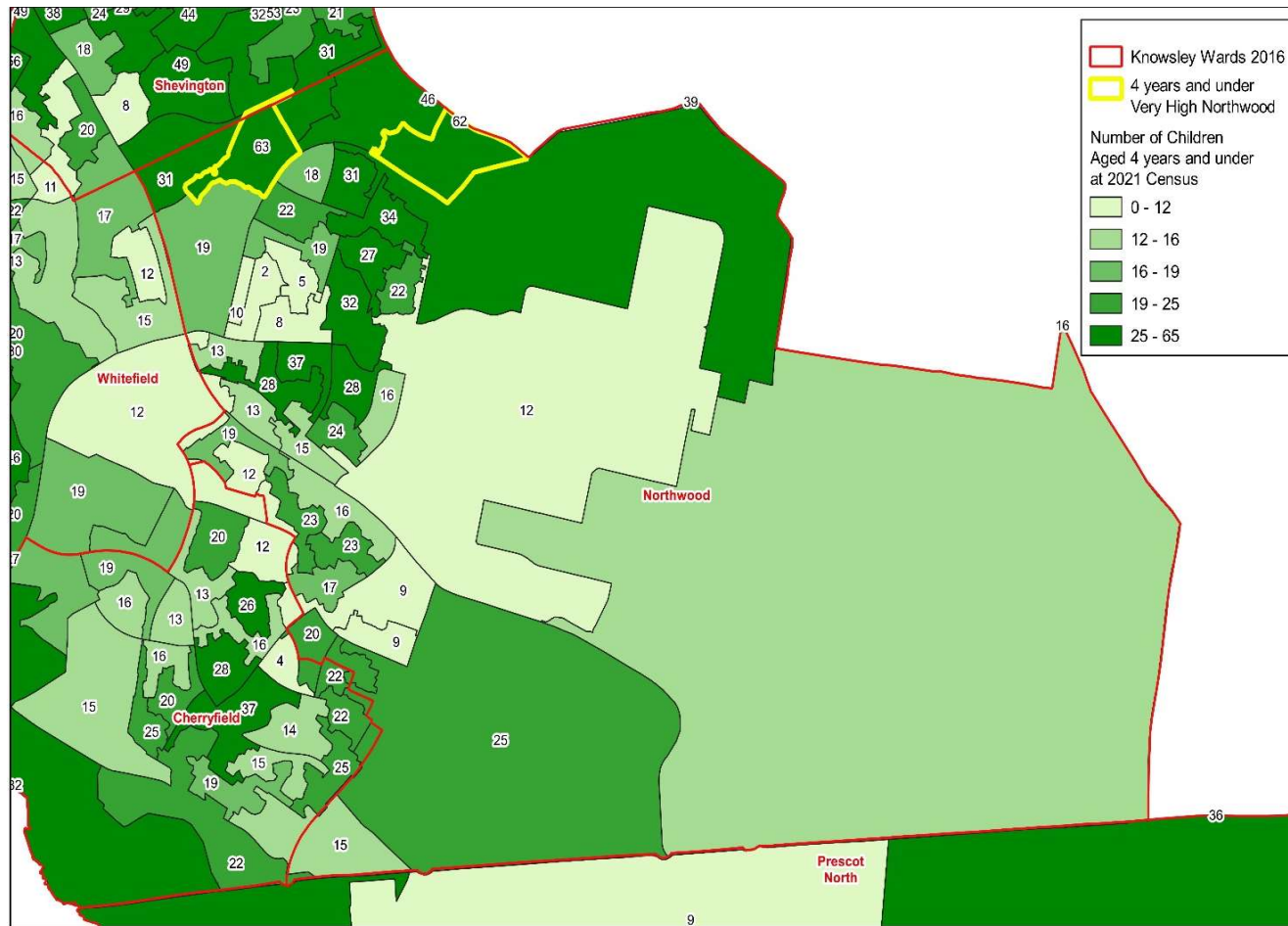
Chart 2: Northwood Number of Children aged 0-4 years by Sex 2021 (2021 Census ONS)



There are small variations between the number of females and males in individual age groups, overall females represented 51% of 0–4-year-olds in Northwood, this is only twenty more females.

No population projections are available for Northwood, but we expect the number to grow. This is based on factors such as: the young age structure of Northwood, affordable family housing, house building and women starting families earlier than the Knowsley and England averages.

Map 4: 0-4 year population by output area Northwood ward



The adjacent map shows the number of 0–4-year olds by output area within Northwood ward.

Two output areas (highlighted with a yellow boundary) have far greater numbers of children aged four and under, compared to both the rest of Northwood and the borough.

The OAs with no or low numbers if children aged 4 and under are almost completely green space or primarily industrial.

See Map 2 for further detail on the geography of the borough.

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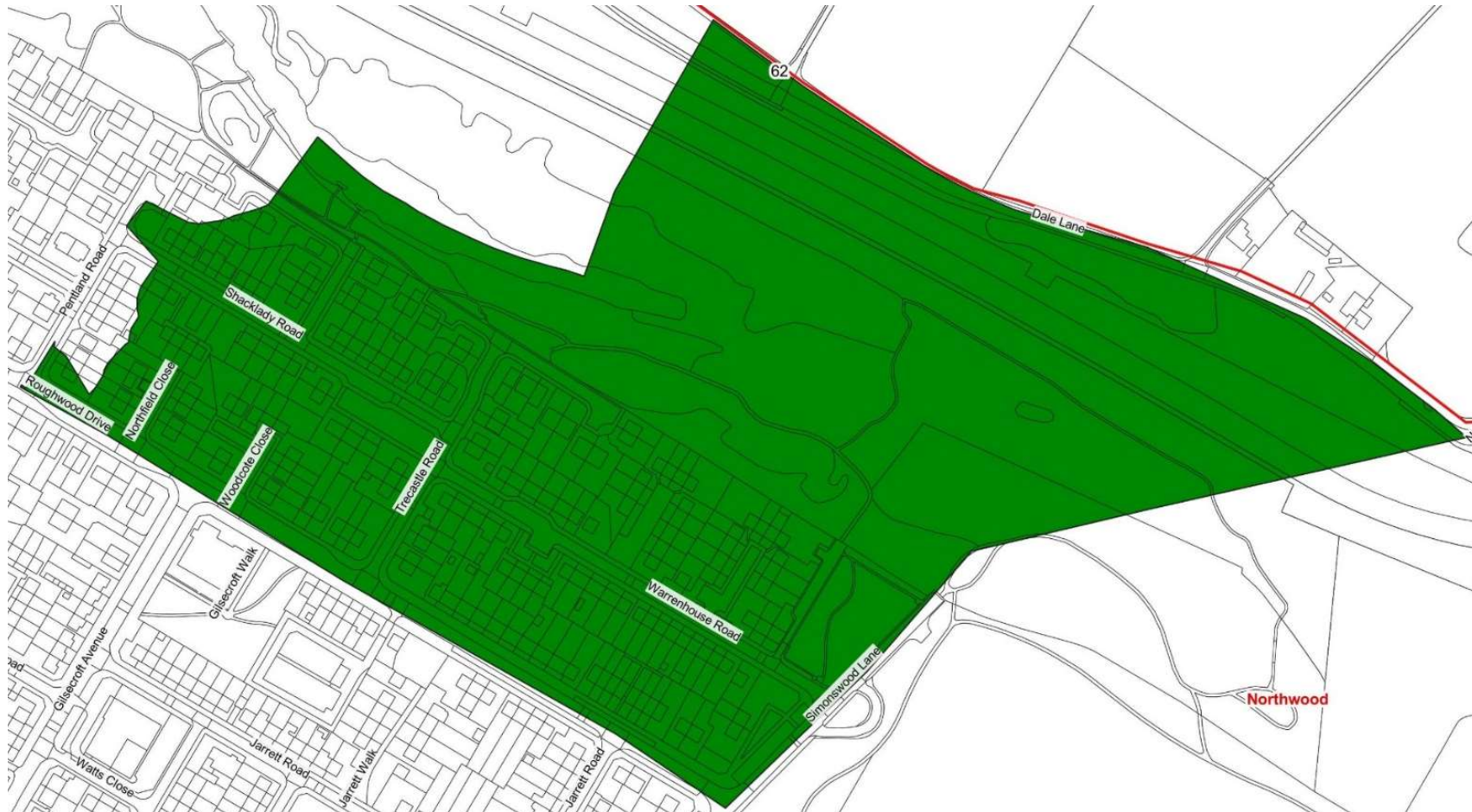
Map 5 – Northwood Output Area (E00172028) with 63 children aged 0 to 4 Years



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Map 6 – Northwood Output Area (E00032899) with 62 children aged 0 to 4 Years



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Births

There are a number of benefits to measuring birth rates within a population including estimating fertility rates which help to determine the generation replacement levels excluding migration. If birth rate levels fall below the replacement level, this will result in an aging population, along with an increased life expectancy this could have a huge impact on the services and economy of the area. On the other hand, if birth rates saw a rapid increase, this could have huge implications on resources and infrastructure such as school places, midwife availability, and appropriate housing stock. (Why Birth Rate Are Significant in Health Studies - Walden University)

In 2021, there were 169 babies born in Northwood. This is 14.24 per 1,000 of the population. Per 1,000 population, this is the second highest ward in the borough following Whitefield for 2021. (ONS)

The General Fertility Rate (GFR) for Northwood is 71 per 1,000 aged 15-44 years women, this is the fourth highest in Knowsley and compares to 59.3 nationally. (Fingertips)

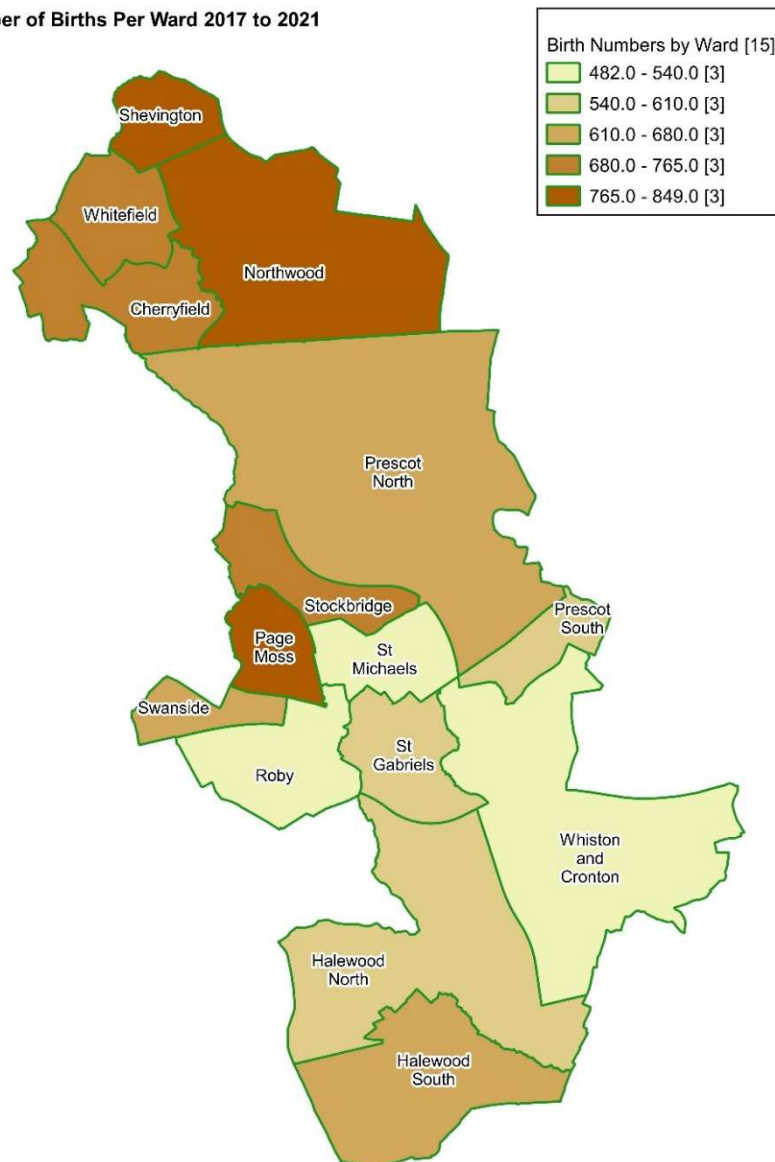
Northwood is a smaller area therefore numbers are likely to fluctuate year on year. Prior to the COVID-19 Pandemic there seemed to be a reduction in birth rates. However, this reduction has stopped and an increase occurred within the most recent 2021 data. However, rates have not yet recovered to pre-pandemic levels. It is unknown what the impact of the cost-of-living crisis will be on birth rates, with financial pressures impacting on families. However, changes to policies on the cost of childcare could also have an impact on decisions around family planning. Forecasts for the next decade in terms of population size and birth rates are particularly difficult at the moment, but it is likely that demand for early years' services in Northwood will remain high.

Chart 3: Northwood Birth Rates per 1,000 Population



Map 7: Births by Knowsley wards 2017-2021

Number of Births Per Ward 2017 to 2021



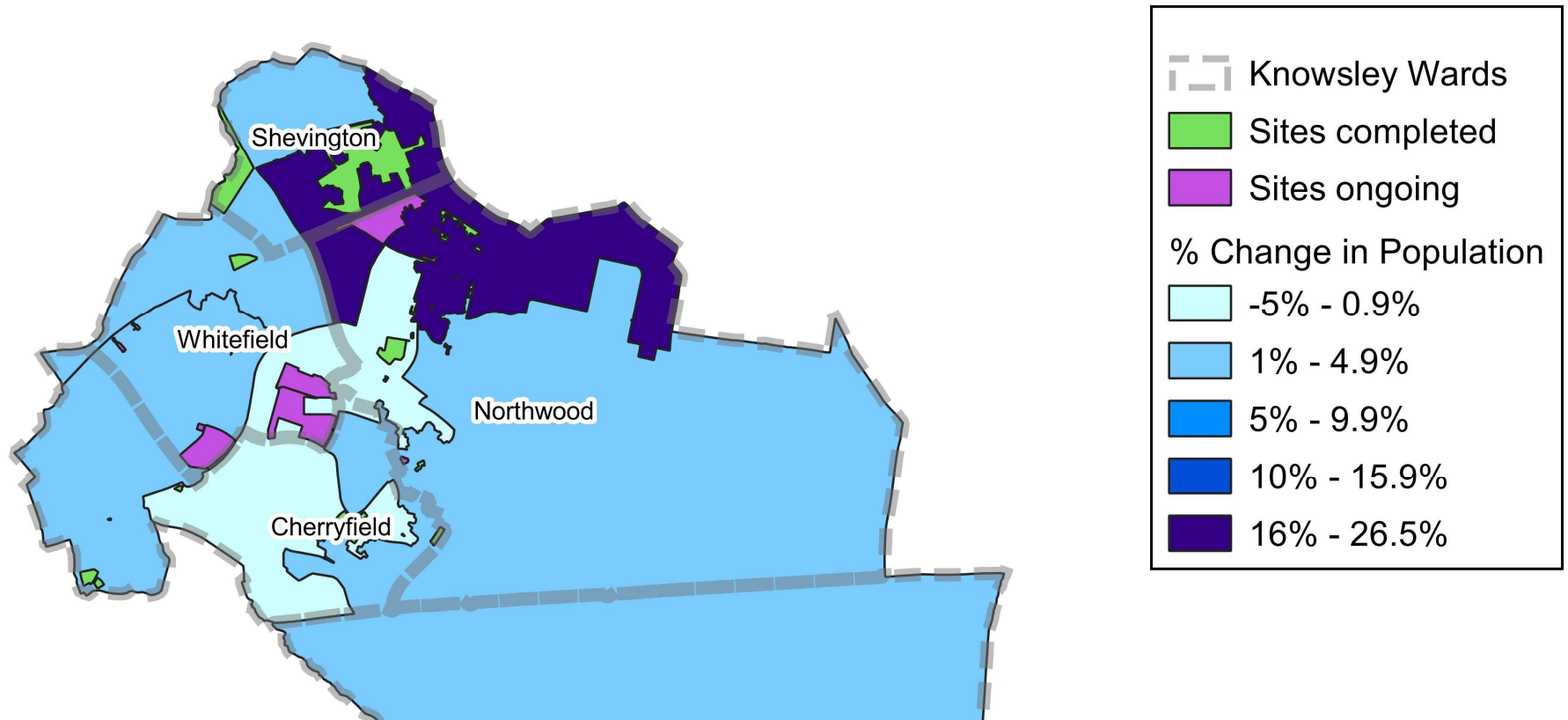
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Population Growth

Between 2011 and 2021, Knowsley has seen a 5.97% increase in residents. The 2021 Census identified that Northwood has the highest number of usual residents out of all the wards in the borough. The Office for National Statistics (ONS) define child bearing age as 15-45 years old as the majority of women will have a child between these ages. In Northwood, there are 2,654 women of childbearing age, this equates to 22.3% of the population. This suggests that 22.3% of the population could potentially have a child at any time, supporting the likelihood of increasing demand for services.

There have also been some large housing developments on the boundary of the borough which could cause a potential growth in families or those looking to start a family. This in turn could hugely impact on the service providers within Northwood.

Map 8 – Population Change between 2011 and 2021 by Middle Super Output Area



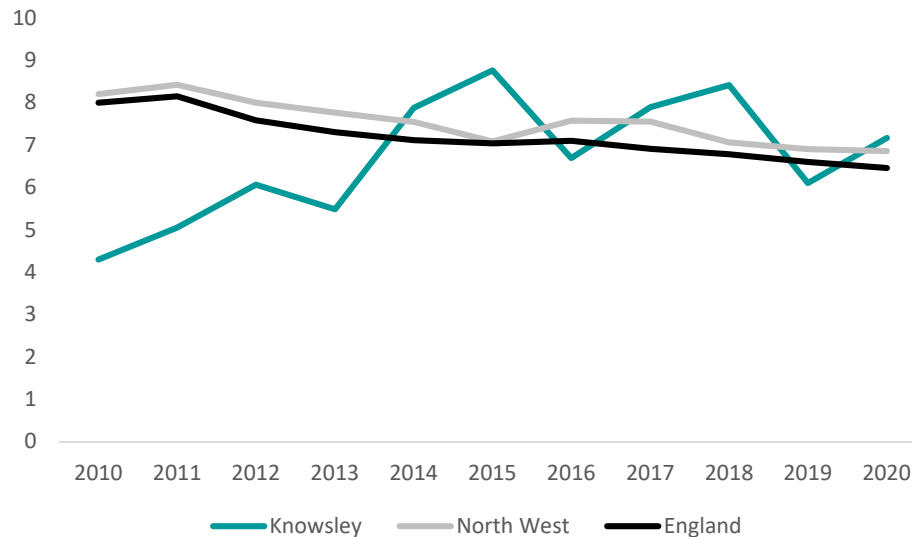
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Population growth between the 2011 and 2021 Census has varied across Knowsley, but some areas of Northwood (shown by the dark blue areas) have seen some of the biggest growth in population in the borough.

Neonatal mortality and Stillbirths:

For Knowsley as a borough, the rate of stillbirths and neonatal mortality (deaths under 28 days) per 1,000 (7.2 per 1,000) is slightly higher than that of the North West (6.9 per 1,000) and England (6.5 per 1,000). None of these areas have seen a significant change within the last 5 years. Stillbirth data is not reliable below local authority level. (Fingertips)

Chart 4: Knowsley, North West and England Neonatal Mortality and Stillbirth Rates per 1,000 Population



Infant mortality (NCMD)

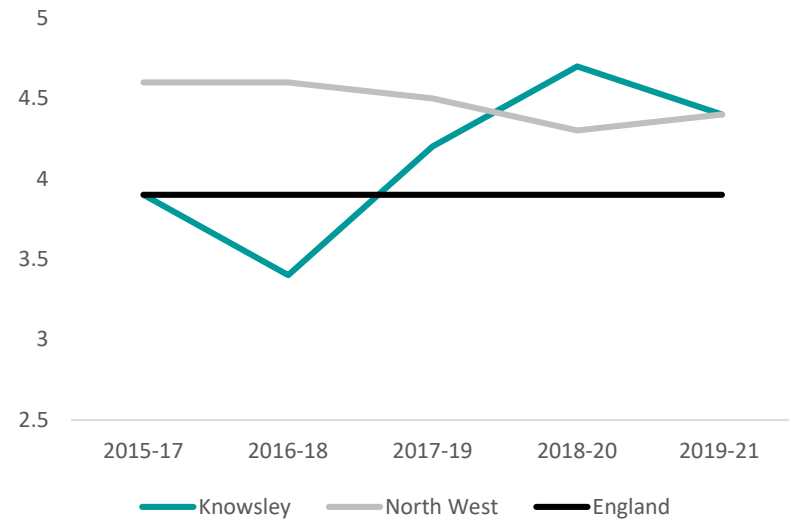
Child mortality can occur due to a number of reasons. If a child dies, no matter what age they are at the time of death, the cause may have originated during the first 1001 days. If the child is born full term or prematurely, events may have occurred, such as a lack of oxygen or

infection, that could have lifelong effects (NCMD, [https://www.ncmd.info/wp-content/uploads/2022/07/Perinatal-FINAL.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=13339317_NEWSL_HWB-2022-07-25&dm_i=21A8,7XWOL,9UPGFT,WHOV5,1,n.d.\)](https://www.ncmd.info/wp-content/uploads/2022/07/Perinatal-FINAL.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=13339317_NEWSL_HWB-2022-07-25&dm_i=21A8,7XWOL,9UPGFT,WHOV5,1,n.d.))).

The NHS Long Term Plan includes targets for 2025 such as reducing smoking during pregnancy, improving awareness of reduced foetal movement or growth restriction and improving foetal monitoring during labour. All of which are to help reduce preterm/ premature births, reduce neonatal mortality and reduce the occurrence of serious brain injury.

Knowsley figures for infant mortality very more than the regional and national averages due to there being small numbers. However, there is no significant different between Knowsley and the North West and England.

Chart 5: Infant Mortality Rate per 1,000 Population Knowsley, North West and England



Low birth weight

Having a low birth weight (under 5 pounds, 8 ounces/2500g) can cause serious health complications for a child, including problems regulating temperature, delayed cognitive development, and impaired ability to fight infections. Knowsley has a lower proportion of births that have a low birth weight than the North West and England. Knowsley has a general decreasing trend of proportions of low-birth-weight babies. Northwood has the highest count of low birth rate babies for 2018-2021 out of all Knowsley wards.

Chart 6: Proportion of Low Birth Weight Term Babies, Knowsley, North West and England

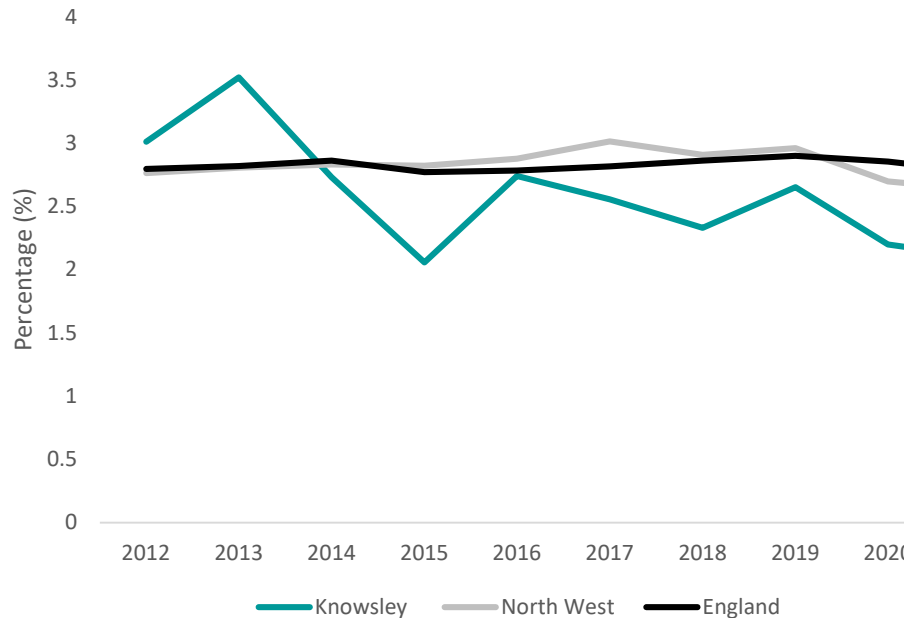
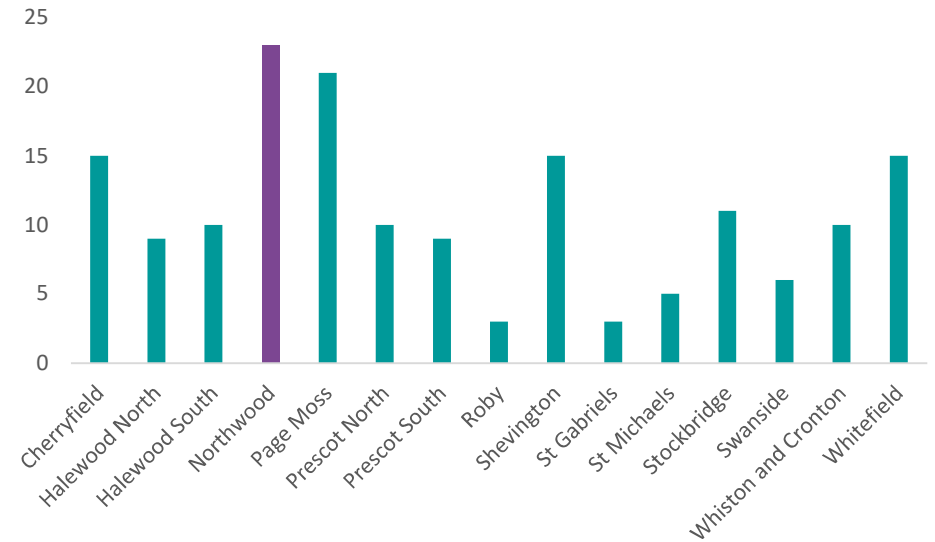


Chart 7: Number of Low Birth Weight Term Babies by Knowsley ward 2018-21

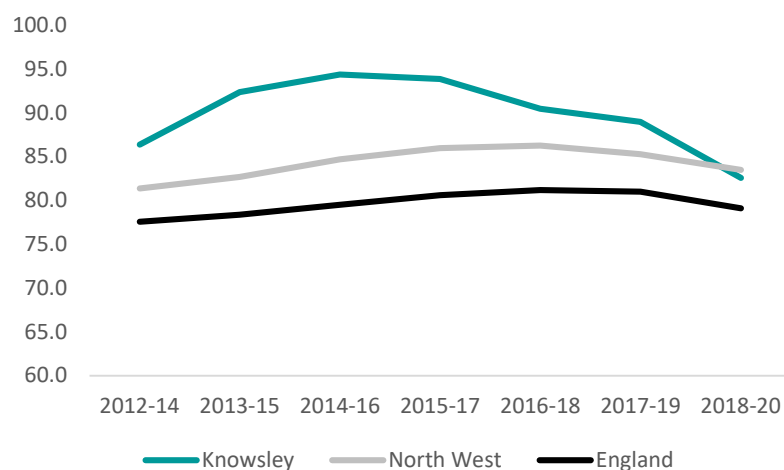


The highest of babies born below 2500g with a gestation of at least 37 weeks was in Northwood ward (years 2018-2021 pooled). Low weight babies

Preterm babies (CDC)

A preterm delivery is when a baby is born before 37 weeks (full term) of pregnancy. In the final stages of pregnancy vital organs including the brain, lungs and liver finish developing. Babies born before this final development stage experience higher rates of disability and death. The babies that survive a preterm birth are more likely to have a low birth weight and experience breathing problems, difficulty feeding, developmental delay, vision and hearing problems, and cerebral palsy. The earlier the baby is born before full term, the more likely they are to have complications (Preterm Birth | Maternal and Infant Health | Reproductive Health | CDC, n.d.).

Chart 8: Preterm Births Crude Rate per 1,000 Knowsley, North West and England (Fingertips)



Abortion

Abortions are generally safe, and most women do not experience any side effects. However, there are very small risks associated with abortions and these risks increase the later on in the pregnancy that the abortion takes place. In around one out of 1,000 women, an abortion can cause heavy bleeding, or womb damage. Around 35 out of 1,000 women require a follow up procedure to remove parts of the pregnancy that were not removed by the abortion (<https://www.nhs.uk/conditions/abortion/risks/>, n.d.).

There were 948 abortions in Knowsley during 2021, equating to an abortion rate of 32.2 per 1,000 females aged 15-44. This rate has steadily increased over the last nine years. The Knowsley rate is significantly higher than North West region (23.0) and England (19.2). Knowsley in 2021 currently has the highest rate of abortions in the Country out of 148 upper tier Local Authority areas. (Fingertips)

Between 2012 and 2021, the abortion rate in Knowsley has increased by 40.1%, this is higher than 31.0% in the North West region and much higher than the 16.3% across England (Abortion statistics for England and Wales: 2021 - GOV.UK (www.gov.uk), n.d.).

Overall, 53.5% of abortions in Knowsley were repeat abortions in 2017, higher than England (42.6%) and North West (45.0%). The proportion of repeats in women aged under 25 was 39.2% in Knowsley during 2021, higher than both the North West region (31.9%) and England (29.7%). Repeat abortions for women aged over 25 in Knowsley was 61.2%, higher than England 49.6% and North West 52.9%.

60.7% of under-18 conceptions in Knowsley during 2021 led to a termination in pregnancy. This was higher than England (53.4%) and the North West region (56.1%).

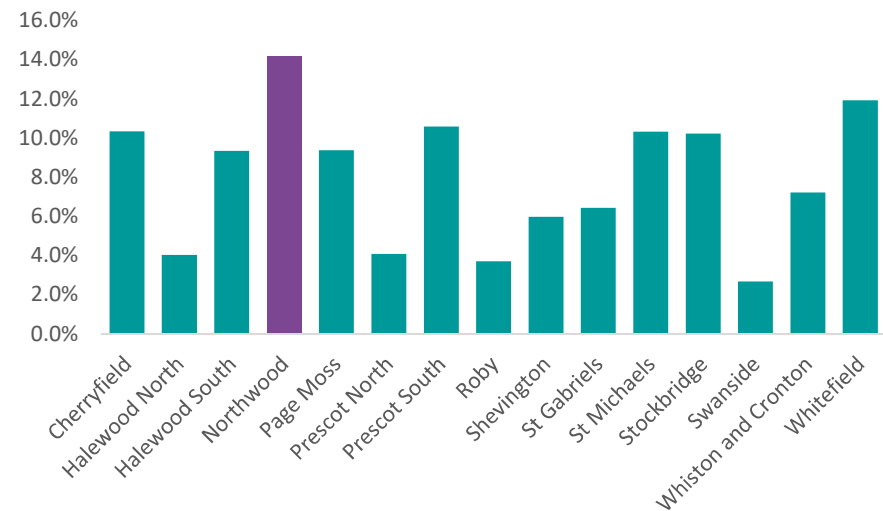
Insight work has not been undertaken to understand why Knowsley’s rate of abortions is so high. Other places in the UK with similarly high levels tend to be in London, where the populations are younger and more transient. There are several socio-economic factors to consider, including poverty and financial instability, levels of lone-parent families, the levels of domestic abuse present in Knowsley, and whether there are issues with how well sex-education is communicated in schools.

