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Welsh Assembly Government

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2008 Children and Young People's Well-being Monitor for Wales





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Foreword

We are pleased to present the 2008 Children and Young People's Well-being Monitor for Wales. This Monitor is the first of its kind in Wales and represents the absolute commitment of the Welsh Assembly Government to investigate the issues that affect the lives of all our children and young people.

The decision to develop the Children and Young People's Well-being Monitor for Wales was made following the publication of the UNICEF (2007) Report Card "An Overview of Child Well-being in Rich Countries". This provides an assessment of the material, physical, social and emotional well-being of children in the UK, but it does not include a breakdown of the data for Wales.

The aim of the Monitor, which will be updated on a regular basis, is to report on the well-being of children and young people (aged 0 to 18 years), using a variety of child well-being indicators and other statistical and research sources. The Monitor is based on themes taken from the Assembly Government's seven core aims for children and young people, which seek to ensure that all children in Wales:

- have a flying start in life
- have a comprehensive range of education and learning opportunities
- enjoy the best possible health and are free from abuse, victimisation and exploitation
- have access to play, leisure, sporting and cultural activities
- are listened to, treated with respect, and have their race and cultural identity recognised
- have a safe home and a community which supports physical and emotional wellbeing, and
- are not disadvantaged by poverty.

We hope this Monitor will be an invaluable resource to all those in Wales with an interest and commitment to the care and well-being of our children and young people. And we believe it is important for a number of reasons. It provides access to reliable and up-to-date information on child well-being in Wales, allowing the Assembly Government to monitor and respond to key trends. As a Government we remain committed to the challenging targets that we have set ourselves

to reduce child poverty in Wales and this Monitor provides an opportunity to measure progress against those cross-cutting targets within the overall context of child well-being. Regular reporting by the Assembly Government will help to raise awareness of the issues that need to be tackled to secure children and young people's well-being in Wales.

The United Nations Convention on the Rights of the Child (UNCRC) calls on all State Parties to regularly publish data on children's well-being. The Assembly Government's commitment to the Convention is paramount and we are pleased to deliver on this in Wales with the publication of the 2008 Monitor.

A handwritten signature in black ink that reads "Rhodri Morgan AM". The signature is written in a cursive style with a large initial 'R'.

Rt Hon Rhodri Morgan AM
First Minister for Wales

A handwritten signature in black ink that reads "Ieuan Wyn Jones". The signature is written in a cursive style with a large initial 'I'.

Ieuan Wyn Jones AM
Deputy First Minister

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Office of the Chief Social Research Officer (September 2008)

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List of abbreviations

ACE	Adverse Childhood Experience
ACW	Arts Council for Wales
AHC	After Housing Costs
ALSPAC	Avon Longitudinal Study of Parents and Children
APHO	Association of Public Health Observatories
ASBO	Anti Social Behaviour Order
AVCE	Advanced Vocational Certificate of Education
AWISS	All Wales Injury Surveillance System
BASCD	British Association for the Study of Community Dentistry
BCS	British Crime Survey
BHC	Before Housing Costs
BHPS	British Household Panel Survey
BMI	Body Mass Index
CSSIW	Care and Social Services in Wales
CAMHS	Child and Adolescent Mental Health Services
CEMACH	Confidential Enquiry into Maternal and Child Health
CLS	Centre for Longitudinal Studies
CSP	Community Safety Partnership
CTF	Child Trust Fund
CYPP	Children and Young People's Plan
DCELLS	Department for Children, Education, Lifelong Learning and Skills
DDA	Disabilities Discrimination Act
DfES	Department for Education and Skills
DHSS	Department of Health and Social Services

dmft	Decayed, missing or filled teeth (deciduous teeth)
DMFT	Decayed, missing or filled teeth (permanent teeth)
DoFM	Department of the First Minister
DPHHP	Department of Public Health and Health Professions
DWP	Department for Work and Pensions
EHCS	English Housing Conditions Survey
ESRC	Economic and Social Research Council
EULFS	European Union Labour Force Survey
FACS	Families and Children Study
FRS	Family Resources Survey
FSM	Free School Meals
FSW	Future Skills Wales
GCSE	General Certificate of Secondary Education
GNVQ	General National Vocational Qualification
GUM	Genito-Urinary Medicine
HBAI	Households Below Average Income
HBSC	Health Behaviour in School-aged Children study
HMRC	Her Majesty's Revenue and Customs
IEA	International Association for the Evaluation of Educational Achievement
IFS	Infant Feeding Survey
LBW	Low Birth Weight
LA	Local Authority
LCO	Legislative Competence Order
LEA	Local Education Authority
LFS	Labour Force Survey

LGDU	Local Government Data Unit
LLTI	Limiting Long-term Illness
LSOA	Lower Super Output Areas
MCS	Millennium Cohort Study
MMR	Measles, Mumps and Rubella
MVPA	Moderate to Vigorous Physical Activity
NEET	Not in Education, Employment or Training
PLASC	Pupil Level Annual School Census
NAfW	National Assembly for Wales
NHS	National Health Service
NOMS	National Offender Management Service
NPHS	National Public Health Service
NQF	National Qualification Framework
NSF	National Service Framework
NSPCC	National Society for the Prevention of Cruelty to Children
NVQ	National Vocational Qualification
OCJS	Offending Crime and Justice Survey
OCSRO	Office of the Chief Social Research Officer
ODPM	Office of the Deputy Prime Minister
OECD	Organisation for Economic Co-operation and Development
ONS	Office for National Statistics
PAF	Postcode Address File
PEDW	Patient Episode Database for Wales
PISA	Programme for International Student Assessment
SAAT	Self Assessment Audit Tool
SCW	Sports Council for Wales

SDQ	Strengths and Difficulties Questionnaire
SEN	Special Educational Needs
SJ&LG	Social Justice and Local Government
STI	Sexually Transmitted Infection
UN	United Nations
UNCRC	United Nation Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
WAG	Welsh Assembly Government
WBL	Worked Based Learning
WHO	World Health Organisation
WHS	Welsh Health Survey
WIMD	Welsh Index of Multiple Deprivation
WNHSS	Welsh Network of Healthy Schools Schemes
YJB	Youth Justice Board
YOT	Youth Offending Team

Executive Summary

Introduction

The United Nations recommends that state parties to the UN Convention on the Rights of the Child (UNCRC) collect data “on all persons under the age of 18 years for all areas covered by the Convention, including the most vulnerable groups”. This information should be used to assess progress and design policies to implement the convention.¹ The 2008 Children and Young People’s Well-being Monitor for Wales, published by the Welsh Assembly Government, delivers on this commitment and is the first of its kind for Wales.

The Monitor provides an analysis of children and young people’s well-being in relation to the Welsh Assembly Government’s seven core aims for children and young people. These are based on the UNCRC - see Box 1. It also reports on progress against the Assembly Government’s child poverty targets, placing them within the context of what else we know about the circumstances and experiences of children and young people in Wales.

Box 1: The Welsh Assembly Government’s Seven Core Aims for Children and Young People

- *Core Aim 1:* Every child should have a flying start in life and the best possible basis for their future growth and development (UNCRC Articles 3, 6, 29, 36).
- *Core Aim 2:* Every child and young person has access to a comprehensive range of education, training and learning opportunities, including the acquisition of essential personal and social skills (UNCRC Articles 3, 13, 22, 28, 29, 30 and supported by entitlements 1, 2 and 5).
- *Core Aim 3:* Enjoying the best possible physical and mental, social and emotional health, including freedom from abuse, victimisation and exploitation (UNCRC Articles 3, 6, 9, 11, 13, 19-25, 32-40 and supported by entitlements 6 and 7).

¹ Committee on the Rights of the Child. Thirty first session. Consideration of Reports Submitted by States Parties under Article 44 of the Convention. Concluding Observations of the Committee on the Rights of the Child: United Kingdom of Great Britain & Northern Ireland.

- *Core Aim 4:* All children have access to play, leisure, sporting and cultural activities (UNCRC Articles 15 and 31 and supported by entitlements 8 and 9).
- *Core Aim 5:* All children and young people are listened to, treated with respect and have their race and cultural identity recognised (UNCRC Articles 12-15, 21, 22, 30 and supported by entitlements 3 and 10).
- *Core Aim 6:* All children and young people should have a safe home and community which supports physical and emotional well-being (UNCRC Articles 9, 11, 16, 23 and 33).
- *Core Aim 7:* No child or young person is disadvantaged by poverty (UNCRC Articles 26 and 27).

*Source: Children and Young People: Rights to Action (2004)
Welsh Assembly Government*

The Monitor aims to provide a multi-dimensional picture of children and young people's well-being in Wales. Having this picture is important for several reasons:

- It provides reliable and up-to-date information on child well-being in Wales, allowing the Assembly Government to monitor and respond to key trends.
- Regular reporting will help to raise awareness of the issues that need to be tackled.
- The UNCRC calls on member countries to regularly publish data on children's well-being.

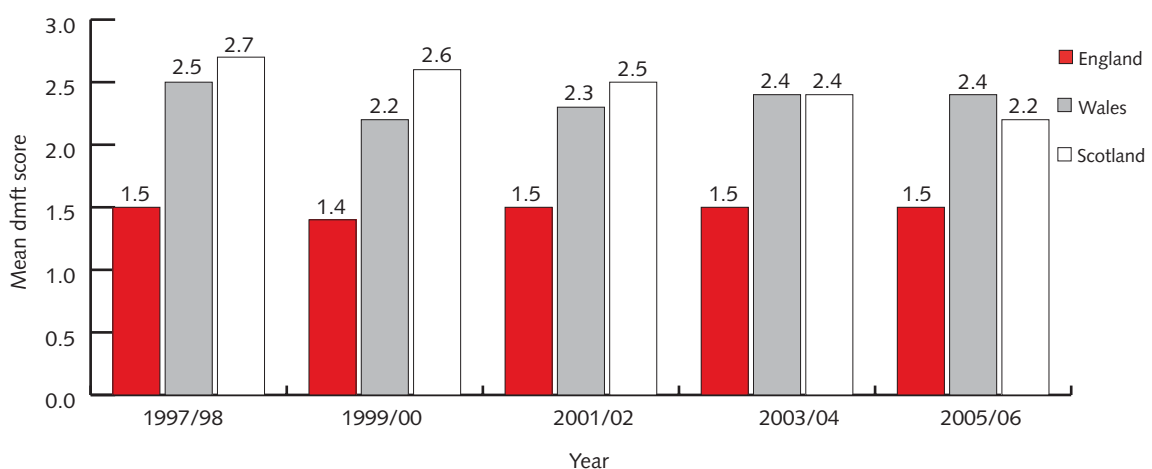
The monitor has been developed by Welsh Assembly Government analysts working closely with policy officials and external stakeholders. A wide range of sources has been drawn on to paint as comprehensive and reliable a picture of children and young people's well-being as possible. Pulling different sources together has provided some valuable insights, but some of the data we have used have not been ideal. For example, in places we have used proxies for what we are really interested in, and there are some significant information gaps.

Key findings

The early years

- The proportion of babies born with a low birth weight in Wales increased during the 1990s, but has been falling since 2001 (although 2006 saw an increase).
- There has been an overall decrease in Wales' infant mortality rate in recent years (although 2007 saw an increase).
- The dental health of five year olds in Wales has remained constant for over 20 years, but in 2005/06 the average decayed, missing or filled teeth (dmft) score of children in Wales was higher than in both England and Scotland (see Figure 1).
- The level of reported maternal smoking is higher in Wales than anywhere else in the UK. Just over a fifth (22%) of mothers smoked throughout their pregnancy, compared with a UK average of 17%.
- In 2005-06, the most common illness for which children under age seven were treated for was skin complaints.
- Girls perform better than boys at Key Stage 1.

Figure 1: Average decayed, missing or filled teeth (dmft) score for 5 year old children in England, Wales and Scotland (1997/98 - 2005/06)

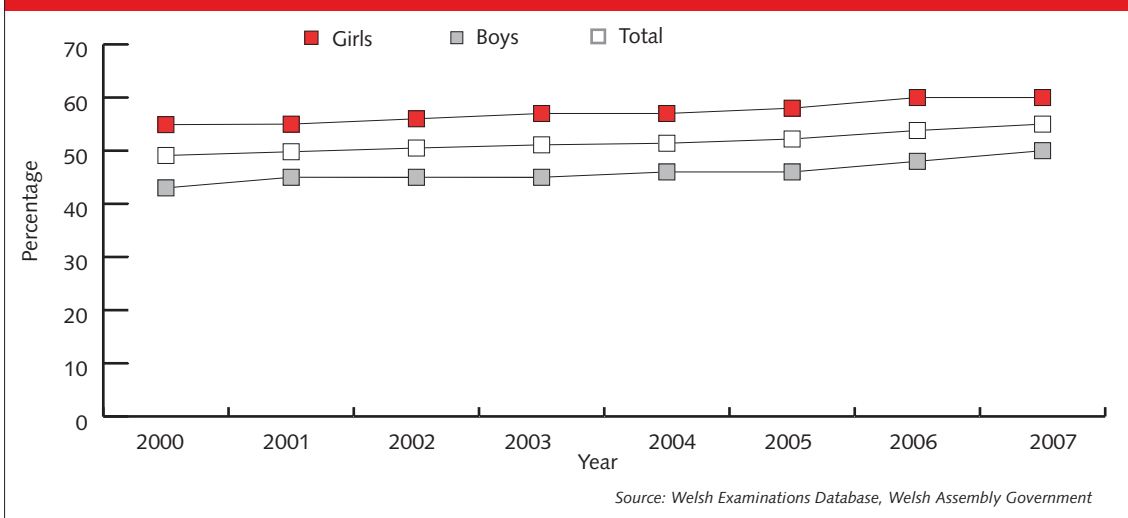


Source: BASCD (British Association for the Study of Community Dentistry) Surveys 1997-2006

Access to education, training and learning opportunities²

- The number of young people in Wales reporting that they “like school a lot” declines between the ages of 11 and 15, for both boys and girls. Girls are more likely than boys to say that they like school.
- Since 1999, performance among pupils in Wales at both Key Stage 2 and Key Stage 3 has generally been improving.
- Since 1999, performance at Key Stage 2 has been consistently higher than performance at Key Stage 3.
- There is strong evidence of a relationship between Free School Meal entitlement and low attainment.
- Wales has seen a gradual improvement in the percentage of pupils gaining five or more GCSEs (grade A*-C) - see Figure 2.
- The proportion of Welsh pupils failing to obtain any GCSEs has remained relatively stable since 1999.
- International comparisons show that Wales has a relatively high proportion of young people not in employment, education or training, at around a tenth of 16 to 18 year olds in 2006.

Figure 2: Percentage of 15 year olds in Wales achieving five or more A*-C (or equivalent) at GCSE (or vocational equivalent) (2000 - 2007)*



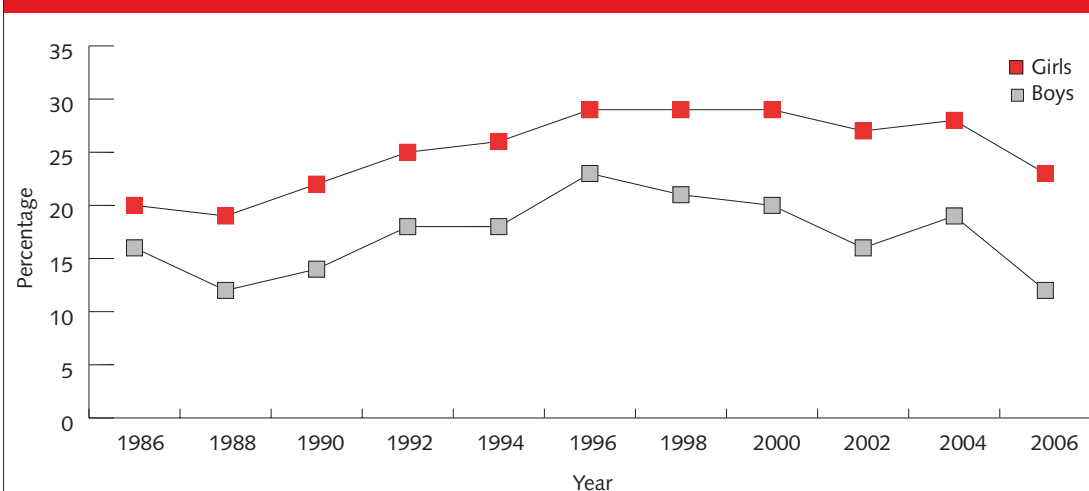
* Since 2007, Level 2 has become the standard measure, which includes all approved qualifications.

² This covers 8 to 18 year olds. Information on the education of 0 to 7 year olds is considered in Chapter 4 on *The Early Years*.

Health, freedom from abuse and exploitation³

- The dental health of 11 and 12 year olds has improved over recent years.
- The number of reported cases of sexually transmitted infections (STIs) amongst young people has increased significantly in recent years.
- There are high levels of teenage pregnancy in Wales compared with other European countries.
- Girls tend to rate their health less well than boys do. Furthermore, life satisfaction declines with age for girls and remains constant for boys.
- Approximately a fifth of children aged under 15 in Wales are obese.
- Smoking amongst 15 year olds has reduced significantly since hitting a high in the mid 1990s (see Figure 3). Nonetheless, risk behaviours of smoking and drinking remain a key issue of concern.

Figure 3: Percentage of 15 year olds in Wales smoking weekly (1998 - 2006)



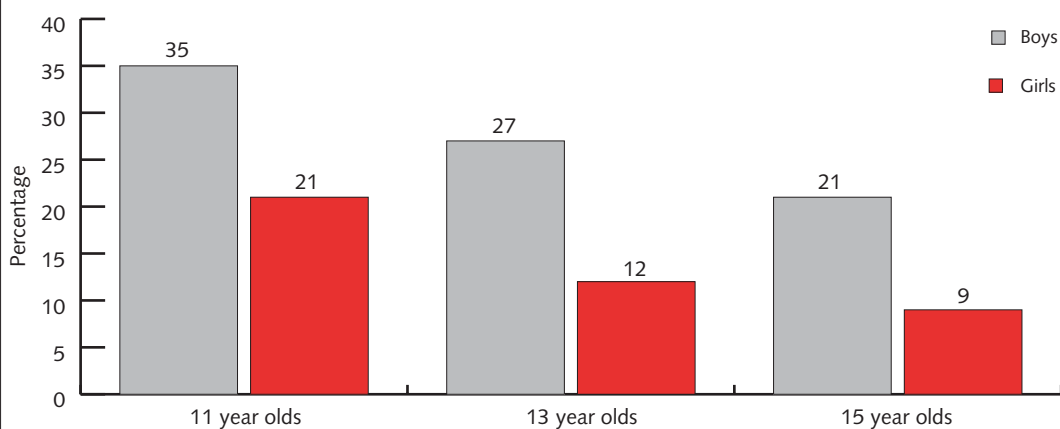
Source: Welsh Health Behaviour in School-aged Children (HBSC) study data

³ This covers 8 to 18 year olds. Information on the health of 0 to 7 year olds is considered in Chapter 4 on *The Early Years*.

Access to play, leisure, sport and culture

- In 2005/06 just under a half (45%) of Welsh families spent time every (or almost every) day doing indoor activities with their five year old child, whilst just over a quarter did so several times a week.
- Just over two-fifths (44%) of primary school children were classed as meeting current physical activity guidelines in 2006.
- Rates of physical activity decline amongst secondary school children. Just over a third (35%) of 11 to 16 year olds were physically active in 2006.
- Girls are significantly less likely to be physically active than boys (see Figure 4). For example, 15 year olds boys are twice as likely as girls to take at least one hour of moderate to vigorous exercise each day.
- In 2006, almost half (47%) of 11 to 16 year olds took part in extracurricular activities at least once a week.

Figure 4: Percentage of 11, 13 and 15 year olds (boys and girls) who report at least one hour of moderate to vigorous activity daily (2005/06)



Source: Welsh Behaviour in School-aged Children (HBSC) study 2005/06.

Children are listened to, treated with respect and have their race and cultural identity recognised

- Just over a fifth of young people aged 18 to 24 voted in the National Assembly for Wales elections.
- Most young people believe they should be able to vote at 16.
- In secondary schools in Wales, the most common medium used to teach about the UNCRC was through “other” curriculum subject areas. For primary schools, the most common method was through assemblies.
- Almost two thirds of young people reported that the UNCRC had not been explained to them at school.
- Half of young people know who represents them on their school council.
- Half of young people say their classmates are kind and helpful.
- Most young people report being involved in decisions that affect them at home and most say that it is easy to talk to either of their parents.
- One fifth of young people report taking part in a consultation. Just over a half report having signed a petition.

Safe home and community

- The majority of parents in Wales rate their area as “excellent” or “good” for bringing up a 5 year old child. The majority of parents also feel that their local area is “very safe” or “fairly safe”.
- The number of children killed or injured on the roads in Wales has been falling in recent years. Older children are more likely to be casualties than younger children, and boys are more likely to be killed or injured than girls.
- Levels of household crime and personal crime in Wales have remained stable over the last two years.
- The number of homeless households with dependent children has been falling since 2004/05 (see Figure 5).
- The number of families with children living in Bed and Breakfast accommodation has been falling in Wales in recent years.

Figure 5: Homeless households in Wales with a child/children (1999-2000 to 2007-08)

Number of households	Household includes dependent child(ren)	Household member pregnant and no other dependent children
1999-00	2,070	344
2000-01	2,381	395
2001-02	2,266	414
2002-03	3,007	479
2003-04	3,709	615
2004-05	3,914	724
2005-06	3,129	618
2006-07	2,772	540
2007-08	2,687	486

Source: WHO12 returns from local authorities

Child poverty

- Some 29% of children in Wales live in poor households (around 180,000 children), after housing costs.
- The rates of income poverty for children in Wales are now much closer to the average for the UK as whole, whereas they used to be markedly higher.
- The number of children living in absolute poverty fell by around 100,000 between the period 1998/99 to 2000/02 and 2004/05 to 2006/07.
- In the UK, 40% cent of poor children live in lone parent families, while 45% live in workless households.
- In the UK, just over a fifth of poor children live in households where all adults work, while just over a third live in households where at least one adult works but not all.

Well-being - whose perspective?

A question that arose frequently during the course of compiling the Monitor was whose perspective on well-being are we looking at?

The Monitor has been structured to cover the Welsh Assembly Government's seven core aims for children and young people that are based on the United Nations Convention on the Rights of the Child. The seven core aims are broad in scope and allow us to build up a more rounded picture of children and young people's well-being than if we had focused more narrowly on child poverty. However, there is very little information available on children and young people's own priorities and experiences, and how these vary by geography, age, gender, socio-economic circumstances and other factors.

The scientifically based information we have on what improves and detracts from children and young people's well-being is critically important, but we need to set this alongside children and young people's own perceptions and experiences. Information from children and young people is identified below as a key evidence gap.

Understanding context, causes and connections

Many of the indicators and outcomes for children and young people reported in the Monitor are strongly correlated with deprivation. For example:

- Dental decay
- Self reporting of poor health
- Breakfast skipping and unhealthy eating
- Availability of safe outdoor space or facilities for children to play
- Teenage conceptions
- Educational qualifications

Given that Wales has a higher percentage of low income families than either England or Scotland, it is not surprising that Wales has relatively poor results for a number of indicators.

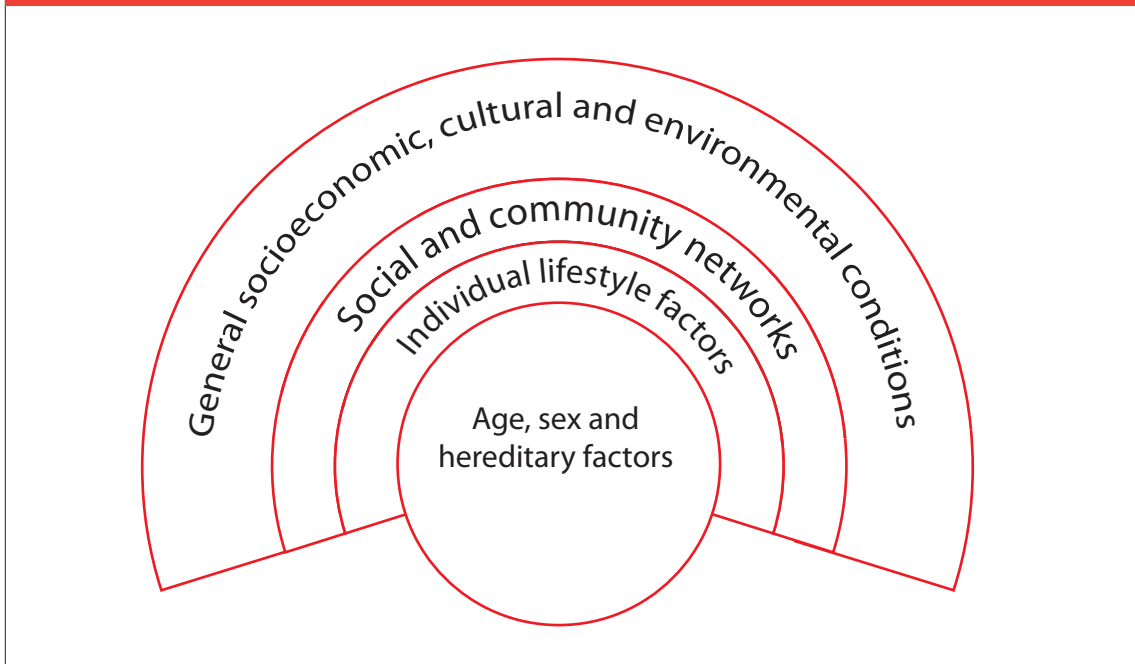
Also, many indicators are connected in some way (either via a causal relationship or because they are measuring different aspects of the same phenomenon).

This reinforces the pattern of well-being that emerges for children and young people in Wales. Indeed, a number of “lifestyle” indicators (such as the amount of physical exercise that is taken and the amount of alcohol consumed) have been included precisely because these behaviours are known to have an impact on both the immediate and longer term well-being of children and young people.

It is of note that most children and young people in Wales are experiencing good levels of well-being but there is an important minority who are not as fortunate.

To understand the dynamics of children and young people’s well-being, it is important to measure both immediate and longer term outcomes, and to understand the impact of broader social, economic and cultural factors that are often mediated through children and young people’s attitudes and behaviours. The model in Figure 6 provides this in a holistic way.

Figure 6: Dahlgren’s Policy Rainbow



Source: Dahlgren, G. and Whitehead, M. (1991) cited in "Independent Inquiry into Equalities in Health Report" Sir Donald Acheson (1998)

Children and young people’s resilience to particular risk factors in Wales is just one area that has been identified as an area for further research.

Developing the evidence base

We hope that by drawing together information from a variety of sources, the Monitor provides some useful insights into the well-being of children and young people in Wales. In some cases, direct evidence is not available and we have had to use “proxy” measures. In other cases, we have thought it useful to include background information - for example, on the number of children using a service.

At the end of each chapter we summarise the key information gaps. It is clearly not possible to fill all of these immediately and so we will liaise with key stakeholders to identify the most important areas. We consider some of the early priorities to be:

- How we can make more of existing data sources, such as the Living in Wales survey, the Millennium Cohort Study and the Health Behaviour in School-aged Children study.
- To explore how the Welsh Assembly Government could more systematically collect information on the views and experiences of children and young people, including their views on public services.
- To develop more meaningful indicators for Core Aims 4 and 5.
- To develop our evidence base on the abuse and exploitation of children and young people and mental health issues (Core Aim 3).

Next steps

The Monitor does not claim to be a definitive statement on the well-being of children and young people in Wales. Rather, it is a first attempt to analyse and present key data on each of the Welsh Assembly Government’s seven core aims for children and young people. It has deliberately drawn on a wide range of data sources to paint as comprehensive a picture as possible.

The Monitor is intended to stimulate debate on how we should be defining, measuring and reporting on children and young people’s well-being. The next Monitor, planned for 2010, will take into account any feedback we receive. In particular, we will canvas the views of children and young people to ensure that the Monitor reflects their perspectives.



Chapter 1 An introduction to the Monitor

The 2008 Children and Young People's Well-being Monitor is the first of its kind for Wales. Published by the Welsh Assembly Government, it presents a range of information and research on children and young people's well-being.

The Monitor is intended to stimulate debate on how we should be defining, measuring and reporting on children and young people's well-being. The next Monitor, planned for 2010, will take into account any feedback we receive. In particular, we will canvas the views of children and young people to ensure that the Monitor reflects their perspectives.

This first chapter provides some brief background information on the development of the Monitor. It also provides an overview of the Welsh Assembly Government's commitment to ensuring the well-being of children and young people.

1.1 Background to the Monitor

The decision to publish a Children and Young People's Well-being Monitor for Wales recognises the need for a regular report giving a high level perspective on child well-being at an all Wales level. The UNICEF (2007) Report Card "Child Poverty in Perspective: An Overview of Child Well-being in Rich Countries" provides an assessment of the material, physical, social and emotional well-being of children in the UK. ^(Ref 1) However, the UNICEF Report Card does not include a breakdown of the data for individual countries in the UK.

The Monitor is important for a number of reasons.

- It provides access to reliable and up-to-date information on child well-being in Wales, allowing the Assembly Government to monitor and respond to key trends.
- It provides an opportunity to track the Assembly Government's cross-cutting child poverty targets within the context of child well-being.
- Regular reporting by the Assembly Government should help to raise awareness of the issues that need to be tackled to secure children and young people's well-being.
- The United Nations Convention on the Rights of the Child (UNCRC) calls on all State Parties to regularly publish data on children's well-being. ^(Ref 2)

The Office of the Chief Social Research Officer (OCSRO), Welsh Assembly Government, co-ordinated the development of the Monitor. Joint analytical working groups (consisting of Assembly Government statisticians, economists and social researchers) worked with policy officials from across the relevant departments in the Assembly Government (and the National Public Health Service in Wales) to develop individual chapters.

1.2 Aims

The aim of the Monitor is to report on the well-being of children and young people (aged 0 to 18 years), using a variety of child well-being indicators and other statistical and research sources. These sources largely reflect an adult's perspective of children's well-being. It is the intention for future editions of the Monitor to include indicators that reflect a child's perspective of well-being. The Monitor will be updated in 2010, and every three years thereafter.

Whilst children and young people's policy in Wales covers the whole of the 0 to 25 age group, the Monitor focuses on 0 to 18 year olds, the same age group as the United Nations Convention on the Rights of the Child (UNCRC).

The Monitor is based on themes taken from the Assembly Government's seven core aims for children and young people which are underpinned by the UNCRC - see Box 1.1. These seven core aims form the statutory definition of the well-being of children and young people in Wales.

Specifically, the Monitor reports at an all Wales level on the priority outcomes and indicators identified in *"Shared Planning for Better Outcomes"* (2007).^(Ref 3) It also reports on the Assembly Government's progress towards the child poverty targets, published in *"Eradicating Child Poverty in Wales - Measuring Success"* (2006).^(Ref 4)

⁴ A summary of progress made to date towards achieving the Assembly Government's child poverty targets can be found in Appendix 1. The Welsh Assembly Government's child poverty targets are also the focus of separate Welsh Assembly Government web pages.

Box 1.1: The Welsh Assembly Government's Seven Core Aims for Children and Young People

- *Core Aim 1:* Every child should have a flying start in life and the best possible basis for their future growth and development (UNCRC Articles 3, 6, 29, 36).
- *Core Aim 2:* Every child and young person should have access to a comprehensive range of education, training and learning opportunities, including the acquisition of essential personal and social skills (UNCRC Articles 3, 13, 22, 28, 29, 30 and supported by entitlements 6 and 7).
- *Core Aim 3:* Every child should enjoy the best possible physical and mental, social and emotional health, including freedom from abuse, victimisation and exploitation (UNCRC Articles 3, 6, 9, 11, 13, 19-25, 32-40 and supported by entitlements 6 and 7).
- *Core Aim 4:* All children should have access to play, leisure, sporting and cultural activities (UNCRC Articles 15 and 31 and supported by entitlements 8 and 9).
- *Core Aim 5:* All children and young people should be listened to, treated with respect and have their race and cultural identity recognised (UNCRC Articles 12-15, 22, 22, 20 and supported by entitlements 3 and 10).
- *Core Aim 6:* All children and young people should have a safe home and community which supports physical and emotional well-being (UNCRC Articles 9, 11, 16, 23 and 33).
- *Core Aim 7:* No child or young person should be disadvantaged by poverty (UNCRC Articles 26 and 27).

*Source: Children and Young People: Rights to Action (2004)
Welsh Assembly Government*

1.3 Sources of data used in the Monitor

Key sources of data used in the Monitor include surveys such as the Millennium Cohort Study (MCS), the Welsh Health Survey (WHS), Living in Wales, the Health Behaviour in School-aged Children (HBSC) study and the British Crime Survey (BCS).⁵ It also draws on quarterly and annual statistics published by the Welsh Assembly Government, the Local Government Data Unit - Wales, the Office for National Statistics (ONS) and the Department for Work and Pensions (DWP).