Parents marital status

There are a number of reasons why single parenting may occur including a child being born outside of a relationship, divorce, or fatality. Nearly 90% of single parent families in the UK are headed by women (IFS, n.d.). Nearly a fifth of all children in the UK are raised in a single parent family. Being a single parent places increasing demands on the parent, and have a significant impact on employment, child care, and overall socioeconomic status. For example, around half of all children in single parent families in the UK are now living in relative poverty, which has risen at a significantly faster rate than other households. Single parents are more likely to experience poor mental health, lack of personal time and space, and social isolation. In 2014, 75% of single parents reported to experience stigma, and reported feeling “judged”, “stereotyped”, and being excluded from some social groups, all of which can impact on the parents’ mental health and wellbeing (Why do single parents still suffer stigma? - University of Huddersfield, n.d.). Each of these factors is associated with poor outcomes for children, for instance, behavioural difficulties, delay in readiness for school, and speech and language delays. The hardship of single parenting on both the parent and the child can be exacerbated in the case of divorce.

Between 2018 to 2021, Northwood has the lowest births within marriage/ civil partnership out of all the wards in Knowsley at 16.4%, (the Knowsley average being 27.5%). Northwood also has the highest sole registration births at 14.2%, (the Knowsley average being 8.3%). This suggests that Northwood has the highest percentage of single parents in the borough. Northwood ward had the lowest percentage of joint birth registrations, where both parents were living at the same address, 37%, (Knowsley average being 40.6%), and the highest number of parents at different addresses, 32.5%, (Knowsley average being 23.6%). (Civil Registrations Births NHS England)

Chart 9: Percentage of Births with Sole Registration by ward 2018-21



In total the 2021 Census reported that there were 828 single family lone parent households with dependent children in Northwood (16.4% of all Northwood households), this is higher than both married/civil partnership couple families with dependent children (377) and co-habiting couple families with dependent children (296). Within Northwood, 93.8% of lone parent households were headed by a female. This is slightly higher than the national average of 90% (Single parents: facts and figures | Gingerbread, n.d.). This is important to consider as lone parent households specifically headed by a female often have different requirements to other family compositions such as increased need for childcare, have a lower household income, and often have less family time to engage with services (What 3 Problems Do Most Single Parents Face?, n.d.).

Parental age

Outcomes for a child are consistently connected to the age of the parents. Children born to younger parents are more likely to experience economic hardship, social isolation, experience conflict within the household (as younger mothers are more likely to experience intimate partner violence), and mental health conditions within the household. Being born to a younger parent can also impact directly on the child's health and wellbeing including increased risk of sudden death syndrome, mental health difficulties, delayed educational development e.g. speech and language delays. For the mother, having a child at a younger age increases the risk of postpartum depression and post-traumatic stress disorder, as well as increased risk of unemployment or risk of health complications. Younger parents are more likely to be both lone parents

and from more deprived areas which each come with their own set of risk factors.

Young mothers are classed as those under the age of 25. Within Northwood 30.4% of mothers are under the age of 25 years old, of which 5.4% are under 20 years old. This is higher than all the other wards in the area. The Knowsley average is 18.7% for under 25s and 2.7% for under 20 years old. This identifies that Northwood mothers tend to be a lot younger than the rest of the borough. (Civil Registrations Births NHS England)

The rate of under-18 conceptions in Knowsley was 21.1 per 1000 females aged 15-17 in Knowsley during 2021 was significantly higher than England (13.1) and higher than the North West region (16.4). The under-16 conception rate in Knowsley during 2019-21 was (3.2) higher than England (2.2) and North West (2.9). (Fingertips)

Out of all single family households with dependent children in Northwood, 6.5% (130) have 4 or more children. This is slightly higher than the Knowsley average of 4.4%, Northwest (5.7%), and England (5.2%). This suggests that Northwood parents seem to have more children than the average family. (2021 Census ONS)

Chart 10: Percentage of Births by Mothers aged 24 and under by Ward 2018-2

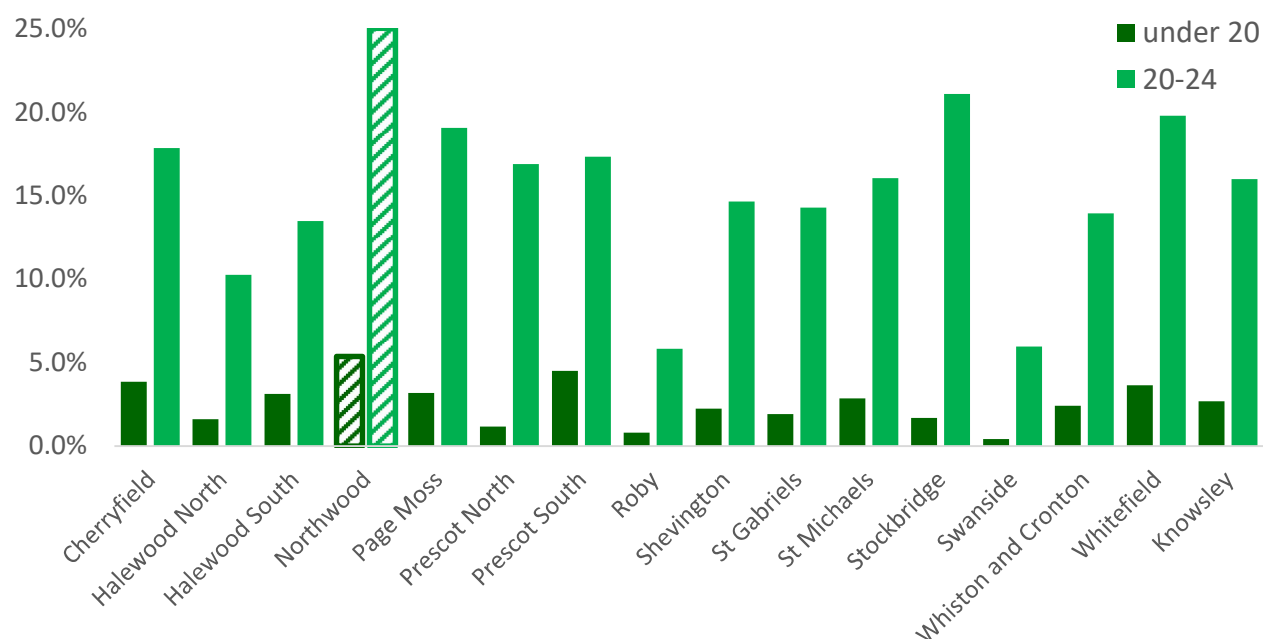


Table 2: Average age of Mother by ward and proportion 2018-21

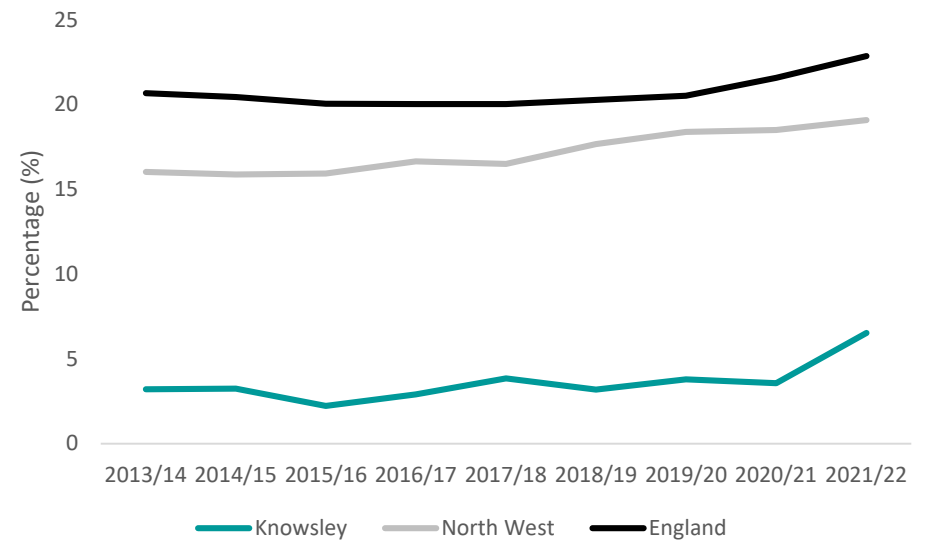
Ward	under 20	20-24	25-29	30-34	35-39	40-44	45+	Average Age of Mother
Cherryfield	3.9%	17.9%	36.1%	27.3%	11.6%	2.5%	0.2%	28.4
Halewood North	1.6%	10.3%	30.2%	37.4%	16.5%	3.2%	0.2%	30.3
Halewood South	3.1%	13.5%	30.7%	30.9%	17.2%	3.9%	0.0%	29.7
Northwood	5.4%	25.0%	30.4%	27.4%	9.7%	1.6%	0.0%	27.8
Page Moss	3.2%	19.1%	36.6%	30.7%	7.3%	2.1%	0.2%	28.1
Prescot North	1.2%	16.9%	29.9%	34.6%	14.6%	2.3%	0.0%	29.4
Prescot South	4.5%	17.3%	34.7%	30.4%	10.6%	1.8%	0.2%	28.5
Roby	0.8%	5.8%	24.9%	45.2%	20.6%	1.9%	0.5%	31.3
Shevington	2.2%	14.6%	35.3%	32.9%	12.1%	2.2%	0.1%	29.2
St Gabriels	1.9%	14.3%	32.6%	33.6%	13.8%	3.1%	0.5%	29.7
St Michaels	2.9%	16.0%	31.2%	31.4%	14.3%	3.1%	0.2%	29.1
Stockbridge	1.7%	21.1%	34.2%	28.5%	13.2%	0.8%	0.2%	28.6
Swanside	0.4%	6.0%	30.9%	40.7%	18.9%	2.1%	0.2%	30.6
Whiston and Cronton	2.4%	13.9%	31.5%	32.2%	15.4%	2.9%	0.2%	29.2
Whitefield	3.6%	19.8%	30.5%	31.5%	11.9%	2.0%	0.2%	28.6
Knowsley	2.7%	16.0%	32.3%	32.5%	13.4%	2.3%	0.2%	29.1

(Civil Registrations Births NHS England)

The graph adjacent identifies that Knowsley has significantly fewer births to mothers of non-white British background than both the North West and England.

Evidence suggests that nationally the burden of poverty and economic deprivation are disproportionately felt by certain ethnic groups. Children in Bangladeshi and Pakistani households were the most likely to live in low income and material deprivation out of all ethnic groups, while children in Indian households were the least likely. In Northwood, there are very small numbers of minority ethnic families, however, all residents from non-white backgrounds are living within the most deprived 10% of the population. (Fingertips)

Chart 13: Percentage Births to Non-White Mothers Knowsley, North West and England 2013/14 to 2021/22



Ethnicity

Northwood is the fourth most diverse ward in the borough with 91.2% of the population being White British. In Northwood White is the largest ethnicity group (96.1%), the second group being Mixed of Multiple ethnic groups (1.6%), followed by Black, Black British, Black Welsh, Caribbean or African (0.8%), then Other Ethnic group (0.8%), and Asian, Asian British or Asian Welsh (0.7%).

Within the Asian, Asian British group, Other Asian is the largest ethnicity group (approx. 37% of the Asian, Asian British or Asian Welsh group), the largest proportion of these being Sri Lankan. This is followed jointly by Chinese (approx. 25%) and Indian (approx. 25%) ethnic groups, then Pakistani (approx. 12%).

Within the Black, Black British, Black Welsh, Caribbean or African group, the largest ethnicity is African (77%), followed by Caribbean (13%) and Other (11%).

Within the Mixed or Multiple ethnic group, the largest ethnicity population is White and Black Caribbean (32%), followed by Mixed Other or Multiple Ethnic (30%), White and Black African (22%), and White Asian (16%). Within the White ethnic group, the largest ethnic group is English, Welsh, Scottish, Northern Irish or British (95%), followed by White Other (5%). Irish, Gypsy or Irish traveller, and Roma are all under 1% of the White ethnicity groups. Northwood has the second highest White Other Population in the borough, the highest proportion of these being Polish followed by Romanian. (2021 Census ONS)

Chart 11: Ethnicity in Northwood 2021

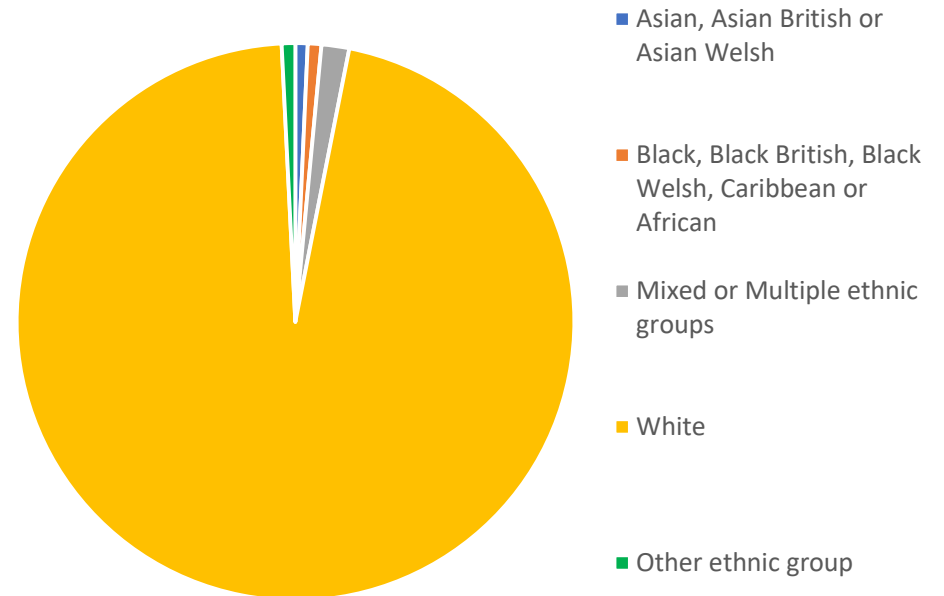


Chart 12: Northwood Residents Detailed Ethnic Group (excluding White British) 2021

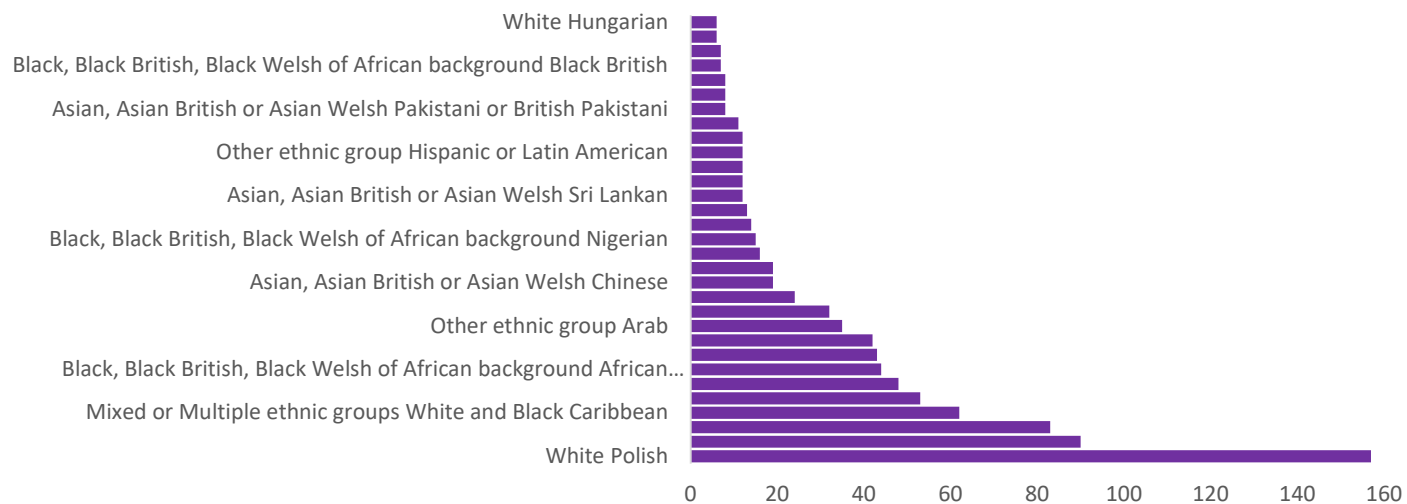


Table 3: Ethnicity in Northwood 0–4-year population compared to total population, 2021

Ethnic Group	0-4 years	All ages	Difference
Asian, Asian British or Asian Welsh	0.7	0.7	→ 0.0
Black, Black British, Black Welsh, Caribbean or African	0.8	0.8	→ 0.0
Mixed or Multiple ethnic groups	3.0	1.6	↑ 1.4
White: English, Welsh, Scottish, Northern Irish or British	88.5	91.2	↓ -2.8
White: Irish	0.2	0.4	→ -0.2
White: Gypsy or Irish Traveller, Roma	0.0	0.1	→ -0.1
White: Other White	5.5	4.4	↑ 1.2
Other ethnic group	1.3	0.8	↑ 0.5

The above table shows that children aged 0-4 years in Northwood are more ethnically diverse than the overall Northwood population. There are lower proportions of 0–4-year-olds categorised as White British and higher proportions of White Other and Mixed or Multiple ethnic groups.

(2021 Census ONS)

Refugees and Asylum seekers

While the overall numbers of families supported through resettlement and refugee programmes are a small proportion of the population, within Northwood there are likely to be resettled or refugee families who are accessing services and support provided by Northwood Community Centre, SHARe Knowsley and Centre 63 for example.

Asylum seekers are one of the most vulnerable groups, who often have complex health and social care needs. Whilst many asylum seekers arrive in the UK with relatively good physical health some have greater needs due to the situation they have left behind them, their journey to the UK and the impact of arriving in a new country without a support network. Mental health problems such as depression and anxiety are common, but post-traumatic stress disorder is greatly underestimated and underdiagnosed (BMA, n.d.). Children are particularly neglected in this area. Whilst numbers of families including children and young people living and accessing services and support in Northwood are likely to be low, it's important that we engage to find out what their needs are as they may differ significantly from many other families living in Northwood.

Community Cohesion (LGA, 2004)

Community cohesion is essential for a strong, safe and thriving community. It brings huge benefits supporting communities to be places where people from different ethnic, cultural and religious backgrounds can live and work together to tackle common problems and provide support.

The value of community cohesion has been highlighted by recent events at The Suites Hotel in Kirkby on Friday 10th February, when a protest against the housing of asylum seekers descended into acts of violence, criminal damage, and disorder, perpetrated by a small group of people. In

the weeks afterwards reports of hate crime increased in local area and some community members reported feeling unsafe.

Like much of Knowsley, Northwood's population has become more diverse. Family Hubs must ensure that diversity is celebrated and appreciated for the positive impact it brings to communities.

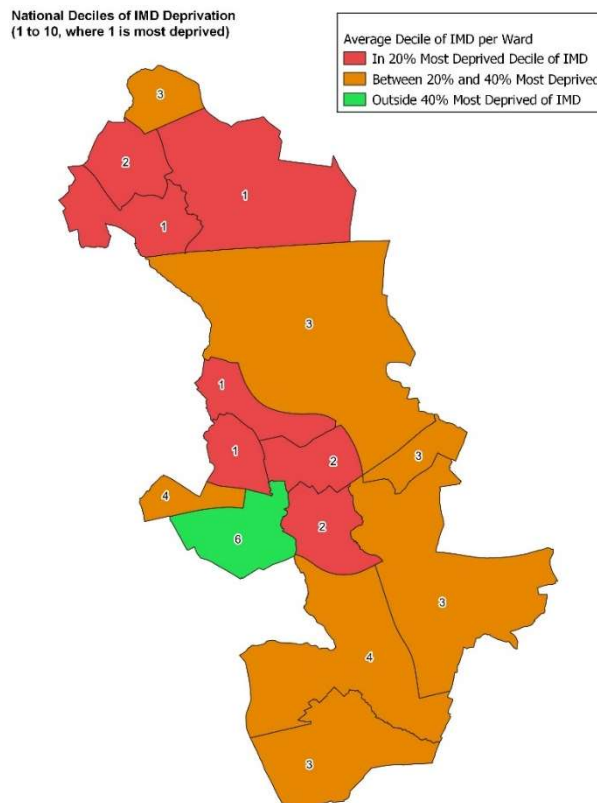
Family Hubs are well placed to facilitate community cohesion, creating a safe space (or spaces) where residents from different backgrounds come together and feel connected. Conflict and tensions can arise from a changing community, by engaging and creating opportunities for local people to meet on a regular basis, Family Hubs can help create positive interactions, strengthening relationships and trust to avoid exclusion and marginalisation. It will be important to identify and connect with 'hard to reach' groups and communities that are new to the area.

Why is Economic Deprivation important?

Children and their families living in poverty and low-income households are more likely to experience poorer health outcomes and greater health, social and economic inequalities. These inequalities begin before birth and often continue throughout the life course of a person.

Evidence has shown that living in poverty or in low-income households impacts upon not only on a child's physical and mental health but educational attainment and development. Families living on low incomes may lack the resources to lead healthy lifestyles; this includes access to affordable healthy food (this may include not been able to afford the fuel or appliances to cook healthy meals), good quality housing, heat their home efficiently and sufficiently, educational resources, as well as social and cultural opportunities. (RCPCH, n.d.) All of these factors increase parental stress and anxiety and increase the risk of damaging parent child relationships as well as leading to family conflict.

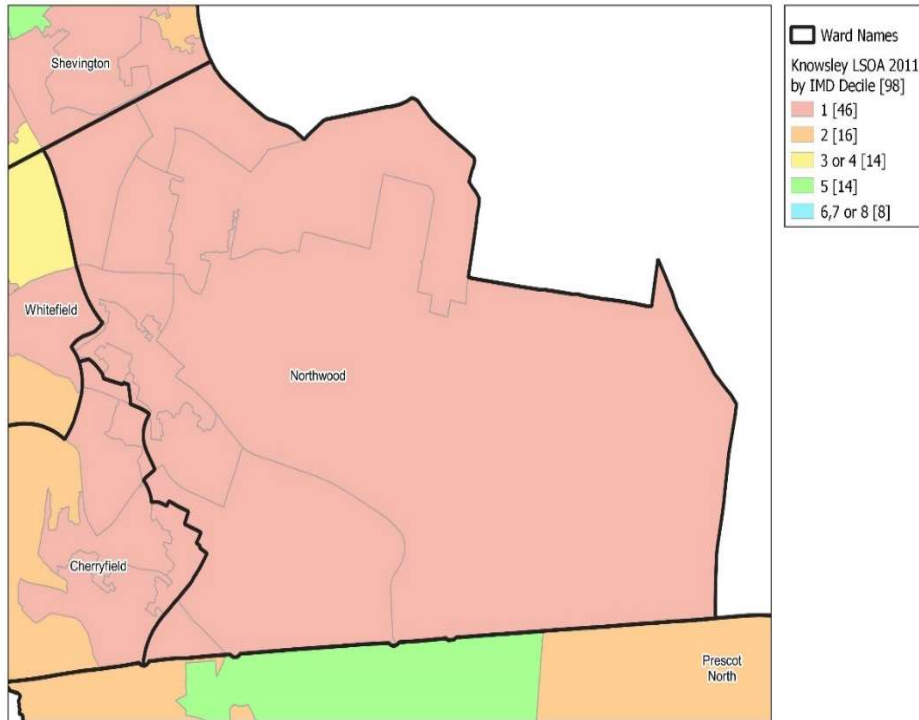
Map 9: Knowsley wards Index of Multiple Deprivation (IMD) Deciles. 2019 Indices of Deprivation
(The English Indices of Deprivation 2019, 2019)



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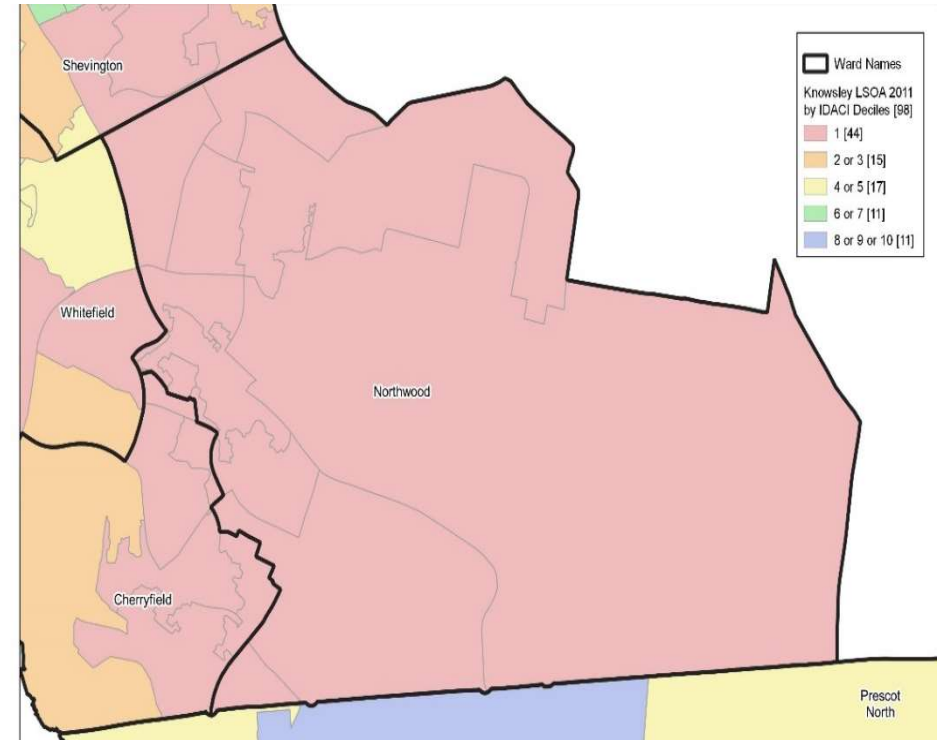
Northwood is in the most 10% deprived wards in England based on the Index of Multiple Deprivation, it is important to remember that whilst the area is in the most deprived decile, it does not mean everyone living in this ward will experience poverty or economic deprivation. The IMD also reflects deprivation around education, jobs and skills. While last published in 2019, the IMD is due to be updated in the coming year, which will reflect the changes since 2019.

Map 10: Northwood LSOAs Index of Multiple Deprivation (IMD) Deciles. 2019 Indices of Deprivation



All Lower Super Output Areas (LSOAs) in Northwood were ranked as being in the most deprived 10% based on the Index of Multiple Deprivation.

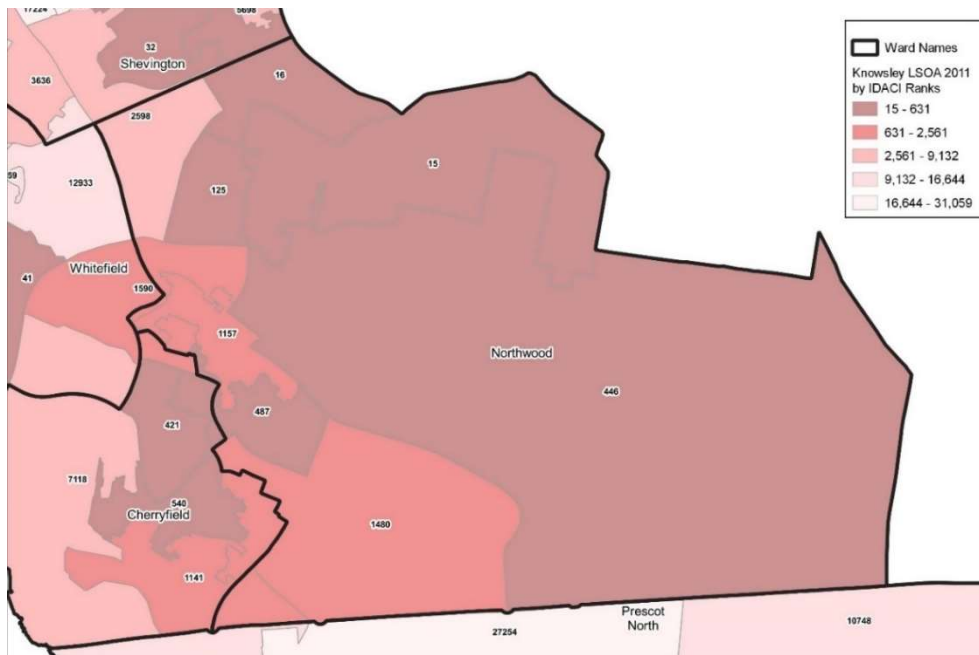
Map 11: Northwood LSOAs Income Deprivation Affecting Children Index Deciles (IDACI)



53.8% of children aged 0-15 years in Northwood were living in income deprived families, this was the highest in Knowsley.

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Map 12:Northwood LSOAs Income Deprivation Affecting Children Index Deciles (IDACI) with Rank



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This map shows all LSOAs in Northwood and their IDACI ranks, the lower the number the more deprived the area; the rank is based on all LSOAs in England.

Northwood contains two LSOAs that ranked 15th and 16th in England, these were also the lowest ranking in Knowsley (The LSOA with a rank of 1 is the most deprived and the LSOA with a rank of 32,844 is the least deprived). (The English Indices of Deprivation 2019, 2019)

Table 4: 2021 Census Household Deprivation Northwood ward

2022 ward	Total: All households		Household is not deprived in any dimension		Household is deprived in one dimension		Household is deprived in two dimensions		Household is deprived in three dimensions		Household is deprived in four dimensions	
	number	%	number	%	number	%	number	%	number	%	number	%
Northwood (Knowsley)	5,042	100.0	1,506	29.9	1,653	32.8	1,221	24.2	638	12.7	24	0.5

70.1% of households are experiencing some form of deprivation based on the Office for National Statistics (ONS) deprivation measure. This compares to Knowsley, North West and England averages of 59.2%, 51.6% and 53.3%.

This means 3,536 households in Northwood are experiencing some form of deprivation based on this measure and 24 households are deprived in all four dimensions.

Children in Low Income Families. (DWP, n.d.)

The Children in low-income families' local area statistics (CiLIF), provides information on the number of children living in Relative and Absolute low income.

In 2020/21, 240 children in Northwood ward aged 0-5 years were living in low-income families based on the absolute low-income measure, this increases to 316 children when using the relative low-income measure. These figures are provisional and in previous year the number of children living in low-income families has been slightly higher.

Table 5: Children living in Relative Low-Income families 2020/21
(provisional)

Age of Child	Total	Family Type		Work Status	
		Lone parent	Couple	In working families	Not in working families
0	47	36	15	21	27
1	56	39	17	20	30
2	55	35	20	21	37
3	58	34	19	23	40
4	53	36	14	21	34
5	48	33	17	15	33
Total	316	209	108	120	197

This data suggests that 66.1% of children aged 0 to 5 years old living in low-income families more likely to be living in lone parent families were

in Northwood. This shows the clear link between young children, lone parent families and the access to good quality employment. The challenges of accessing employment opportunities, job opportunities with young children are significant. They are also more likely to be living in families who are not in work 62.3%. This again is seeming logical but also means a number of families have working adults in the household but were still experiencing low household incomes.

Table 6: Children living in Absolute Low-Income families 2020/21
(provisional)

Age of Child	Total	Family Type		Work Status	
		Lone parent	Couple	In working families	Not in working families
0	41	28	13	18	24
1	39	22	16	19	22
2	45	21	22	17	24
3	46	26	20	11	34
4	38	22	17	16	22
5	43	21	18	13	28
Total	240	148	97	93	147

The figures for absolute low income are similar to relative low income, children living in relative low income are still more likely to be living in lone parent families 61.7% and in families without an adult in employment 61.3%.

Free School Meals Eligibility (Knowsley School Census Spring 2022)

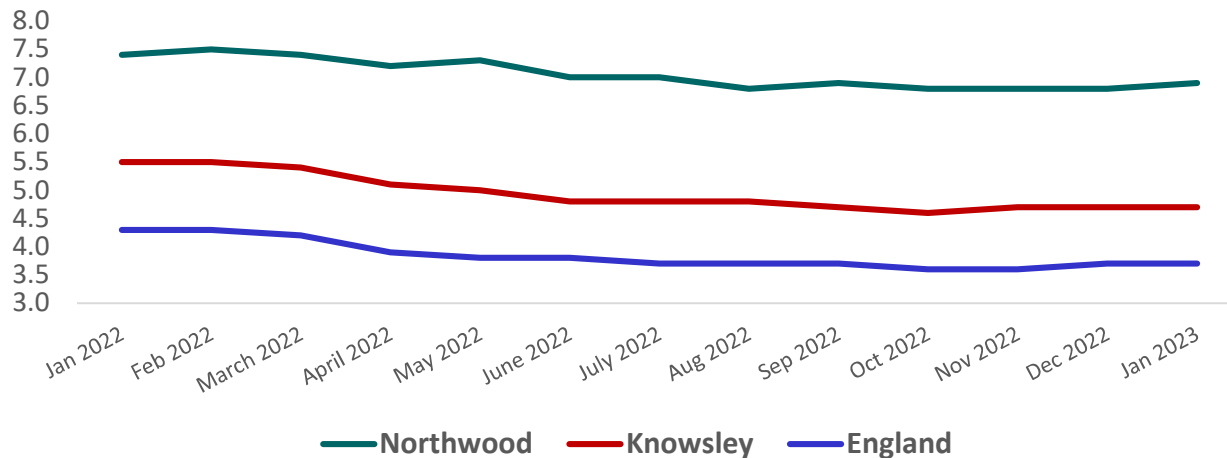
55.8% of primary school children in Northwood are eligible for free school meals (FSM), more than double the national rate of 22.5% of pupils eligible for FSM.

There are three primary schools within Northwood, and the FSM eligibility ranges in those schools ranges from 41.9% to 61.7%.

Free school meal eligibility is not only an indication of children living in households that are income deprived, but also a risk factor of potential reduced income as an adult.

The Office for National Statistics (ONS) found that students from poorer backgrounds typically go on to earn less than others as adults and the differences are stark. At 30- years old people who grew up income deprived households in England have lower average earnings than their peers, even compared to those with matching education level and secondary school attainment. ONS found by 30 years old, only half of those who had been eligible for FSM earned more than £17,000. One reason for this is that young people eligible for FSM are less likely to go on to higher education. (ONS: Why free school meal recipients earn less than their peers, n.d.)

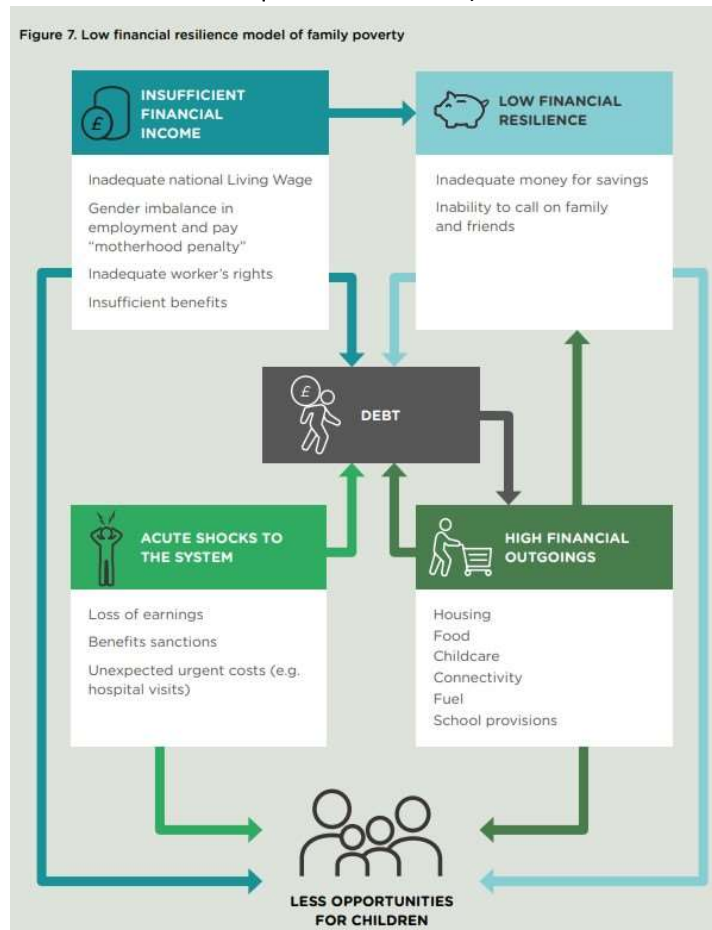
Chart 14: Claimant count proportion of 16-64 years (NOMIS, n.d.)



The claimant count in Northwood is consistently higher than the Knowsley and English rates.

Fuel Poverty

(Fuel poverty, cold homes and health inequalities in the UK)

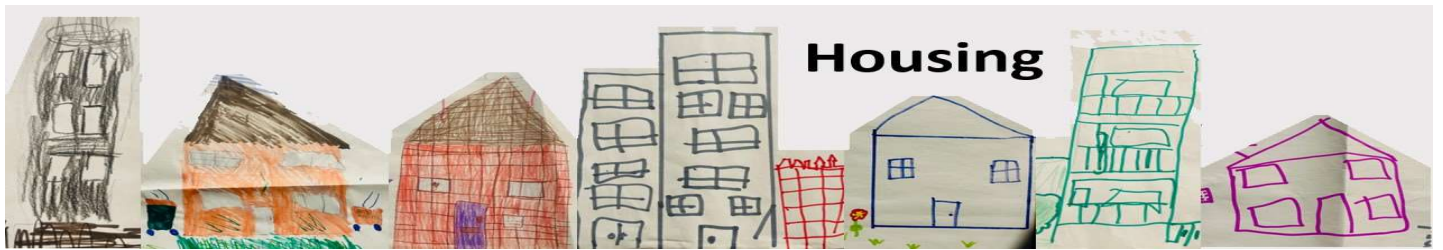


It is estimated that 18.8% of households are living in fuel poverty in Northwood. (Local Health, n.d.)

There is compelling evidence that the drivers of fuel poverty (low income, poor energy efficiency, and energy prices) are strongly linked to cold homes. Evidence shows that living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups; furthermore, studies have shown that more than one in five (21.5%) excess winter deaths in England and Wales are attributable to the coldest quarter of housing. (Local Health, n.d.)

A household's fuel poverty status depends on the interaction between three key drivers, energy efficiency, energy prices and income. Single parent households, those with prepayment meters, those living in private rented homes (followed by social housing) are more likely to experience fuel poverty. Fuel poverty is distinct from general poverty, not all poor households are fuel poor, and some households would not normally be considered poor but could be pushed into fuel poverty if they have high energy costs. (Fuel Poverty Factsheet, 2021)

Data on the Environmental Impact Score is available for Middle Super Output Area (MSOA) a rating of band D (or 68 and below) and below is considered one of the factors in deciding whether a household is experiencing fuel poverty. Two MSOAs are within the Northwood boundary have ratings of 72 and 73 a score making them higher than band D. There is a big difference between existing dwellings and new dwellings which are more energy efficient.



Why is Housing Important?


“If we are to build a better, more equal society in which everyone can thrive, we must make sure everyone has access to a decent and affordable home.” (JRF, 2023)



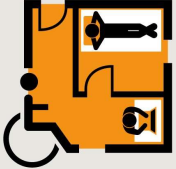
Housing

1 IN 5 dwellings doesn't meet decent standards in England. Where we live is more than just a roof over our heads. It's our home – where we grow up and flourish

A healthy home is:



Affordable and offers a stable and secure base



Able to provide for all the household's needs



A place where we feel safe and comfortable



Connected to community, work and services

Investing in housing support for vulnerable people helps keep them healthy. Every £1 invested delivers nearly £2 of benefit through costs avoided to public services including care, health and crime costs

£2 BENEFIT FOR EVERY £1 INVESTED



References available at www.health.org.uk/healthy-lives-infographics
© 2017 The Health Foundation.

What is housing like in Northwood?

Most households in Northwood live in either terraced (39.3%) or semi-detached (36.3%) homes.

The proportion of households living social rented homes (40.7%) is far greater than in Knowsley (25.2%) and England (17.1%). Households are less likely to own their own home compared to Knowsley and England averages. Private renting is low in Knowsley an average of 14.3% compared to England (20.5%) Northwood had the second highest rate of private rent in Knowsley 19.2%.

Social housing in Northwood is comprised of 12.6% are one bedroom homes, 12.7% are two bedroom, 9.3% three bedroom, 24.5% four bedroom and 4.4% are five bedroom homes. (2021 Census ONS)

The amount of social housing can be seen as a big asset for the area, not only because social housing is more affordable and not for profit, but because of their commitment to support people who live in their homes as well as improving the local area.

Whilst the main role of social housing providers is to supply homes, larger housing associations often go beyond being a landlord and commit to improving the communities in which they work, and the lives of their residents, this is often referred to as Community Investment. Accordingly, the sector invests around £750 million per year in its communities, of which just over £500 million is generated from their own surpluses.

Livv Housing Group is the biggest provider of social rented homes in Northwood; an example of community investment can be found in their Social Accounts report to measure their social value. Whilst much of the social value work carried out by Livv Housing in Knowsley is universal rather than targeted in the Knowsley area, much of it has benefited many Northwood residents.

Table 7: Livv Housing projects delivered in 2022/23 where all or part of the delivery took place in Northwood.

Project	Description	Northwood Specific	Northwood Data (where available)
Customer Hardship	Pocket Power (help to reduce expenditure and access debt write off and grants across all household bills) support and provision of fuel, food and essential item vouchers	No	145 beneficiaries (2022/23) had a L33 postcode
Energy Advice	The project supported customers to reduce energy consumption and associated costs through the provision of winter warmth packs, energy advice, and energy saving equipment such as LED bulbs, radiator reflective panels and draught excluders. (delivered in partnership with Citizens Advice Knowsley)	No	Quarry Green event (81 customers supported)
Food in the Community	<p>The Project will have three key elements; Eat Well, Live Well and Grow Well.</p> <p><i>Eat Well</i> Community engagement events including healthy hot food, opportunities to get involved in the preparation of meals, a bag of fresh fruit and veg for customers to take home, promotion of and sign up to the 'Fed up' cooking courses and/or the Green Tub schemes and continued access to the 'Queen of Greens' Bus.</p> <p><i>Live Well</i> Introductory and advanced 'Fed up' cooking courses. The courses are designed to create a safe space to teach people to cook healthily and cheaply, whilst providing a supportive setting for our customers to come together and discuss mental health concerns. The courses are prepared and delivered by Alchemic Kitchen staff working with a professional chef, based in Melling. Travel to and from the venue is provided with participants getting picked up and dropped off, to and from the venue. Lunch is also provided at each session. Participants learn basic food skills, how to use a slow cooker, vegetarian, and healthy options, how to use cheaper cuts of meat, and batch cookery. Upon completion of the 4-week course, participants are provided with a slow cooker to take away and keep, along with a basic store cupboard pantry of both ambient and fresh food to enable them to create meals for the following week, post the course.</p> <p><i>Grow Well</i> Development of growing areas planned, prepared, built, and developed by customers, supported through practical workshops delivered by Alchemic Kitchen.</p>	Partially (1 of 4 areas of focus)	Delivery @ Quarry Green in Northwood

Project	Description	Northwood Specific	Northwood Data (where available)
Shapeshifters	The project provides customers with the opportunity to access a programme of physical activity, health and lifestyle support that promotes wellbeing, connectivity, and progression.	Yes (for 2022/23)	<p>Jointly funded by Northwood Together and Livv Housing Group.</p> <p>Over 3 cohorts 36 participants with 29 completers.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Over 800lb in weight lost <input type="checkbox"/> Dramatic drop in Blood Pressure for those who were edging toward the high end of the scale at the beginning of the project. <input type="checkbox"/> 100% of participants experienced a positive change in mental health via WEMWBS scores, with increased confidence and a positive change in persona of the majority of those that completed the course. <input type="checkbox"/> 88% of participants increased their physical activity to exceed NICE recommendations. <input type="checkbox"/> 2 participants went into employment, 2 into volunteering and 2 into training. <input type="checkbox"/> 100% of participants had an increased confidence and optimism for the future
Christmas Small Grants	<p>Provision of small grants to VCFSE organisations to support residents with food and social inclusion over the Christmas 2022 period.</p> <p>£34,100 provided to organisations across Knowsley.</p> <p>In addition to Northwood specific projects, further support given to Kirkby organisations such as Centre 63 and organisations that work across Knowsley e.g., Home Start</p>	No	<p>Northwood Together Grant £2300 (38 families with food hampers)</p> <p>Volair £1400 (74 people supported with social isolation)</p>

Livv's employment offer is universal. However, they have delivered in Kirkby, including in Northwood and at Centre 63. Where Livv deliver elsewhere full transport costs are provided.

They have four key programmes:

Flexible Fund – practical support provided to those that have secured work but need help to transition into work. Funding available for ID, childcare, transport costs and universal credit bridging payments

Future Skills in Construction – construction-based employment support.

Beneficiaries receive Construction Skills Certification Scheme, (CSCS) Cards, Health & Safety, and Environmental Ambassador training. The delivery partner works with the participants and local employers to help them access job opportunities, ensuring a minimum of 50% of participants progress into employment.

Future Skills in Health and Social Care – health and social care-based employment support.

Beneficiaries receive Level 2 Mental Health First Aid, Level 2 Safeguarding, Level 2 Mental Health for Youth and Level 2 First Aid qualifications training. The delivery partner works with the participants to help them access job opportunities, ensuring a minimum of 50% of participants progress into employment.

Give Get Go - delivers employability support to Livv customers who are long term unemployed and lack up to date skills, experience, and confidence. The project provides wrap around support covering wellbeing, employability, training, and provision of volunteering placements.



[Livv Social Accounts 2022-2023](#)

Overcrowdingⁱⁱ

Living in overcrowded homes can impact negatively on children's and their family's health and wellbeing, harming family relations, negatively affecting educational outcomes and leading to depression, stress and anxiety. This can be as a result of lack of privacy, uncomfortable sleeping arrangements, disrupted sleep patterns, lack of space to play or study, space to prepare and store food which may lead to unhealthy food choice such as takeaways or convenience foods or even a lack of storage space leading to cluttered rooms and increasing hazards such as risk of trips and falls. (Shelter) Overcrowding can lead to Increasing the spread of infectious disease, respiratory diseases, gastroenteritis and diarrhoeal diseases. (NIH, n.d.)

Based on the bedroom method, 4.1% (or 210 households) of households lived in overcrowded homes, the highest proportion in Knowsley and just below the England average (4.3%) and higher than the Knowsley average of 2.9%. Most of these Northwood households are overcrowded as they have one bedroom less than needed (3.7%). Using the rooms method less households were overcrowded in Northwood 3.9% (or 199 households), 5th highest in Knowsley, slightly above the Knowsley average of 3.3%, but below North West (4.8%) and England (6.4%) averages.

Temporary Accommodation

There are currently (as at 22/03/2023) less than ten properties in Northwood being used by households with children as temporary accommodation. There were a variety of reasons as why these families had found themselves homeless.

Families are owed a statutory prevention or relief duty

Homelessness is associated with poor social, educational and health outcomes for children. The United Nations Convention on the Rights of

the Child states that children have the right to food, clothing and a safe place to live so they can develop in the best possible way. The government should help families and children who cannot afford this. Trends show an increase from 2020/21 from 322 to 407 for 2021/22 households with dependent children owed a duty under the Homelessness Reduction Act, rates were above those for England.

It should be noted that 2021-22 largely saw homelessness levels increasing from 2020-21 and returning closer to the pre COVID 19 levels seen in 2019-20. This reflects the gradual reduction of the immediate impacts of the COVID-19 pandemic, and the end of government policies put in place in response to the pandemic, such as national lockdowns, the call to bring 'Everyone In', and measures to protect private renters and homeowners.

264 households with children in Knowsley were owed a homelessness duty by reason of loss, or threat of loss, of last settled home prevention. 143 (54.2%) were due to the end of assured shorthold private rented tenancies (AST) of these 85.3% were due to the landlord wishing to sell or relet the property and eight due to the tenant difficulty budgeting or making other payments. 48 (18.1%) were due to family or friends no longer willing or able to accommodate. 24 due to domestic violence and eight a relationship breakdown with partner (non-violent). A further 10 due to the end of a social rented tenancy and eight due to Other violence or harassment.ⁱⁱⁱ

143 households with children in Knowsley were owed a homelessness duty by reason of loss or threat of loss, of last settled home by relief. 41 due to the end of an AST, most commonly as the landlord wishing to sell or relet the property, 30 because family or friends no longer willing or able to accommodate. 42 were due to domestic abuse, 17 other violence or harassment. (GOV.UK, n.d.)

Children with Special Educational Needs and Disabilities (SEND)

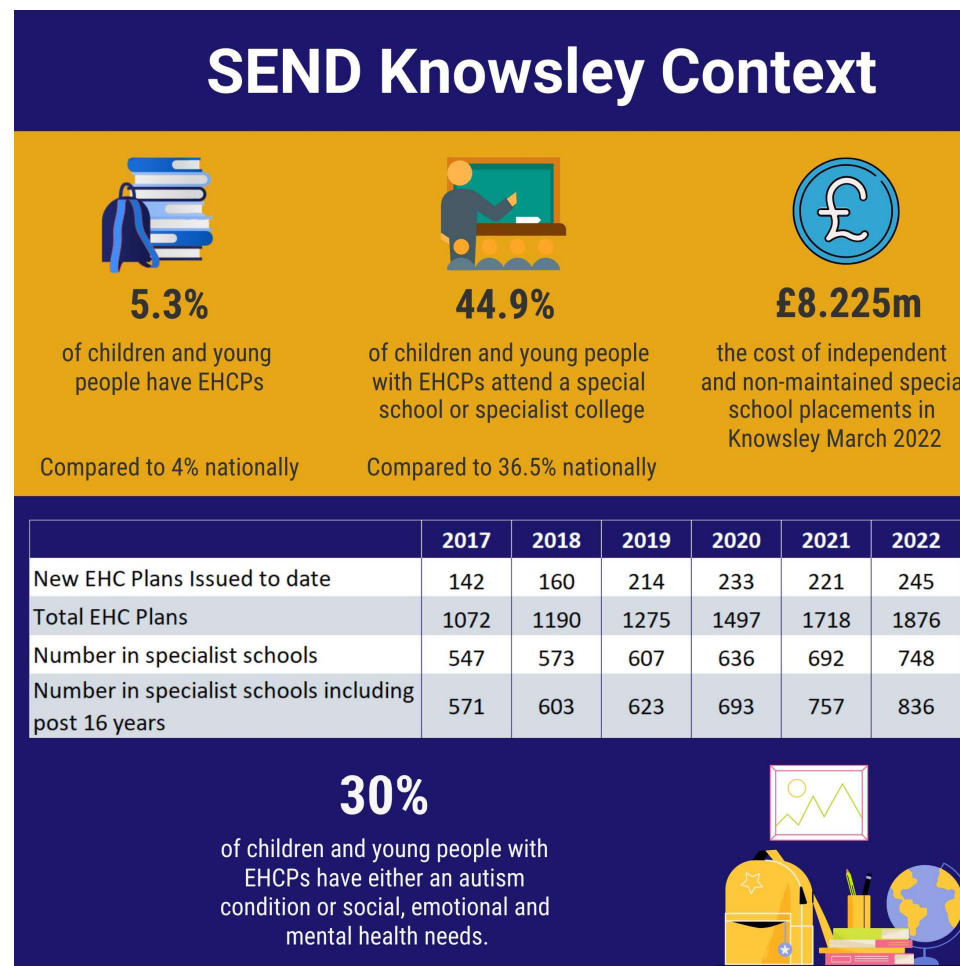
Children with SEND face unique challenges and more barriers in having their individual needs met, and special educational needs and disabilities become more prevalent as children grow older. Evidence shows that children with SEND are at more risk of experiencing poor mental health, interparental conflict, harsh parenting, and various forms of childhood maltreatment and abuse.

Child disabilities can introduce high levels of stress into the interparental relationship and a unique set of co-parenting challenges. This can include the disappointment and guilt that many parents experience when coming to terms with their child's disability, or the extra stress of navigating complex health or education systems to make sure the child's needs are met. In many instances, a child's disabilities can add to the family's financial burden, resulting in decisions to sacrifice positive activities that might have reduced the negative impact of the child's disability.

In the long-term People with learning difficulties and special educational needs are more likely to have worse health than those without and are more likely to experience a number of health conditions, as well as being less likely to respond to annual health checks, immunisation take up and cancer screening, alongside common health conditions, such as mental health difficulties, unhealthy weight and dementia.

Children included in this group are very varied and come from all different communities, grow up in different circumstances and have a diverse set of needs. The challenge is to identify what those needs are and what the situation is like in Knowsley, this is particularly difficult when focusing on

pre-school children as many will not be identified as having SEND until they are older.



[send_sufficiency_plan.pdf \(knowsleyinfo.co.uk\)](https://knowsleyinfo.co.uk/send_sufficiency_plan.pdf)

Chart 15: SEND Need in Knowsley Primary Schools 2022

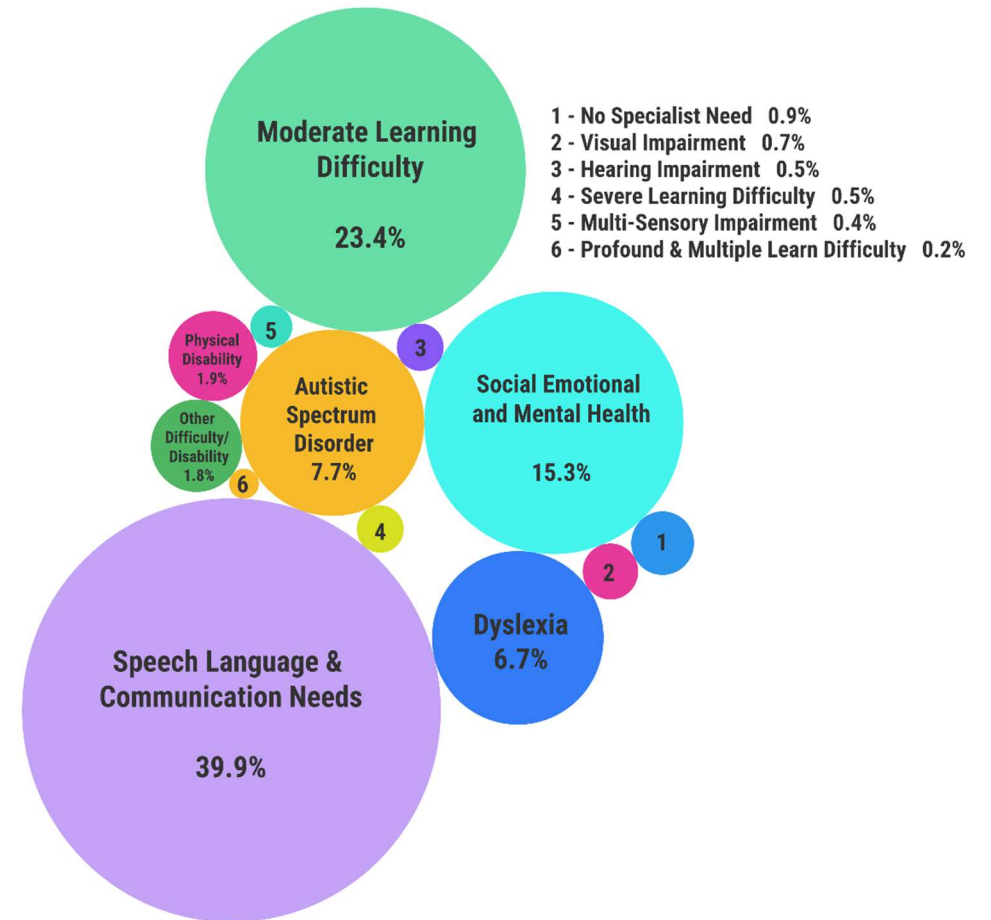
Children with SEND in Knowsley

In Knowsley, we know that the higher concentrations of children with SEND live in the more deprived parts of the Borough and recognise that the high levels of SEND in Knowsley are part of the cycle of deprivation and poverty as both a cause and an effect.

Children and Young People (CYP) with a Education, Health and Care Plan (EHCP) continue to increase in Knowsley, but this also the case compared to Knowsley’s statistical neighbours, North West and England averages and the proportional increase is lower. Knowsley does however have a slightly higher proportion of school children with EHCPs, 5.3%.

Knowsley has a higher proportion of CYP with EHCPs who are also eligible for free school meals (FSM) 55.4% compared to England 39.7%. This has increased by 5.9% since 2019, but this is slightly less than the England average which increased by 6.9%, possibly due to Knowsley already having higher levels.

The proportion of children in Knowsley schools with SEN Support has reduced from 19.4% in 2016 to 14.9% in 2022, proportions are similar to nearest neighbours 14.7% but slightly higher than North West (12.7%) and England (12.6%) averages.



Based on primary need, children with SEND in Knowsley primary schools have higher proportions of Speech, Language and communication needs and Moderate Learning Difficulty. There are slightly lower rates of Specific Learning Difficulties (Dyslexia) and Autistic Spectrum Disorder for example compared to the English average.

The biggest increase in need since 2018 to 2022 is Speech, Language and Communication Needs (SPCN), 21.1% of children and young people (CYP) were identified as having this type of need in 2022 it represented 39.9% in 2022. This was higher than both the North West (33.7%) and England averages (33.7%).

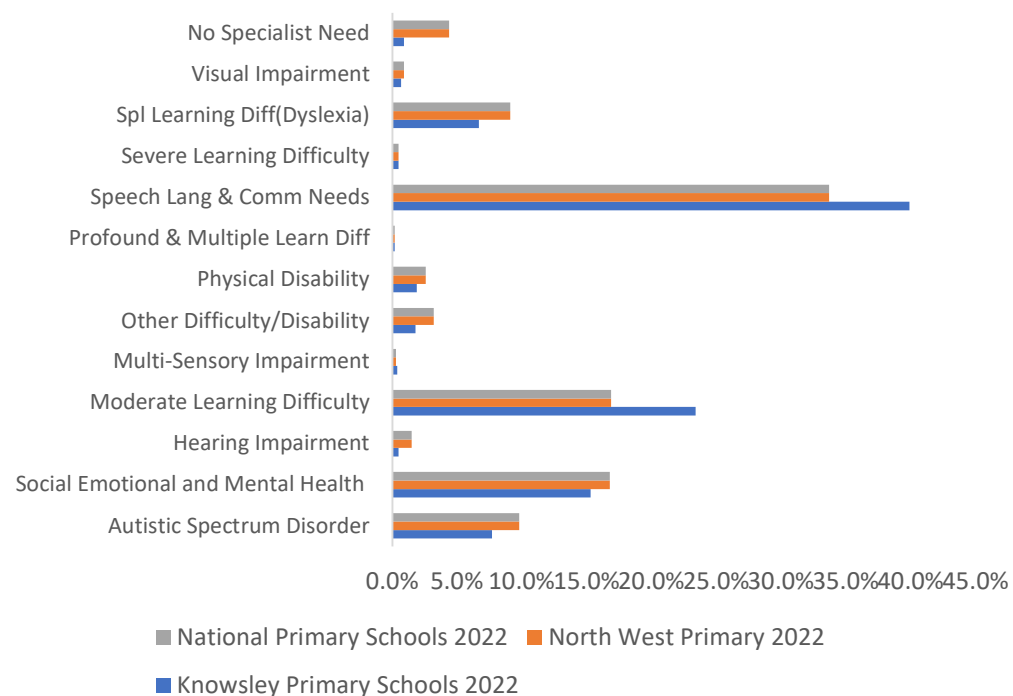
The biggest decrease in proportion was Moderate Learning Difficulty which represented 43.2% in 2018 and 23.4% in 2022. This still much higher than the regional and England averages (16.9%).

The highest need of those attending a Knowsley Special School is Autistic Spectrum Disorder 32.6% which is lower than the North West (35.4%) and National averages (33.7%). Knowsley has seen a reduction in this type of need from 37% in 2018. The biggest need increase since 2018 is Speech, Language, and communication from 5.5% to 11.1% in 2022.

The Impact of COVID-19

The impact on children with SEND, is not yet fully understood or known, but there are significant risks in the future. This includes the impact of disruptions in education and whether this widens the inequalities experienced between children, and how this affects longer term confidence and prospects for children. The impact on reduced opportunities for socialisation for children may well be significant, alongside the more limited opportunities that families had for interaction with professionals at early stages in child development, could lead to greater lags in identification and support at lower levels of need.

Chart 15: Percentage of Children and Young People in Primary School with each primary type of need who are identified with SEND 2022



Children with SEND in Northwood

There are 229 children and young people living in Northwood and attending a school/college in Northwood who have an Education, Health and Care Plan (EHCP).

78.2% of young people with EHCPs in Northwood were boys, this is higher than the Knowsley average (73.8%).

As to why this is the case research is inconclusive and insufficient to offer a universally accepted reason(s) though theories broadly fall into biological, behavioural differences and bias.

Of these 8 are aged under four years, 72 are aged between five -10 years old and ten years, 87 aged eleven to fifteen years, 48 between sixteen and nineteen years and 14 aged between twenty and twenty-five years.

The most common types of need are:

- Autistic Spectrum Condition (22.3%)
- Social Emotional and Mental Health Difficulties (17.9%)
- Speech and Language Difficulties (17.9%),
- Complex Learning Difficulties (12.2%).

88 children and young people were pre-school or attending a primary school, in this age group the need was slightly different:

- 35.2% Speech and Language Difficulties,
- 26.1% Autistic Spectrum Condition,
- 10.2% Social Emotional and Mental Health Difficulties.