The Monitor provides data on children and young people's well-being at an all Wales level rather than local authority level.⁶ It also includes findings from research studies, the majority of which have a Wales focus.⁷

The Monitor also highlights specific information and knowledge gaps in relation to child well-being in Wales. The Executive Summary includes a discussion of how these gaps might be addressed in the future.

1.4 Structure of the Monitor

The structure of the Monitor is based around the seven core aims of the Welsh Assembly Government for children and young people. Chapter 2 provides a general demographic introduction to children and young people in Wales. Chapter 3 provides information on particular groups of children at risk of disadvantage.

The remaining chapters concentrate on:

- early years (Chapter 4)
- education (Chapter 5)
- health, freedom from abuse and exploitation (Chapter 6)
- access to play, leisure, sporting and cultural activities (Chapter 7)
- rights and entitlements (Chapter 8)

⁵ Additional information about these (and other) surveys can be found in Appendix 2.

⁶ Appendix 3 highlights where data also exist for the indicators included in the Monitor at local authority level.

⁷ These were identified through a series of searches (of key research databases). This included Ingenta, the Education Resources Information Centre, Medline, Maternity & Infant Care, PsychInfo, National Library for Health and Social Care Online. Search terms were developed in relation to the seven core aims identified above. Individual research items were then reviewed by social researchers involved with developing specific chapters of the Monitor.

- safe home and community (Chapter 9)
- and child poverty (Chapter 10).

Given the complexity of well-being as a concept, reporting separately in individual chapters on specific themes can create an artificial divide. In order to avoid repetition, decisions have been made to cover particular issues in one chapter. For example, neglect is covered in Chapter 6 *Health, Freedom from Abuse and Exploitation* and is not covered in Chapter 4 *The Early Years*. Where possible, chapters cross-reference to relevant information contained elsewhere within this document.

The Monitor does not report on the effectiveness of Welsh Assembly Government policies. However, it is important that this policy landscape is described in order to set the scene for the information contained in the Monitor as a whole. This is covered in the remainder of this chapter.⁸

1.5 Children and young people's well-being in Wales - The policy context

The following section provides an overview of the policy context that exists in relation to children and young people's well-being. A summary of key developments can be found in Box 1.2.

⁸ A detailed list of Welsh Assembly Government policies for children and young people can be found in Appendix 4.

Box 1.2: Children and Young People's Wellbeing in Wales: The Legislative Framework and Key Policies

- *UNCRC*: Adopted by the United Nations November 1989. Ratified by the UK Government in December 1991 and came into force in January 1992.
- *Children Act 2004*: Provides a legislative basis for improving the lives of children in England and Wales. Provides legislation for the development of Children and Young People's Partnerships and Children and Young People's Plans (CYPPs) in Wales.
- *Children and Young People: Rights to Action (2004)*: Outlines the Welsh Assembly Government's vision for children and young people. Establishes commitments to ensure the well-being of children and young people in seven core aims.
- *Stronger Partnerships for Better Outcomes (2006)*: Sets out the duties of local authorities in Wales to take the lead in partnership working and to put in place effective and integrated services for all children and young people. Central to these duties is the role of Children and Young People's Partnerships and their Children and Young People's Plans CYPPs).
- *Extending Entitlement: Services and Support for 11 to 25 year olds in Wales (2002)*: Designed to secure delivery of youth support services based on ten entitlements for young people (aged 11 to 25). Provides them with access to a range of support and services.
- *National Service Framework for Children, Young People and Maternity Services (2002)*: Aims to improve the quality of services for children and young people and to reduce variations in service delivery. Sets standards for services delivered to children and young people, which are supported by Key Actions.

UN Convention on the Rights of the Child and its seven core aims

The Welsh Assembly Government has adopted the UNCRC as the basis of all its policies and programmes for children and young people in Wales. The UNCRC was adopted by the United Nations in November 1989 and it has been signed by all governments in the world. In 54 Articles, the Convention spells out the basic human rights to which children are entitled (see Box 1.3).

Box 1.3: The Five Core Principles of the UNCRC

The UNCRC is an international human rights treaty that grants all children and young people (aged under 18) a comprehensive set of rights. The UK signed the convention on 19 April 1990, ratified it on 16 December 1991 and it came into force in the UK on 15 January 1992.

The five core principles of the UNCRC are:

- The right to life, survival, and development.
- Non-discrimination.
- Devotion to the best interests of the child.
- Respect for the views of the child.
- The right to an adequate standard of living and social security.

For further information, see <http://www.unicef.org/crc/>

The Assembly Government has translated the UNCRC into seven core aims (see Box 1.1) relating to early years; education; health; rights and entitlements; access to sport, leisure and culture; safe home and community; and child poverty.

Children Act 2004

The Children Act 2004 provides a legislative base for improving children's lives in England and Wales. The overall aim of the Act is "to encourage integrated planning, commissioning and delivery of services as well as improve multi-disciplinary working, remove duplication, increase accountability and improve the co-ordination of individual and joint inspections in local authorities"^(Ref 5)

In Wales, it requires lead directors in local government and the NHS to establish statutory Children and Young People's Partnerships, to work together to safeguard and promote the welfare of all children and young people in Wales. The Act also placed a new duty on local authorities to promote the educational achievement of looked after children.

Children and Young People: Rights to Action

The Assembly Government outlined its vision for children and young people in 2004 in *“Children and Young People: Rights to Action”*.^(Ref 6) This document establishes the Assembly Government’s commitments to ensuring the well-being of children and young people in the seven core aims identified above.

Children and Young People: Rights to Action is supported by *“Stronger Partnerships for Better Outcomes”* (2006).^(Ref 7) This document sets out the duties of local authorities to take the lead in partnership working and to put in place effective and integrated services for all children and young people. Central to these duties is the role of Children and Young People’s Partnerships in Wales.

These Partnerships are required to ensure joint working among public, private and voluntary sectors in terms of delivering services and improving outcomes for children and young people at a local level. The Partnerships must also ensure that children and young people, and families, are able to participate in the planning process.^(Ref 3)

Children and Young People’s Plans (CYPPs)

CYPPs are three year strategic plans which are developed and owned by the Children and Young People’s Partnerships at the local authority level. These Plans are designed to provide a “strategic vision” for delivering and improving services for children and young people within each local authority.

The CYPPs describe how the requirements of national and local strategies, policies and priorities will be tackled locally. They list the key elements for delivering improved outcomes in relation to the seven core aims. The Plans are also designed to set out targets, which will enable progress to be measured.

Crucially, the Plans provide a basis for the joint commissioning of services and the sharing of core budgets of statutory partners and resources, and/or financial contributions from the voluntary sector.

The scope of the Plans extends across services for all children and young people from the ante-natal stage up to the age of 19 years. They also cover care leavers up to 21 (or above if continuing education or training) and those receiving youth support services up to 25.

The first CYPPs cover the period 2008/09 to 2010/11 - with the 22 Plans published by 30 September 2008. Future planning cycles will follow on from April 2011 to March 2014. Future editions of the Children and Young People's Well-being Monitor for Wales will fit into (and inform) this planning cycle.

CYPPs will be reflected in all other strategic plans, including the "Health, Social Care and Well-being Strategies" of local authorities and local health boards.⁹

Extending Entitlement: Services and Support for 11 to 25 year olds in Wales

Extending Entitlement: Services and Support for all 11-25 year olds in Wales is underpinned by a Direction made in 2002 under the Learning and Skills Act 2000. It is designed to secure delivery of youth support services based on ten entitlements for young people (aged 11 to 25). It will provide them with access to a range of support and services, allowing them to make informed life choices and equipping them to:

- participate in education or training
- take advantage of opportunities for employment
- and participate effectively and responsibly in the lives of their communities.

The Assembly Government is also developing a series of proposals aimed at reducing the number of young people not in education, employment or training (NEETs).

National Service Framework for Children, Young People and Maternity Services

The development of the National Service Framework (NSF) for Children, Young People and Maternity Services in Wales began in September 2002. The overall aim of the NSF is that "all children and young people achieve optimum health and well-being and are supported in achieving their potential".^(Ref 8)

Specifically, the Framework aims to improve the quality of services for children and young people and reduce variations in service delivery. It sets out standards for services delivered to children and young people, where each standard is supported by Key Actions.

These standards have been set not just for health and social care - but also for other local government services with a strong influence on the health and well-being of children (including education, housing, leisure and transport).

⁹ Consultation versions of the CYPPs can be found on the following website: http://new.wales.gov.uk/topics/educationandskills/policy_strategy_and_planning/schools/children_and_young_people/cyppconsultations/?lang=en

Relevant organisations score their services (against each NSF Key Action) on an annual basis, using the Self Assessment Audit Tool (SAAT). This is designed to provide the Children and Young People's Partnerships (and the Welsh Assembly Government) with information on standards of service delivery across Wales.

Children's Commissioner for Wales

In 2001, the post of Children's Commissioner (the first of its kind for the UK) was established by the Care Standards Act 2000. The Children's Commissioner for Wales Act 2001 broadened the post's remit and set out its principal aim - which is to safeguard and promote the rights and welfare of children in Wales. The current Children's Commissioner for Wales is Keith Towler. His main responsibility is to stand up for children and young people's rights, making sure that they get the things they need to be safe, healthy and happy.¹⁰

The remainder of this chapter summarises key policies relating to the seven core aims that underpin the work of the Assembly Government in relation to children and young people.

Core Aim 1: Early years

The Welsh Assembly Government has developed a number of programmes aimed at providing young children with a secure start to life - including Flying Start and Cymorth.

Flying Start is targeted at children living in the most disadvantaged communities in Wales. It aims to improve long term outcomes by providing good quality child care, additional health visiting and parenting programmes.

Cymorth projects also work with children and young people in disadvantaged communities, particularly in terms of early years education, health promotion, play, and the participation and engagement of young people.

Welsh Assembly Government's Breastfeeding Strategy "*Investing in a Better Start*" sets out the long term strategy to raise the percentage of breastfeeding mothers in Wales. A Pregnancy Book is also available for all mothers in Wales. The book focuses on pregnancy, ante-natal care, labour, birth, everything needed to care for the new baby, mother and baby's health and rights and benefits.¹¹

¹⁰ Further information can be found on the Children's Commissioner's website: www.childcom.org.uk/

¹¹ Further information about the Pregnancy Book can be found on following website: <http://new.wales.gov.uk/topics/health/improvement/pregnancy/pregnancy/?lang=en>

Core Aim 2: Education, training and learning opportunities

The Learning Country: Vision into Action is the Welsh Assembly Government's strategic plan for education, lifelong learning and skills in Wales.^(Ref 9)

Central to this plan is raising educational attainment levels and improving the life chances of children in Wales. The introduction of the Foundation Phase will provide a new curriculum for 3 to 7 year olds. The Learning and Skills Measure (launched for consultation in January 2008) is designed to assist in the implementation of 14-19 Learning Pathways.¹² This Measure will provide young people (particularly those from disadvantaged backgrounds) with a wider range of study options and learning opportunities.

Key policies to help reduce inequalities in education will be delivered through the Education Minister's recently launched *School Effectiveness Framework*. This is designed to ensure that all schools become effective places of learning. The Framework is based on tri-level reform. This means that schools, local authorities and the Assembly Government will work together and align their programmes to improve the well-being and learning of children and young people.

¹² Further information on Learning Pathways 14-19 Years can be found at: http://new.wales.gov.uk/topics/educationandskills/policy_strategy_and_planning/learning_pathways/?lang=en

Core Aim 3: Health, freedom from abuse and victimisation

A series of health initiatives is being implemented to improve the health and well-being of children. They include the *All Wales Strategy for Child and Adolescent Mental Health Services* (CAMHS).

The Food and Fitness Promoting Healthy Eating and Physical Activity for Children and Young People in Wales (Five Year Implementation Plan) provides a framework for integrating action on nutrition and physical activity.^(Ref 10) It aims to promote physical activity and a healthy diet. Arising from this, the Appetite for Life Action Plan sets out the strategic direction and actions required to improve the nutritional standards of food and drink provided in schools.

The *Welsh Network of Healthy Schools Schemes* (WNHSS) encourages the development of a healthy ethos in Welsh schools through local healthy school schemes. These are set within a national framework and promote three elements: The National Curriculum; the policy environment; and community links.

The WNHSS aims to promote, protect and embed physical, mental and social health and well-being in each school community. Schools in the scheme will work on actions related to:

- mental and emotional health and well-being
- food and fitness
- personal development and relationships
- substance use and misuse
- the environment
- safety
- and hygiene

The Assembly Government has also put in place a co-ordinated programme of smoking prevention initiatives, aimed at young people and adults.

Furthermore, a new *Public Health Strategic Framework* (currently being developed) has seven core themes in relation to public health in Wales. One of these focuses on children and young people, although other themes are likely to be relevant, such as those on risk behaviour and inequality.

Separately, the Assembly Government is developing a new substance misuse strategy for Wales. This will build upon the existing strategy *Tackling Substance Misuse in Wales: A Partnership Approach* (2000) which seeks to help children, young people and adults resist substance misuse so that they can achieve their full potential in society.^(Ref 11)

Core Aim 4: Access to play, leisure, sporting and cultural activities

The Welsh Assembly Government has developed a number of policies to ensure a healthier and more enjoyable way of life for children and young people.

Health Challenge Wales,^(Ref 12) *Climbing Higher*,^(Ref 13) and the culture strategy *Creative Future*^(Ref 14) set out the main strategic guidance on this broad aim.

Climbing Higher is the Assembly Government's long-term strategy for sport and physical activity. This strategy focuses on encouraging young people to participate in sport and physical activity.

Along side the above, the *Welsh Assembly Government Play Policy* sets out a commitment to ensure that all children have access to stimulating environments that are free from inappropriate risk.^(Ref 15)

The Sports Council for Wales is the Welsh Assembly Government's main delivery agent for implementing its *Climbing Higher* strategy. Initiatives such as PE and School Sport (PESS),¹³ Dragon Sport, 5x60, and Free Swimming are all managed by the Sports Council with the aim of improving standards of physical education and increasing opportunities for children of all abilities to take part in well organised and clearly structured sport and physical activity.

¹³ The PESS project was established in response to the key actions required to improve standards of PE by the Report of the Physical Education and School Sport Task Force (2001).

Core Aim 5: Ensuring children are listened to, treated with respect and have their race and cultural identity recognised

The Assembly Government is committed to ensuring that children and young people are supported to access their rights under Article 12 of the UNCRC, and the corresponding Welsh entitlement to have their voices heard in decision-making on issues which affect their lives. This right is set out in the *Guidance on Extending Entitlement* (2002) and in *Children and Young People: Rights to Action* (2004). *Stronger Partnerships for Better Outcomes* (2006) states that "children and young people must be able to influence the planning and provision of services that affect them".^(Ref 7)

The Assembly Government established and supports Funky Dragon and the Participation Consortium for children and young people in Wales. Funky Dragon is the children and young people's Assembly for Wales, which is a child and young person led organisation designed to ensure that children and young people's voices are heard in the Welsh Assembly Government decision making process. The Participation Consortium for children and young people in Wales is a multi-agency partnership designed to co-ordinate activity and share effective practice.

In 2007, the Government in Wales signed up to the National Standards for Participation developed by the Consortium. Also in 2007, Local Participation Strategy (LPS) Guidance was developed to inform multi-agency practice at a local level. Children and Young People's Partnerships will be expected to have their strategies in place by October 2008.

There is also a statutory requirement in place that all primary, secondary and special schools in Wales should have a school council. Wales is the only country in the UK where such legislation is currently in place. The regulations require schools to ensure that pupils from special needs departments are represented on the school council. The Assembly Government's School Effectiveness Framework (2008) also states that school councils should engage children and young people in the planning and management of their learning environment.

In extending the rights and entitlements for children and young people in Wales, the Assembly Government announced its plan (in May 2008) to implement a New Service Framework for children and young people's advocacy. This will ensure that all children and young people in Wales will have universal access to advocacy and advice services.

Core Aim 6: Safe home and community

Being safe from crime is a key aspect of the well-being of children and young people in Wales. The Youth Justice Board (YJB), Youth Offending Teams (YOTs), National Offender Management Service (NOMS) and Community Safety Partnerships (CSPs) all have responsibilities in relation to the needs of offenders in Wales. In particular, YOTs and the YJB have a role in supporting children and young people at risk of offending and their families and those who are victims of crime. Under the Children Act 2004, criminal justice agencies have shared duties to safeguard and promote the welfare of children and young people.