In response to the demand for services for children with SEND in Northwood, Northwood Community Primary school housed a local authority maintained Designated Special Provision, and a language hub.

This allows for a focus on inclusion and supporting children to access a curriculum that supports emotional, social and academic abilities.

Children in need

A child in need is any child who is unlikely to achieve or maintain a reasonable level of health or development, or who's health and development is likely to significantly be impaired. These are the most vulnerable children in society. This can include children with disabilities (this chapter will not be focusing on those with disabilities, for further information see children with SEND chapter), family disfunction, and those in unsuitable/unstable accommodation. The circumstances that lead to a child being known to children's social care are never positive and often involve a high level of family disfunction and stress. Children who are in need are more likely to have delayed school readiness, behavioural difficulties, and mental health implications. They are also 1.5X more likely to have a physical health problem. (Child in Need Plans and Reviews, n.d.)

There are a variety of risk factors which predispose children/families to become in need, these include:

- Poverty and deprivation
- Community violence
- Parental mental health
- Parental substance misuse
- Learning difficulties
- Lack of support
- Housing instability

Children's services (A quick guide to children's services, n.d.) and children's social care are responsible for supporting and protecting these vulnerable children. The way in which they are involved will vary over time and will depend on the family situation.

Universal (Level 1):

This is family targeted support that all children can access. It includes the mainstream services for low level need. For example, children's centres, midwives, health visitors, GPs.

Out of a total of 514, there were 395 families within Northwood that attended The Pride children's centre for some form of level 1 support. The next most used children's centre was The Star. The highest proportion of Northwood families that used the Universal support accessed the PEEP (Peers Early Education Partnership) activities, both baby explorers and little adventurers.

Early Help (Level 2):

Early help is family targeted support for those who need a little extra help. This help is decided by the early help assessment. Early help is optional, and the family does not have to engage if they do not want to, but it is advised to do so. The lead officer for this level of support is a professional, such as the child's teacher.

590 L2 episodes are open to families from Northwood, accounting for 14% of all L2 open episodes. This is significantly higher than the 11% of L2 episodes open in Page Moss.

Out of a total of 125 families in Northwood that accessed level 2 services, 77 attended The Pride children centre, again being the most accessed centre. They accessed a wide range of level 2 services at this centre including Language Chatterbox, Freedom Programme, and Ready Steady Grow. For full breakdowns of what services were used by Northwood families, and in which centres they were accessed see the table below.

Table 7: Group activities accessed by Northwood families 01/04/2021 to 31/03/2022

Group Activity	ACTIVITY LOCATION						Total
	Hilltop CC	Jubilee CC	New Hutte	Southmead CC	The Pride CC	The Star CC	
L1 Baby Massage					45	23	68
L1 Breastfeeding Support Group					17		17
L1 Childminder Network			1				1
L1 GTKYB (Antenatal)	3						3
L1 GTKYB (Postnatal)					3		3
L1 Mamafit (All)						8	8
L1 Mamafit (Mother & Baby)		2					2
L1 Mamafit (Pregnancy)				1			1
L1 PEEP Baby Explorers		1			169	43	213
L1 PEEP Little Adventurers	11	8			145	18	182
L1 Sensory Room					16		16
L2 Freedom Programme					19		19
L2 Language Chatterbox					14		14
L2 Language Chatterbox 1					16		16
L2 Language Chatterbox 2					4		4
L2 Parenting (UYCB)					12		12
L2 PEEP Little Adventurers				4			4
L2 Ready Steady Grow					12	6	18
L2 SEND Group						18	18
L2/3 Portage Group	20						20
Total	34	11	1	5	472	116	639

Table 8: Group activities accessed by Northwood families 01/04/2021 to 31/03/2022

Group Activity	Total Attendance to the Pride CC	Attendance to the Pride CC by Families Living in Northwood	Percentage of those attended from Northwood Families
L1 Baby Massage	180	45	25
L1 Breastfeeding Support Group	64	17	27
L1 Childminder Network			
L1 GTKYB (Antenatal)			
L1 GTKYB (Postnatal)	12	3	25
L1 Mamafit (All)			
L1 Mamafit (Mother & Baby)			
L1 Mamafit (Pregnancy)			
L1 PEEP Baby Explorers	301	169	56
L1 PEEP Little Adventurers	358	145	41
L1 Sensory Room	40	16	40
L2 Freedom Programme	67	19	28
L2 Language Chatterbox	21	14	67
L2 Language Chatterbox 1	91	16	18
L2 Language Chatterbox 2	16	4	25
L2 Parenting (UYCB)	28	12	43
L2 PEEP Little Adventurers			
L2 Ready Steady Grow	26	12	46
L2 SEND Group			
L2/3 Portage Group	142		0
Grand Total	1346	472	35

Out of the total attendance to the Pride Childrens Centre, 35% were from Northwood. Activities range from 18% (Level 2 Chatterbox 1) and 67% (Level 2 Chatterbox). There was one activity that did not have any attendances from a family living in Northwood despite having 142 overall attendances, this activity was the L2/L3 Portage Group. For L1 activities, Baby Explorers had the highest proportion of attendances from those living in Northwood at 56%.

Table 9: Percentage of families with children aged under 5 referred for targeted interventions between 01/04/2021 and 31/03/2022

Interventions	Cherryfield %	Halewood North %	Halewood South %	Northwood %	Page Moss %	Prescot North %	Prescot South %	Roby%	Shevington %	St Gabriels %	St Michaels %	Stockbridge %	Swanside %	Whiston & Cronton %	Whitefield %	Total %
9-12 month DNA	0.1%	0.0%	0.0%	0.2%	1.4%	0.2%	0.2%	0.0%	0.0%	0.0%	0.5%	0.6%	0.0%	0.4%	0.0%	0.27%
Ante/Postnatal Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.01%
Assisted Childcare	1.6%	1.3%	2.3%	2.3%	1.6%	2.0%	1.9%	0.4%	1.3%	3.3%	2.1%	1.4%	0.6%	1.1%	1.7%	1.67%
Baby Massage 1:1	1.3%	0.0%	0.5%	0.5%	0.6%	0.8%	0.0%	0.0%	0.5%	0.2%	0.0%	0.5%	0.0%	0.2%	0.7%	0.41%
EHA/TAF Contribution	0.4%	0.4%	0.2%	1.1%	0.1%	0.3%	0.2%	0.2%	1.3%	0.5%	0.3%	0.1%	0.0%	0.2%	0.9%	0.44%
EHA/TAF Initiated	0.1%	0.0%	0.0%	0.1%	0.2%	0.2%	0.2%	0.2%	0.4%	0.9%	0.2%	0.3%	0.4%	0.0%	0.4%	0.25%
Intro. to Service	2.0%	1.5%	2.2%	1.7%	1.3%	0.9%	0.8%	0.8%	1.4%	1.4%	1.9%	1.1%	1.4%	0.6%	1.1%	1.37%
L3 - EHA/TAF Contribution	0.1%	0.2%	0.0%	0.1%	0.0%	0.0%	0.2%	0.2%	0.0%	0.0%	0.2%	0.3%	0.0%	0.2%	0.0%	0.10%
L4 - Assessment Contribution	0.0%	0.2%	0.0%	0.3%	0.1%	0.0%	0.3%	0.2%	0.1%	0.0%	0.2%	0.3%	0.1%	0.4%	0.4%	0.19%
Language Support	1.7%	3.5%	4.2%	3.1%	2.5%	0.9%	1.1%	3.7%	2.6%	3.5%	2.6%	1.8%	2.2%	1.5%	2.6%	2.47%
Nurture Group	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.01%
Parenting Support	1.4%	0.6%	2.5%	2.4%	1.4%	1.4%	1.4%	2.0%	0.9%	1.8%	3.5%	1.7%	0.3%	1.3%	1.6%	1.61%
PEEP Parent/Child Course	0.0%	0.0%	0.2%	0.1%	0.5%	0.3%	0.2%	0.2%	0.0%	0.0%	0.2%	0.3%	0.1%	0.6%	0.0%	0.18%
Play in Home	0.4%	0.4%	0.0%	0.7%	0.6%	0.2%	0.3%	0.6%	0.4%	0.7%	0.3%	0.2%	0.3%	0.4%	0.4%	0.40%
Portage Support	0.6%	0.4%	0.3%	0.9%	0.4%	0.2%	0.3%	0.4%	0.3%	0.7%	0.3%	1.2%	0.0%	0.4%	0.1%	0.46%
PVI Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.01%
Ready Steady Grow	0.3%	0.2%	0.2%	0.2%	0.1%	0.2%	0.0%	0.2%	0.1%	0.2%	0.2%	0.2%	0.1%	0.4%	0.1%	0.18%
Seedlings Course	0.3%	0.6%	0.3%	0.3%	1.0%	0.2%	0.0%	0.8%	0.5%	0.9%	0.3%	0.6%	0.3%	0.2%	0.4%	0.45%
Sleep Support	0.8%	0.0%	0.2%	1.7%	1.1%	0.5%	0.8%	1.6%	1.5%	0.7%	0.9%	1.5%	0.7%	0.6%	1.4%	0.98%
Targeted Support	2.1%	2.9%	2.9%	4.0%	3.7%	2.3%	2.6%	3.5%	2.3%	3.5%	4.5%	3.8%	1.9%	1.3%	3.4%	3.02%
Grand Total	13.3%	12.1%	15.8%	20.0%	16.7%	10.3%	10.5%	15.1%	13.4%	18.3%	18.1%	16.3%	8.6%	9.6%	15.5%	14.44%

This table shows the percentage of the population in each ward, referred into the EYS for interventions. In the Northwood Ward the highest proportion of requests is for Targeted Support, closely followed by Language Support.

Table 10: Completion rates for families with children under 5 referred between 01/04/2021 to 31/03/2022

Closure Reason	Cherryfield %	Halewood North %	Halewood South %	Northwood %	Page Moss %	Prescot North %	Prescot South %	Roby %	Shevington %	St Gabriels %	St Michaels %	Stockbridge %	Swanside %	Whiston & Cronton %	Whitefield %	Grand Total %
Accepted, then Did Not Attend	8.5%		5.9%	10.3%	5.0%	4.5%	4.6%		6.5%	1.9%	7.6%	4.9%	1.7%	3.9%	7.4%	5.5%
Completed intervention	69.1%	87.3%	67.6%	51.4%	60.4%	59.7%	64.6%	74.3%	59.8%	76.9%	59.0%	64.6%	66.1%	49.0%	57.4%	63.5%
Deceased					0.7%											0.1%
Deferred to next course	2.1%			0.6%		1.5%		2.7%	0.9%						0.9%	0.5%
Engaged, didn't complete	5.3%	4.8%	6.9%	9.7%	7.2%	11.9%	6.2%	10.8%	11.2%	9.6%	7.6%	6.3%	10.2%	7.8%	3.7%	7.9%
Intervention not required	8.5%	6.3%	10.8%	22.9%	12.2%	19.4%	16.9%	9.5%	15.0%	6.7%	21.0%	18.1%	20.3%	19.6%	15.7%	15.2%
Moved away	2.1%			0.6%	4.3%		3.1%		1.9%	1.0%		3.5%		2.0%	8.3%	2.0%
Unable to make contact	4.3%	1.6%	8.8%	4.6%	10.1%	3.0%	4.6%	2.7%	4.7%	3.8%	4.8%	2.8%	1.7%	17.6%	6.5%	5.4%

This data shows that Northwood has a lower take up of interventions after referral into the Early Years Service. Northwood also scores low on the number of families who complete interventions.

Targeted Early help (Level 3):

This is the final stage of family targeted support given through the family first team. It is aimed at children with multiple or complex needs and a more targeted approach is taken e.g. education health and care plan. Again this level is not a statutory requirement, so the family is not required to engage. A family has around 3 months within this stage, if the need doesn't improve or it escalates further, the child will progress to level 4. Levels 1-3 are all forms of preventative measures.

256 L3 episodes are open with families from Northwood, accounting for 13% of the total L3 episodes open. This is similar to Stockbridge, which are 247 L3 episodes open.

Safeguarding (Level 4):

It is at this level that the care becomes targeted for the child rather than the family as a whole. This level is for children who have acute needs/risks, e.g. neglect or abuse, and require support from children's social care. When a child is referred to this level of need, a family and child assessment takes place (can take up to 45 days to complete) before providing them with the most suitable level of support. The support provided is dependent on the child's needs:

- Child in need - more mild cases
- Child protection plan – more intense work with a social care worker
- Child looked after – usually court ordered.

Level 4 is also a statutory requirement and therefore the family must engage with the services. There are around 1200 children in Knowsley currently within level 4.

- 15.5% of cared for children (CLA) in Knowsley are from Northwood, a much higher proportion than Knowsley as a whole. This is significant both in terms of the likely impact on children in care placements, and an impact on resources and costs.
- 14.5% of children on a Child Protection Plan are from Northwood, this is the second highest in Knowsley.
- These figures show both the risks and seriousness of social care cases in Northwood.

Of the 52 cared for children in Northwood:

- 92% were previously on a child protection plan (compared to 72% for all Knowsley cared for children).
- 52% are aged 10 to 15 years old, compared to 36% in this age group for Knowsley. This is significant, if these children stay in care placements throughout their teenage years, they are more likely to generate significant costs with placements for older children being more expensive.
- There are fewer younger cared for children from Northwood, compared to the rest of Knowsley, which considering the increase in the under 10 population in Northwood in the last 10-years, is a positive.

Care experienced person:

These are people who have previously been looked after but have now left the system. At the age of 16+ this transition begins. A child can be looked after until the age of 18 (for children with send, this is 25).

There are currently 171 care experienced people in Knowsley, 9 of which currently live in Northwood. For all of those which live in Knowsley 91% are in suitable accommodation and 44% are currently in education, employment or training. In Northwood, 100% are in suitable accommodation, however, only 33% for those living in Northwood.

When looking at where the care experienced person came into care from, Northwood has the highest proportion out of all the wards (total of 30 people). This suggests that care experienced people are more likely to come from Northwood when they enter care but move elsewhere during or after care.

Figure 2: Four Types of Support in Knowsley (KMBC)



Multi-Agency Safeguarding Hub (MASH):

MASH is a partnership organisation made up of over 40 staff from the council and partner agencies. They provide a 'first point of contact' for new enquires enabling the public and professionals to raise concerns about a child or adult at risk to the following agencies:

- Children's Social Care (CSC)
- Family First Service (FF)
- Adult Social Care (ASC)

Reasons for referrals into MASH can vary, for example neglect, sexual abuse, domestic abuse, child exploitation, missing from home or care.

As of March 2023, there were 720 children referred to the MASH in Northwood, this makes up 13% of all referrals in the borough. It is important to note that some children have been referred into the mash multiple times. Children in Northwood are more likely to be referred into the MASH more than once, compared to other wards in the borough. The most times a child from Northwood has been referred into the MASH is 11.

720 CSC contacts came from Northwood, accounting for 13% of all demand in Knowsley, and higher than any other ward in Knowsley. This is significantly higher than Page Moss (583 contacts, 10% of all contacts), and Stockbridge (582 contacts, 10% of all contacts). These are the three most deprived wards in Knowsley, they have a younger population and more families compared to the Knowsley average.

Of the 720 contacts, the top five primary category reasons for Northwood and Knowsley are:

Table 11: The top five primary category reasons for Northwood and Knowsley

Primary Category Northwood			Primary Category Knowsley		
	No	%		No	%
Domestic Abuse	169	23%	Domestic Abuse	1525	27%
Neglect	164	23%	Neglect	1047	18%
Physical Abuse	68	9%	Family in Acute Stress	555	10%
Criminality	66	9%	Physical Abuse	542	9%
Sexual Abuse	63	9%	Sexual Abuse	472	8%

While Northwood is broadly in line with Knowsley as a whole. Northwood a higher proportion of neglect cases as a proportion than Knowsley. Northwood accounts for 11% of all CSC contacts for domestic abuse, which is the highest amount in Knowsley, even though at 23% the proportion is lower Northwood v Knowsley. Significant difference between the top two categories of domestic abuse and neglect, and the other reasons for contacts. Some of this will be masked by multiple factors in complex families, but a focus on domestic abuse support and on neglect from the earliest point with families has the potential to make the greatest difference.

Table 12: Sources of contact for Northwood and Knowsley.

Source of contact Northwood			Source of contact Knowsley		
	No	%		No	%
Police	254	35%	Police	1823	32%
(blank)	160	22%	(blank)	1366	24%
Knowsley Primary School	37	5%	Knowsley Primary School	350	6%
Probation	35	5%	Hospital A&E	248	4%
Knowsley Secondary School	32	4%	Knowsley Secondary School	242	4%

Sources of contact is again similar to Knowsley as a whole. Hospital A&E is 7th highest source for Northwood contacts accounting for 3% of all cases, and it is worthwhile noting that (along with all wards in Knowsley) Northwood has a high rate of hospital admissions for injuries in children under 15 – rate of 126.2 per 100,000 compared to 92.0 per 100,000 nationally. So while the demand might not be reflected in CSC figures, there is a significant issue with injuries and hospital admissions for children in Northwood.

Table 13: Outcomes from referrals for Northwood and Knowsley

Outcomes Northwood Contacts			Outcomes Knowsley contacts		
	No	%		No	%
No Further Action	291	40%	No Further Action	2542	44%
Referral to EHM	271	38%	Referral to EHM	1964	34%
Progress to Referral	153	21%	Progress to Referral	1215	21%
CSC Court Reports Episode	4	1%	Link to Existing Referral	10	0%
Link to Existing Referral	1	0%	CSC Court Reports Episode	5	0%
Grand Total	720	100%	Grand Total	5736	100%

Northwood has a lower proportion of CSC contacts that lead to no further action, indicating the seriousness of the cases that come to the attention of services from Northwood. It has a higher proportion are referred to early help than Knowsley, which aligns with the high levels of domestic abuse in Northwood cases. 12.5% of all cases that progress to a CSC referral are from Northwood, this is the highest number from any ward in Knowsley – but proportionally lower than Page Moss (24%) and Stockbridge (25%).

At contact, demand from Northwood is high and with demand being driven by domestic abuse and neglect, these are complex issues that lend themselves to proactive and preventative actions to protect children and families earlier.

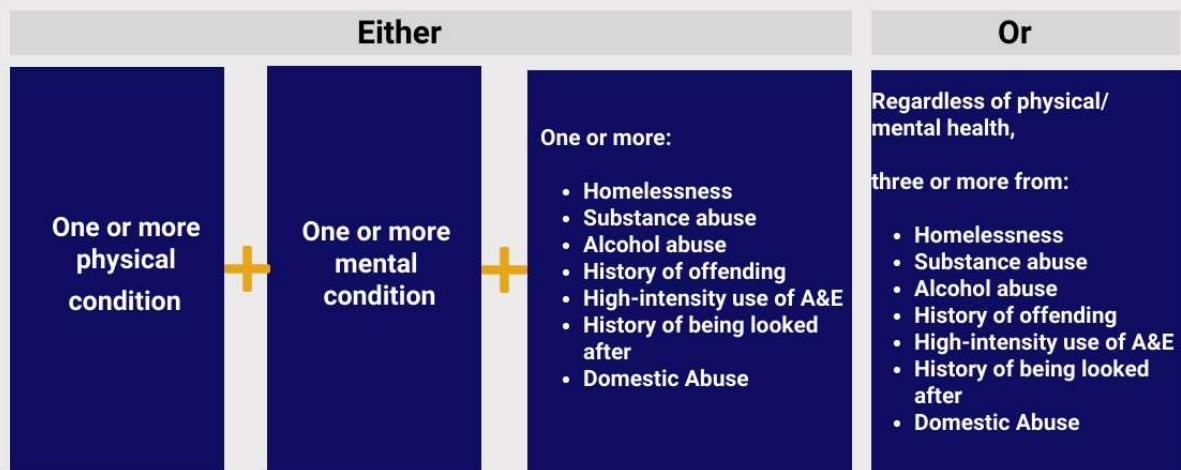
Complex Lives (The Strategy Unit, n.d.)

System P is a Cheshire & Merseyside ICS funded programme, which commenced in September 2021. This initial phase ran until to the end of March 2023. The programme uses Bridges to Health segmentation methodology, which has been endorsed by NHS England. Segmentation aims to categorise the population according to health status, health care needs and priorities. This methodology identifies groups of people who share characteristics that influence the way they interact with health and care services.

Focus in the first phase of System P is around the Complex Lives and Frailty & Dementia segments. Insight packs were made available for each of these segments, for each CCG across Cheshire & Merseyside.

How are the Complex Lives segment defined

People are defined as belonging to the Complex Lives if they have:



Northwood was identified as having some of the highest density of people living with Complex Lives

Complex Lives Cohort in Knowsley

- In what was Knowsley Clinical Commissioning Group (CCG) 825 individuals (0.5% of the population) were identified as belonging to the Complex Lives segment.
- The mean average age was 46 years, but the highest number of females were in the 40-46 age group and males 50-54 years. 54% were male and 46% female.
- 80% lived in the most deprived 10% of areas compared to a CCG average of 66%.
- Substance Abuse represented the highest factor within the definition of complex lives.
- 40% of people in the cohort had the long-term health condition Chronic Obstructive Pulmonary Disease (COPD), approximately 23% Gastroenterology conditions and approximately 21% Asthma, this was far higher than the CCG population average.

- In a year 65% of people in the Complex Lives segment attend an A&E service. For the total population the same figure is 24%. When attending A&E services the average cost per attendance is £156 for those in the Complex Lives segment. This is 7% higher than the average cost per attendance for the total population.
- 63% of people had a contact with mental health services in a year, compared to 4% in the total population.
- On average they had 9.1 mental health contacts, much higher than 0.4 contacts for the total population.
- Those in the Complex Lives segment were found to be living with on average, 1.6 other people. Therefore, beyond the Complex Lives individuals already identified, an additional estimated 1,299 people are also affected by Complex Lives. A number of these will be children.
- 25% or 190 people were identified as living in a household with someone under 18.
- **Northwood** along with Whitefield and Stockbridge were identified as having some of the highest density of people living with Complex Lives.

Households with Complex Needs (The Strategy Unit, n.d.)



Based on GP records, there were 1,580 households with children in Northwood, of which 156 had complex needs. These households with complex needs included 639 people (296 children and 343 adults). This 10% of families accounted for 34% of health and social care costs for families with children in Northwood alone. This was £2 million in total.

Parental alcohol/substance misuse

Substance misuse during pregnancy

Substance misuse (including alcohol use, misuse of prescription drugs and illicit drug use) during pregnancy can have serious health consequences for the baby. Within the womb during pregnancy, the placenta acts as a filter to protect the baby. However, these harmful substances can easily pass through the placenta and into the baby's blood stream. The effects of this can be long-lasting and fatal, including causing the baby to become preterm, foetal growth restriction, and development disorders. (NCMD, The Contribution of Newborn Health to Child Mortality across England, 2022)

Domestic abuse

Vulnerable families/Adverse childhood experiences and parental conflict:

There is no universally accepted definition of a vulnerable family and is mainly up to interpretation. However, it most commonly families in a complex situation and includes parents with a disability, families experiencing housing difficulties, culturally/linguistically diverse families, families experiencing conflict/domestic violence. (Wiezorek, 2016)

ACES encompass forms of physical and emotional abuse, household dysfunction and neglect experienced in childhood. These experiences during the developmental stages of life can have long-lasting affects into adulthood and predispose a person to mental and physical illness, future perpetration/violence, victimisation, and poor mental health ⁽¹²⁾. The more ACES experienced, the greater the risk of these outcomes ⁽¹⁵⁾. (What Are the 10 ACEs of Trauma & How Can You Begin to Face Them?, n.d.)

Incarceration - A family member incarcerated can have a huge impact on the whole family. For an expectant mother, having a partner in prison can have both a physical and mental impact on both the mother and baby, particularly an increase in stress levels. Having a parent incarcerated can pose a threat to the child's emotional, physical, educational, and financial well-being. It increases the risk of antisocial behaviour, exclusion from school, criminal activity, economic hardship, and psychological strain. (Hidden Consequences: The Impact of Incarceration on Dependent Children)

Physical, sexual, emotional abuse, and neglect – all four forms of abuse can have huge impacts on a child's health, wellbeing, development, and relationships. These effects are short term as well as long term and lifelong. These children are at an increased risk of growing up finding it harder to deal with stress or forming relationships with partners or their own children. They are also at an increased risk of mental health conditions which may lead to self-harming, substance abuse, or engaging in antisocial behaviour. (nspcc, n.d.)

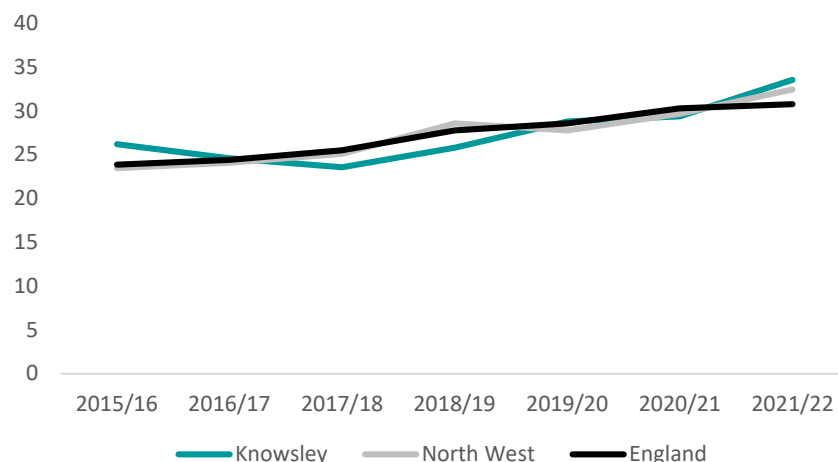
Mental illness - Parents with mental health conditions may face additional difficulties. These difficulties vary on the severity of the condition, and the effect on the child, however extra support may be needed. If this support isn't received the children of the parents may experience negative effects such as stress/worry about their parent, may not receive the care they need or may take over the carer role, or find it hard socialising/building relationship. (Parenting and mental health, n.d.)

Divorce – UK statistics show that at least half of all couples that get a divorce have at least one dependent child, 20% of which are under five. Children can be really affected by divorce, and it can lead to anger, anxiety, confusion and feelings of being lost. It can also change the family dynamic and the child may experience feelings such as being “caught in

the middle”. The implications of divorce can often cause financial strain on the family and increases the risk of childhood poverty. (Effects of divorce on children, n.d.)

Parental substance misuse (PSM) – A child that experiences an adult who misuses drugs or alcohol can experience adverse health and wellbeing outcomes. Firstly PSM may affect the family relationship and dynamic which may lead to tension or conflict in the family setting. It can also affect the child’s attachment and bonding, as well as both their short term and long term development. It increases the child’s risk of both emotional and physical neglect, and reduces the child’s level of safety both at home and outside of the house. (Taylor, 2013)

Chart 16: Domestic Abuse Related Incidents and Crimes Knowsley, North West and England 2015/16 to 2021/22



Domestic abuse, also referred to as domestic violence, is a behaviour pattern where an abuser aims to control their partner. Characteristics of

domestic abuse include being possessive, physically harming, pressuring them into sexual activity, or anger/intimidation. This can take place inside or outside of the home, or virtually (e.g. over the phone). (What is abuse?, n.d.) (Society, n.d.) Domestic abuse during pregnancy can put both the mother and the unborn child at risk. It can increase the risk of preterm birth, miscarriage, infection, and injury. The stress and psychological strain can also affect the baby’s development. (NHS, n.d.)

Risk factors include but are not limited to:

Adverse childhood experiences (ACE) – there are links between ACES and both perpetration and victimisation of domestic abuse due to the complex trauma that can occur from these adverse experiences.

Substance misuse - substance misuse can be the reason for perpetrators to “lose control” which results in violence. However, it can also be used as a tactic for controlling their victim e.g., the victim becomes dependent on the substance that the perpetrator provides.

Deprivation - Vulnerability to DA is associated with low income, economic strain and benefit receipt. The serious effects of partner violence disproportionately affect women as a result of gendered patterns of economic and social ‘dependency’. (University of Bristol, n.d.)

Poverty can increase women’s vulnerability to domestic violence and can also be a consequence of fleeing from an abusive relationship. (WBG)

Pregnancy - Approximately 30% of domestic violence starts or escalates in pregnancy. For many pregnant women, attendance for antenatal care may serve as the first opportunity to disclose domestic violence. (MBRRACE UK)

Disability - disabled people are an estimated 2.5 x times more likely to experience domestic abuse than those without disabilities.

Age - approximately one-third of young people in the UK have suffered intimate partner violence and abuse (IPVA) on reaching adulthood. Being a young mother also increases the risk of experiencing DA. (Risk factors for intimate partner violence and abuse among adolescents and young adults: findings from a UK population-based cohort)

Knowsley domestic violence rates have consistently been similar to the rest of England, with a slight increase of incidents in the last few years. However, for the most recent reporting period, Knowsley has taken a slightly bigger increase than the Northwest and England.

What proportion of children are exposed to domestic abuse in Northwood?

From looking at those who have been reported to children's social care within Northwood, the top reason for being reported was domestic abuse within the family (23%). This is slightly lower than other areas, but it must be noted that this is only the primary reasons so could still be taking place and domestic abuse can often go unreported. See section on children in need for further details.

Parental conflict

Conflict occurs in every relationship but in extreme situations can lead to serious anger between partners or ex partners which can become disruptive and put the child's mental health at risk. The behaviours often experienced are aggression, mental abuse (e.g. the silent treatment or emotional control), non-verbal conflict, and a lack of respect. These situations often end in a lack of resolution. (Anna Freud, n.d.) Parental conflict differs from domestic abuse as both parties are perpetrators of the aggression and it does not involve one party dominating the other.

Parental conflict often goes unreported, and it can often be hidden within families.

A widescale review of literature on the effects of parental conflict on children's development has found that the effects can be both short-term and long-term. The child may experience a range of psychological repercussions including hardship constructing relationships, low self-esteem, mental health conditions such as anxiety, depression, along with other distressing symptoms. Children who experience severe parental conflict are predisposed to having unhealthy relationships with alcohol and drugs, more likely to be pro-violence, more likely to have a high tolerance for violence, and develop anti-social behaviour.

The risk factors for experiencing parental conflict are similar to those for domestic abuse and can include any number of life stressors that lead to arguments within a relationship. This includes but is not limited to:

A new baby – having a baby can often cause strain on a relationship, often the parents are experiencing tiredness, having less personal time or time spent alone together, one person may feel they are doing more of the caring responsibilities and become resentful. (NHS, Relationships after having a baby, n.d.)

Having an **unplanned or unwanted pregnancy** creates a 2.8 times increase in the relationship risk of intimate partner violence. (WHO, n.d.)

Bereavement – a person that experiences a bereavement may take out their anger and grief on those around them, this is especially a risk factor if the parents grieve in different ways to each other. They may also experience financial worries or need to make funeral arrangements which add extra stresses at a difficult and emotional time. (Coping With Family Fighting After a Death, n.d.)

Separation or divorce – often during times of separation or divorce misunderstandings, resentments, and differences can fuel conflicts between partners. (Separation as a Cause of Conflict and Violence, n.d.)

Financial difficulties – the stressors associated with deprivation or financial disagreements have been identified as a severe source of conflict in adult relationships. (Financial Behaviors, Couple-Level Conflict, and Adolescent Relationship Abuse: Longitudinal Results from a Nationally Representative Sample, n.d.)

Substance misuse – often people that misuse substances have trouble staying organised, keeping consistent and struggle giving enough attention or affection to their child. It may also increase the risk of financial difficulties/disagreements within the family. These factors can all have an impact on the relationship between the parents and may lead to conflict. (NSPCC, n.d.)

COVID-19 (Early Intervention Foundation, n.d.)– Covid-19 amplified parental conflict issues within families. Families were having to navigate lockdowns, spending more time confined to the same space, often worried about their own health or that of loved ones, and with the added complications of home schooling, loss of jobs, etc. Some of the stressors cause by COVID-19 are still widely seen within families such as working from home and therefore spending more time in a household. (Wirral Safeguarding Children Partnership, n.d.)

Mental Health

Mental Health in Northwood (CIPHA, n.d.)

Northwood has a high prevalence of people experiencing mental health problems.

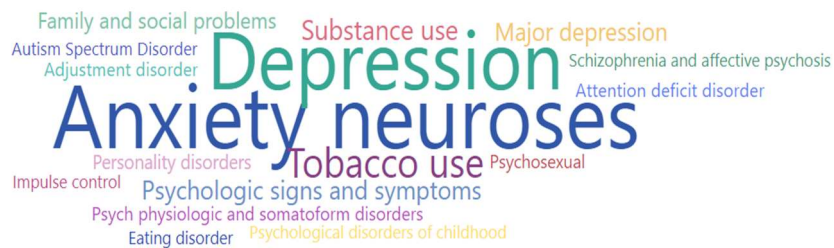
Based on GP records 2,755 people are experiencing mental health problems in Northwood.

Northwood has the highest total mental health^{iv} rate per 100,000 at 23,877.6, or just over 1 in 4 people registered with a GP, this compares to 18,929.4 Knowsley average.

The rate of people with serious mental health problems is 1,568.7 per 100,000 population, higher than the Knowsley average of 1,141.3 per 100,000 population, this is the third highest in Knowsley.

The suicide cohort rate is the highest in Knowsley and well above the Knowsley average^v. (CIPHA, n.d.)

Northwood had the second highest rate of Emergency hospital admissions for intentional self-harm (standardised admission ratio 2016/17 – 2020/21) in Knowsley 255.5, compared to 184.1. Two and half times than the England rate (a baseline of 100 is used to represent England anything above is worse). (Fingertips)



(Centre for Mental Health, n.d.)

Inequalities in Mental Health

There are many determinants in our lives that influence our mental health:

from positive parenting and a safe place to live, to experiencing abuse, oppression, discrimination or growing up in poverty.

Determinants of mental health interact with inequalities in society, putting some people at a far higher risk of poor mental health than others.

Children and young people with a learning disability are three times more likely than average to have a mental health problem (Lavis et al, 2019)



Women are ten times as likely as men to have experienced extensive physical and sexual abuse during their lives: of those who have, 36% have attempted suicide, 22% have self-harmed and 21% have been homeless (Scott and McManus, 2016)



Children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20% (Morrison Gutman et al, 2015)

Parental mental health

Figure 3: Perinatal, parent infant and early years mental health services and system, North West Coast Clinical Networks. (Dr Beth Luxmoore, 2022)

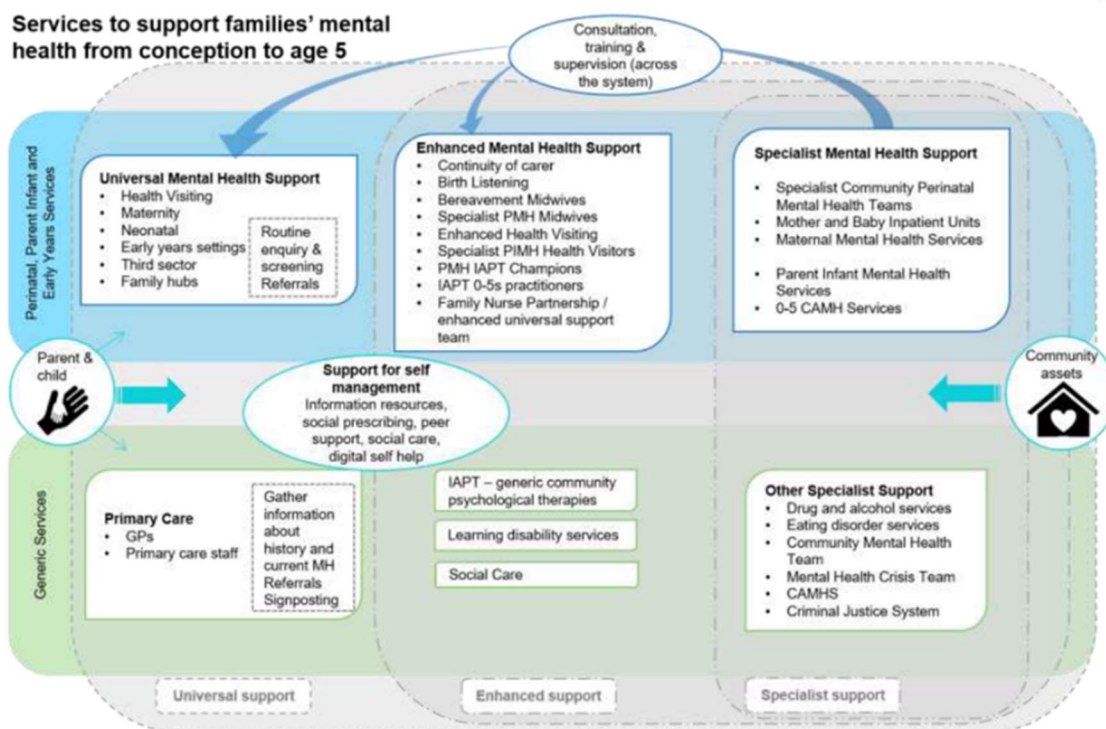


Table 14: A summary of the universal and specialist services available to families from conception to age 5 In Cheshire and Merseyside by Clinical Commissioning Group (Dr Beth Luxmoore, 2022)

Cheshire and Merseyside	Parent Infant MH Service	0-5s pathway in CAMHs	IAPT 0-5s	iHV PIMH Champions in IAPT	Health Visiting	Specialist Perinatal MH Health Visitors	Children's Centres / Family Hubs	Antenatal education Provision	Specialist PMH Midwives	Specialist Perinatal MH Service	Maternal MH Service
Cheshire	R	R	R	A	G	G	G	A	G	A	R
Halton	A	R	R	A	G	G	A	A	R	A	B
Knowsley	A	R	G	A	G	R	A	A	G	A	R
Liverpool	A	A	A	A	G	R	G	A	G	A	B
South Sefton	A	R	G	A	G	A	A	A	G	A	R
Southport & Formby	A	R	G	A	G	A	A	A	G	A	R
St. Helen's	R	R	R	A	G	R	A	A	G	A	R
Warrington	A	R	R	A	G	R	A	A	R	A	R
Wirral	R	B	B	A	G	G	A	A	G	A	B
Full provision (G)	Concordant with national or best practice guidelines for that area (see references) and funding is stable.										
Some provision (A)	Some provision, but does not meet best practice guidelines, is limited in capacity and/or has short-term funding.										
No provision (R)	No provision.										
In development (B)	Services or initiatives are currently in development at time of writing (May 2022)										

IAPT - NHS Talking Therapies, for anxiety and depression programme (formerly known as Improving Access to Psychological Therapies, IAPT)

Perinatal mental health and parent child relationship



There are many reasons why women might develop or be at risk of developing mental health problems, some may have clear causes such as postnatal PTSD caused by difficult experiences whilst giving birth. For most women it may be a combination of factors.

Perinatal mental health (PMH) affects up to 20% of expectant or new mothers. It is when a mental health condition occurs during pregnancy or in the first year following the birth of a child. (NHS, Perinatal mental

health, n.d.) Having a baby can come with a range of an emotions, however, if the effect of these emotions has an effect on everyday life it may be a perinatal mental health condition. This can include perinatal depression, anxiety, OCD, psychosis and PTSD. There is also an association with PMH and eating disorders. (Mind, n.d.) These mental health conditions often occur comorbidly with other physical and mental conditions.

Perinatal Mental Health

What is a perinatal Mental problem?

A perinatal mental health problem is one that you experience any time from becoming pregnant up to a year after you give birth.

1 in 5

Women experience a mental health problem during or after they have birth



Mental health problems are the leading cause of death in pregnancy and 12 months after birth

Common Perinatal Mental Health Problems

Perinatal psychosis

Perinatal OCD

Perinatal depression

Perinatal anxiety



Perinatal PTSD

Perinatal, parent and infant mental health in Knowsley

(Knowsley Early Years, n.d.)

Building Attachment and Bonds Service (BABS)

Mersey Care BABS (Building Attachment and Bonds Service) is a specialist Parent Infant Mental Health (PIMH) service that supports vulnerable parents and infants to build secure attachments and bonds and to break negative life cycles. BABS services are currently commissioned in Knowsley and one other of Cheshire and Merseyside (Sefton). The services offers parents and infants easy to engage, therapeutic interventions during the '1001 critical days' – antenatal/postnatal period. BABS supports parents and infants with their mental health, bond and relationship and helps parents to separate their own challenges (such as Adverse Childhood Experiences, mental health, insecure attachment) which can impact the relationship they have with their child.

Specialist community perinatal mental health services cover all areas across Cheshire and Merseyside and is provided through a partnership between Cheshire and Wirral Partnership Trust and Mersey Care Foundation Trust. Organised into three multi-disciplinary teams, the service provides multi-disciplinary assessment, formulation and diagnosis, and interventions to women with moderate to severe mental health difficulties during pregnancy and until baby is two years old.

The perinatal psychological professions workforce comprises Clinical Psychologists, Systemic Family Therapists, Systemic Family Practitioners, and Assistant Psychologists. The service offers a range of psychological therapies organised through a 'matched care' model of psychological care. Formulation-driven care is the cornerstone of the model, with explicit emphasis on consent and informed choice, in line with Trauma

Informed Care approaches in NHS. A person is matched to least intensive evidence-based intervention that will bring about most significant mental health gains within a single episode of care. Many women and families present in a complex way, and the type of intervention offered is guided by a range of factors including the evidence-base, the woman's understanding of her difficulties and relationship with baby, readiness for change, and what aspects of presentation require prioritising. To upskill the wider team, share psychological resources and deliver trauma informed care, psychological work is offered in the perinatal team in terms of Levels 1, 2 and 3. The following dyadic and family relationship-based interventions and psychological therapies are available to mothers, babies, couples and families.

All CYPMH Services in C&M are commissioned to deliver services for the 0-5 cohort. However, the rate of referrals into services for this age group is generally low.

Knowsley CYPMHS works with children and young people aged 0-18 years. For children under five referred into the service, a holistic approach is adopted to work closely with other agencies to ensure the most appropriate support is offered. This may include liaising with clinical partners around neuro-developmental difficulties or engaging with social care and early help teams for those presenting with difficulties due to social circumstances. At times, children under five are supported where there is a learning difficulty need and medication is required, working closely with multi-agency partners to ensure the correct positive behaviour support is in place before prescribing medication.

In all areas of Cheshire and Merseyside, universal mental health screening and support is delivered through the standardised offer of antenatal,

postnatal and health visitor contacts, often known as the Healthy Child Programme, provided through Local Authorities.

In Knowsley, a universal integrated pathway has been developed that includes Infant Mental Health and Communication alongside other elements such as sleep, baby weight and exercise. In Knowsley, the Solihull Parenting Course is offered to parents of children under two. This nationally recognised model focuses on reciprocity and responsive care giving. In Knowsley there are also antenatal and postnatal programmes that are co-delivered with Parent Infant Mental Health Service (PIMHS) and IAPT practitioners.

Knowsley also offer a baby massage programme, all practitioners are qualified international association of infant massage instructors. As well as teaching massage techniques, it teaches parents/carers how to respond to baby's emotions which is beneficial for attachment and mental health. This course has been very successful and received good levels of take up. One of the reasons for high take ups is that parents are send text messages when birth data is received offering this course.

Online Solihull Parenting courses are available to Knowsley residents and are now funded through family hubs for the next 5 years. 'Understanding your child' is the core parenting course for and covers children aged 6 months to 19 years. It is also available in a version for parents with children with additional needs. 'Understanding your child's mental health' is a slightly different format based around the core course. The course is available in multiple languages and has the advantage of being accessed at a time and place that suits the user. This course was originally funded via the Better Mental Health Fund and was evaluated as part of that project evaluation submitted to Office for Health Improvement and Disparities.



20:20 Vision
Seeing the world
through babies' eyes
#IMHAW2020

What is Infant Mental Health? Why does it matter?



Infant mental health describes the social and emotional wellbeing and development of children in the earliest years of life.

Sensitive, responsive and trusted relationships are fundamental to infant mental health. Parents and caregivers help babies to learn how to experience, manage and express their emotions, and to feel safe to explore the world.



Although children's futures are not determined by the age of two, severe and persistent problems in early relationships and emotional development can have pervasive and lifelong impacts on a range of outcomes.

Because the first 1001 days are a period of rapid development, early experiences affect not only babies' emotional wellbeing now but also influences how their bodies and brains develop.



Good infant mental health:

- enables young children to **feel safe and secure**, ready to play, explore and learn as they enter early education and school;
- increases the chances of babies **achieving their potential** in later life and **contributing to society and the economy** as adults;
- lays the groundwork for children's ongoing **social and emotional development**, including resilience and adaptability - key competencies that will help them to **thrive**;
- helps children to **develop behavioural and physiological regulation** which are linked to lifelong physical and mental health and wellbeing;
- gives babies the **skills to form trusting relationships** which are essential for living a healthy and fulfilling life.



It's very important to **promote emotional wellbeing and development** and to provide support to families if they experience difficulties in parent-infant relationships.

Good infant mental health promotes positive outcomes throughout a person's life and influences how they parent their own children. **Investing in infant mental health pays dividends for generations to come.**



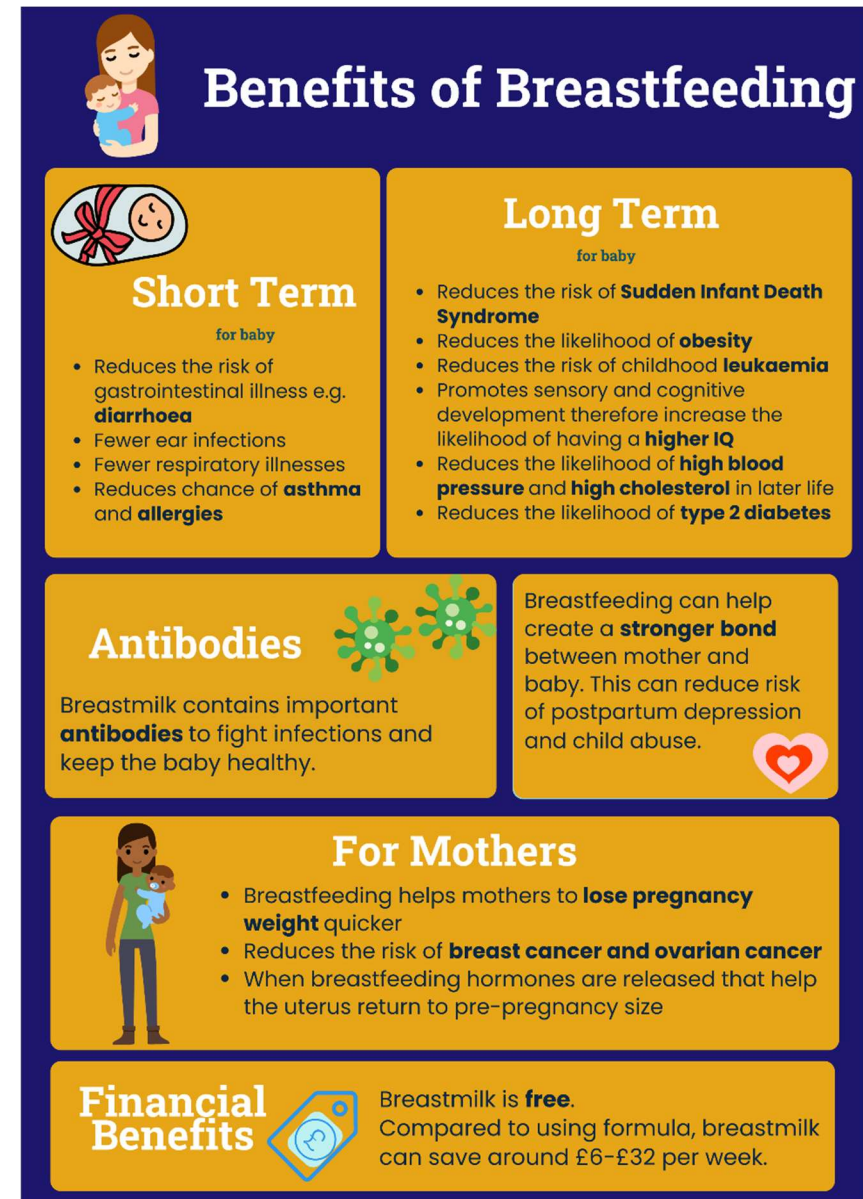
<https://1001days.org.uk/resources>

Infant feeding


Breast milk is safe, clean, free, and in the first six months of life solely provides all the nutrients needed for protection and development. The current breastfeeding recommendations produced by the World Health Organisation (WHO) suggests exclusively breastfeeding for six months after delivery. After which continue breastfeeding until the child is two years old and beyond but used in conjunction with the appropriate complementary foods. (WHO, n.d.) Breastfeeding has a range of long term and short-term health benefits for mother and baby. For the mother these include reducing the risk of breast and ovarian cancer and helps to lose pregnancy weight. For the baby this includes reducing gastrointestinal illness, reducing risk of SIDS and leukaemia, reduces likelihood of obesity and contains the antibodies needed to fight infection. (Unicef) The economic benefits stretch far beyond that of the immediate user. UNICEF reported in 2014 that a moderate increase in breastfeeding throughout England is estimated to save the NHS £50 million per year, however, the true figure is likely to be much more. (Unicef, n.d.) These savings would be attributed to the reduction in hospital admissions, reduction in GP consultations, and saving of resources. (Unicef, Benefits of breastfeeding, n.d.)

Based on data for 2022/23 Northwood had the second lowest breastfeeding (partial and exclusively) proportion at 6-8 week in Knowsley at 21.9%^{vii}, or just over 1 in 5 mothers in Northwood, this compared to 50.2% in the highest ward. This compares to 49.2% in England overall in 2020/21.


For exclusive breastfeeding at 6-8 weeks Northwood had the lowest proportion (13.2% or just over one in ten)



Benefits of Breastfeeding



Short Term
for baby




- Reduces the risk of gastrointestinal illness e.g. **diarrhoea**
- Fewer ear infections
- Fewer respiratory illnesses
- Reduces chance of **asthma** and **allergies**

Long Term
for baby


- Reduces the risk of **Sudden Infant Death Syndrome**
- Reduces the likelihood of **obesity**
- Reduces the risk of childhood **leukaemia**
- Promotes sensory and cognitive development therefore increase the likelihood of having a **higher IQ**
- Reduces the likelihood of **high blood pressure** and **high cholesterol** in later life
- Reduces the likelihood of **type 2 diabetes**

Antibodies




Breastmilk contains important **antibodies** to fight infections and keep the baby healthy.

Breastfeeding can help create a **stronger bond** between mother and baby. This can reduce risk of postpartum depression and child abuse.




For Mothers



- Breastfeeding helps mothers to **lose pregnancy weight** quicker
- Reduces the risk of **breast cancer and ovarian cancer**
- When breastfeeding hormones are released that help the uterus return to pre-pregnancy size

Financial Benefits



Breastmilk is **free**. Compared to using formula, breastmilk can save around £6-£32 per week.

What Factors Influence Breastfeeding

There is a strong association between maternal age and breastfeeding. As the maternal age increases, the likelihood of breastfeeding initiation and maintenance increases. Mothers aged 35 or over are 6% more likely to use breast milk for the babies first feed and 5% more likely to continue breastfeeding for six to eight weeks after birth than under. (Factors associated with breastfeeding in England: an analysis by primary care trust) On average, Northwood mothers tend to have their children younger (average 27 years old), therefore, this would indicate a lower than average breastfeeding rate for both initial and maintenance feeding.

Within the UK, the highest rates for breastfeeding are among Black and Minority Ethnic (BME) mothers. This is significantly higher for both initiation of breastfeeding and maintenance. The UK Infant Feeding Survey 2010 found that 96% of black mothers initiated breastfeeding compared to 79% of white mothers. At six to eight weeks, 89% of black mothers continued to breastfeed compared to 65% of white mothers. (NHS Digital) Many studies have suggested this difference can be attributed to traditional cultural factors. (Racial and Ethnic Differences in Breastfeeding) Compared to the national average, Knowsley and Northwood have significantly lower BME women and therefore, less BME mothers. This suggests that Northwood mothers are up to 17% less likely to initiate breastfeeding.

There is a huge volume of evidence for deprivation affecting breastfeeding rates in the UK. The Primary Care Trust (2013) found that when comparing the most to the least deprived quintiles of the UK, there was a 21-32% reduction in breastfeeding rates. This suggests that women living in deprivation are statistically less likely to breastfeed ⁽¹⁶⁾. All of Northwood falls within the most deprived 30% according to the IMD. This suggests that again Northwood mothers are up to 32% less likely to breastfeed.

The current NHS guidance around pregnancy/breastfeeding and smoking is to stop smoking before – or as soon as – you get pregnant in order to have a safer pregnancy and a healthier baby. However, it is advised that if you cannot quit smoking, breastfeeding should still be conducted. This is because the benefits of the breast milk outweigh the risks from smoking ⁽²⁰⁾. However, women who smoke are still less likely to breastfeed. From a sample of women who smoked previously to becoming pregnant, 17% did not breastfeed or stopped breastfeeding early in order to smoke ⁽²¹⁾. From observing the health data of the Northwood population coupled with the demographics of the area, it can be assumed that more people are choosing to smoke in Northwood than the national population and therefore, Northwood are more likely to have mothers smoking during pregnancy and beyond.

Poor maternal mental health is negatively associated with breastfeeding rates over time (see 'Perinatal mental health')

More information can be found in The Knowsley [Breast Feeding Needs Assessment](#) this includes some insight gathered from local mothers in Knowsley and Infant feeding volunteers. As part of the Family Hubs project more insight into this area has been planned, which is planned for late summer/early autumn.

Further Infant Feeding insight is taking place to understand the Knowsley picture and develop an infant feeding offer to mothers and families with their infant feeding choices.

Youth crime and violence



Children and young people are disproportionately more likely to be victims of crime, particularly more serious forms of crime such as child maltreatment, sexual exploitation, violent crime, gang-related crime, domestic violence, and theft.

An example of the harmful consequences children experience as the victim of crime can be seen in children that have been maltreated (this includes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment, or exploitation).

Risks include:

- Health – poor daily functioning, mental health, 2.4 times increased risk of communicable disease
- Social and behavioural - 41.2 times increase in attachment problems.
- Cognitive – 1.8 times increased risk of cognitive impairment and 1.3 times decrease in academic performance.
- Economic – 1.6 times more likely to engage in gambling and 1.4 times more likely to be unemployed in later life.

194 studies found that people who have experienced child maltreatment were an average of 1.6 times more likely to be subsequent perpetrators of violence in later time. One of these UK based studies found that this could be closer to a 10 times increase in risk.

Studies on criminal exploitation and gangs show that a child is more at risk of being recruited if:

- They've been excluded from school, they have SEN.
- Problems at home like neglect, domestic or sexual abuse.
- They have problems with their mental health.
- They live in existing gang territory.

Violence and crime not only affect those involved but also the wider community. It can have an impact on:

- The mental health and wellbeing of the community
- House prices, ability to see a property in the area, and insurance premiums
- Local businesses, new businesses may be deterred from setting up and old businesses may close. This could happen for a number of reasons including, theft and loss of income, damage from vandalism, and loss of customers. This can have huge economic impacts on the local area.

These impacts on the wider community can in turn cause further crime to take place, causing a cycle in these behaviours.

Education

School readiness



School readiness is a measure of a child's preparedness to succeed in school, cognitively, socially, and emotionally. To assess this the Good Level of Develop (GLD) measure is used. A child is said to have reached GLD by achieving a learning goal by the end of the early year's foundation stage, from birth to five years of age. These cover: communication and language, physical development, personal, social and emotional development, literacy, mathematics, understanding the world, and expressive arts.

School readiness begins at birth and in the early stages from interactions with the caregiver. This is when the child acquires the social and emotional skills, knowledge and attitudes for later success in school and beyond. If a child has poor school readiness it can affect their social skills, reading, mathematics, and physical skills. In later life it can affect their emotional outcomes, involvement in crime, poorer health outcomes, and could have an impact on their life expectancy.

Inequalities in school readiness:

There are many factors that can impact a child's school readiness including: **Gender** (Females are 1.3 times more likely to reach a GLD than males), **Ethnicity** (White British pupils are 3.3 times more likely to achieve a GLD), **Children with SEND** (children without SEND are 3.5 times more likely to achieve a GLD), and **Children eligible free school meals** (those eligible are 1.3 times less likely to achieve a GLD than those not eligible).

What can improve school readiness (PHE):

- **Good maternal mental health** – this can have an impact on the child's behaviour, attachment, emotion, learning, and language.
- **Learning activities** – this is hugely impacted by the family income. On average by the age of three, a child from a low income family has heard 30 million fewer words than a child from a high income family.
- **Physical activity** – helps with coordination and movement, strengthens muscles and bones, and helps with social skills.
- **Parenting support programmes** -parental influences has a larger effect on a child's development than education, wealth and class. Effective parenting can give a child the confidence, brain development, and capacity to learn.
- **High-quality early education** – this significantly improves child health and educational outcomes, particularly for disadvantaged children.

Education provision: children under 5 years of age

Table 7: OFSTED Results at March 2023 Private, Voluntary and Independent Providers

Ward	% Good	% Inadequate	% Outstanding	Total Settings
Cherryfield	50%	0%	50%	2
Halewood North	100%	0%	0%	1
Halewood South	100%	0%	0%	2
Northwood	75%	0%	25%	4
Page Moss	100%	0%	0%	2
Prescot North	100%	0%	0%	3
Prescot South	75%	0%	25%	4
Roby	50%	0%	50%	2
Shevington	100%	0%	0%	1
St Gabriel's	100%	0%	0%	2
St Michaels	0%	50%	50%	2
Stockbridge	100%	0%	0%	3
Swanside	100%	0%	0%	1
Whiston & Cronton	50%	0%	50%	2
Whitefield	50%	0%	50%	2
Grand Total	76%	3%	21%	33

This table shows that Private, Voluntary and Independent Providers in Northwood all have Good or Outstanding OFSTED meaning childcare providers in Northwood are considered good quality.

There are currently no registered childminders in Northwood.

Table 8: Childcare Setting Improvement April to August 2022 EXE^{viii}

Ward/No. Children	% Improved Wellbeing	% Improved Involvement
Cherryfield (17)	100%	100%
Halewood South (21)	100%	100%
Northwood (24)	83%	79%
Page Moss (10)	90%	90%
Prescot North (24)	100%	100%
Prescot South (15)	87%	73%
Roby (1)	100%	0%
Shevington (20)	100%	95%
St Gabriels (12)	58%	75%
St Michaels (9)	89%	89%
Stockbridge (14)	100%	93%
Swanside (3)	100%	100%
Whiston & Cronton (7)	86%	71%
Whitefield (5)	100%	100%
Grand Total (182)	92%	90%

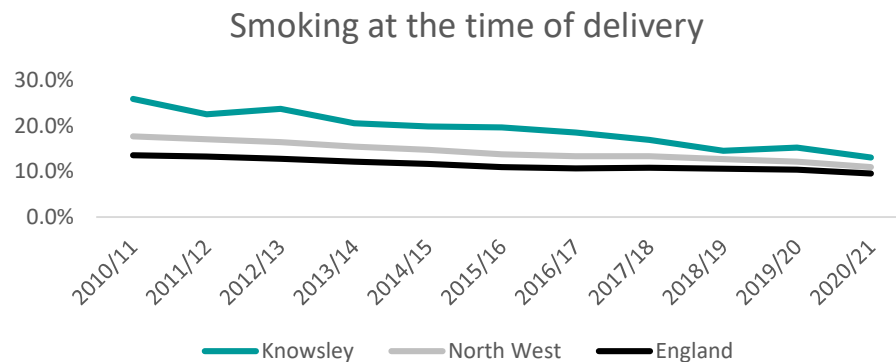
Improved wellbeing is the second lowest in childcare settings in Knowsley. Improved involvement in childcare settings in Northwood is one of the lowest in the borough.

Maternal and Child Health

Smoking (Health Matters)

Women who smoke often experience more difficulty becoming pregnant. However, once pregnant, maternal smoking can cause serious damage to the foetus's tissue in the lungs and brain and prevent the baby from receiving enough oxygen. The babies are more likely to be born prematurely or with a low birth weight. In the UK, one in five babies born to maternal smokers or mothers who experience second hand smoking have a low birth weight. Babies who are born to maternal smokers are also more likely to experience second hand smoke after birth. Exposure to second hand smoke increases the child likelihood of Sudden Infant Death Syndrome (SIDS). In the UK, babies born to maternal smokers are three times more likely to die from SIDS. Between April 2019 and March 2021, from the data collected on all childhood mortality, 14% included maternal smoking during pregnancy or second hand smoking from other household members.

Chart 16: Smoking at the time of Delivery Knowsley, North West and England 2010/11 to 2021/22



Impacts of Smoking in Pregnancy

Smoking harms babies from birth, during infancy and in childhood, all impacting on life chances. Babies born to mothers who smoked in pregnancy are at risk of:

Antenatally			
Miscarriage	Placental abruption	Stillbirth	Birth defects
Infancy			
Prematurity	Low birth weight	Sudden infant death	Infections
Childhood			
Learning difficulties	Asthma	ADHD	Chest & ear infections

What proportion of pregnant women smoke during their pregnancy?

When compared to all other wards in Knowsley, Northwood has the highest rate of both instances of lung cancer and emergency hospital admissions for COPD, in both of which the most common cause is smoking. This allows for the assumption that smoking rates are among the highest in Northwood.

Women from more deprived backgrounds are more likely to become smokers when they are pregnant as well as being less likely to stop during pregnancy or after birth. With all of Northwoods residents falling within the most deprived 30% of the country, this can allow for the assumption that there would be a higher proportion of mothers smoking throughout pregnancy and after birth.