The *All Wales Youth Offending Strategy* (developed by the Welsh Assembly Government and the Youth Justice Board for England and Wales) sets out an approach to promote the well-being of those at risk of offending, and young offenders.^(Ref 16) Key points in the strategy include taking action to identify children and young people at risk of offending; providing programmes to divert children and young people away from offending behaviour; and having effective community-based alternatives to custody where this is in the best interests of the child.

The Welsh Assembly Government has a *Road Safety Strategy*^(Ref 17) designed to reduce real and perceived danger on all Welsh roads. Specifically, the strategy aims to:

- improve safety for children
- promote the safe use of “vulnerable” modes of transport (such as walking, cycling, motorcycling and horse riding)
- reduce excessive and inappropriate speed of motor vehicles
- and target other poor driving practices (including drink driving, drug driving, use of mobile phones and driving while tired).

The Assembly Government has developed a *National Homelessness Strategy for Wales 2006-2008* (published in November 2005). Underpinning the strategy is a commitment to providing services that prevent homelessness wherever possible.

Core Aim 7: Ensuring no child or young person is disadvantaged by poverty

The Assembly Government has developed a cross-cutting agenda for improving the lives of children living in poverty. In recent years, policy has been shaped by the report of the independent Child Poverty Task Group (June 2004). This informed the development of the Welsh Assembly Government's Child Poverty Strategy "*A Fair Future for Our Children*" (published in February 2005)^(Ref 18). It was followed by the development of the Child Poverty Implementation Plan in May 2006, and the adoption of cross-cutting milestones and targets published in October 2006 in "*Eradicating Child Poverty in Wales - Measuring Success*".^(Ref 4)

A Fair Future for Our Children

Central to the Assembly Government's Child Poverty Strategy *A Fair Future for Our Children* (2005) were several commitments to children and young people including:

- raising their standard of living and quality of life
- improving their health and well-being
- helping them to share in making decisions
- helping them to become independent citizens
- and reducing inequalities.

The Strategy confirmed that the Assembly Government would tackle child poverty in its widest sense encompassing income poverty, participation poverty and service poverty.

Child Poverty Implementation Plan (2006)^(Ref 19) and Eradicating Child Poverty in Wales - Measuring Success (2006)^(Ref 4)

Following the publication of *A Fair Future for Our Children* (2005), the then Deputy Social Justice Minister published the *Child Poverty Implementation Plan* in May 2006. This plan set out a series of general and specific policy proposals on tackling child poverty in Wales. One proposal was to measure the Assembly Government's own progress against achieving the UK Government-led 2010 and 2020 child poverty targets.

Eradicating Child Poverty in Wales - Measuring Success (published in October 2006) set out a series of medium term milestones and longer term 2020 targets for eradicating child poverty. The targets were drawn together from four main policy areas: income and work; education; health; and housing.

Many of the child poverty targets were based on existing targets informed by departmental strategic plans. Progress against the child poverty targets are highlighted throughout the Monitor.

Three strand approach to tackling child poverty

In February 2008 the Minister for Social Justice and Local Government issued a Written Statement on Child Poverty. This statement confirmed that future action on reducing child poverty would focus on three strands. Strand 1 is designed to improve the life opportunities for disadvantaged children. Strand 2 consists of a series of financial inclusion measures. Strand 3 involves encouraging greater uptake of the UK Government tax and benefits support. (See Box 1.4 for a summary of key actions relating to each of these strands.)

Forthcoming legislation to address child poverty

- **Legislative Competence Order (LCO) for Vulnerable Children and Child Poverty**

The Assembly Government has developed a Legislative Competence Order (LCO) for vulnerable children and child poverty. The LCO will enable the National Assembly to legislate for Wales on child welfare and aspects of education, training, sport and recreation that are key components to a child and young person's development and social well-being. The LCO coverage extends to all children and young people up to 25 years old. It includes existing duties and functions of local authorities (and their partners) in relation to the safeguarding and promotion of the well-being of all children and young people and their families.

The LCO was approved by the National Assembly for Wales and will be considered in both Houses of Parliament in 2008. Subject to the approval of the LCO, the Assembly Government will then bring forward the Child Poverty and Vulnerable Children Measure to address child poverty in Wales.

The Assembly Government has recently consulted on broad policy proposals in respect of *Integrated Family Support Services*¹⁴ and *Taking Action on Child Poverty*.¹⁵

- **Strategy for Vulnerable Children**

In 2009, the Assembly Government will consult on a strategy for vulnerable children. Its focus will be on re-configuring services towards more effective support and earlier intervention. It will also strengthen the statutory framework around the care system to enable children and young people to receive high quality care and support, and to drive improvements in the delivery of services (focused on the needs of the child).

It builds on regulatory changes to strengthen the placement, education, health and well-being of looked after children (see *Towards a Stable Life and Brighter Future 2007*).^{Ref 20} Changes will include access to a personal advisor (to maintain a “pathway” plan) and wider support (including contributions towards expenses and accommodation). This will mean that care leavers will receive the support normally given by parents and that this support will continue until the young person is in his or her 20s.

¹⁴ *Consultation on Stronger Families*. Supporting Vulnerable Children and Families through a new approach to Integrated Family Support Services. Welsh Assembly Government. August 2008

¹⁵ *Taking Action on Child Poverty*. Consultation Paper. Welsh Assembly Government. June 2008.

Box 1.4: Welsh Assembly Government Future Action on Reducing Child Poverty - Three Key Strands

Strand 1: Improving the life opportunities for disadvantaged children

- European Structural Fund Programmes in Wales (for 2007-2013) are designed to increase employment, tackle economic inactivity and improve skills levels.
- The Childcare Act 2006 will require local authorities to secure sufficient childcare places for parents who want to work (or train). This applies particularly to parents of disabled children; parents wanting to access Welsh-medium provision; and parents in receipt of Working Tax Credit (Written Statement on Child Poverty by the Welsh Assembly Government, February 2008).
- The Skills and Employment Strategy for Wales (published in January 2008) provides a programme for helping more people into skilled employment.
- The Department for Work and Pensions (DWP) is developing plans for a more flexible New Deal (welfare to work) programme, designed to provide more intensive support for the most disadvantaged.

Strand 2: Financial inclusion measures

- The Assembly Government plans to develop a Financial Inclusion Strategy with five core themes:
 - 1) access to mainstream financial services
 - 2) financial capability and literacy
 - 3) accessible financial and debt advice
 - 4) income maximisation
 - 5) affordable credit and loans.

- The Assembly Government has specific programmes aimed at improving financial literacy in schools (e.g. through the National Basic Skills Strategy). These include:
 - tackling over-indebtedness
 - improving access to mainstream financial services
 - supporting and developing credit unions
 - improving access to financial and debt advisors
 - providing additional payments to Child Trust Funds
 - preventing illegal money lending.

Strand 3: Encouraging greater uptake of the UK Government tax and benefits support

- Improving rates of benefit uptake (including Housing and Council Tax Benefit, unemployment benefits and disability allowances). The Assembly Government provides support for a Council Tax Benefit uptake scheme that will encompass Housing Benefit and increasingly focus on families with children.
- A commitment exists under *One Wales*¹⁶ to ensure that comprehensive benefit advice is available in all local authority areas.

¹⁶One Wales is the four year Labour/Plaid agenda for the Government of Wales.

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Chapter 2 Children in Wales

Author: Beverley Morgan

Key Findings

- There are approximately 641 thousand children and young people in Wales aged under 18.
- The number of births has risen recently and in 2006 approximately 34 thousand children were born.
- The number of deaths among children and young people has fallen recently and in 2006, there were 274 deaths amongst 0 to 19 year olds.
- 8% of primary school children and 9% of secondary school children speak Welsh fluently at home.
- The vast majority of school children aged five and over are White British.

The following chapter provides a demographic overview of children in Wales. In particular it focuses on:

- the number of children
- where they live
- whether they are Welsh speakers
- and their ethnicity.

2.1 The number of children living in Wales

In mid 2006, official population estimates showed that just under three million people lived in Wales, almost 5% of the UK population.^(Ref 1) Around one in five of the Welsh population (561 thousand) was below the age of 16, while approximately 641 thousand were below the age of 18. There are roughly equal numbers of boys and girls below the age of 18.

Population projections

In 2006, children under 16 accounted for 19% of the Welsh population. By 2031, the number of children is expected to have increased by less than 1%, reducing their representation to around 17%.^(Ref 2)

Where children live in Wales

2006 population estimates demonstrate that out of Wales' 22 local authorities, Cardiff has the largest number of people aged 18 and under (72 thousand). While Newport has the highest proportion of its population made up of people aged 18 and under (25%), Ceredigion has the lowest proportion (19%).^(Ref 3)

2.2 Household characteristics

The 2001 Census showed 1.2 million households in Wales, 28% of which were families with dependent children. In 1971, 93% of all births were within marriage. This figure had fallen to 47% by 2006.^(Ref 3) In 2001, 7% of households were lone parent households with dependent children. The equivalent figure in 1991 was 5%.

The age at which women become mothers in Wales has been changing, with a rise in the number of births to women aged 30 and over, and a fall in the number of births to women aged under 30. Nonetheless, in 2006 "almost six out of ten births were to women under thirty".^(Ref 3) The mean age for giving birth for the first time in the UK has increased from 28.6 years in 2001 to 29.1 in 2006.

Two children remained the most common family size in England and Wales in 2006. However, childlessness has increased in recent years and large families have become less common.

2.3 An ageing population

At both a UK and Wales level, the number of children per 100 people of working age has been falling. For the UK, it fell from 43.8 children in 1971 to 30.5 children in 2006. Wales had approximately 31 children under 16 years per 100 people of working age in 2006.

According to the ONS: “This fall reflects both the smaller number of children in 2006 relative to 1971 and the increase in the working age population, which was due to the 1960s baby boomers who joined the working-age population from the late 1970s”.^(Ref 4)

2.4 Births and deaths of children in Wales

Approximately 34 thousand babies were born in Wales in 2006. Cardiff had the largest growth in the number of births between 2001 and 2006 - a 17.5% increase. For these babies the most popular boy’s name was Jack and the most popular girl’s was Megan.^(Ref 5)

The number of births in Wales is expected to increase in the next few years and remain at around 35,500 per year during the period 2010 to 2019.^(Ref 2) After this, births are projected to decrease slowly to around 33 thousand per year by 2031.

During the late 1990s and early 2000s, there were more deaths than births in Wales. From mid 2005 to mid 2006, however, the number of births exceeded the number of deaths for the first time since 1997/98, with 1,900 more births than deaths.^(Ref 3)

Mortality Rate

In 2006, 274 children and young people resident in Wales (aged 0 to 19) died. This is a rate of 3.8 per 100,000 population, which has been falling in the past decade (see Table 2.1 and Figure 2.1).

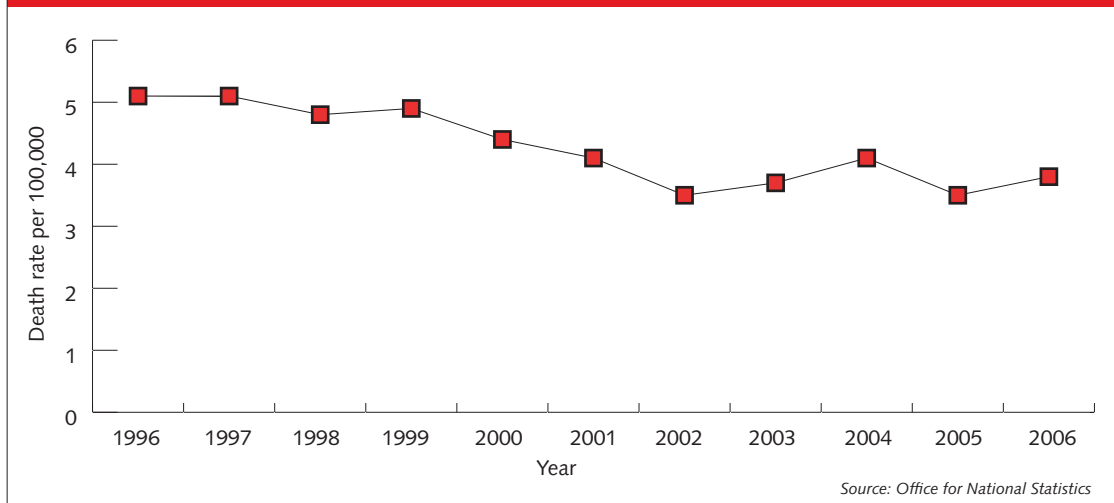
Table 2.1 Number of deaths of Welsh residents aged 0 to 19 (1996-2006)

1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
373	376	355	364	324	301	260	271	299	254	274

Source: Office for National Statistics

The main causes of deaths among children in Wales aged 0 to 19 are accidents and intentional self-harm. Causes of death among children are explored further in Chapter 4 on *The Early Years*, Chapter 6 on *Health, Freedom from Abuse and Exploitation* and Chapter 9 on *Safe Home and Community*.

Figure 2.1: Death rate of Welsh Residents aged 0 to 19 (per 100,000 population) (1996-2006)



2.5 Welsh language

According to the 2001 Census, 21% of the population in Wales could speak Welsh. Among those aged 3 to 19 the figure was 35%.¹⁷

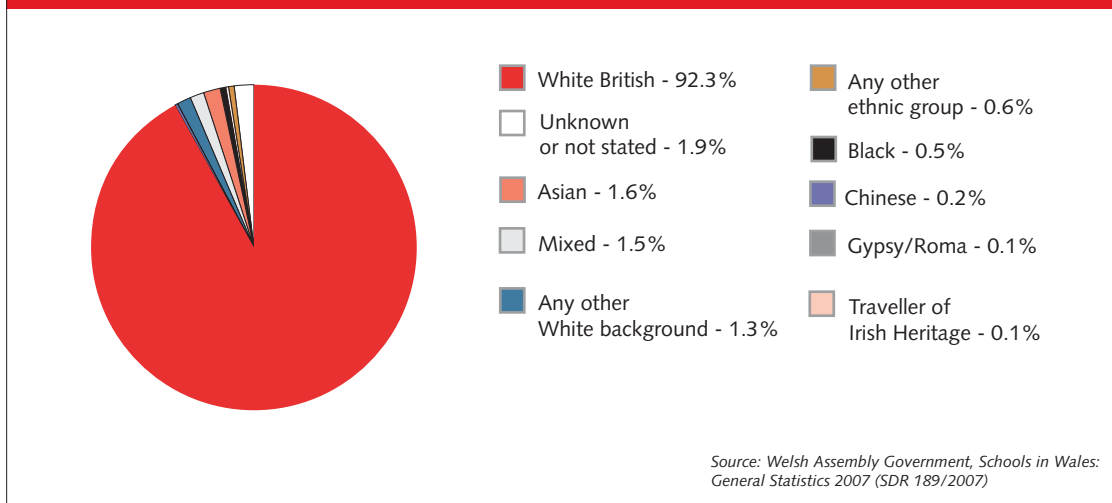
In terms of the ability of school children (aged 5 to 15) to speak Welsh, 8% of children at primary school speak the language fluently at home. The equivalent figure for pupils at secondary school is 9%. A further 5% of primary school pupils and 7% of secondary school pupils do not speak Welsh at home but are fluent.^(Ref 6)

¹⁷ All Census data outputs about the Welsh language are for people aged 3 and over.

2.6 Ethnicity

Data on the ethnicity of children aged five or over attending schools in Wales is published on an annual basis by the Welsh Assembly Government. This shows that the ethnic background of just over 92% of school children (approximately 384,500 pupils) aged five or over in Wales is White British. Figure 2.2 shows the breakdown. For 1.9% of school children their ethnic background is unknown or not stated.

Figure 2.2: The number of pupils aged 5 or over attending primary, secondary and special schools in Wales by ethnic background (2007)



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Chapter 3 An introduction to particular groups of children at risk of disadvantage

Author: Beverley Morgan

Key Findings

- The number of looked after children in Wales has risen in recent years.
- The most common reason for the need for care (in 2007) was neglect or abuse.
- Around 4% of children under 16 living in Wales have a limiting long-term illness.
- In January 2007, just over 3% of pupils on school rolls had a statement of Special Educational Need (SEN).
- The 2001 Census recorded that there were approximately 860 children in Wales providing more than 50 hours of care a week.
- For many of the indicators reported in the rest of the Monitor (for example, those in relation to health and education outcomes), data on specific groups of children are often unavailable.

Recognising that not all children are the same, this chapter provides an introduction to particular groups of children at risk of disadvantage - for example, in terms of particular health and education outcomes. In so doing, it provides general background information on looked after children, unaccompanied asylum seeking children, Gypsies and Travellers, children with a limiting long-term illness (LLTI), children living with disabled adults, young carers, children in need, young people in custody and children with Special Educational Need (SEN).