Coupled with this, younger women (particularly those under the age of 20) are most likely to smoke during pregnancy. (RCPC, smoking during pregnancy, n.d.) From what is known in the birth data, mothers in Northwood tend to be younger (average being 27 years of age) and Northwood has the highest rate in the borough for mothers under 20 years old. This suggests again, they are predisposed to being more likely to smoke during pregnancy.

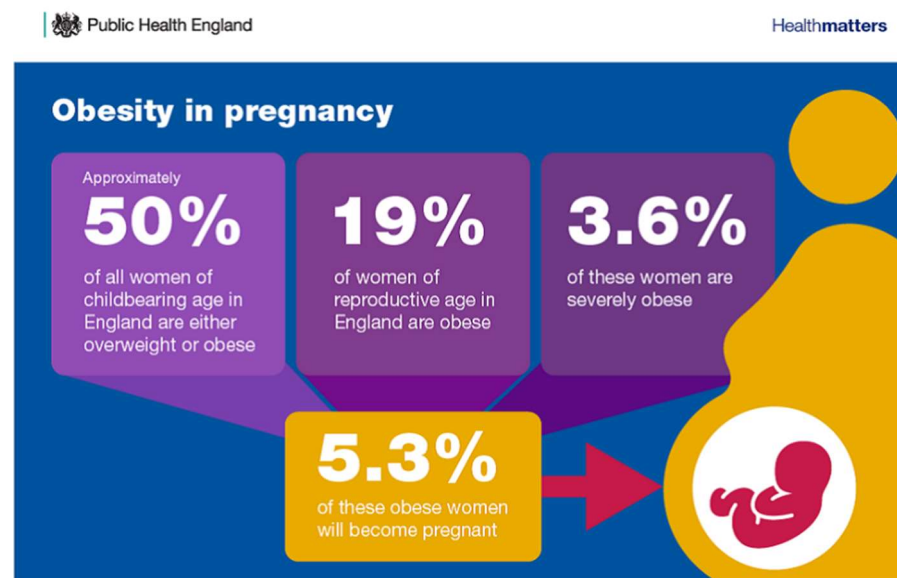
Women who smoke often experience more difficulty becoming pregnant. However, once pregnant, maternal smoking can cause serious damage to the foetus's tissue in the lungs and brain and prevent the baby from receiving enough oxygen. The babies are more likely to be born prematurely or with a low birth weight. In the UK, one in five babies born to maternal smokers or mothers who experience second hand smoking have a low birth weight. Compared to other wards, Northwood has the highest proportion of low birth weight babies (10.2), it is highest than the average for Knowsley (7.4) and England (6.8). (Fingertips)

Babies who are born to maternal smokers are also more likely to experience second hand smoke after birth. Exposure to second hand smoke increases the child likelihood of Sudden Infant Death Syndrome (SIDS). In the UK, babies born to maternal smokers are three times more likely to die from SIDS. Between April 2019 and March 2021, from the data collected on all childhood mortality, 14% included maternal smoking during pregnancy or second-hand smoking from other household members ⁽¹⁰⁾

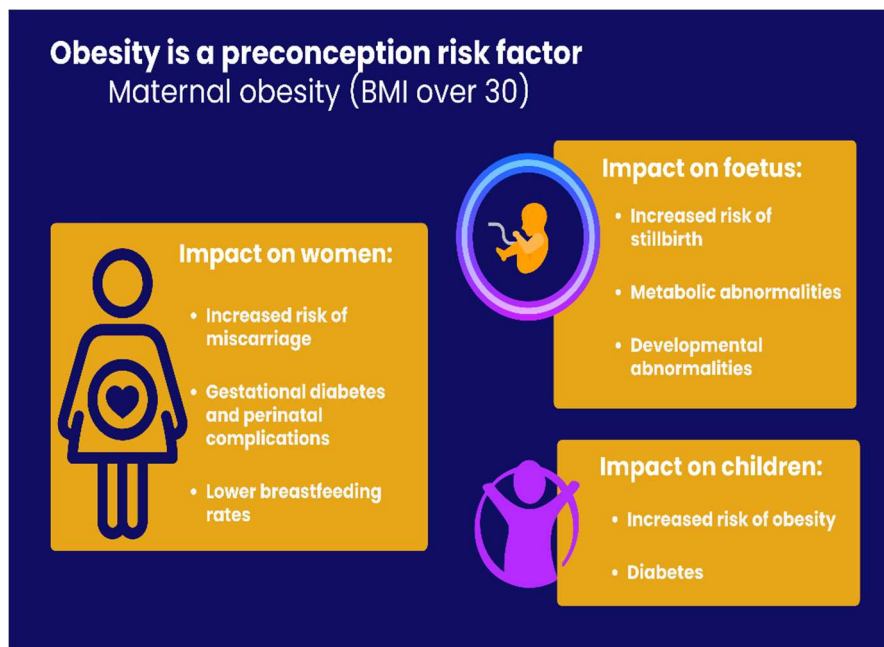
Obesity in pregnancy (NCMD, The Contribution of Newborn Health to Child Mortality across England, 2022):

Obesity during pregnancy is the second most common environmental factor reported in child mortality reports. There are various reasons for this, surrounding complications for the mother e.g. gestational diabetes, pre-eclampsia and high blood pressure, and complications for the baby e.g. preterm birth. Maternal obesity can make it hard to see a clear image during antenatal scans, which in turn makes it harder to identify a heartbeat and any issues the baby may have.

For Knowsley, the rates of obesity in early pregnancy are much higher than that of both the North West and England.



(Health Matters, n.d.)



(Health Matters, n.d.)

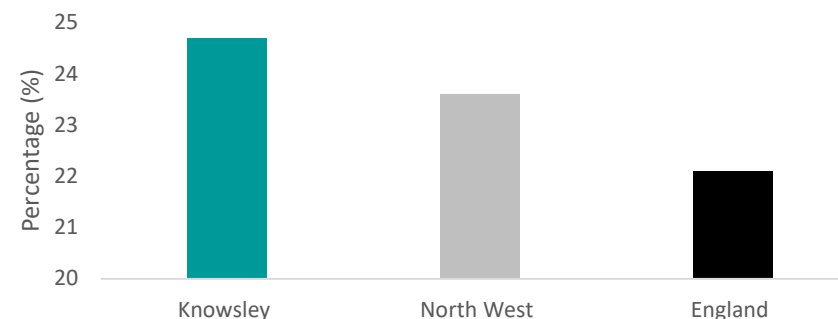
Obesity

Lifestyle, environmental and cultural factors all play a role in childhood obesity prevalence e.g. feeding method, excessive sugar intake, and deprivation. A child that is born to a parent that is obese is at higher risk of obesity.

Obesity during childhood can have impact and long lasting effects on physical, social and emotional wellbeing. There are many co-morbid conditions associated with childhood obesity including cardiovascular, pulmonary, renal, and neurological. It is also associated with poor academic performance and a reduction in childhood quality of life. (What

is Childhood Obesity?) (NIH, Childhood obesity: causes and consequences) (Childhood obesity: causes and consequences, n.d.)

Chart 16: Obesity in Early Pregnancy Knowsley, North West and England 2018/19 (Fingertips)



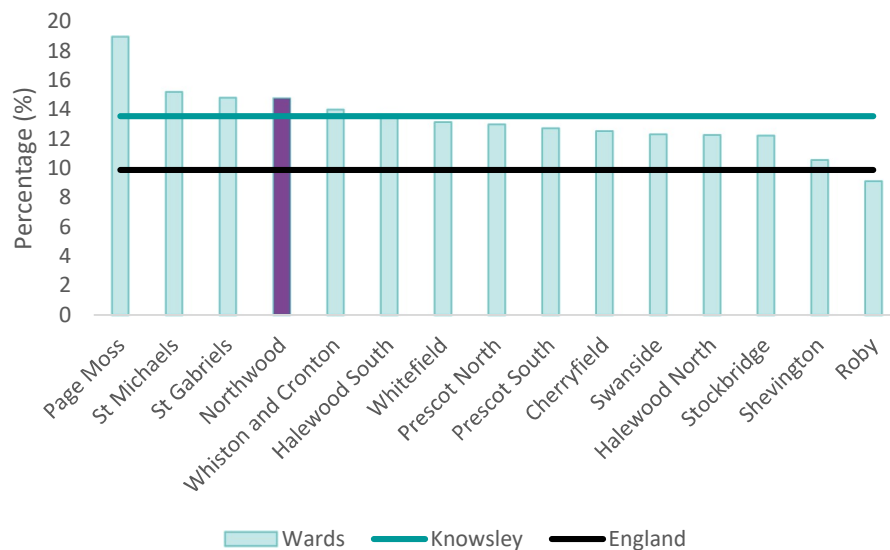
The earliest point in childhood that obesity rates are measured is in their first year at school (aged four or five), Reception. Every child in reception has their height and weight taken to calculate their body mass index (BMI). A BMI is the most common method of assessing obesity. Northwood has the fourth highest rate of obesity out of all wards in Knowsley. This is higher than both the Knowsley average and the England average.

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Chart 17: Age 4-5 Prevalence of Obesity by Knowsley Ward with Knowsley and England averages 2019/20-21/22 (National Child Measurement Programme (NCMP))



Immunisations

Immunisations are one of the best ways to protect a child against a range of diseases including measles, tetanus, meningitis, and rubella. These vaccinations are given by the child's GP, are free of charge in the UK and therefore accessible to all. Immunisations protect the receiver as well as others around them through reducing the spread of disease. A record of vaccinations for each child is held in their "red book", also known as the Personal Child Health Record (PCHR). Childhood immunisation in particular helps to prevent disease and promote child health from infancy, creating opportunities for children to thrive and get the best start in life. (NHS, Vaccinations for children, n.d.)

Impact of covid 19

Childhood immunisation rates have fallen over recent years. One reason for this is the disruption caused by the COVID19 pandemic.

The joint committee for vaccinations and immunisations advised that children should continue to receive their routine childhood vaccinations according to the national schedule throughout the lockdown. (UKHSA)

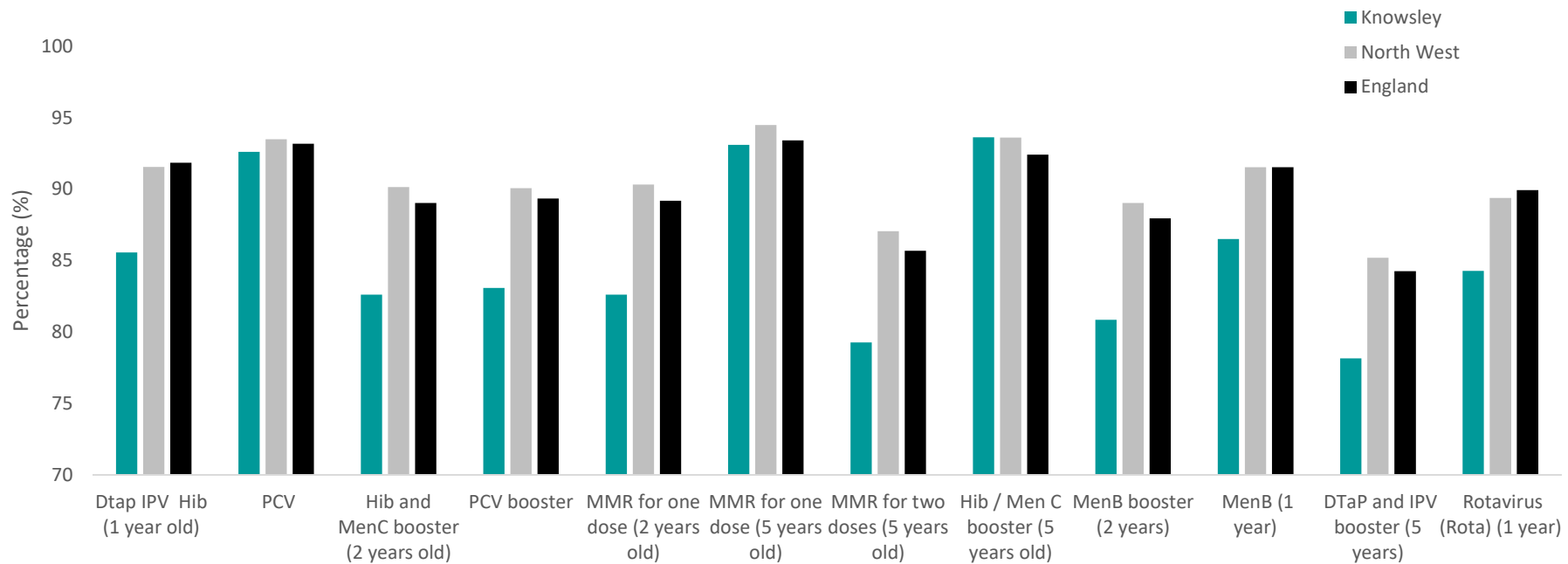
This could be attributed to various reasons including interrupted vaccination supply, increased demand on vaccination services, and reduce availability of health care workers. Recovery plans have been implemented to address the drop in vaccination coverage and the WHO are advising parents to contact GPs if they are unsure their child has received all their vaccinations. (Impact of the pandemic on routine immunisations for vaccine-preventable diseases, n.d.)

Return on Investment

Immunisation is one of the most cost-effective public health interventions. Disease prevention interventions such as immunisations generally have a good return on investment. For every £1 spent on vaccination programmes, it saves the tax payer £14 through disease prevention. However, for this return on investment to be seen, high uptake is needed to keep diseases under control. For example, in 2016 the UK eliminated measles through herd immunity. (Economic and societal impacts of vaccines, n.d.)

However, this elimination was lost in 2019 when vaccinations fell below the 95% needed to maintain protection. Investing in immunisations will have a positive impact on both public health and the NHS.

Chart 18: Childhood Immunisation Knowsley, North West and England 2019/20 and 2021/22



Accident & Emergency (A&E) attendances for Unintentional injuries:

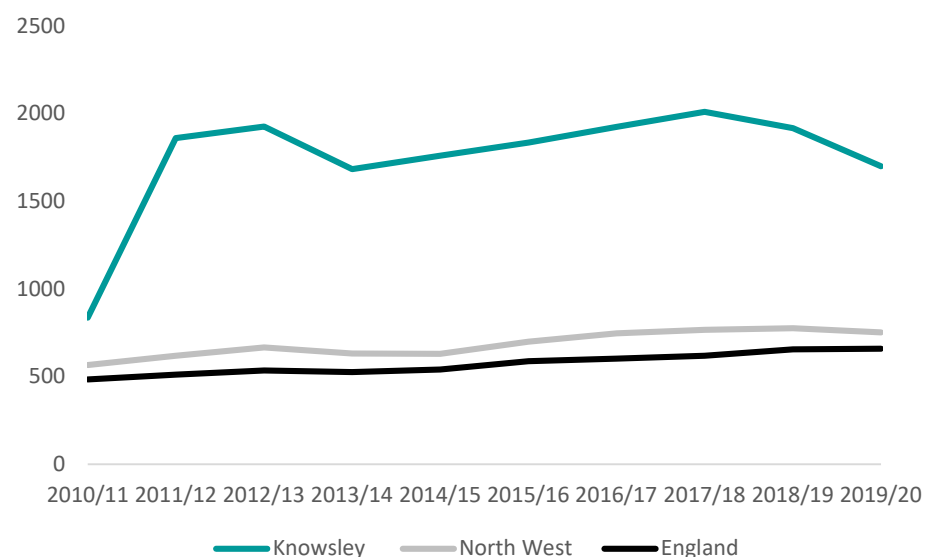
There is a disproportionate number of A&E attendances in infants particularly during the early neonatal period.

The most frequent reasons for admission include bronchitis, upper respiratory viral, intestinal infections, gastroenteritis, jaundice, and feeding difficulties. (Hospitalisation after birth of infants: cross sectional analysis of potentially avoidable admissions across England using hospital episode statistics).

There are many individual predispositions for A&E admissions including preterm birth and a mother younger than 20 years of age. As well as societal predispositions such as higher areas of deprivation are associated with higher A&E attendance rates. (Determinants of accident and emergency attendances and emergency admissions in infants: birth cohort study)

Knowsley has had a higher rate than the North West and England for under five years hospital admissions for injuries since first recorded in 2010/11. Between 2017-2020 this difference in admissions had been decreasing, although still significantly higher. As for Northwood, Northwood has the fourth highest hospital admissions rate per 10,000 out of all Knowsley wards (169.7 per 10,000).

Chart 19: A&E Attendance 0-4 years Knowsley, North West and England (Fingertips)



Oral health

Infants begin teething between four to six months of age, at six to 12 months they will get their first tooth and at this point should have their first dentist appointment scheduled. (Infant and Children's Oral Health, n.d.)

Poor oral health in infancy can affect their ability to eat, sleep, talk and play, as well as causing pain, infection, and impaired nutrition and growth.

Children living in deprived communities and those with disabilities are more likely to suffer from poorer dental hygiene. (LGA and PHE)

One method for measuring dental health in infancy is through measuring hospital admissions for dental caries (tooth decay), this also give a proxy measure for child health and diet. Knowsley and the North West average for this are very similar, and how been since 2015/16. These averages are significantly and consistently higher than the England average. (Fingertips)

Another newer method to measuring oral health in infants is through the Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children. This assesses the percentage of five year olds with visually obvious dental decay. For Knowsley this is significantly higher than that of the North West and England.

For more information, please visit Knowsley Knowledge to read the Oral Health JSNA. [Knowsley Oral Health JSNA](#)

Chart 20: 0-5 years Hospital Admissions for Dental Caries Knowsley, North West and England per 100,000K (Fingertips)

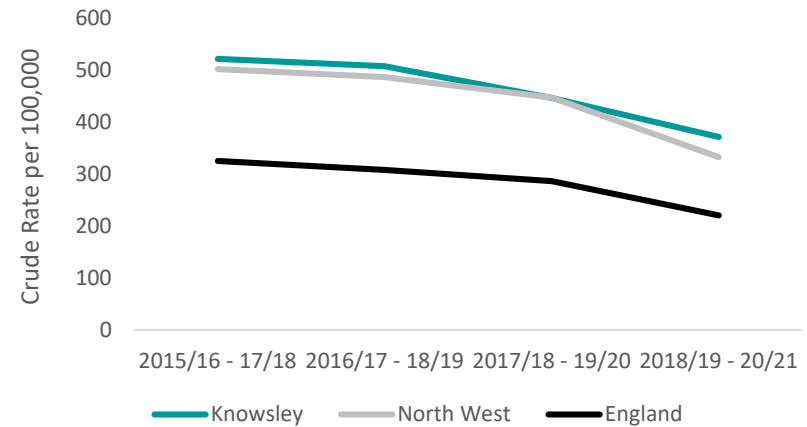
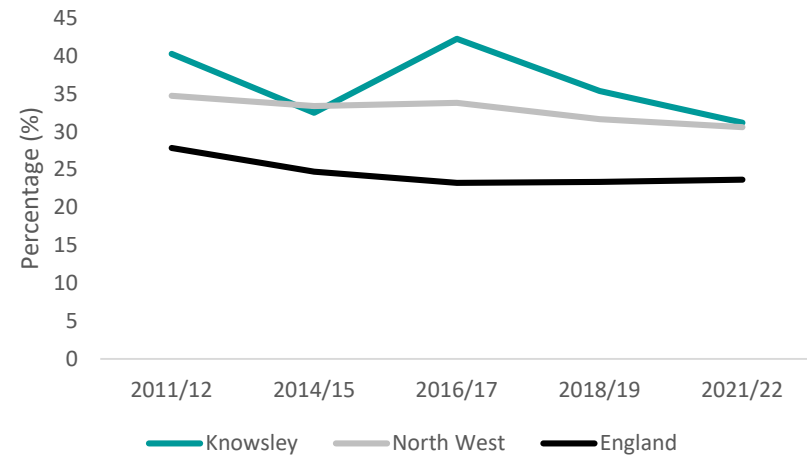


Chart 20: Percentage of 5 year olds with experience of visually obvious dental decay Knowsley, North West and England



(Fingertips)

Impact of COVID-19: (Impact of COVID-19 on Early Childhood Education & Care, 2021)

There is evidence to suggest the COVID-19 pandemic had an impact on socio-emotional and behavioural development as well as school readiness. The type of impact varies very differently between families, some positive and some negative. It is, however, more likely that these negative impact have been experienced by disadvantaged or vulnerable children, and children with SEND. This has further increased inequalities already seen within school readiness.

Why invest in school readiness:

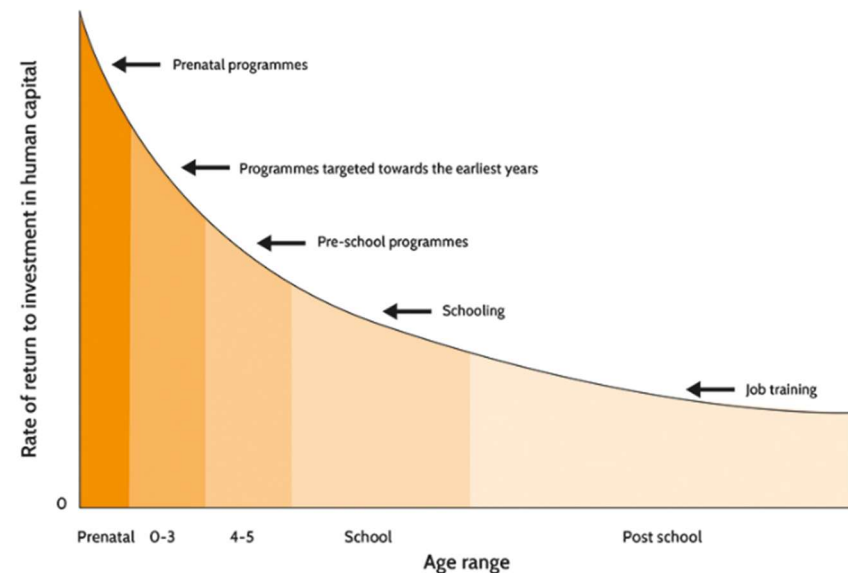
It has been calculated by researchers from LSE that inadequate support for early years care and education costs England more than £16 billion every year. (LSE, n.d.)

These costs are a result of short term and long term mental and physical health problems as well as many more avoidable issues through better intervention in early childhood. They identified that this figure is likely to be an underestimate as it does not take into account later costs of unmet need, impacts of attachment, and productivity and loss of earnings of individuals over their lifetime.

HENRY reported that Nobel prize-winning economist Professor James Heckman calculated the economic benefits of social interventions provided at different ages. He found that investment in the early years gives a far greater return to society than later interventions. Estimating that for every £1 invested in parenting skills and support, saves £8 over 25 years. (Value for money and return on investment, n.d.)

Between 2016 and 2019 Knowsley rates of good development by the end of reception were in line with the North West average and only slightly below England. Data is missing between 2019 and 2021 due to COVID-19, however, since then Knowsley rate has reduced and the rate is significantly below what it was prior to COVID-19.

Figure 4: The Heckman Curve: Investment in early childhood years brings returns in terms of human capital.



Speech and language (Speech/language skills: birth to 2 years, n.d.)

Speech and language is a skill learnt and developed over time. Speech is making sounds and language is expressing information. As soon as the infant is born, they are developing the sub-skills necessary for language e.g. through interactions. An infant will understand language before being able to produce language themselves. Figure 5 is a framework for general speech and language development for zero to two years old. It is vital that these are taken as a loose guideline and to remember that every child is unique and will develop at their own rate.

For Knowsley those achieving at least the expected level of communication and language skills at the end of reception is significantly lower than both the North West and England.

Chart 21: Percentage of Children Achieving at Least the Expected Level of Communication and Language Skills at the End of Reception Knowsley, North West and England.

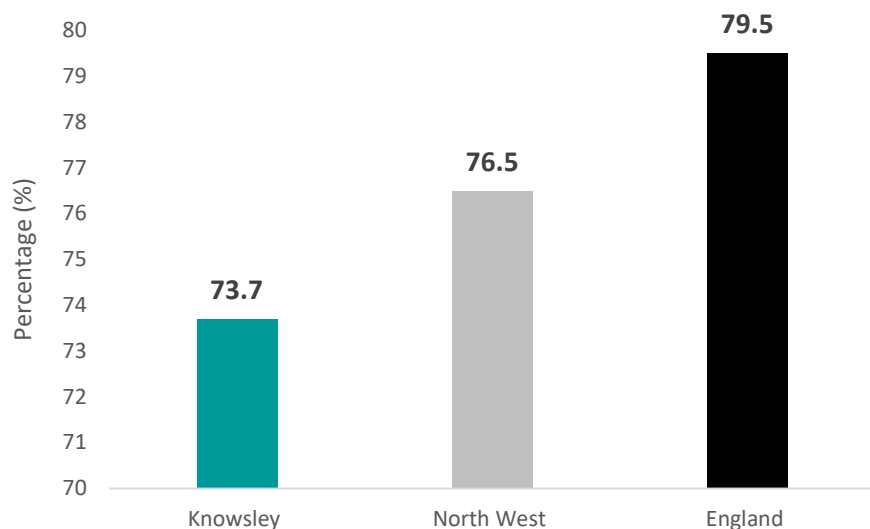


Figure 5: General Guidelines for Speech/Language Development for children Aged 0 to 2 years.



Since 2021 Knowsley has been using Wellcomm, a speech and language toolkit. It's able to screen and provide intervention, suitable for children from 6 months. It was piloted in Kirkby in early 2021 after a peer review recommendation it was agreed to use one tool for cohesion and consistency.

WellComm screening is embedded in Knowsley's Early Help Service and within the Early Years setting across the borough. The WellComm toolkit enables Practitioners to identify children quickly and easily from the age of 6 months, who may benefit from speech and language support. The 'Big Book of Ideas,' details play-based activities to support children's speech, language, and communication development.

Training is delivered from Early Years and Speech and Language Therapy to Schools, Settings and Childminders. WellComm packs and subscription to Wizard purchased and funded by Early Years for all schools and settings. Packs via a lending library are available for childminder access. Feedback has been positive and resulted in reduced waiting lists.

Analysis shows that the proportion of children in the category requiring extra support and a referral to a specialist changed from 45% at the first assessment to 24% at the last assessment and those assessed as not requiring intervention changed from 27% in their first assessment to 51% in the final (the system uses a Red, Amber, Green categories).

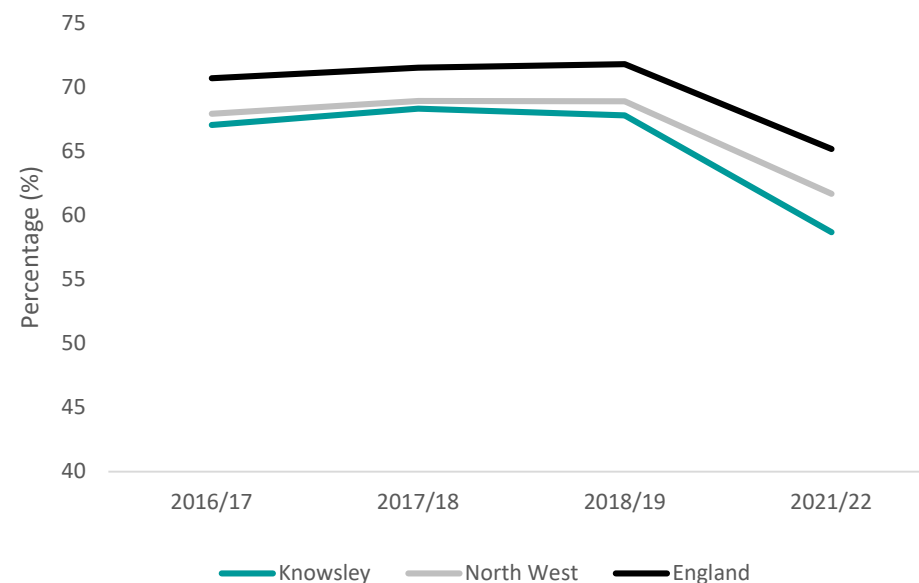
Attachment and separation anxiety

When babies are born, they leave the warm and comfortable womb, this is their first experience of separation and the beginning of a lifelong series of steps and challenges. This first experience paves the way for all future experiences of separation and can have impacting affects. It is completely normal for a baby to express emotions such as joy, sadness, rage, and anxiety as a separation response. The mothers also have to adjust to this new separation too.

For the first year of life, secure attachments must be formed to a caring adult. The most important attachment is that to their mother but often the baby experiences multiple attachments to other caring adults such as fathers, carers, or extended family. When these secure attachments are able to form, the child is more likely to be able to manage in stressful environments in later life and become more resilient.

COVID-19 had a significant impact on Attachment and Separation Anxiety, the impact of which needs to be monitored within populations. There is currently no available local data on healthy attachments and separation anxiety within infants.

Chart 21: Percentage of Children Achieving A Good Level of Development at the End of Reception Knowsley, North West and England 2016/17 to 2021/22. (Fingertips)



Voice of the Child.

Northwood Community Primary School Year 6



Northwood – The Voice of the Child 04.06.23

- Officers from KMBC Policy and Performance service visited Northwood Community Primary School to ask questions and better understand what is important to students at the school.
- The 1.5hour workshop was delivered with two classes of Year 6 Students (approximately 60 students) using participatory engagement methods.
- The young people were engaged and insightful, they were happy to talk about their community and how it could be improved.
- Of the students 73% lived in Northwood, with the further 23% living in neighbouring wards: Southdene, Westvale and Towerhill.
- The young people in the room were representative of young people living in Northwood with slightly more boys (61%) compared to girls (39%), 12% from an ethnic group background which was not White British. There was a slightly higher percentage young people with special educational needs.



What do you like about living in Northwood?

Family

- My family
- How close my family are
- My friends, my family
- Dad
- My family, my cat, my hamster
- Love my family
- The people I love
- I like all the people who are positive and are nice to me
- My house.
- I like my house
- I never get bored

Friends

- Lots of mates.
- I can see my friends
- I like to see my neighbours and friends
- There are really nice friends.
- My friends.
- Friends close by
- I love my friends and family.

Green Space

- The toppy
- Football near me
- I love my football goal
- I like the park
- It's got loads of space
- Football
- There is a huge park
- A football field at the back of my house
- I like the field toppy!

Amenities

- I like the shops.
- Centre 63
- Shops are near me.
- More food near me
- I like the townery
- There's a church close to where I live
- The places to go to



What don't you like about living Northwood?

The People

- I don't like some of the people
- Everyone who I know forgets about me
- Neighbours
- It is not ok
- Racist people
- Economy People
- I don't like my neighbours
- Racist people.
- Racists
- I don't like my friends
- I don't like the heat.
- I don't like busy places.
- It is noisy
- There is no more than 1 Catholic Church
- There are slow lifts
- Light flickering
- I don't like my school.

Crime

- There's people who hurt other people
- How dangerous it can be here
- Horrible people and the society in it looks by
- That so many people get stabbed.

Green spaces

- Can't practice football
- Bugs
- There isn't much to do
- Not enough playgrounds
- I hate stinky parks
- There is only one park
- There are lots of parks, but all are old
- There are many people

Rubbish

- Messy and untidy
- Throwing rubbish on the floor
- Rubbish
- Rubbish being everywhere
- Litter

How could where you live be improved?