This chapter does not provide information on specific health or educational outcomes for these groups. Where possible, this is reported in other chapters. A key data gap highlighted throughout the Monitor, however, is that data on outcomes for specific groups of children and young people are often unavailable.

There are other groups of children who are also at risk of disadvantage who are not covered in this chapter - for example, children in workless families, children who are homeless, and children from minority ethnic groups. Risk of disadvantage amongst children in workless families is discussed in Chapter 10 *Child Poverty*. Homelessness amongst children and young people is discussed in Chapter 9 *Safe Home and Community*. Information on the ethnicity of Wales' children has been included in Chapter 2, while analysis of specific indicators by ethnicity is included (where possible) within individual chapters.

3.1 Looked after children

Looked after children is the term used in the Children Act 1989 Act to describe all children who are the subject of a care order (or who are provided with accommodation on a voluntary basis for more than 24 hours).

Data on looked after children are published by the Local Government Data Unit - Wales annually and are available at an all Wales and local authority level.

Over the past decade, the number of looked after children in Wales has been increasing. In 1997, there were just under 3,300. By 2007, this had increased to just under 4,900. The rate of all looked after children in Wales has been increasing every year since the end of the 1990s - from 44 per 100,000 children in 1997 to 72 per 100,000 in 1996 (see Table 3.1). The rise in the number of looked after children in Wales could be related to a number of different factors, including increased need and/or local authority policies and practices.

Table 3.1 Children looked after by local authority in Wales, year ending March 31 2007 ^{(a)(b)}

Year	Girls		Boys		All looked after children	
	Total number	Rate per 100,000 children ^(e)	Total number	Rate per 100,000 children ^(e)	Total number	Rate per 100,000 children
1997 ^(c)	1,439	44	1,715	50	3,290	44
1998 ^(d)	1,491	49	1,627	52	3,400	49
1999	1,699	52	1,958	57	3,657	52
2000	1,759	54	2,090	61	3,849	54
2001	1,798	56	2,133	63	3,931	56
2002	1,897	59	2,243	66	4,140	59
2003	2,052	64	2,373	73	4,516	64
2004	2,084	65	2,507	75	4,591	65
2005	2,130	67	2,538	76	4,668	67
2006	2,149	64	2,635	75	4,784	70
2007	2,212	67	2,672	76	4,884	72

Source: Social Services Statistics Wales 2006-07, Local Government Data Unit - Wales

Note:

- (a) Age of looked after children at March 31.
- (b) Including 242 children in an agreed series of short term placements.
- (c) Total boys and girls: includes 136 children for whom dates of birth were not supplied by local authorities.
- (d) Total boys and girls: includes 282 children for whom dates of birth were not supplied by local authorities
- (e) Based on the Register General's estimate of population at 30 June in the previous calendar year.

In 2007, of the total number of looked after children:

- 3,467 were in foster placements
- 213 were in residential care (which includes local authority homes and private and voluntary homes)
- 527 were with parents or family
- 234 were placed for adoption
- 68 were living independently

- 124 were absent or other
- and 9 were in secure units.^{(Ref 1) 18}

The number of children in foster placements has been increasing year on year since 1997, when there were 2,303 such children.^(Ref 1) The number of adoptions has also been increasing. In 1998, there were 51 adoptions. In 2007, this had increased to 225 (year ending March 31).

There are more looked after boys in Wales than looked after girls, and this has been the case for several years. The highest number of looked after children is in the 10 to 15 age group, for both boys and girls. In 2006-07, the majority (87%) of looked after children in Wales were white. Their ethnicity was unknown in 8% of cases.

In terms of the legal status of looked after children, in 2006-07:

- 2,550 were looked after under a full care order
- 1,170 children were looked after on the basis of a single occasion of accommodation under Section 20
- and 730 were being looked after under an interim care order.¹⁹

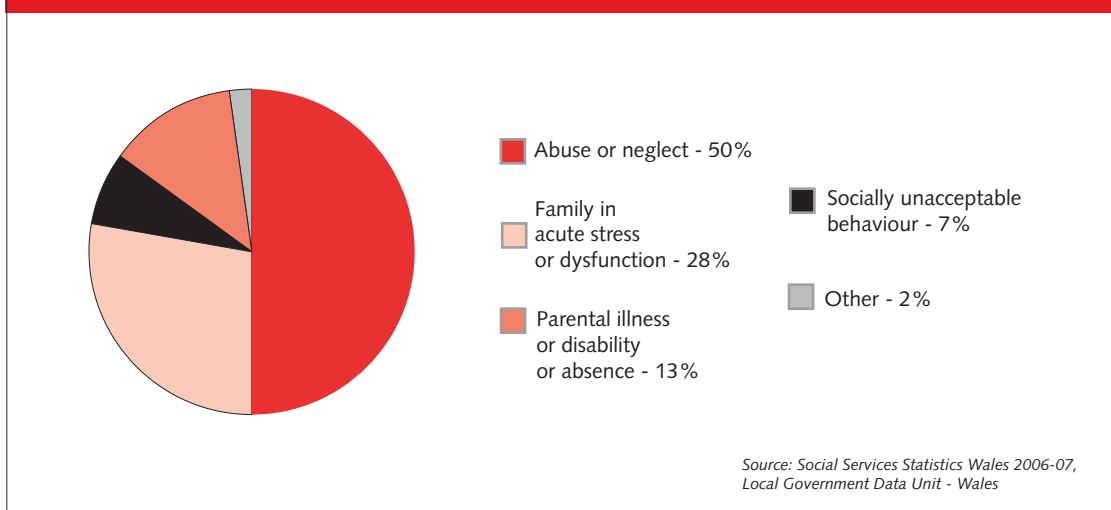
Episodes of care

The most common reason for the need for care (in 2007) was neglect or abuse. This was cited in half of all cases (see Figure 3.1).

¹⁸ This excludes 242 children in short term placements.

¹⁹ This excludes 242 children in short term placements.

Figure 3.1: Children starting to be looked after by local authorities in Wales, by need for being in care, year ending March 31 2007



Information is also available on the number of placements of looked after children in Wales. In 2006-07, 13% (589) of all looked after children had three or more placements during the year.^(Ref 1) The equivalent figure in 2005-06 was also 13%.

3.2 Unaccompanied asylum seeking children

In Wales, data on the number of looked after unaccompanied asylum seeking children are collected by local authorities and published annually by the Local Government Data Unit - Wales. Data show that during the year ending March 31 2007, 48 unaccompanied asylum seeking children were looked after by local authorities in Wales.

3.3 Gypsy Traveller children in Wales

Limited information is collected about Gypsy Traveller communities in Wales. In particular, little information is available on Gypsy Traveller children. The nature of a travelling community makes it difficult to collect information and estimate, for example, the size and composition of families.

One of the few regular sources of data on Gypsies and Travellers is the Bi-annual Gypsy Traveller Caravan Count.²⁰ The latest Gypsy and Traveller Count for January 2008 showed 788 Gypsy and Traveller caravans across 57 sites.²¹ It is important to note, however, that this count only collects information on the number of Gypsy and Traveller caravans in Wales. It does not count of the number of Gypsies and Travellers living in Wales and/or their children.

One source of data on Gypsy Traveller children is the Pupil Level Annual School Census (PLASC). This is one of the few “standard statistical collections that does include categorisation for Gypsy Travellers” .^(Ref 2)

In 2006/07, PLASC recorded 211 pupils aged over five (attending primary and secondary school in Wales) who were “Travellers of Irish Descent” and 369 pupils who were Gypsy or Roma. It is important to note, however, that this is also likely to be an underestimate, given that it only records Gypsy Traveller children attending school.

A survey undertaken for the Assembly Government’s Equality of Opportunity Committee estimated that there were approximately 1,400 Gypsy Travellers in Wales, just over half (54%) of whom were children. However, only eleven of the unitary authorities in Wales replied to this survey, so this figure is also likely to be an underestimate.

The survey showed that of the 770 “Child Travellers”:

- 422 were living in local authority sites
- 283 were living in houses
- 46 were in privately owned sites
- and 19 were in unauthorised sites.

3.4 Children with disabilities in Wales

The Welsh Health Survey (WHS) collects data on whether adults and children have “any long-term illness, health problem or disability” that limits their daily activities or the work that they do. (The Survey used the same limiting long-term

²⁰ See Appendix 2 for further information about this and other surveys.

²¹ In January 2008, Powys and Monmouthshire did not participate in the count.

illness question as the 2001 Census). Although this can be used as a proxy of the number of children in Wales with disabilities, it is likely to be an underestimate of the true picture.

The Disabilities Discrimination Act (DDA) definition ensures that people with HIV, cancer and multiple sclerosis are deemed to be covered by the Act from point of diagnosis, rather than from the point when the condition has an adverse affect on their ability to carry out normal day-to-day activities.

Using the WHS definition, around 4% of children under 16 and living in Wales have a limiting long-term illness.^(Ref 3) This equates to approximately 22,000 children under 16 (based on 2006 population estimates). Similar results were reported in the 2001 Census, where limiting long-term illness was reported for 5% of children.

UK sources of data which use a definition closer to that of the DDA estimate that 7% of all children are disabled.²²

3.5 Children with special educational need (SEN)

The Special Educational Needs Code of Practice for Wales^(Ref 4) describes children with special educational needs if they:

- a) have a significantly greater difficulty in learning than the majority of children of the same age, or
- b) have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority
- c) are under compulsory school age and fall within the definition at a) or b) above or would so do if special educational provision was not made for them.

Under the Education Act 1996, a Local Education Authority must provide a statement on the special educational needs of any child who has been assessed as requiring special educational provision. These data are not currently collected by disability. This means that SEN provides a limited proxy of the number of

²² See ONS (2004) "Living in Britain: Results from the 2002 General Household Survey".

children with disabilities (given that there are both disabled children who do not have SEN and non-disabled children who do have SEN).

The Welsh Assembly Government publishes data on the number of pupils with a statement of SEN annually. In January 2007, just under 15,600 children had a statement of SEN.^(Ref 5) This was just over 3% of pupils on school rolls. At this time, nearly 92% (just under 14,300) of all pupils with statements were educated within their “home” local authority rather than in other authorities.

In January 2007, just over half of all pupils with statements were educated in ordinary classes, while just over a fifth were taught in special classes of mainstream schools.^(Ref 5) The number of pupils with a statement of SEN has been falling year on year since 2000/01, when just over 17,400 pupils had SEN statements.

3.6 Children and young people living with disabled adults

According to the 2007 Living in Wales Survey, there are approximately 119,000 children that live in a household with at least one disabled adult aged 19 or over.

5.5% of all households in Wales contain at least one disabled adult aged 19 or over and at least one child aged 18 or under.²³

3.7 Young carers

According to the Welsh Assembly Government,^(Ref 6) young carers are defined as children and young people who help look after a member of the family who is sick, disabled, has mental health problems or is affected by substance misuse.

In Wales, the 2001 Census recorded that there were approximately 860 children under 18 years old providing more than 50 hours of care a week. Of these children, 240 were of primary school age.

²³ Unpublished data on the 2007 Living in Wales Survey have been provided by the Local Government Data Unit - Wales.

Work undertaken by Becker,^(Ref 7) based on an analysis of data from the 2001 Census, estimated that there were approximately 150,000 young carers in England and Wales aged between 5 and 17. Becker^(Ref 7) estimates that just under 126,000 young carers provide between one and 19 hours of care per week. An additional 13,000 young carers provide between 20 and 49 hours of care per week, while just under 11,000 provide over 50 hours of care per week.

Results from a third national survey of over 6,000 young carers in the UK showed that the average age of those who took part was 12,^(Ref 8) and that the majority of young carers were white. Two thirds of the carers who took part in the survey provided domestic help in the home, while just below half (48%) provided general and nursing type care. Regarding specific types of care, 82% provided emotional support and supervision, 18% intimate personal care and 11% child care.

Approximately one in ten of the young carers was caring for more than one person. Overall, girls were more involved with all types of caring tasks, particularly as they got older.^(Ref 8)

Over half (56%) of the young carers who took part in the survey lived in a lone parent family. It is not possible to disaggregate the data from this survey and analyse the results at an all Wales level.

3.8 Children in need

The term children in need has a specific meaning under the Children Act 1989 which placed a statutory duty on local authorities to “safeguard and promote the welfare of children within their area who are in need”. The Act defines a child in need as one who is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority. (For example, children providing more than 50 hours of care per week.)

At March 31 2007, local authorities in Wales were providing services for just over 24,200 children in need - slightly more than the previous year. This is a rate of 38 per 1,000 people under 18 (based on Wales’ mid-year 2006 population estimate). Nearly 10% of these 24,200 children were on child protection registers (see Table 3.2).

Table 3.2 Children in need receiving services in Wales, at March 31 2007^{(a)(b)}

	2005	2006	2007
Children on Child Protection Registers (CPRs)	2,200	2,200	2,300
Looked after children - excluding those also on CPRs	4,400	4,500	4,700
Other children in need - excluding those also on CPRs or looked after	16,900	17,200	17,200
Total of all children in need	23,600	23,800	24,200

Source: Welsh Assembly Government (First Release SDR 133/2007)

(a) Total for 2007 includes two temporary registrations in Cardiff of children from outside the area.

(b) These figures have been rounded.

3.9 Young people in custody in Wales

Data from the Youth Justice Board show that 2,550 young people (aged 10 to 17) in England and Wales were resident in Young Offender Institutions as at May 2008. A further 239 offenders were resident in Secure Training Centres, while 217 offenders were living in a Secure Children's Home.

The majority of these offenders were older males: Over 90% were male and just over half (51%) were aged 17.

As at May 2008, 162 people below the age of 18 in custody were from Wales (that is, Wales was their "region of origin") and 73 were in custody in establishments in Wales.^(Ref 9) Wales has one Secure Children's Home, which accommodated 15 young people on March 31 2007.^(Ref 10)

3.10 Children living in larger families

According to the 2007 Living in Wales Survey, 1% of households in Wales contain four children under the age of 18, while 0.2% of households contain five children under the age of 18.

3.11 Summary

This chapter provides a general introduction to particular groups of children in Wales at risk of disadvantage. Where appropriate, the remaining chapters of the Monitor highlight key findings for these groups in relation to specific outcomes. For example, the education chapter provides information on educational attainment amongst pupils with SEN and looked after children. However, for many of the indicators reported in this Monitor, it is not possible to breakdown or analyse the data by specific groups of children. This is a significant data gap.

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Chapter 4 The Early Years

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Co-authors: Stephen Hughes and Jonathan Price

Key Findings

- The proportion of babies born with a low birth weight in Wales increased during the 1990s, but has been falling in recent years (with the exception of 2006).
- There has been an overall decrease in Wales' infant mortality rate in recent years (although 2007 saw an increase).
- Five year old children in Wales living in areas of high material deprivation are more likely to suffer from tooth decay.
- The level of reported maternal smoking is higher in Wales than anywhere else in the UK.
- The most common illnesses for which children under age seven are treated for are skin complaints.
- Girls perform better than boys at Key Stage 1.

This chapter focuses on Core Aim 1 of the Welsh Assembly Government's aims for children and young people in Wales. Core Aim 1 seeks to provide "a flying start in the early years of a child's life and the best possible basis for future growth and development". The early years of a child's life have been recognised as "crucial in influencing a range of health and social outcomes" with research suggesting that mental health problems, heart disease, obesity, criminality, and literacy and numeracy skills all have "their roots in early childhood".^(Ref 1)

The chapter provides an insight into the well-being of children from pre-birth to seven years in terms of key health, education and social related indicators. Specifically, the chapter reports on the extent to which children in Wales are:

- healthy at birth and through the early years
- well nourished

- achieving developmental milestones
- making good and secure attachments.

It also examines key factors which impact on the health and development of young children.

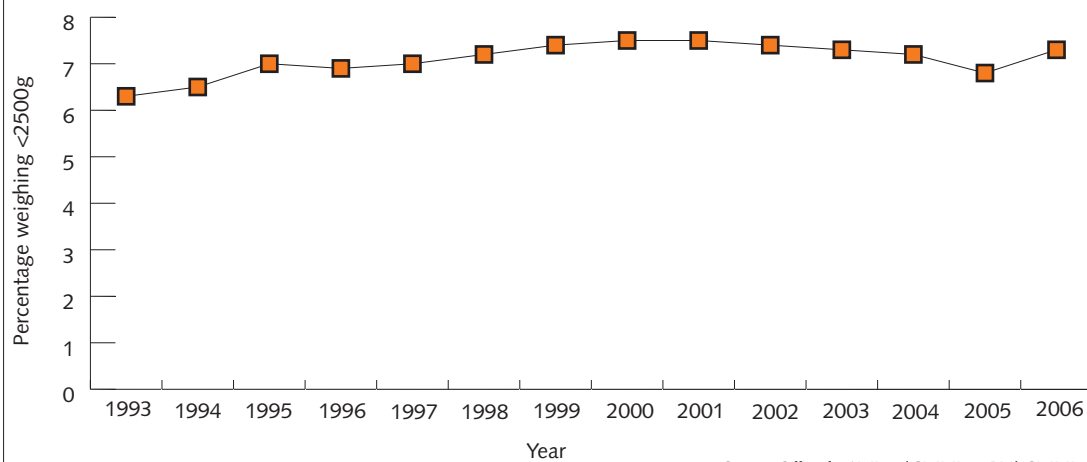
4.1 Physical health

Low birth weight

Low birth weight (LBW) is a key health indicator for early years, and is a major cause of infant mortality in developed countries, including the UK.^(Ref 2) LBW babies are at risk of deficits in growth, cognitive development, diabetes and heart disease.^(Ref 3; Ref 4)

The proportion of babies born with a low birth weight (less than 2,500 grams) in Wales increased from 6.3% in 1993 to 7.5% in 2000. Since then, the proportion has been falling - with the exception of 2006, when there was an increase to 7.3% (see Figure 4.1).

Figure 4.1: Percentage of liveborns weighing less than 2,500 grams in Wales (1993-2006)*



*As a percentage of those with known birth weight.

Many factors contribute to the incidence of LBW, for example, maternal smoking and multiple births. Multiple births have risen dramatically in recent years with the increased use of assisted conception by mothers from groups with higher socio-economic status. However, more children are born with a LBW in areas of deprivation. For the period 1998 to 2002, 9.2% of babies born in the fifth most deprived areas of Wales had a LBW, compared with 7.7% for Wales overall.^(Ref 5) The ratio of the rate of LBW babies in the most deprived fifth compared to the least deprived fifth was 1.4. In other words, the rate was 40% higher in the most deprived fifth of areas, compared with the least deprived fifth.

Wales has a 2020 child poverty target to reduce LBW amongst babies born in the most deprived fifth of the population. This states that the percentage of LBW babies in the most deprived fifth of the population will be no more than 7.3%, and that the ratio of LBW proportions between the most deprived and the middle fifth of the population will be no more than 1.12 (12%).²⁴ For the period 2000 to 2004, the proportion of babies born of LBW was 9.2% in the most deprived fifth of the population and 7.4% in the middle fifth. This is a ratio of 1.23 (23%).

Perinatal mortality rate

The perinatal mortality rate²⁵ for Wales has remained relatively stable over the past ten years, although in 2006 it fell below 7.0 for the first time. The fall appears to be due to an improved early neonatal mortality rate.²⁶ The stillbirth rate²⁷ remains at the same level as previous years^(Ref 6) and has not improved over the last ten years.²⁸

This pattern is the same across the UK. Advances in technology mean that neonatal mortality through premature birth has reduced, but stillbirths remain a challenge as the causes of stillbirths are unknown in over half of cases.^(Ref 7) This helps explain why the infant mortality rate has continually decreased, but the perinatal rate has tended to remain constant over the past ten years.

²⁴ Further information on the Welsh Assembly Government's child poverty targets can be found in Appendix 1.

²⁵ Perinatal Mortality Rate: Number of stillbirths and early neonatal deaths per 1,000 live births and stillbirths,^(Ref 9) or calculated as the number of stillbirths plus the number of live born babies who die during the first seven days of life per 1,000 live births and stillbirths.

²⁶ Neonatal Mortality Rate: Number of neonatal deaths per 1,000 live births. Early neonatal death is the death of a live born baby occurring after the seventh day and before 28 completed days from the time of birth. Late neonatal death is the death of a live born baby occurring after the seventh day and before 28 completed days from the time of birth.^(Ref 9)

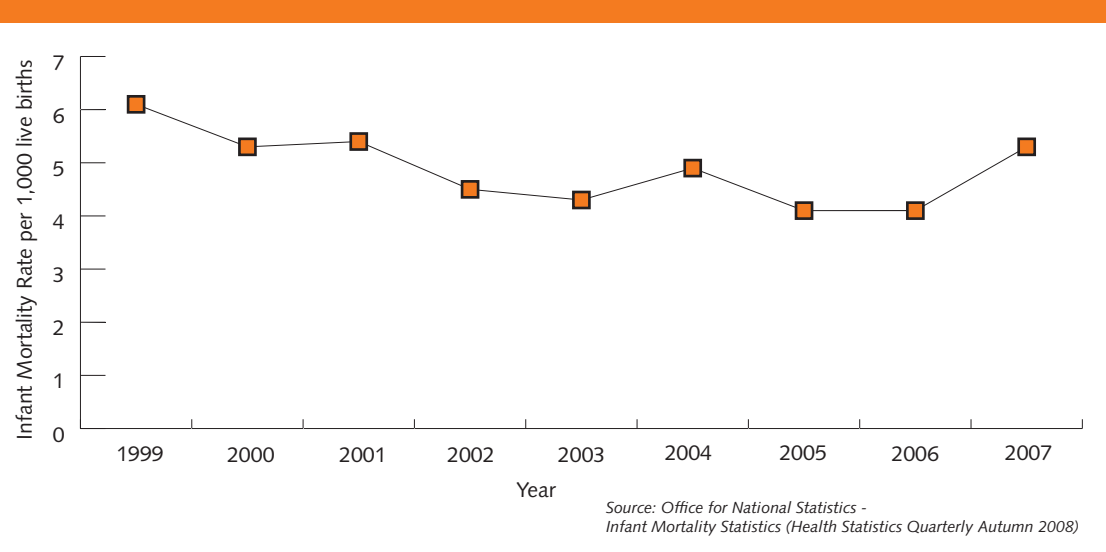
²⁷ Stillbirth rate: Number of late foetal losses and stillbirths per 1,000 live births and stillbirths.^(Ref 9)

²⁸ See Appendix 2 for further information on the All Wales Perinatal Survey, and other surveys.

Infant mortality rate

Infant mortality rate²⁹ is a basic indicator for population health, primarily pointing at the quality of perinatal and infant care. There has been an overall decrease in Wales' infant mortality rate in recent years (although 2007 saw an increase) - from a rate of 6.1 per 1,000 live births in 1999 to 5.3 in 2007 (see Figure 4.2). In 2007, Wales' infant mortality rate was higher than in the other countries of the UK. The rate was 4.7 in Scotland, 4.8 in England and 4.9 in Northern Ireland.³⁰

Figure 4.2: Number of infants dying before age 1 per 1,000 live births in Wales (1999-2007)



There is a correlation between socio-economic deprivation and infant mortality. In 2000-2004, the infant mortality rate in the most deprived fifth of areas in Wales was 6.2 per 1,000 live births. This compares with a rate of 4.3 in the least deprived fifth of areas. The ratio between the most and least deprived fifths was 1.46 during 2000-2004.^(Ref 5 and Ref 8)

Wales has a child poverty target to reduce the infant mortality rate experienced by the most deprived fifth of the population. This states that the infant mortality rate for the most deprived fifth of the population will be no more than 4.12 per 1,000 live births by 2020; and that the ratio of infant mortality rates between the most deprived and least deprived fifths of the population will be no more than 1.3 (30%).³¹

²⁹ Infant mortality is expressed as the numbers of deaths in infants under the age of 1 year, per 1,000 live births, in a given year.

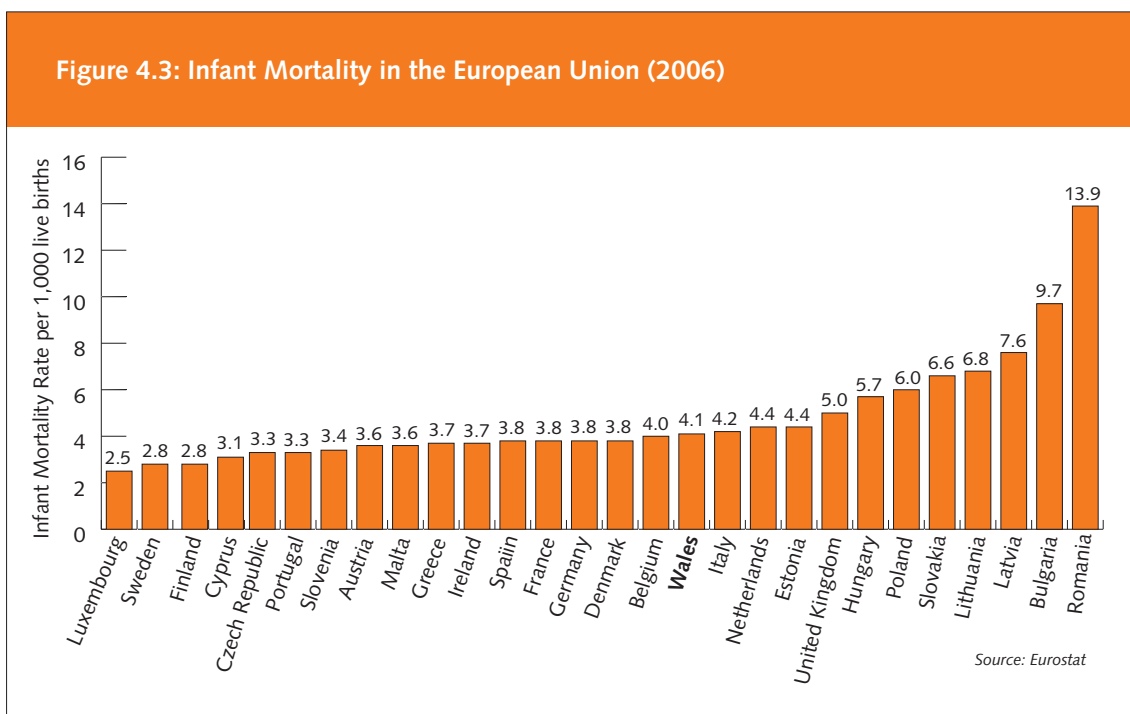
³⁰ ONS Health Statistics Quarterly (Autumn 2008). Data for Northern Ireland are provisional.

³¹ See Appendix 1 for further information about the Welsh Assembly Government's child poverty targets.

Research suggests that some of the factors contributing to infant mortality are:

- LBW
- having a younger mother (aged below 20) or an older mother (aged above 40)
- lower socio-economic status (there is a relationship between this and being a younger mother)
- and having a single mother.^(Ref 10)

Figure 4.3 compares the infant mortality rate in Wales with other European countries.



Note: Data not available for Italy

As ethnic group is not recorded on birth and death certificates, there is a lack of data on birth outcomes by ethnic group. The Office for National Statistics reports by the mother's country of birth (country of birth of parents is collected at birth registration). However, this is a poor proxy for ethnicity, since the mothers of many children in minority ethnic group populations were themselves born in the UK.^(Ref 11)

In England and Wales in 2006, babies of mothers born in East Africa had a stillbirth rate of 9.2 per 1,000 live births.^(Ref 12) This rate was higher than for babies of mothers born in any other region and significantly higher than the overall stillbirth rate for mothers born in England and Wales (5.0 per 1,000 live births).

Similarly, infant mortality rates were significantly higher for babies of mothers born in Pakistan - 9.4 per 1,000 live births. This rate was higher than for babies of mothers born in any other country and double the overall infant mortality rate for England and Wales (4.6 per 1,000 live births).^(Ref 12)

Immunisation

Childhood immunisation is one of the most effective preventive health measures.^(Ref 13) Communicable diseases such as polio, measles and pertussis (whooping cough) - which are preventable with immunisation - can cause death or long-term health problems.^(Ref 14) The World Health Organisation (WHO) recommends immunity levels of around 95% to prevent outbreaks of disease.

95% of children in Wales who reached their first birthday by 31 March 2008 had been immunised against diphtheria, tetanus, polio, pertussis and haemophilus influenzae type b (Hib). 86% had been immunised against meningitis C. 89% had been immunised against measles, mumps and rubella (MMR). This is an increase from a low of 80% in 2003-04 due to adverse publicity over the safety of the vaccine.^(Ref 15)

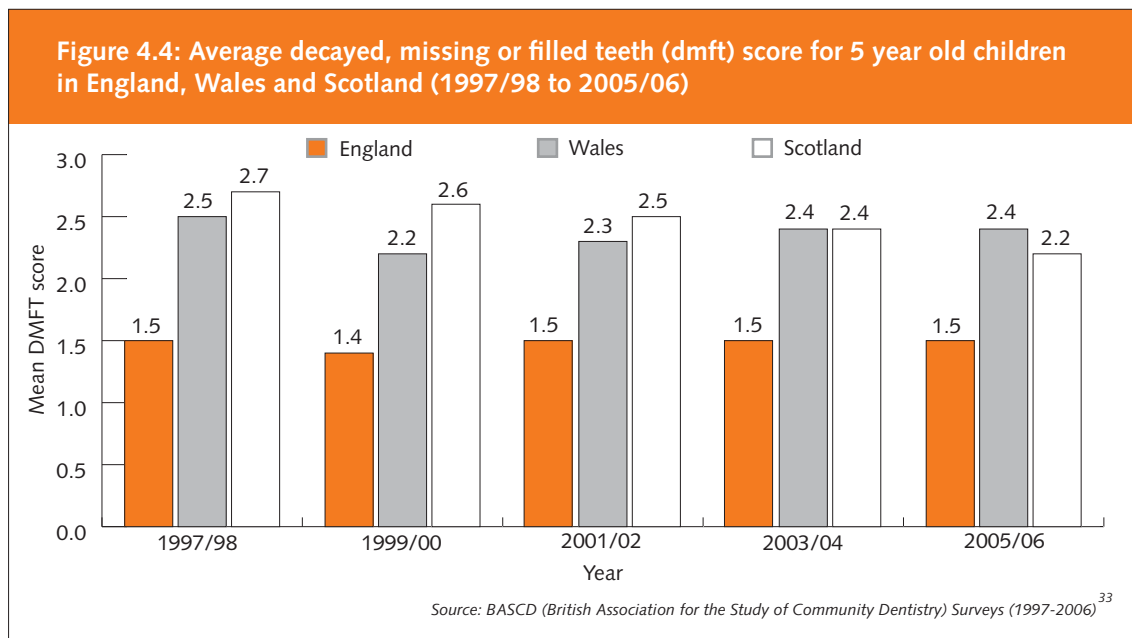
There is evidence to suggest that certain groups of children are at risk of low uptake of immunisations - for example, children in care, those with physical or learning difficulties, those with lone parents, hospitalised children, those not registered with a GP, and those from minority ethnic groups.^(Ref 16)

Immunisations for older children are discussed in Chapter 6 *Health, Freedom from Abuse and Exploitation*.

Dental health

Dental health in the UK has improved dramatically over the past 30 years, largely the result of fluoride toothpaste and other social, economic and environmental factors. Despite this, it remains the most prevalent disease affecting children and a minority have a high level of decay.^(Ref 17) The dmft/DMFT³² score (decayed, missing or filled teeth) is the standard measurement of tooth decay.

The average dmft score for five year olds in Wales has remained at a similar level for the last 23 years: 2.2 in 1983-84 and 2.4 in 2005-06. The average score for five year olds in Wales was higher than for both England and Scotland in 2005/06. Five years ago, Scotland had the highest average dmft score, while England's dmft score has remained constant over this period (see Figure 4.4).



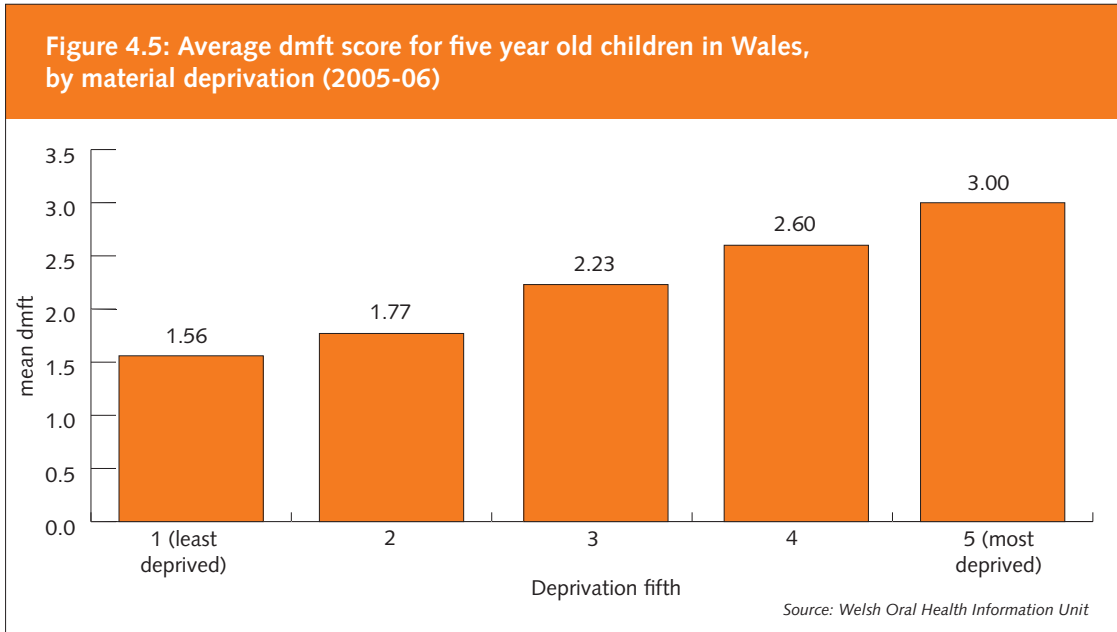
Children living in areas of high material deprivation are more likely to suffer from tooth decay (see Figure 4.5).