Green Spaces

More parks

More parks

More parks and fields

More parks

A park

More parks.

Another park

Make parks better

Parks that are better looked after

More exciting things like parks/fazes

A play ground

More play grounds

A football pitch by my house

M.U.G.A Please

More gym equipment in parks

A house, a football pitch, more roads

Football goals on the Toppo

Field so I can play football

More swings

Add more play grounds

With a water park

Slides in parks

Swings

More grass

Use empty land and turn it into a park with ponds and water fountains and sand around

Trees, bushes, shops, animals, fields, flats, parks, bridges, chippys

Build a new Toliamil Bridge

No rascists

If people were kinder

Make it safer around here.

Live with a happy family

More security on park

No school

Better education

If I lived closer to school.

My mates to live close

Amenities

Theme park

Add more churches like cathedrals, protestants, and stuff like that.

Closer shops like food shops

variety of shops (I want to go to the park, cinema, shops, gym, sports shop, book shop, etc.)

A closer shop

A cinema

Showcase being made or Odson

More things to do, like a cinema

More stuff to do

Gyms for 11 year olds

I want more shoe and clothes shops.

Shopping mall

I would like to see more entertainment

New buildings

More swimming baths

More things to do

Paying less for paper

My home

A bigger house, all homes should be big

A way to change my house and make it better

I could make my room better

Faster lifts.

More transport to my house

Clean

Less litter

Less rubbish

Clean up the rubbish

People pick up litter.

No more rubbish

More bins for rubbish

What do you like about living in Northwood?



Family & Friends

Having friends and family close by was important to the young people.

Home

Feeling happy with where they live, who they live with and pride in their bedrooms/homes/streets.

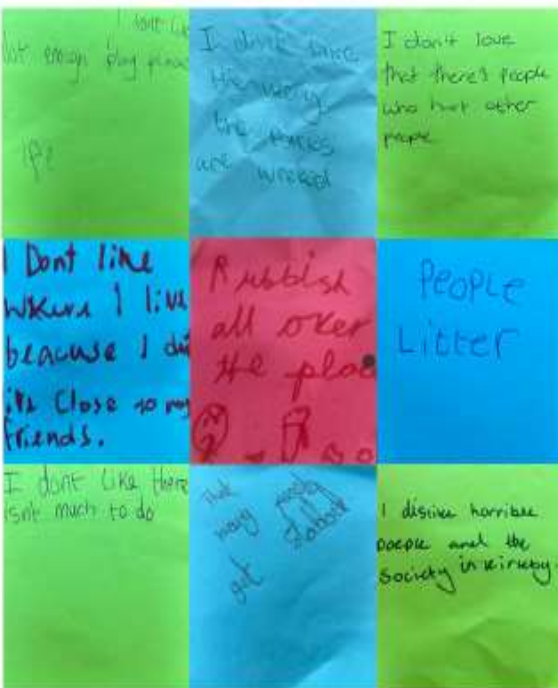
Green spaces

Parks/open green spaces 'The Toppo' and places to play football were important to the young people.

Amenities

Feeling connected to useful amenities close to them, this included: Centre 63, the Towney/ Shops, Church.

What don't you like about living in Northwood?



People

Young people were concerned by racism, bad neighbours and 'the society in Kirkby'.

Crime

Feeling unsafe due to stabbings and 'people who hurt other people' and 'how dangerous it can be'.

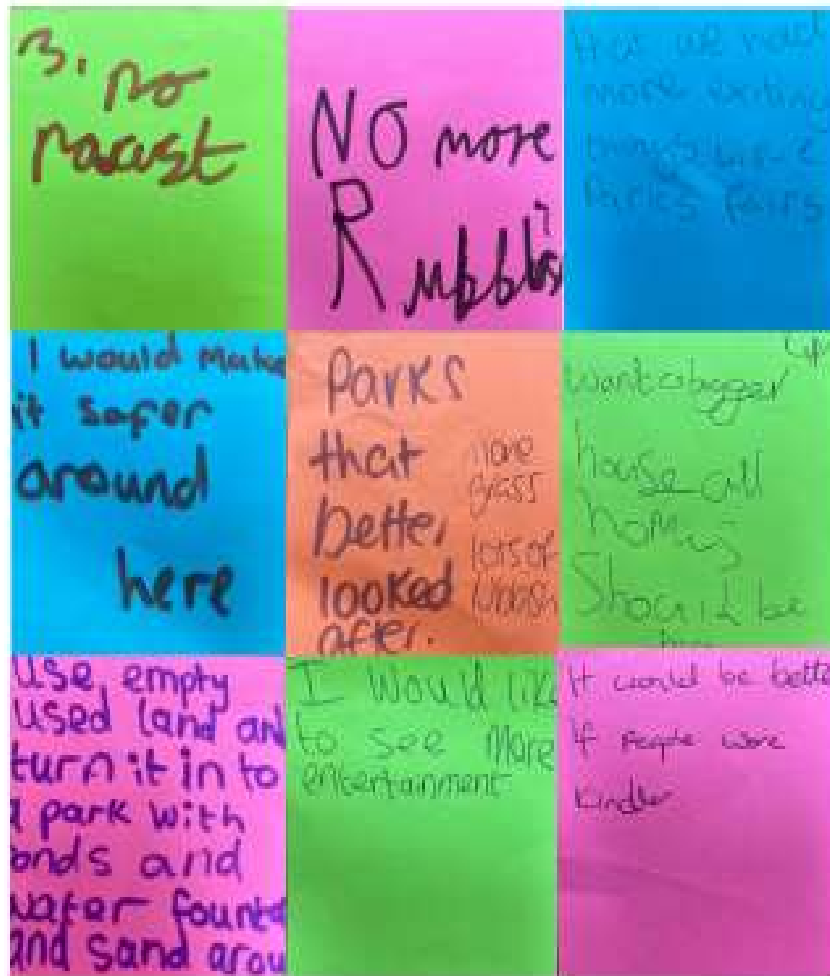
Green spaces

Young people want 'more' and 'better' from their green spaces including 'play places'. They acknowledge that the existing provision is 'wrecked' and that 'parks are where people get bullied' or consistently moved on from.

The Environment

Litter and rubbish on the streets, graffiti and a busy/loud environment.

How could living in Northwood be improved?



Amenities

More stuff to do including an increased variety of shops on offer (Primark, LFC, Apple, JD) and entertainment for example a cinema.

Clean it up

A pride of place by the community picking up litter/more bins available for rubbish collection.

Green spaces

Improved parks, more grass, developed and maintained playgrounds. Better use of unused plots to develop spaces for children and young people, organised bike rides, football.

Kindness

People being kinder to each other to improve the community and 'make it safer around here'.



Our Northwood

Northwood – The Voice of the Child 04.06.23

The young people were asked to indicate if they agreed/disagreed/not sure with statements posed to them. Results included:

“I walked to school today”

An even split between those who walked and those who drove/got the bus.

“I have friends and family where I live”

Predominant agreement, however, there were young people who expressed that their friends or family lived farther afield, that they lived between houses due to parental separation, lived with Grandparents or were unhappy with their living situation.

“There is a lot of fun things to do where I live”

There were more young people who disagreed with this statement. Reasons included: activities being inaccessible due to price, there was a perception that activities available had to be paid for, green spaces were seen as ‘no-go areas; due to bullying or having been ‘moved on’ by adults and parks and playgrounds which were broken or not fit for purpose.

“I have friends who may look or act differently to me”

Almost all the young people agreed that they have friends who may look or act different to themselves. Some of the young people found this a difficult concept to understand.

Northwood – The Voice of the Child 04.06.23

“I feel proud to live in my community”

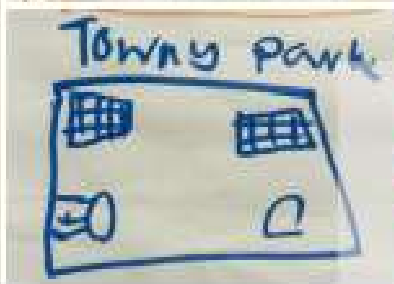
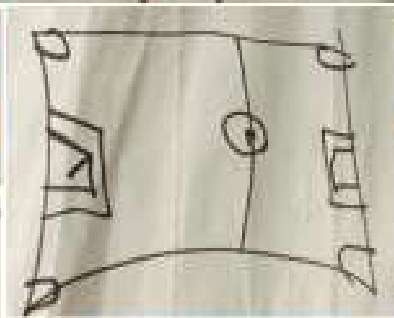
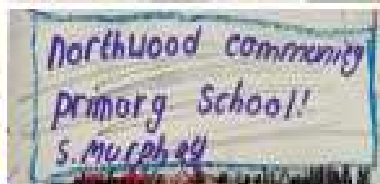
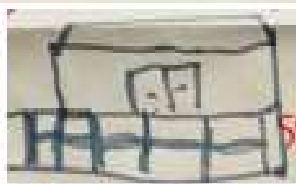
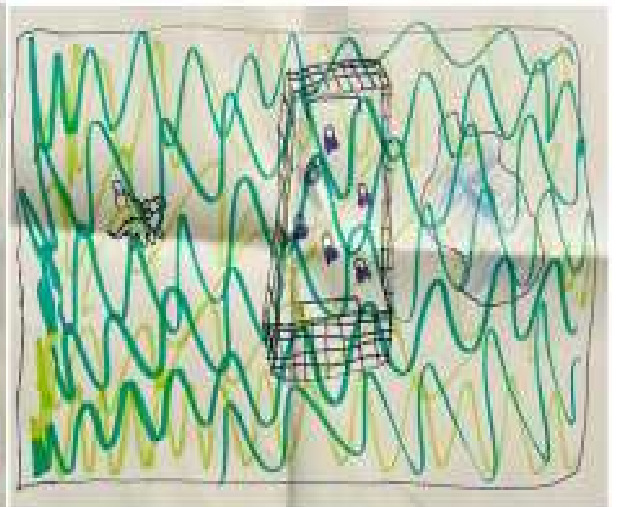
A mixed response from the young people. Those who agreed felt proud of their scouse identity, being born and raised here and wanting to represent their community. Some enjoyed the intergenerational support from family and friends and liked what the community offered them in terms of extra-curricular activities. For those who disagreed the young people didn’t feel welcome, there were experiences of racial abuse in the Towner and feelings of Kirkby being ‘grey’ and that people weren’t nice. Violence and criminality were commented upon.

“There are people who inspire me”

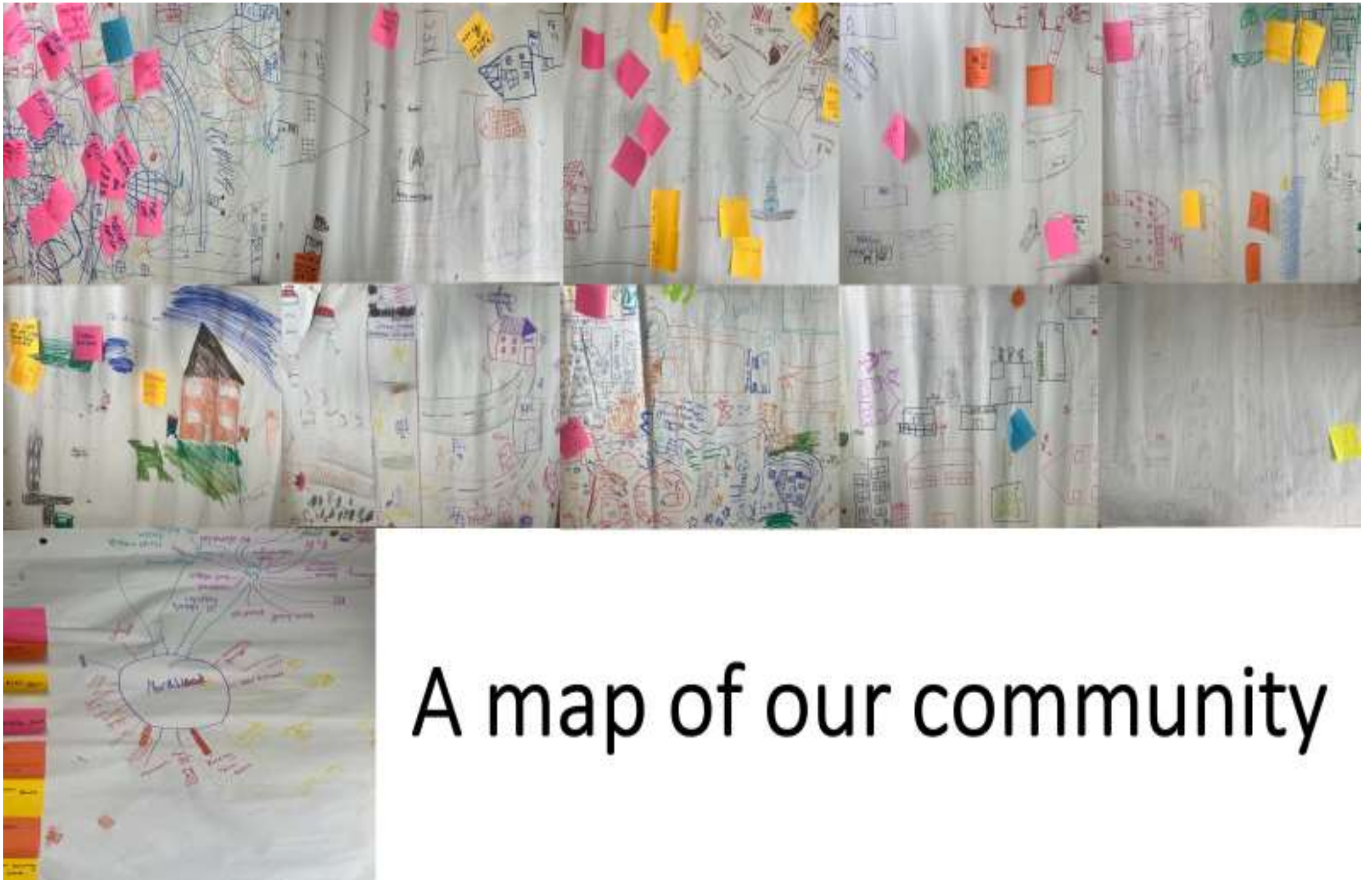
There was an even split between those who felt inspired by: family members (Nan, Dad, Brother), local service providers (firefighters, police, doctors, ice cream van man, teachers), local celebrities (football players, youtubers). Those who disagreed with the statement felt that the people who inspired them (LFC football players) were not local to the area, some had previously felt inspired by people who had now left the area (absent fathers). There seemed to be a level of disappointment from those who disagreed compared to hopefulness from those who agreed.

“I am looking forward to going to secondary school”

An even split which acknowledged both the positives and negatives of growing up; more responsibility and independence, meeting new people and making new friends, better uniform, earlier school finish, longer breaktimes and better clubs and facilities. There were a core group of young people who felt ‘unsure’ and explained how they felt conflict about the big changes that were approaching, feeling excited but nervous.



Our Kirkby



A map of our community

Northwood – The Voice of the Child 04.07.23

- Two major themes from the initial engagement were Green Spaces and Diversity/Community Cohesion.
- KMBC Policy & Performance Officers returned to deliver two 1.5-hour focus group sessions with ten Year 6 Students in each using participatory engagement methods. The aim of the sessions were to explore each topic in a deeper and more focussed way.
- The school welcomed and accommodated KMBC staff to return at the end of the summer term and between national teachers strikes, evidently a busy time for both staff and students.
- The young people engaged in the focus groups had a strong understanding of the issues being discussed and had opinions about how to improve things.

Thinking about the parks and green spaces that you use...

1

How do you feel about parks and green spaces?

Happy

Thrilling

Towney park is fun

Happy because it's fun

I feel happy with the field

Browfield Park is full of dog poo but a nice space

Rough

Angry

2

What do they look like?

Big and short grass

Field

Empty but sometimes used for football matches

It looks very green. Lots of trees to climb and the big mud hill

Very big and sometimes empty.

Very big

Spray painted on the railings

Busy

3

What is good about them?

It has got swings and seesaws

It is open and wide - loads to explore

It's fun, lots of stuff to do

It's a place lots of people can go

It's big

It's big enough for throughout Summer

It is a nice place to walk your dog or play football or have a picnic

It is quite calming, you can drink tea and watch the whole place and the mud hill

4

What is bad about them?

Dangerous, one time I whacked my head on the things there

Swings

Nothing really

Nothing

It is unused / empty and has dog poo on it

It is bad that it is connected to the backets - which is a bit dangerous

Nothing it is perfect

Busy



A parent and child...

I use the park for the playground and the seating area.

I might not use it now as most of it is damaged by mainly teenagers and it could be dangerous.

It would be better for me if the equipment was fixed and there were more safety resources in the dark.



A teenager...

I use the park to hang around with my friends.

I might not use it now as I might be too old for the equipment. There are gangs and I don't feel safe.

It would be better for me if there was a chill out area for teens and if there was CCTV



An older person...

I use the park to take my grandchildren out in the fresh air. I might not use it now as there are gangs of lads on the seating area. It would be better for me if there were more places to chill and have a cup of tea and biscuits.

What is important to you about parks and green spaces?



Having a space to play

Being outside, getting fresh air, a happy place to be. More trees and flowers, the scenery.

Stuff for all ages

Baby swings and a park for kids, good equipment, space for all sports and activities (football, tennis, basketball, bowling, goals), rock wall/climbing wall.

Safety & Security

Phone reception/public phone in case of emergency.

Public services

Toilets, café, ice cream.

Are there any issues with the parks and green spaces now?



Empty/Unused

A lack of play equipment or spaces which inspire play.

Anti-social behaviour

Play spaces 'burned and smashed up', graffiti and equipment damaged.

Safety

Young people feel unsafe/a sense of danger and mention 'dangerous teenagers', 'gangs' and 'strangers' using the green spaces.

Rubbish

Rubbish/littering and dog fouling.



What does a welcoming community look like?

What does racism look and feel like in Northwood/Kirkby?

Aggression, abuse and violence

Swearing, verbal, offensive language, name calling and physical abuse towards others.

Targeted against certain groups of people

Against groups of people who 'look different', have different skin tones, from a country like Pakistan, against shop keepers, people with disabilities or from the LGBTQIA+ community. 'McDonalds on Fridays, late at night'. Making people feel unwelcome.

Vandalism

Of other people's property and public spaces.

Criminality

Hate crimes, fights, theft, gangs and weapons



What would you change to make Northwood/Kirkby a more inclusive and happier place for everyone?



Stop bullying. Stop racism.

Stop cyber/physical/verbal bullying or attacks.

Celebrations of Cultures

Culture days which celebrate worldwide traditions.

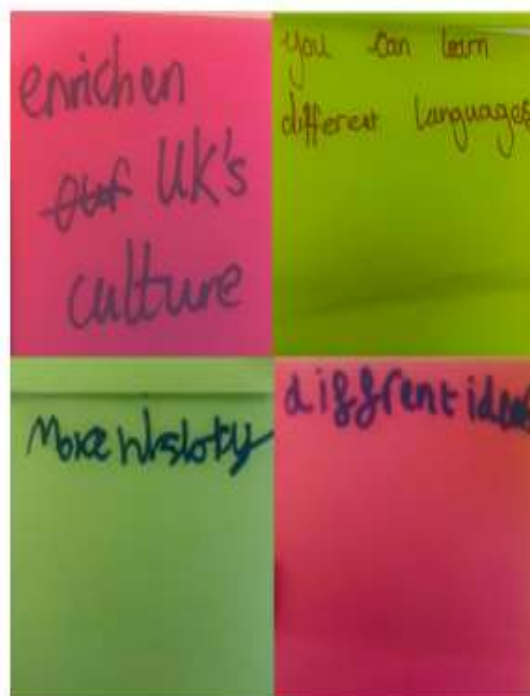
Kindness

Small acts of kindness; be nice, smile at people, help if someone looks lost, stop people snarling.

Include everyone

Treat everyone the same, include people in your games. Make friends with people who have no friends.

What is good about different communities and cultures living in the same place?



Enrich the UK's culture

Learn about the culture, history, dance styles, food, language, religions and festivals of other countries and heritages.

New friends and role models

Who share their heritage and skills.

Different ideas and understanding of the world

Respecting and celebrating the difference that others bring to the community. "We are all different"

Be a welcoming society

It is good to welcome people who need it into our homes and hotels.

Stakeholder Engagement – Knowsley Family Hubs Leads

After completing the first draft of the Family Hubs Needs Assessment, we met with the Knowsley Family Hubs leads to discuss their thoughts on the report, asking for feedback on the data and recommendations as well as any gaps that needed to be addressed.

Family planning and domestic abuse/intimate partner violence have not been the focus for Knowsley Family Hubs yet. It was strongly felt that these were important issues that impact on many families including those in Northwood and areas where Family Hubs could make a real positive impact.

Stakeholders felt strongly that they would like more opportunities to engage and work with schools on a number of issues (breastfeeding, childcare to support dropout rates for courses), this included contraception and family planning as early intervention had the potential to have the greatest positive impact. This has historically been challenging, with some headteachers reluctant to take up the offer for a variety of reasons, including concerns that some parents would respond negatively to conversations about contraception. Another important reason Family planning and domestic abuse/intimate partner violence need to be part of the core Family Hubs offer is Knowsley's high abortion rate. Free and safe access to abortions are undoubtedly essential for women's good health, unplanned pregnancies and abortion can have negative emotion, physical impacts on women as well as lifelong repercussions. Preventing unwanted pregnancies and abortions as the result of unwanted pregnancies can only have a positive impact.

The family hubs EIF guidance doesn't include teenage pregnancy, in addition data on the number and rate of teenage pregnancy is difficult to obtain. Including data on teenage pregnancy would help understand our Northwood families better. Teenage parents are likely to have different needs and risk factors to older parents, so services and support will need to be slightly different.

Breast feeding education needs to start earlier in our schools, it needs to be 'normalised' and needs to involve the whole family not just mothers.

Whilst Knowsley Early Years Service offer a wide range of courses, getting residents to engage can be a challenge. In addition, people dropping out of courses before the end of the course is another challenge. One barrier identified by some of the leads is a lack of free children for parents with more than one child, this is a particular issue if some of the sessions are during school holidays. A option leads are keen to explore is whether activities run by local schools or sports clubs could be a solution. This would mean scoping out which schools offer holiday and after school provision. We could also think about course design, could they be 'front loaded' with most important information at the start, could we move courses to places that are easier to access (in or near schools), take place only during term time.

Data and information between teams and organisations is improving but this is still a gap and barrier; Family Hubs is an opportunity to improve and collaboration in general, it was recognised that the challenge of so many different systems and data platforms will persist.

Co-location of key people and teams was felt to be really important to improve the flow of data and information, duplication and signposting and referrals.

Family Hubs will have multiple services operating in one place but it is recognised that it will not be practical or possible for all those services, teams and organisation to be in one physical place. It will be key for everyone to know about other services and support that is available in the area, so that they can signpost, promote and refer on to others that can offer support and advice.

The number of health visitors is a big challenge, they have heavy caseloads and are experiencing more families with complex needs. This is making it difficult to offer all the support they would like to. The ability to employ more health visitors is likely to prove difficult as it a similar picture nationally. This means we will need to manage our expectations and think of more ways to work collaboratively to produce support.

Challenges highlighted were the multi generation cycles that are having negative impacts on health. We need to find a way to myth bust certain ideas that are harming people.

We should be using a trauma informed approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development. The purpose of trauma-informed practice is not to treat trauma-related difficulties (this is the role of trauma-specialist services and practitioners). Instead, it seeks to address the barriers that people affected by trauma can experience when accessing health and care services. The six principles of trauma informed practice safety, trust, choice, collaboration, empowerment and cultural consideration, are themes that have recurred throughout this needs assessment. Children's Social Care has already adopted this approach, and we use this model and learn to roll out more widely.

Recommendations

All families need support from time to time to help their babies and children thrive, whether that's from friends, family, volunteers, or practitioners. Our ambition is for every family to receive the support they need, when they need it. All families should have access to the information and tools they need to care for and interact positively with their babies and children, and to look after their own wellbeing.

Evidence is clear that identifying risks early and preventing problems from escalating leads to better long-term outcomes. Universal services which are available to all local families who need them can help to spot and respond to issues before they develop into more complex problems. Some families with babies, children and young people will need additional, targeted help. Whatever the need, early identification, support which is easily accessible, and strengthened relationships help to address problems before they get worse. Investing in supporting families to care for their babies, children and young people has an important role to play in reducing health and education disparities right from the start, and improving physical, emotional, cognitive and social outcomes longer term.

The below are ten recommendations based on the evidence within the Northwood Family Hubs Needs Assessment, which we think will help best support babies, pre-school children and their families:

- We need to meet individuals and families 'where they are' meaning finding out about their situation by engaging, listening, asking questions, building trust and avoiding judgement and expectations of where they should be. We know that more people in Northwood face complex challenges than elsewhere in the borough and therefore we need to create an offer that goes beyond that in other areas and involves more resources and contact.
- Communication will be key to making sure that the Family Hubs offer is as a success and meets the needs of children, young people and families in Northwood (and beyond).
It is important we engage with as many Knowsley parents and families as possible.
They need to know where, when and what services/support are available to them and how family hubs can benefit them.
Messages need to be clear, accessible and via channels used by local people; higher levels of special educational needs and disabilities in the area should also inform how we communicate.
We need to clearly communicate the benefits of individual services and support; so that people understand why it would be beneficial to access.
We need to build trust in both those providing the service/support and the information being shared.
We need to listen to service users and use their feedback and experiences to evaluate, adapt and improve the Family Hub offer.
- At the core of Family Hubs is collaboration, finding a way to work more effectively and efficiently together for the benefit of families. Families can experience difficulty interacting with the complex service landscape and have to 're-tell their story' several times. They may feel judged and stigmatised by access support too. Family Hubs should provide a supportive, non-judgemental, safe space, where local services can work together and in partnership, finding a way to overcome the practical and organisational barriers, often experienced. Service providers already know the benefit of this approach, but it is not always easy to do. We need to embed collaboration and partnership working, the Family Hubs Co-ordinator will be key to ensuring this happens. They should focus on building relationships and removing those barriers which prevent effective partnership working; such as developing information sharing agreements and establishing a Family Hubs governance. This will result in information being more easily shared to improve service user experience and allow for continual evaluation and an evolving offering.
- Family planning and domestic abuse services should form part of the core offer. Intimate partner violence is linked to a wide range of adverse health outcomes; this includes children who experience the abuse via their parents. Whilst the exact prevalence within Northwood is unknown, we do know that many of the domestic

abuse risk factors exist within Northwood. We know for example that domestic abuse is the primary reason for children being reported to social care.

In addition pregnancy can be a catalyst for the start of abuse or abuse can increase as a result; it may also be used a method to control women and their contraceptive choices, putting women at risk of unwanted pregnancies and sexually transmitted diseases.

It is important that we engage with parents, particularly mothers as soon as possible, ideally before they become pregnant. This will help to ensure that mothers (as well as fathers and other care givers) are supported and receive the services they need during pregnancy and beyond. By ensuring timely and suitable support, we should help women to have a happy, healthy and positive pregnancy experience. This creates the best opportunity for mothers to have positive, timely, appropriate and loving interactions with their babies, creating secure attachments helping children to thrive - emotionally, socially and develop a strong self-esteem and wellbeing. The earlier families access Family Hubs the better the long-term outcomes for children, young people and families. By striving to provide support as soon as a concern emerges, we can, not only prevent problems from escalating but prevent further problems arising.

- The Family Hub offer should include Mental Health advice and support during pregnancy, this should include any unresolved trauma and adverse experiences. This will support the preparation for a healthy, loving and secure relationship with their baby. This will not only benefit mothers, fathers and siblings but support infant mental health which is the foundation for babies' development and wellbeing now and in the future.
- Embed trauma informed approaches to health and care interventions which are grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development. Children's Social Care has already adopted this approach, and we use this model and learn to roll out more widely.
- Knowsley Family Hubs should seek out good practice for mental health services and provision for under-fives; building on existing services and good practice within the borough and elsewhere. This will support children's early development but will impact on their later development, supporting lifelong good mental and physical health.
- Becoming a good parent is not innate, it is learnt and developed via modelling, experiences, and knowledge. Even with the best intentions and equipped with the best knowledge, parents can face unanticipated stresses and challenges which result in conflict and behaviours that are unhealthy and damaging to their children and themselves.
Family Hubs should provide help and support via parenting courses which provide the information and tools for parents/caregivers to understand their babies/children, their development, feelings, and how to approach challenging behaviours or situations. Whilst it will be essential to offer targeted support, there should be a core course that is universal and destigmatises parenting courses. It is important that it is promoted as something that all parents would benefit from taking. Knowsley already offer the Solihull Parenting Course and this should continue to be promoted, but we need explore how we can improve take up and drop out rates.
Peer support groups would also be beneficial to understanding that many parents experience similar challenges and problems and help identify strategies and solutions. This is something we need to cultivate and support.
- Speech and language difficulties are higher than average within Northwood and many children start school with delayed language. 35.2% of pre-school and primary school children have Education, Health and Care Plans due to Speech and Language Difficulties, some children will continue to have speech and language difficulties throughout their lives, this includes impacting on their health, wellbeing, educational attainment and employment opportunities. The Family Hubs offer should prioritise services that support children with

speech and language difficulties, which includes targeted and evidence-based interventions. It will be important that services and support are provided to children and families as early as possible as well as signposting to support identifying the root cause, so that support is appropriate for individuals. Further analysis should also identify if there are any patterns to the cause of Speech and Language difficulties, so that best use of resources can be made.

Speech and Language difficulties may, in some cases be supported by the Home learning environment recovery programmes.

- Northwood has a high proportion of social housing; this is an opportunity for Family Hubs to not only work with housing providers to support residents to live in good quality affordable homes but to involve housing providers further and think of them as an asset and what their role could or should be in the Family Hubs model. We should continue to capitalise on the social work that is already taking place (see Livv Housing)
- Northwood's demographic is changing, Northwood and Knowsley as a whole are gradually becoming more diverse. Family Hubs are well placed to facilitate community cohesion, creating a safe space (or spaces) where residents from different backgrounds come together and feel connected. Conflict and tensions can arise from a changing community, by engaging and creating opportunities for local people to meet on a regular basis, Family Hubs can help create positive interactions, strengthening relationships and trust to avoid exclusion and marginalisation. It will be important to identify and connect with 'hard to reach' and communities that are new to the area. This is not currently embedded into services but should be for the benefit of the whole community.
- While many people in Northwood live happy and healthy lives, Northwood has higher proportions of people that live longer in poor health and with chronic illness and die prematurely. Whilst the reasons for this are varied and sometimes complex, one area of opportunity is supporting people to make healthy lifestyle changes. To have the biggest impact we need to start offering support and advice as early as possible in schools and before conception. How we do this will need to be carefully considered, people must trust the source of advice, be offered support that works for them as an individual and feel empowered by the choice to make those changes. It will need to involve collaboration rather than from one service/organisation/team. We should not be judgemental and approach from the point of view that we know better.