³² dmft/DMFT relate to deciduous and permanent teeth respectively.

³³ See Appendix 2 for further information on this and other surveys.

Wales has a child poverty target to improve the dental health of five year old children in the most deprived fifth of the population. This states that by 2020, the average dmft score of five year old children in the most deprived fifth of the population will be 2.4. In 2006, the equivalent score was 3.0.

The dental health of 11/12 year olds in Wales is discussed in Chapter 6 *Health, Freedom from Abuse and Exploitation*.



Limiting long-term illness (LLTI)

LLTI is a widely used measure of health status. 4% of children aged seven and under in Wales had an LLTI.^(Ref 18) WHS data on LLTI for 8 to 15 year olds are presented in Chapter 6 *Health, Freedom from Abuse and Exploitation*.

General health

28% of children under 16 were reported as currently being treated for an illness.^(Ref 18) ³⁴ Table 4.1 shows little difference between the proportions of boys and girls under seven being treated for an illness. The most common illnesses for this age group were skin complaints (at 13%) followed by asthma (at 8%).

³⁴ According to the Welsh Health Survey (WHS). See Appendix 2 for further information about this and other surveys.

Table 4.1 Percentage of children reported as being treated for a range of illnesses, by age and sex (aged 0-7) (2005-06)

	Asthma	Skin complaints	Ear complaints	Eye complaints
Boys	8	13	4	6
Girls	7	12	3	4
All children	8	13	4	5

Source: Welsh Health Survey 2005-06 Unpublished Data

The Millennium Cohort Study (MCS)³⁵ also provides information on children suffering from asthma, as well as children suffering from wheezing. There is evidence to suggest that by age three a gap has opened up between those living in disadvantaged and non-disadvantaged areas in Wales.³⁶ Just over a third (37%) of children living in disadvantaged areas at age three had wheezing/whistling (compared with 30% in non-disadvantaged areas), while 16% had suffered from asthma (compared with 12% in non-disadvantaged areas). At age five, just under a fifth (19%) of children living in disadvantaged wards had had asthma, compared with 14% of children in non-disadvantaged areas.

The percentage of MCS children with a longstanding illness was higher for five year olds in Wales (20%) than three year olds (15%).

From 2007, the Welsh Health Survey (WHS) has included a measure on children's general health (on a 5-point scale). This data will be available for inclusion in the Monitor in future years.

Illnesses for older children aged between 8 and 15 are presented in Chapter 6 *Health, Freedom from Abuse and Exploitation*.

Maternal smoking and drinking

This section considers the effects that maternal smoking and alcohol consumption can have on the developing baby and young child.

³⁵ All data reported in this chapter from the Millennium Cohort Study have been provided by Shirley Dex at the Centre for Longitudinal Studies (based on analysis of data from the first three sweeps of the MCS). See Appendix 2 for further information on this and other surveys.

³⁶ The MCS was designed to over-represent areas in the UK with high and low levels of child poverty (based upon the ward based Child Poverty Index). For all UK countries, those electoral wards with low levels of child poverty were classified as "non-disadvantaged", while those with high levels of child poverty were classified as "disadvantaged".^(Ref 19)

According to the Infant Feeding Survey (IFS),³⁷ over a third (37%) of Welsh mothers smoked before (up to twelve months) or during their pregnancy. 22% of mothers smoked throughout the pregnancy.^(Ref 20) This is the highest reported incidence of maternal smoking in the UK (see Table 4.2). 41% of Welsh mothers who smoked gave up at some point either before or during their pregnancy.

Table 4.2 Percentage of mothers smoking during pregnancy by country (2005)

	England	Wales	Scotland	Northern Ireland	All UK Total
Mothers who smoked before or during pregnancy*	32	37	35	32	33
Mothers who smoked throughout pregnancy*	17	22	20	18	17
Mothers who gave up before or during pregnancy**	49	41	44	43	48

Source: Infant Feeding Survey 2005

Note: Excludes mothers who did not supply sufficient information to classify their smoking status

* Base: All Sweep 1 mothers

** Base: Mothers who smoked before or during pregnancy

Whether women stop smoking in pregnancy depends very much on their socio-economic status. Women with lower education, income, and employment status are far more likely to continue to smoke than those from higher groups.^(Ref 21) Both the IFS and the MCS found that across the UK the highest levels of smoking during pregnancy were found among mothers in routine and manual occupations.

Higher levels of smoking were also found among those aged 20 or under. At a UK level, mothers aged 20 or under were five times as likely as those aged 35 or over to have smoked throughout pregnancy - 45% and 9% respectively.^(Ref 20) The higher levels of reported maternal smoking in Wales may be accounted for by the higher incidence of young pregnancies in Wales. There were 31.5 live births per 1,000 women aged under 20 years in Wales in 2006, compared with 26.3 in England. (Teenage pregnancies are discussed further in Chapter 6 *Health, Freedom from Abuse and Exploitation.*)

³⁷ See Appendix 2 for further information about this and other surveys.

In Wales, 51% of mothers aged 20 or under smoked throughout pregnancy, compared to 15% of those aged 35 or over (see Table 4.3).

Table 4.3 Percentage smoking during pregnancy in Wales by mother's age (2005)

Age	Mothers who smoked before or during pregnancy*	Mothers who smoked throughout pregnancy*	Mothers who gave up before or during pregnancy**
20 or under	73	51	30
20 - 24	50	32	37
25 - 29	33	17	47
30 - 34	23	10	56
35 or over	23	15	34
All mothers	37	22	41

Source: Infant Feeding Survey 2005

Note: Excludes mothers who did not supply sufficient information to classify their smoking status

* Base: All Stage 1 mothers

** Base: Mothers who smoked before or during pregnancy

Maternal smoking can directly impact on the health of the developing baby and young child. The incidence of LBW is twice as high among smokers as non-smokers^(Ref 22) and there is a higher incidence of LBW among heavier smokers.^(Ref 23) Smoking is the major modifiable risk factor contributing to LBW.

40% of MCS children whose mothers smoked in pregnancy had whistling and wheezing at age 3, compared with 29% for children whose mothers had not smoked (see Table 4.4).

Table 4.4 Percentage of 3 year old children with asthma, wheezing and recurring ear infections by maternal smoking (2003/04)

Three year old children with health issues	Mother smoked in pregnancy		Average
	No	Yes	
Asthma	12	18	14
Wheezing or whistling in the chest	29	40	33
Recurring ear infection	8	10	9

Source: Millennium Cohort Study

In terms of alcohol consumption, the damage this can cause to the developing foetus depends on the level of consumption, the pattern of exposure and the stage of pregnancy during which it is consumed.^(Ref 24) Alcohol consumption can lead to foetal alcohol syndrome in some cases.^(Ref 25) Figures for numbers of babies born in Wales with foetal alcohol syndrome are not available, although figures on levels of self-reported maternal alcohol consumption are.

Over half (55%) of Welsh mothers drank during pregnancy^(Ref 20) - a higher proportion than in Scotland and Northern Ireland (see Table 4.5). However, among mothers who drank during pregnancy, consumption was low: 8% of all mothers drank more than two units of alcohol per week on average. Across the UK, older mothers and those from managerial and professional occupation groups were the most likely to drink during pregnancy.

Table 4.5 Drinking behaviour before and during pregnancy by country (%) (2005)

	England	Wales	Scotland	Northern Ireland	All UK Total
Drank before pregnancy*	83	88	88	84	83
Drank during pregnancy*	55	55	50	46	54
Gave up drinking**	33	37	41	43	34
Drank less**	62	58	54	53	61
No change/drank more**	4	4	3	2	4

Source: Infant Feeding Survey 2005

* Base: All Stage 1 mothers

** Base: Mothers who drank during pregnancy

4.2 Well nourished at birth and through the early years

Breastfeeding

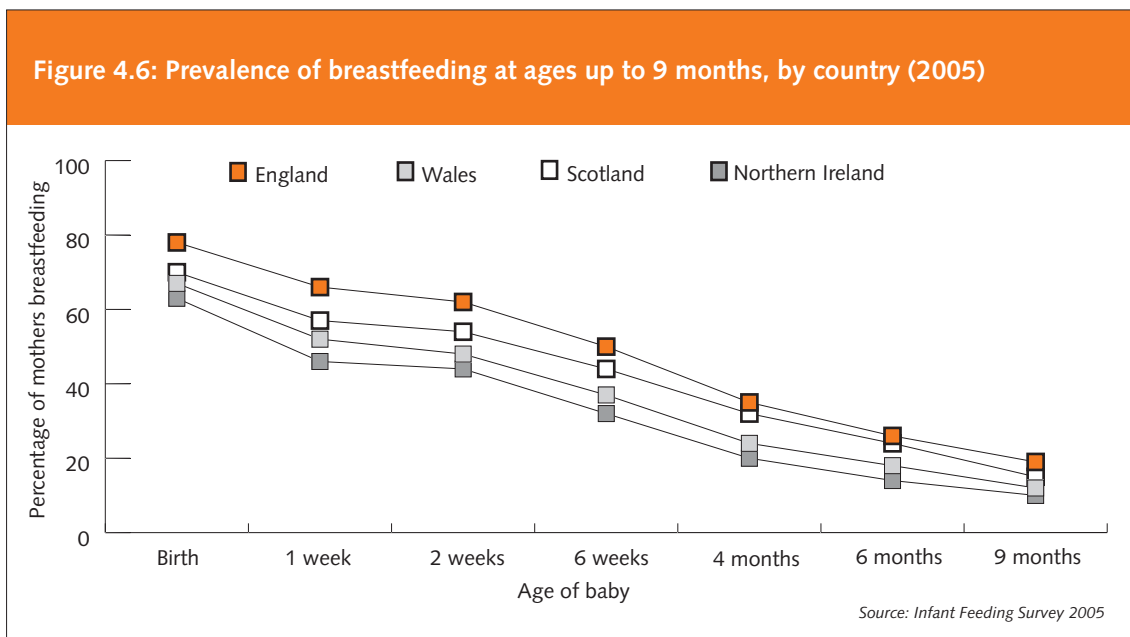
Breastfeeding has clear health benefits for babies (and their mothers).

Breastfed babies are less likely to suffer from gastroenteritis; chest, urinary tract or ear infections; and diabetes or obesity in childhood. For some conditions, the longer the baby is breastfed, the greater protection they receive and the more positive the impact on long-term health.

In 2000, the WHO carried out a systematic review of the optimal duration of breastfeeding leading it to recommend that babies should be exclusively breastfed for the first six months. This recommendation was adopted by UK health departments from 2003.^(Ref 20)

According to the IFS, the breastfeeding initiation rate³⁸ for Wales was 67% in 2005.^(Ref 20) The equivalent rate was 76% for the UK (78% in England, 70% in Scotland and 63% in Northern Ireland).

The IFS also found that although more than three-quarters of mothers started breastfeeding at birth, there was a noticeable decline during the early weeks. In Wales, the prevalence of breastfeeding³⁹ fell from 67% at birth to 52% at one week, and to 37% at six weeks. At six months, less than one fifth (18%) were still breastfeeding. This pattern was broadly similar across all countries, as Figure 4.6 demonstrates. Furthermore, less than 1% of mothers in all four UK countries were exclusively breastfeeding⁴⁰ at six months.



³⁸ This refers to all babies whose mothers put them to the breast, even if this was on one occasion only.^(Ref 20)

³⁹ This refers to the proportion of babies who were wholly or partially breastfed at specific ages.^(Ref 20)

⁴⁰ This refers to babies being breastfed exclusively. That is, not being given formula milk, solid foods, or any other liquids.^(Ref 20)

There are marked differences in the rates of breastfeeding among different groups. Those reporting the lowest levels of breastfeeding tended to come from lower socio-economic groups and be younger. These variations were evident in all UK countries.^(Ref 20)

Weight

Both retarded growth and being overweight in childhood are associated with chronic disease in later life. Both factors can be associated with under and over nutrition respectively.^(Ref 26)

Information on rates of underweight, overweight and obesity among children in Wales is limited. One source of information on obesity for young children is the MCS, where children are weighed and measured in the home to calculate their Body Mass Index (BMI).⁴¹ The MCS is a cohort study, so allows for the tracking of individuals' body weight over time, but will not provide routine rates of body weight for Welsh children.⁴²

Approximately three quarters of three and five year olds participating in the MCS in Wales had a BMI value in the normal range, whilst a quarter were either overweight or obese. The proportion of problem BMI levels among participating UK children aged three was 23%, slightly lower than in Wales. The proportions of children in Wales with problem BMI values hardly changed between ages three and five. There was no significant variation according to where families lived. Compared with the UK, five year olds in Wales were slightly more likely to have problem BMI values.

A south Wales study tracked the levels of obesity in five year olds over a 16 year span from 1986/87 to 2001/02. It found that levels of children classified as overweight and obese had increased significantly over this time period - from 14% to 17% in boys and 19% to 26% in girls.^(Ref 27)

The MCS does not provide estimates on underweight children.

⁴¹ Childhood overweight and obesity are defined by the International Obesity Task Force cut-offs for BMI.

⁴² Developments which may provide this data and results from the WHS are discussed in Chapter 6 *Health, Freedom from Abuse and Exploitation*.

Diet

No information is currently available in Wales on the dietary patterns and behaviours of children aged seven and below. However, information on the diet of children aged four and over will be available in the future from the WHS, which included questions on this subject for the first time in 2007.

4.3 Developmental milestones

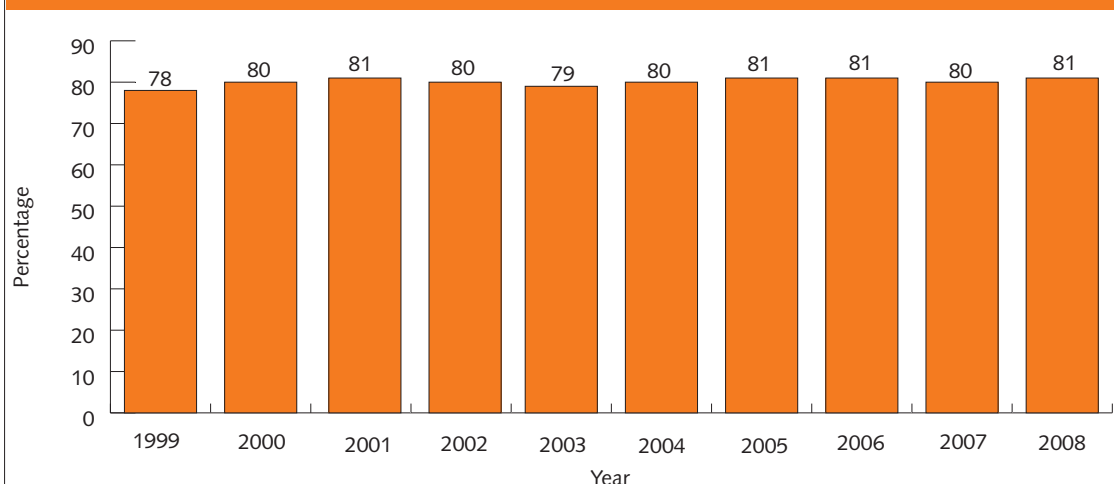
Key Stage 1

Unlike in England, pupils in Wales are not statutorily tested at each Key Stage. In deciding on a pupil's level of attainment at the end of each Key Stage, teachers assess which description best fits the pupil's performance.

The "Core Subject Indicator" represents the percentage of pupils achieving the expected attainment level in English or Welsh (where Welsh is the first language of the pupil), mathematics and science in combination. This is the most appropriate summary indicator of pupil performance for this age group.