Appendix 1 – Health Profile for Northwood ward with Roby, Knowsley and England comparisons

Our Community						
Indicator	Period	England	Knowsley	Northwood	Roby	
Population						
Percentage of the total resident population who are 0 to 4 years of age	2020	5.73	6.62	7.63	5.35	
Percentage of the total resident population who are 0 to 15 years of age	2020	19.19	20.45	24.07	16.77	
Percentage of the total resident population who are 5 to 15 years of age	2020	13.46	13.83	16.44	11.42	
Percentage of the total resident population who are 16 to 24 years of age	2020	10.52	10.04	10.74	9.03	
Percentage of the total resident population who are 25 to 64 years of age	2020	51.78	52.19	51.69	50.97	
Percentage of the total resident population who are 50 to 64 years of age	2020	19.16	20.77	19.60	23.12	
Percentage of the total resident population who are 65 and over	2020	18.50	17.33	13.51	23.23	
Percentage of the total resident population aged 85 and over	2020	2.49	2.20	1.91	3.76	
Population density, people per square kilometre	2020	434.07	1763.08	1160.19	2264.29	
Ethnicity and Language						
Percentage of population whose ethnic group is not 'white'	2011	14.58	2.77	2.00	1.66	
Percentage of population whose ethnicity is not 'White UK'	2011	20.25	3.95	3.53	2.77	
The percentage of people that cannot speak English well or at all, 2011	2011	1.65	0.17	0.20	0.10	
Deprivation, Housing and Environment						
Index of Multiple Deprivation (IMD) Score	2019	21.72	43.01	68.93	17.55	
Income deprivation, English Indices of Deprivation	2019	12.86	25.12	42.62	8.31	
Child Poverty, Income deprivation affecting children index (IDACI)	2019	17.08	30.27	53.83	8.01	
Older people in poverty: Income deprivation affecting older people Index (IDAOPI)	2019	14.20	29.38	46.40	12.70	
Modelled estimates of the proportion of households in fuel poverty (%)	2020	13.23	14.91	18.85	8.54	
Households with overcrowding based on overall room occupancy levels	2011	8.74	5.94	9.16	2.11	
Older people living alone, % of people aged 65 and over who are living alone	2011	31.47	34.47	37.65	28.54	
Employment						
Unemployment (Percentage of the working age population claiming out of work benefit)	2021/22	5.02	6.70	9.01	3.31	
Long-Term Unemployment- rate per 1,000 working age population	2021/23	1.91	2.82	3.85	0.91	
Behaviour Risk Factors And Child Health						
Indicator	Period	England	Knowsley	Northwood	Roby	
Behaviour Risk Factors						
Reception: Prevalence of obesity (including severe obesity), 3-years data combined	2019/20 - 21/22	9.88	13.55	14.74	9.09	
Reception: Prevalence of overweight (including obesity), 3-years data combined	2019/20 - 21/22	22.56	28.65	28.42	23.64	
Year 6: Prevalence of obesity (including severe obesity), 3-years data combined	2019/20 - 21/22	21.61	27.66	27.66	23.40	
Year 6: Prevalence of overweight (including obesity), 3-years data combined	2019/20 - 21/22	35.79	42.80	40.43	42.55	
Child and Maternal Health						
Deliveries to teenage mothers	2016/17 - 20/21	0.67	0.87	1.97	*	
General fertility rate: live births per 1,000 women aged 15-44 years. five year pooled	2016 - 2020	59.19	67.51	70.95	60.25	
Low birth weight of live babies, five year pooled	2016 - 2020	6.83	7.38	10.15	4.24	
Children and Young people: Health care use						
Emergency hospital admissions in under 5 years old, crude rate	2016/17 - 20/21	140.66	195.23	211.86	176.03	
Emergency hospital admissions for injuries in under 5 years old, crude rate	2016/17 - 20/21	119.30	152.05	169.66	166.75	
Emergency hospital admissions for injuries in under 15 years old, crude rate	2016/17 - 20/21	92.04	122.42	126.16	120.89	
Emergency hospital admissions for injuries in 15 to 24 years old, crude rate	2016/17 - 20/21	127.86	209.06	279.00	123.36	
Indicator	Period	England	Knowsley	Northwood	Roby	
Emergency Hospital Admissions: Adults						
All causes, all ages, standardised admission ratio	2016/17 - 20/21	100	161.8	217.7	131.9	
Coronary heart disease, standardised admission ratio	2016/17 - 20/21	100	164.8	209.5	124.2	
Stroke, standardised admission ratio	2016/17 - 20/21	100	115.3	132.9	86.5	
Myocardial Infarction (heart attack), standardised admission ratio	2016/17 - 20/21	100	134.2	136.5	117.3	
Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	2016/17 - 20/21	100	201.4	515.2	101.6	
Incidence of cancer						
Incidence of breast cancer, standardised incidence ratio	2015 - 19	100	99.7	124.7	91.3	
Incidence of colorectal cancer, standardised incidence ratio	2015 - 19	100	102.1	92.8	96.8	
Incidence of lung cancer, standardised incidence ratio	2015 - 19	100	180.4	317.0	102.9	
Incidence of prostate cancer, standardised incidence ratio	2015 - 19	100	82.7	85.5	81.1	
Disability						
Percentage Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited	2021	6.8	5.5	4.7	6.7	
Disabled under the Equality Act	2021	17.3	22.6	26.9	19.4	

Legend		
Similar to England		Lowest to highest value
Higher than England average		
Lower than the England average		



About Northwood

This document provides an overview of Northwood's population mainly using the 2021 Census.

Northwood's population has grown since changes to Knowsley's ward boundaries in 2016, by 8.6%, which is the most growth of all Knowsley wards since 2016.

Like much of Knowsley we can see changes in the population with more diversity, more families and younger people living in Northwood. Northwood has the largest population in Knowsley and the highest number and proportion of 0 to 19 year olds.

Key challenges in Northwood are around poverty, qualifications and health:

- Northwood is among the 10% most deprived wards nationally based on the indices of multiple deprivation (IMD) from 2019.
- 53.8% of children in Northwood experience child poverty (17.1% nationally), and 46.4% of older people experience poverty (14.2% nationally).
- Life expectancy for women is 76.2 years (83.2 nationally) and for men life expectancy is 72.4 years (79.5 nationally).



Northwood: Census 2021

- Northwood
- Population
- Country of Birth
- Religion
- Ethnicity
- Health
- Households
- Qualifications
- Work

11,868 people live in the Northwood ward

- Since Ward boundary changes in 2016, the total size of Northwood's population has grown significantly by 8.6% and by almost 1,000 people (estimated at 10,929 in 2016).
- Northwood has the largest ward population in Knowsley.
- Northwood has the highest proportion of those aged 0 to 19 years in Knowsley.
- The proportions of people aged 65 and older living in Northwood is lower than Knowsley overall, fourth lowest in Knowsley.



28.4%

of residents are aged 0 to 19 years old



58.5%

of residents are aged 20 -64 years old



13.1%

of residents are aged 65+ years old



Northwood: Country of Birth

- Northwood
- Population
- Country of Birth
- Religion
- Ethnicity
- Health
- Households
- Qualifications
- Work



93.3% of Northwood's population were born in the UK.
 2.63% were born elsewhere but have lived in the UK for 10 years or more.
 0.63% of the population have lived in the UK for less than 2-years.
 Residents were born in 78 countries.

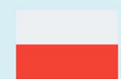
Top Countries of birth among Northwood residents:



England



Brazil



Poland



Lithuania



Britain*



Ireland

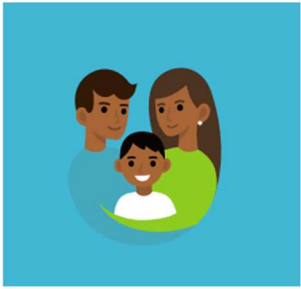


Romania



Germany

* Wales, Scotland and Northern Ireland have been grouped together



- Northwood
- Population
- National Identity
- Religion
- Ethnicity
- Health
- Households
- Qualifications
- Work

Northwood: Religions



63.1% of Northwood's population identify as being Christian - slightly less than the Knowsley overall 66%. Knowsley has the highest proportion of people who identify as Christian in England & Wales.

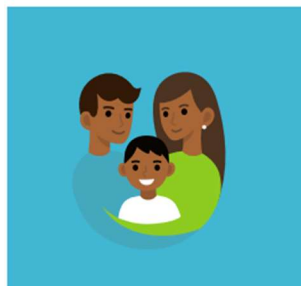


31.3% of Northwood's population identify as having no religion, highest in Knowsley.
This group of people has increased the most since 2011 across Knowsley.



0.5% of Northwood's population identify as being Muslim.

4.6% of people did not provide an answer to this Census question



- Northwood
- Population
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- Qualifications
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Northwood: Ethnicity

Since 2011, there has been an increase of 81% in the number of Knowsley residents from Asian, Black, Mixed or other ethnic groups.

In Northwood:

- 96.1% of residents are from White ethnic groups.
- 0.7% are from Asian, Asian British or Asian Welsh Backgrounds.
- 1.6% are from Mixed or Multiple ethnic groups.
- 0.8% are from Black, Black British, Black Welsh, Caribbean or African ethnic groups.
- 0.8% are from Other ethnic groups.
- 4.4% of the White ethnic group were White Other, this included 1.3% White: Polish and 0.8% White: Romanian.



Health & Disability



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73.35%

of Northwood residents describe their health as good or very good. This the lowest of all the Knowsley wards.

11.48%

of Northwood residents describe their health as bad or very bad. This is the highest in Knowsley.

26.88%

of Northwood residents describe themselves as being disabled, this is the highest in Knowsley. This ward also had the highest proportion of residents who are disabled and whose day to day activities were limited either a little or a lot.

1,329

of Northwood residents provide unpaid care, with 547 residents stating that they provide 50+ hours per week of unpaid care.

Health & Disability



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Life Expectancy in Northwood



76.2 years for women (83.2 years nationally)

72.4 years for men (79.5 years nationally)



Overall, residents in Northwood describe their health as being worse than national averages.

Health data shows us that there is higher prevalence of all cancers (especially lung cancer), heart disease and respiratory diseases in Northwood.



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Northwood: Households

5,042 households in Northwood



34% are one-person households



28% are two-person households

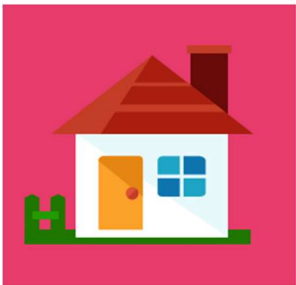


19% are three-person households



12% are four-person households
7% are five+ person households

Almost a quarter (24.1%) are lone parents family households
Highest in Knowsley



- Northwood
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Northwood: Households

5,042 households in Northwood



39.4% are owned outright or with a mortgage



19.2% are privately rented homes



40.7% are social rented homes

Northwood has significantly more homes that are social rented compared to national levels (17%), and fewer homes that are owned than national levels (61%).

The Median price of homes in Northwood has increased from £86,000 in 2011 to £152,500 in 2021. The cost of homes in Northwood has risen more quickly than many other parts of Knowsley.



Northwood: Qualifications

- Northwood
- Population
- National Identity
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- Households
- Qualifications
- Work



34.8% of Northwood residents have no qualifications



11.9% have Level 1 qualifications
14.9% have Level 2 qualifications
15% have Level 3 qualifications



16.6% have level 4 qualifications or above

Nationally, Level 4 qualifications are the most common with 33.8% of residents. The second most common category was no qualifications with 18.2% - Northwood has proportionally more residents without qualifications than national levels.



Northwood: Work

- Northwood
- Population
- National Identity
- Religion
- Ethnicity
- Health
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- Qualifications
- Work

63.2% Economically Active

of whom 5.5% are unemployed



Nationally, 75.4% of the population are economically active

Of whom 4.4% are unemployed

24.6% are economically inactive

36.8% Economically Inactive



Based on those aged 16 to 64 years



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Northwood: Work

Top 5 Industries for Northwood Residents



837 residents work in human health & social work activities



342 residents work in construction



856 residents work in wholesale & retail trade



452 residents work in manufacturing



342 residents work in transport & storage



- Northwood
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Northwood: Work

2,777 (36.8%) of residents are economically inactive

Top 4 reasons for being economically inactive:



1.3% are retired
Lowest in Knowsley



13.6% are long-term sick or disabled
Highest in Knowsley



6.2% are students
Highest in Knowsley



9.3% looking after family or home
Highest in Knowsley

Based on those aged 16 to 64 years

Endnotes

ⁱ A "household reference person" (HRP) is the householder, who is the household member who owns the accommodation; is legally responsible for the rent; or occupies the accommodation as reward of their employment, or through some relationship to its owner who is not a member of the household. If there are joint householders, the one with the highest income is the HRP. If their income is the same, then the eldest one is the HRP.

ⁱⁱ Definition: Whether a household's accommodation is overcrowded, ideally occupied or under-occupied. This is calculated by comparing the number of bedrooms the household requires to the number of available bedrooms. The number of bedrooms the household requires is calculated according to the Bedroom Standard, this takes into account the relationships between the people in the household, sex and age. The room measure uses a formula which states that: * one-person households require three rooms comprised of two common rooms and one bedroom * two-or-more person households require a minimum of two common rooms and a bedroom for each person in line with the Bedroom Standard.

ⁱⁱⁱ 'Homelessness prevention' means providing people with the ways and means to address their housing and other needs to avoid homelessness.

'Homelessness relief' is where an authority has been unable to prevent homelessness but helps someone to secure accommodation, even though the authority is under no statutory obligation to do so.

^{iv} Total Mental Health - Patients with general mental health and serious mental health problems as defined by ACG EDC Codes.

^v Definition: Suicide Cohort - Patients who are found to be at risk of suicide based on their GP record.

^{vi} CIPHA Mental Health Explorer - ACG Mental Health Diagnostic Markers. ACG is a person-focused case-mix system that captures the multidimensional nature of an individual's health. Developed by John Hopkins Bloomberg School of Public Health

^{vii} No method recorded in 7.3% of cases.

^{viii} EXE is an evaluation tool to measure the wellbeing and involvement of a child at the start and end of a period of time.

References

(n.d.). Retrieved from <https://www.waldenu.edu/programs/health/resource/why-birth-rates-are-significant-in-health-studies-and-health-science>

(n.d.). Retrieved from <https://www.healthcentral.com/condition/obesity/childhood-obesity?legacy=ew#causes>

(2019). *The English Indices of Deprivation 2019*. Retrieved from <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

2021 Census ONS. (n.d.). Retrieved from <https://www.ons.gov.uk/census>

A quick guide to children's services. (n.d.). Retrieved from Young Parents Advice: <https://www.frg.org.uk/yipa/need-help-or-advice/childrens-services>

Abortion statistics for England and Wales: 2021 - <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2021#:~:text=214%2C869%20abortions%20were%20reported%20in,the%20highest%20since%20records%20began.> (n.d.).

Anna Freud. (n.d.). *Parents and carers in conflict or separating*. Retrieved from https://www.annafreud.org/resources/family-wellbeing/advice-and-guidance-for-parents-and-carers-in-conflict-or-separating/?gclid=EAlaIqobChMIslqvyyq2o-QIVBbTtCh0JtwqOEAAAYAiAAEgL9ffd_BwE

BMA. (n.d.). <https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit/unique-health-challenges-for-refugees-and-asylum-seekers>

CDC. (n.d.). <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm#:~:text=Preterm%20birth%20is%20when%20a,2019%20to%2010.1%25%20in%202020.> Centers for Disease Control and Prevention.

Centre for Mental Health. (n.d.). *Mental Health Inequalities Factsheet*. Retrieved from <https://www.centreformentalhealth.org.uk/publications/mental-health-inequalities-factsheet/>

-
- Child in Need Plans and Reviews*. (n.d.). Retrieved from Leicester City Council:
https://www.proceduresonline.com/llr/childcare/leicester_city/p_cin_plans_rev.html#:~:text=Section%2017%20of%20the%20Children,to%20meet%20those%20children%27s%20needs.
- Childhood obesity: causes and consequences*. (n.d.). Retrieved from National Center for Biotechnology Information:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4408699/#:~:text=Childhood%20obesity%20can%20profou,ndly%20affect,life%20experienced%20by%20the%20child.>
- CIPHA. (n.d.). *Mental Health Dashboard*. Retrieved from <https://www.cipha.nhs.uk/>
- Civil Registrations Births NHS England. (n.d.). NHS England.
- Coping With Family Fighting After a Death*. (n.d.). Retrieved from Ashes with Art:
<https://www.asheswithart.co.uk/blogs/news/coping-family-fighting-after-a-death#:~:text=Why%20does%20grief%20cause%20conflict,death%20were%20sudden%20or%20unexpected>
- Determinants of accident and emergency attendances and emergency admissions in infants: birth cohort study. (n.d.). *BMC Health Services Research*. Retrieved from
<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08319-1>
- Dr Beth Luxmoore. (2022). *Review of mental health and relationship support services for families from conception to age 5 across the North-West Coast: Cheshire and Merseyside*.
- DWP. (n.d.). <https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml/>.
- Early Intervention Foundation. (n.d.). *Reducing parental conflict in the context of Covid-19: Adapting to virtual and digital provision of support*. Retrieved from <https://www.eif.org.uk/report/reducing-parental-conflict-in-the-context-of-covid-19-adapting-to-virtual-and-digital-provision-of-support>
- Economic and societal impacts of vaccines*. (n.d.). Retrieved from Association of the British Pharmaceutical Industry (ABPI): <https://www.abpi.org.uk/value-and-access/vaccines/economic-and-societal-impacts-of-vaccines/>
- Effects of divorce on children*. (n.d.). Retrieved from Kabir Family Law: <https://www.kabirfamilylaw.co.uk/effects-of-divorce-on-children/#:~:text=Children%20can%20also%20be%20emotionally,the%20way%20of%20their%20life.>
- Factors associated with breastfeeding in England: an analysis by primary care trust. (n.d.). *BMJ*. Retrieved from <https://bmjopen.bmj.com/content/3/6/e002765>
- Financial Behaviors, Couple-Level Conflict, and Adolescent Relationship Abuse: Longitudinal Results from a Nationally Representative Sample*. (n.d.). Retrieved from NCBI:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7439211/>
- Fingertips. (n.d.). <https://fingertips.phe.org.uk/>
- Fuel Poverty Factsheet*. (2021). Retrieved from <https://www.gov.uk/government/statistics/fuel-poverty-factsheet-2021>
- (n.d.). *Fuel poverty, cold homes and health inequalities in the UK*. Institute of Health Equity. Retrieved from Institute of Health Equity: <https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf>
- GOV.UK. (n.d.). *Statutory homelessness in England: financial year 2021-22*. Retrieved from <https://www.gov.uk/government/statistics/statutory-homelessness-in-england-financial-year-2021-22#full-publication-update-history>

Health Matters. (n.d.). Retrieved from <https://www.gov.uk/government/publications/health-matters-stopping-smoking-what-works/health-matters-stopping-smoking-what-works>

Health Matters. (n.d.). Retrieved from <https://www.gov.uk/government/collections/health-matters-public-health-issues>

(n.d.). *Hidden Consequences: The Impact of Incarceration on Dependent Children*. National Institute of Justice Journal. Retrieved from <https://nij.ojp.gov/topics/articles/hidden-consequences-impact-incarceration-dependent-children>

Hospitalisation after birth of infants: cross sectional analysis of potentially avoidable admissions across England using hospital episode statistics. (n.d.). Retrieved from National Center for Biotechnology Information (NIH): <https://pubmed.ncbi.nlm.nih.gov/30572847/>

<https://shapeatlas.net/>. (n.d.).

<https://www.nhs.uk/conditions/abortion/risks/>. (n.d.).

IFS. (n.d.). <https://ifs.org.uk/articles/pre-pandemic-relative-poverty-rate-children-lone-parents-almost-double-children-living-two>

Impact of COVID-19 on Early Childhood Education & Care. (2021). Retrieved from <https://post.parliament.uk/impact-of-covid-19-on-early-childhood-education-care/>

Impact of the pandemic on routine immunisations for vaccine-preventable diseases. (n.d.). Retrieved from Clinical Trials Arena: <https://www.clinicaltrialsarena.com/comment/impact-covid-19-immunisation/>

Infant and Children's Oral Health. (n.d.). Retrieved from https://www.health.ny.gov/prevention/dental/birth_oral_health.htm

JRF. (2023). *A framing toolkit: How to talk about homes*. Retrieved from Joseph Rowntree Foundation: <https://www.jrf.org.uk/report/framing-toolkit-how-talk-about-homes>

KMBC. (n.d.). *Helping Children Thrive 2020 - Working with children and their families in Knowsley*. Retrieved from <https://www.knowsleyscp.org.uk/wp-content/uploads/2020/01/Helping-Children-Thrive-Knowsley.pdf>

Knowsley Early Years. (n.d.). *Antenatal/Postnatal*. Retrieved from <https://knowsleyearlyyears.co.uk/antenatal-postnatal/>

Knowsley School Census Spring 2022. (n.d.).

LGA. (2004). *Community cohesion - an action guide guidance for local authorities*.

LGA and PHE. (n.d.). *Tackling poor oral health: Local government's public health role*. Retrieved from <https://www.local.gov.uk/sites/default/files/documents/tackling-poor-oral-health-d84.pdf>

Local Health. (n.d.). Retrieved from Local Health. Public Health Data for small geographic areas Office for Improvement & Disparities: <https://fingertips.phe.org.uk/profile/local-health>

LSE. (n.d.). *Lack of early years support costs England over £16 billion a year*. Retrieved from <https://www.lse.ac.uk/News/Latest-news-from-LSE/2021/f-June-21/Lack-of-early-years-support-costs-England-over-16-billion-per-year>

MBRRACE UK. (n.d.). *Saving Lives, Improving Mothers' Care*. Retrieved from <https://maternalmentalhealthalliance.org/wp-content/uploads/MBRRACE-UK-Maternal-Report-2015-3.pdf>

Mind. (n.d.). *What are perinatal mental health problems?* Retrieved from <https://www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression-and-perinatal-mental-health/about-maternal-mental-health-problems/#WhatArePerinatalMentalHealthProblems>

National Child Measurement Programme (NCMP). (n.d.).

NCMD. (2022). *The Contribution of Newborn Health to Child Mortality across England*. National Child Mortality Database (NCMD). Retrieved from https://www.ncmd.info/wp-content/uploads/2022/07/Perinatal-FINAL.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=13339317_NEWSL_HWB-2022-07-25&dm_i=21A8,7XWOL,9UPGFT,WHOV5,1

NCMD. (n.d.). https://www.ncmd.info/wp-content/uploads/2022/07/Perinatal-FINAL.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=13339317_NEWSL_HWB-2022-07-25&dm_i=21A8,7XWOL,9UPGFT,WHOV5,1.

NHS Digital. (n.d.). Infant Feeding Survey - UK, 2010. Retrieved from <https://digital.nhs.uk/data-and-information/publications/statistical/infant-feeding-survey/infant-feeding-survey-uk-2010>

NHS. (n.d.). *Domestic abuse in pregnancy*. Retrieved from <https://www.nhs.uk/pregnancy/support/domestic-abuse-in-pregnancy/#:~:text=Domestic%20abuse%20during%20pregnancy%20puts,the%20development%20of%20the%20baby.>

NHS. (n.d.). *Perinatal mental health*. Retrieved from <https://www.england.nhs.uk/mental-health/perinatal/>

NHS. (n.d.). *Relationships after having a baby*. Retrieved from <https://www.nhs.uk/conditions/baby/support-and-services/relationships-after-having-a-baby/#:~:text=Becoming%20a%20parent%20often%20puts,did%20before%20the%20baby%20arrived.>

NHS. (n.d.). *Vaccinations for children*. Retrieved from <https://www.nhs.uk/start-for-life/toddler/vaccinations-for-children/>

NIH. (n.d.). Childhood obesity: causes and consequences. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4408699/#:~:text=Childhood%20obesity%20can%20profoundly%20affect,life%20experienced%20by%20the%20child.>

NIH. (n.d.). *Household crowding*. Retrieved from National Library of Medicine : [https://www.ncbi.nlm.nih.gov/books/NBK535289/#:~:text=Diarrhoea%20and%20gastroenteritis&text=In%20two%20of%20the%20studies,\)%20\(147%2C%20153\).](https://www.ncbi.nlm.nih.gov/books/NBK535289/#:~:text=Diarrhoea%20and%20gastroenteritis&text=In%20two%20of%20the%20studies,)%20(147%2C%20153).)

NOMIS. (n.d.). <https://www.nomisweb.co.uk/>

nspcc. (n.d.). *Effects of child abuse*. Retrieved from <https://www.nspcc.org.uk/what-is-child-abuse/effects-of-child-abuse/>

NSPCC. (n.d.). *Parental substance misuse*. Retrieved from <https://learning.nspcc.org.uk/children-and-families-at-risk/parental-substance-misuse#:~:text=Parents%20who%20misuse%20substances%20may,and%20their%20children%27s%20physical%20needs>

ONS. (n.d.). <https://www.ons.gov.uk/>

ONS: *Why free school meal recipients earn less than their peers*. (n.d.). Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/articles/whyfreeschoolmealrecipientsearnlessthantheirpeers/2022-08-04#:~:text=Analysis%20of%20long%2Dterm%20administrative,go%20on%20to%20higher%20education.>

Parenting and mental health. (n.d.). Retrieved from Mental Health Foundation: <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/parenting-and-mental-health>

-
- PHE. (n.d.). *Initiatives to improve school readiness across the South East*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/781623/improving_school_readiness.pdf
- Preterm Birth | Maternal and Infant Health | Reproductive Health | CDC. (n.d.). Retrieved from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm#:~:text=Preterm%20birth%20is%20when%20a,2019%20to%2010.1%25%20in%202020.>
- Racial and Ethnic Differences in Breastfeeding. (n.d.). Retrieved from <https://pubmed.ncbi.nlm.nih.gov/27405771/>
- RCPCH. (n.d.). <https://www.rcpch.ac.uk/resources/child-health-inequalities-position-statement>
- RCPCH. (n.d.). *smoking during pregnancy*. Retrieved from <https://stateofchildhealth.rcpch.ac.uk/evidence/maternal-perinatal-health/smoking-pregnancy/#:~:text=Women%20from%20deprived%20backgrounds%20are,to%20smoke%20during%20their%20pregnancy.>
- Risk factors for intimate partner violence and abuse among adolescents and young adults: findings from a UK population-based cohort. (n.d.). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7848855/>
- Separation as a Cause of Conflict and Violence*. (n.d.). Retrieved from mediate.com: <https://mediate.com/separation-as-a-cause-of-conflict-and-violence/>
- Shelter. (n.d.). *Full House? How overcrowded housing affects families*. Retrieved from https://assets.ctfassets.net/6sxvmndnnp0s/6dU8FFbZ6RnSk6DbnDOMHb/61e30884aff47a789891b2dce54fcb7/Full_house_overcrowding_effects.pdf
- Single parents: facts and figures | Gingerbread*. (n.d.). Retrieved from <https://www.gingerbread.org.uk/our-work/single-parents-facts-and-figures/>
- Society, T. C. (n.d.). *Domestic abuse*. Retrieved from <https://www.childrensociety.org.uk/information/young-people/advice/domestic-abuse>
- Speech/language skills: birth to 2 years*. (n.d.). Retrieved from Children's Hospital of Richmond at VCU: <https://www.chrichmond.org/services/therapy-services/developmental-milestones/speechlanguage-skills-birth-to-2-years>
- Taylor, A. (2013). *The impact of parental substance misuse on child development*. Research in Practice. Retrieved from <https://www.cumbria.gov.uk/eLibrary/Content/Internet/537/6683/6684/4352993837.pdf>
- The Strategy Unit*. (n.d.). Retrieved from <https://www.strategyunitwm.nhs.uk/system-p>
- UKHSA. (n.d.). *Impact of COVID-19 on routine childhood immunisation: early vaccine coverage data to August 2021 in England*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1026360/hpr1721_chldhd-vc2.pdf
- Unicef. (n.d.). *Benefits of breastfeeding*. Retrieved from <https://www.unicef.org.uk/babyfriendly/about/benefits-of-breastfeeding/>
- Unicef. (n.d.). *Breastfeeding in the UK*. Retrieved from <https://www.unicef.org.uk/babyfriendly/about/breastfeeding-in-the-uk/#:~:text=Improving%20the%20UK%27s%20breastfeeding%20rates,%C2%A350%20million%20each%20year.>

-
- unicef. (n.d.). *Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK*. Retrieved from https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2012/11/Preventing_disease_saving_resources_policy_doc.pdf
- University of Bristol. (n.d.). *Evidence and policy review: Domestic violence and poverty*. Retrieved from <https://research-information.bris.ac.uk/en/publications/evidence-and-policy-review-domestic-violence-and-poverty>
- Value for money and return on investment. (n.d.). Retrieved from henry: <https://www.henry.org.uk/valueformoney>
- WBG. (n.d.). *The Female Face of Poverty: Examining the cause and consequences of*. Women's Budget Group. Retrieved from <https://wbg.org.uk/wp-content/uploads/2018/08/FINAL-Female-Face-of-Poverty.pdf>
- What 3 Problems Do Most Single Parents Face? (n.d.). Retrieved from Be Strong International: <https://www.bestrongintl.org/programs/what-3-problems-do-most-single-parents-face/>
- What Are the 10 ACEs of Trauma & How Can You Begin to Face Them? (n.d.). Retrieved from <https://michaelgquirke.com/what-are-the-10-aces-of-trauma-how-can-you-begin-to-face-them/>
- What is abuse? (n.d.). Retrieved from Refuge: <https://www.nationaldahelpline.org.uk/en/What-is-abuse>
- WHO. (n.d.). *Breastfeeding*. Retrieved from https://www.who.int/health-topics/breastfeeding#tab=tab_2
- WHO. (n.d.). *Violence Studies*. Retrieved from Violence Info: <https://apps.who.int/violence-info/studies/?area=intimate-partner-violence&aspect=risk-factors&group-by=category&risk-factor-level=Individual&risk-factor-sub-levels=Perpetrator>
- Why Birth Rate Are Significant in Health Studies - Walden University. (n.d.). Retrieved from <https://www.waldenu.edu/programs/health/resource/why-birth-rates-are-significant-in-health-studies-and-health-science>
- Why do single parents still suffer stigma? - University of Huddersfield. (n.d.). Retrieved from <https://www.hud.ac.uk/news/2019/december/single-parent-sigma/>
- Wiezorek, P. B. (2016). *Vulnerable Families: Reflections on a Difficult Category*. CEPS. Retrieved from <https://files.eric.ed.gov/fulltext/EJ1128536.pdf>
- Wirral Safeguarding Children Partnership. (n.d.). *Parental Conflict*. Retrieved from <https://www.wirral safeguarding.co.uk/parental-conflict/#:~:text=What%20can%20cause%20Parental%20Conflict,lead%20to%20arguments%20relationship%20distress.>