Figure 4.7 shows the proportion of pupils achieving at least level two (the expected level) in the Core Subject Indicator in the National Curriculum assessments from 1999 to 2008. This proportion has ranged from 78% to 81% over this time period and for 2008 was 81%.

Figure 4.7: Percentage of pupils at Key Stage 1 achieving the Core Subject Indicator (1999-2008)



Source: National Pupil Database, Welsh Assembly Government

Note: The Core Subject Indicator represents the percentage of pupils achieving level 2 or above in English or Welsh (first language), mathematics and science (in combination).

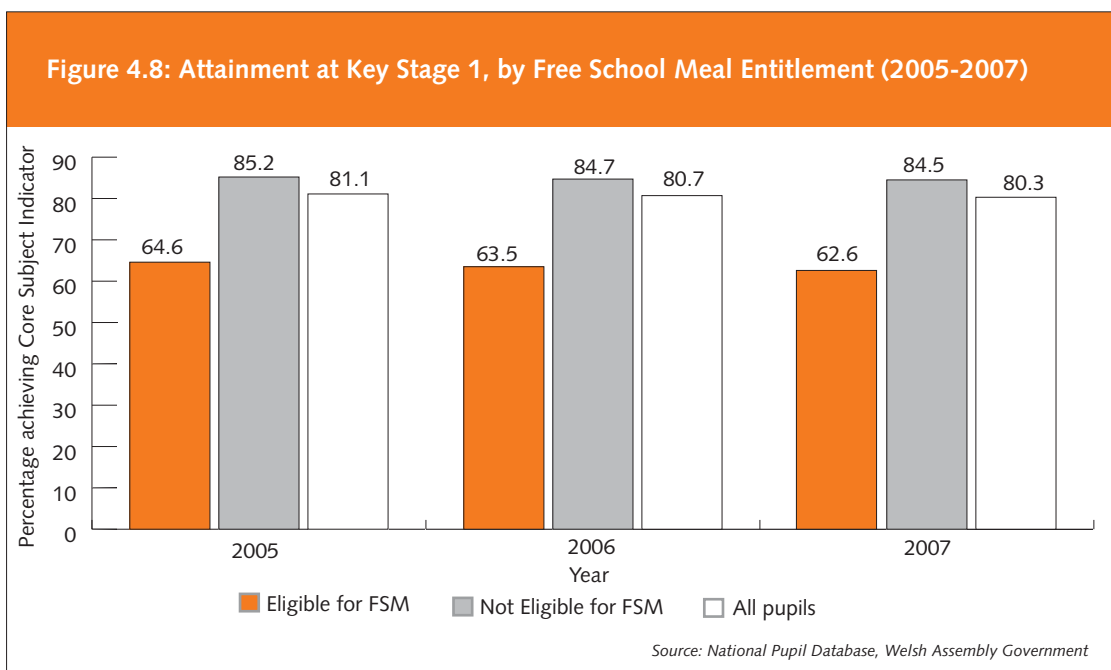
Girls outperformed boys in all subjects, with the greatest difference in English at 9.7 percentage points and the smallest in science at 3.6 percentage points (see Table 4.6). Considerable debate exists about the nature of gender differences in attainment and the potential impact of “teaching styles, learning styles, the feminisation of the teaching profession and differences in socialisation of boys and girls” on education attainment.^(Ref 28)

Table 4.6 Percentage of pupils achieving at least level 2 at Key Stage 1 in teacher assessments (2008)

	Boys	Girls	Pupils	Percentage point difference for girls and boys
English	77.8	87.4	82.4	9.6
Welsh	84.8	92.4	88.5	7.6
Mathematics	85.0	88.8	86.8	3.7
Science	87.9	91.6	89.7	3.6
Core Subject Indicator	76.6	85.0	80.7	8.3

Source: National Pupil Database, Welsh Assembly Government

Entitlement to free school meals (FSM) can be used as a proxy measure of the socioeconomic conditions of a school's population. There is a strong link between achievement and the level of entitlement to FSM (see Figure 4.8). As the level of FSM entitlement increases, the level of achievement decreases. However, it should be noted that many other factors also affect school assessment and examination results. (See Chapter 5 *Access to Education, Training and Learning Opportunities* for further discussion of this issue.)



4.4 Special needs in early years

Newborn hearing screening

Early diagnosis and intervention of congenital deafness appears to improve communication and language skills. In Wales, nearly all (99.9%) eligible babies born between April 2006 to March 2007 were offered screening and nearly all (99.3%) were tested. The target of testing the babies within seven days of birth was met with more than 79% of babies. ^(Ref 29)

4.5 Good and secure attachments in early years

Family activities

According to the MCS, over half (58%) of mothers in Wales say they read daily with their three year old, while a further third (34%) do so several times a week. A small minority (5%) rarely or never read with their child. Mothers living in disadvantaged areas read with their child less often than those in non-disadvantaged areas. Compared with all UK families, mothers in Wales are slightly less likely to read to their child every day.

Approximately one fifth (21%) of male partners read daily to their three year old child. Older mothers and older partners are more likely to read to their three year old children more frequently than younger mothers and partners. Mothers and partners qualified to degree level are far more likely than those with lower level qualifications to read daily to their three year old.

By age five approximately one half (49%) of mothers read to their child daily, down from 58% at age three. Mothers living in disadvantaged areas read with their child less often than mothers in non-disadvantaged areas.

The MCS also measures other types of family activity, such as playing and art activities. These are discussed in Chapter 7 *Access to Play, Leisure, Sport and Culture*.

Child behaviour

The MCS collects data on emotional and behavioural problems using the Strengths and Difficulties Questionnaire (SDQ).⁴³ A higher score indicates more behavioural problems. The score for Welsh three year olds was 8.5, significantly lower than the UK average. Children in disadvantaged areas of Wales had higher total difficulties scores than those in non-disadvantaged areas.

For the study as a whole, girls tended to score lower than boys. It is worth noting that parents assess these scores and that they may differ in their interpretation of what is problematic behaviour and their tendency to report it as such.^(Ref 30)

⁴³ The SDQ is a behavioural screening questionnaire for three to sixteen year olds and is also a well validated tool for screening psychiatric disorder. The SDQ consists of 25 items from five sub scales which can be summed to generate an overall total difficulties score. The five sub scales measure conduct, hyperactivity, emotional symptoms, peer problems, and pro-social behaviour. For further information about the MCS and child behaviour, see the CLS website: www.cls.ioe.ac.uk

Key Information Gaps

- Ethnicity and disability data for Wales on many of the early years indicators included in this chapter.
- Dietary behaviours of young children in Wales (although this may be addressed by developments to the WHS).
- Data on levels of underweight children in Wales (although this may also be addressed by developments to the WHS).
- Data on levels of foetal alcohol syndrome in Wales.

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Chapter 5 Access to Education, Training and Learning Opportunities

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Key Findings

- The number of young people in Wales reporting that they “like school a lot” declines between the ages of 11 and 15, for both boys and girls. Girls are more likely than boys to say that they like school.
- Since 1999, performance among pupils at both Key Stage 2 and 3 has generally been improving.
- Since 1999, performance among pupils at Key Stage 2 has been consistently higher than their performance at Key Stage 3.
- There is strong evidence of a relationship between Free School Meal entitlement and low attainment.
- Wales has seen a gradual improvement in the percentage of pupils gaining five or more GCSEs at grade A*-C.
- The proportion of Welsh pupils failing to obtain any GCSEs has remained relatively stable since 1999.
- International comparisons show that Wales has a relatively high proportion of young people not in employment, education or training.

This chapter focuses on Core Aim 2 of the Welsh Assembly Government’s aims for children and young people in Wales. The aim is that every child and young person in Wales has access to a comprehensive range of education, training and learning opportunities, including the acquisition of essential personal and social skills.

The chapter concentrates on children from Key Stage 2 onwards. Key Stage 1 is considered in Chapter 4 *The Early Years*.

5.1 The National Curriculum

The National Curriculum is applied to four Key Stages of pupil development summarised in Box 5.1.

Box 5.1: Key Stages of Pupil Development

- Key Stage 1 - Pupils are aged 5 to 7 (Years 1 and 2)
- Key Stage 2 - Pupils are aged 7 to 11 (Years 3 to 6)
- Key Stage 3 - Pupils are aged 11 to 14 (Years 7 to 9)
- Key Stage 4 - Pupils are aged 14 to 16 (Years 10 and 11)

Within the School Curriculum in Wales, Key Stages 1 to 4 consist of Statutory National Curriculum subjects and other statutory requirements. The Statutory National Curriculum subjects are English; Welsh; mathematics; science; design and technology; history; geography; art; music and physical education. Other statutory requirements are religious education; personal and social education; sex education; and careers education and guidance.

Unlike in England, pupils in Wales are not statutorily tested at each Key Stage. Key Stage 2 tasks and tests were abolished in Wales from 2006, and from 2007 for Key Stage 3. In Wales, teachers assess pupils' levels of attainment.

5.2 Engages in full time education

Education and well-being

Education plays a critical role in the development and well-being of children. It helps shape their personal development, including their intellectual development. While the contribution of the formal education system is difficult to quantify, research suggests that high quality secondary schools can add up to 14% value compared to poor quality schools.^(Ref 1) It has been suggested that much of the variation in impact arises from differences between teachers rather than differences between schools.^(Ref 2)

The evidence suggests that the formal education system has much broader impacts on children's lives. It has a crucial role in forming the skills and attributes that will help young people to get good jobs and to develop personal relationships. ^(Ref 3) In this way, education influences lifetime income levels and contributes to many other social outcomes in areas such as health and family life.

Aside from its life-long impact in other ways, education matters directly to children's well-being. Children spend much of their waking lives in school. Having good relationships with other children and teachers (and engaging in enjoyable activities) are therefore directly important for children's current well-being^(Ref 4) - irrespective of the longer term effects.

Outcomes, however, are affected by factors which are difficult to disentangle. For instance, it is well known that socio-economic circumstances play a crucial role, although analysing and quantifying this relationship is extremely challenging.⁴⁴

Children and young people's experiences of school in Wales

Children's experiences of school have a crucially important impact on their wider lives and development, and on influencing their self esteem, ambitions, health behaviours and longer term life satisfaction.^(Ref 5)

Satisfaction with school is therefore an important indicator where a "positive experience is seen as a resource for health, while a negative experience may constitute a risk factor".^(Ref 5) Evidence suggests that pupils who dislike school are those who are most likely to fail academically and to be at greatest risk of dropping out of school.

The 2005/06 Health Behaviour in School-aged Children (HBSC) study⁴⁵ asked children and young people how they feel about school with responses ranging from "I like it a lot" to "I don't like it at all".

The study found a significant decline in the prevalence of young people reporting that they "like school a lot" between the ages of 11 and 15 for both boys and girls. However, girls were more likely than boys to say that they like school.

⁴⁴ See for example: Ref 1; Ref 6; and Ref 7.

⁴⁵ See Appendix 2 for further information on this and other surveys.

In Wales, 30% of 11 year old boys and 36% of 11 year old girls reported that they “liked school a lot”. This was significantly lower than in England, where the equivalent figures were 52% for boys and 56% for girls.

At age 13, 19% of boys and 21% of girls reported that they “like school a lot”, compared with 31% of boys and 33% of girls in England. At age 15, the equivalent figures were 17% of boys and 19% of girls, compared with 26% of boys and 24% of girls in England.^(Ref 5)

For girls in Wales, a significant association existed between liking school a lot and higher levels of family affluence.^{46 (Ref 5)} Research with children attending school in Northern Ireland found that children attending “disadvantaged” schools⁴⁷ were “already starting to disengage from school by the age of nine or ten”.^(Ref 3)

Absenteeism

Absenteeism (including unauthorised absences⁴⁸) is higher in secondary than in primary schools. From 1998 to 2007, absence levels in Welsh secondary schools remained fairly constant at around 2% for unauthorised absences. Evidence suggests small differences in absenteeism between boys and girls, in primary schools, with unauthorised absenteeism more prevalent among boys, authorised absenteeism among girls.^(Ref 8)

Research suggests that pupils from disadvantaged backgrounds are more likely to be absent from school.^(Ref 9) Free School Meal (FSM) entitlement is often used as a proxy measure of the socio-economic status of pupils. Evidence suggests that the proportion of pupils entitled to FSMs and the rate of absenteeism are correlated in Wales. For example, the absenteeism rate was 13% and the proportion of unauthorised absences was 5% for the 2007/08 academic year, in secondary schools where over 30% of pupils were entitled to FSM. The absenteeism rate was 8% (with 1% unauthorised) in those schools where 10% or less of pupils were entitled to FSM.

⁴⁶ The HBSC study uses family affluence to classify young people's socio-economic status. It uses a Family Affluence Scale (FAS) which is based on a set of questions on the material conditions in which young people live. The questions are easy for children and young people to answer and cover car ownership, bedroom occupancy, holidays and home computers.

⁴⁷ Disadvantaged schools were classified as those where between 50% and 75% of the pupils were eligible for Free School Meals.

⁴⁸ An unauthorised absence is an absence without permission from a teacher or other authorised representative of the school.

Exclusions

Fixed term exclusions are much more common in Wales than permanent exclusions.⁴⁹ The rate of permanent exclusions has remained stable over the last four years at around 1.0 exclusions per 1,000 pupils.^(Ref 10)

The permanent exclusion rate for boys was 1.4 per 1,000 pupils, whereas the rate for girls was 0.5 per 1,000 pupils. This gender difference has been consistently the case over a number of years.^(Ref 11)

It is important to note, however, that data on permanent exclusions mask the different practices of schools and local authorities in relation to permanent exclusions. For example, some schools might permanently exclude pupils as a result of their behaviour, while others may exclude on a fixed term basis.

In terms of alternative provision for those permanently excluded, over a quarter were provided with home tuition and almost a fifth were transferred to another mainstream school.^(Ref 10)

There were 20,121 fixed term exclusions from schools in Wales in 2005/06. 88% were exclusions of five days or fewer, and 12% were exclusions of six days or more.

The National Behaviour and Attendance Review has estimated that the true cost of a pupil's permanent exclusion could be considerable.^(Ref 12)

Table 5.1 provides the reasons for both permanent and fixed term exclusions.

⁴⁹ A fixed term exclusion refers to a pupil who is excluded from school but remains on the register of that school because they are expected to return when the exclusion period is completed. A permanent exclusion refers to a pupil who is excluded and their name is removed from the school register. Such a pupil would then be educated at another school or via some other form of provision.

Table 5.1 Reasons given for permanent and fixed-term exclusions (2005/06)

	Permanent Exclusions (%)	Fixed Term Exclusions - 5 days or fewer (%)	Fixed Term Exclusions - 6 days or more (%)
Assault/violence towards staff	10	4	8
Assault/violence towards pupils	11	17	19
Defiance of rules	27	20	18
Disruptive behaviour	16	17	16
Bullying or theft	2	4	4
Racial or sexual harassment	1	1	2
Verbal abuse	6	17	11
Threatening or dangerous behaviour	12	9	11
Possession/use of a weapon	3	1	1
Damage to property	2	3	4
Substance misuse	8	2	4
Other	2	5	3

Source: Welsh Assembly Government

There is evidence that school exclusions both disproportionately affect pupils from disadvantaged backgrounds and are associated with adverse outcomes.^(Ref 11; Ref 13)

Research by the Joseph Rowntree Foundation found that those excluded from school (either permanently or on a fixed term basis) are much more likely to:

- be boys
- be eligible for FSMs
- have a statement or record of educational need
- be looked after by local authorities
- or (where the data are available) be classified as “Black Caribbean” or “Black Other”.^(Ref 11)

Data on permanent and fixed term exclusions in Wales are available by Special Educational Needs (SEN).⁵⁰ Of the 451 permanent exclusions in 2005/06, 8% involved pupils who had a statement of SEN⁵¹, while 43% involved pupils who were School Action SEN.⁵² Of the fixed term exclusions of five days or fewer, 32% involved pupils who were School Action SEN and 10% involved pupils who had a statement of SEN. Of the fixed term exclusions of six days or more, 36% involved pupils who were School Action SEN and 13% involved pupils who had a statement of SEN.

Data are not collected in Wales on exclusions amongst looked after children. Data on exclusions in Wales are available by ethnicity. However, it is difficult to analyse trends by ethnicity in relation to permanent exclusions as the numbers are very small.

5.3 Achieves early learning goals

Performance at Key Stage 2 and Key Stage 3

The “Core Subject Indicator” represents the percentage of pupils achieving the expected attainment level in English or Welsh first language, mathematics and science. This is the most appropriate summary indicator of pupil performance at the end of Key Stage 2 and Key Stage 3.

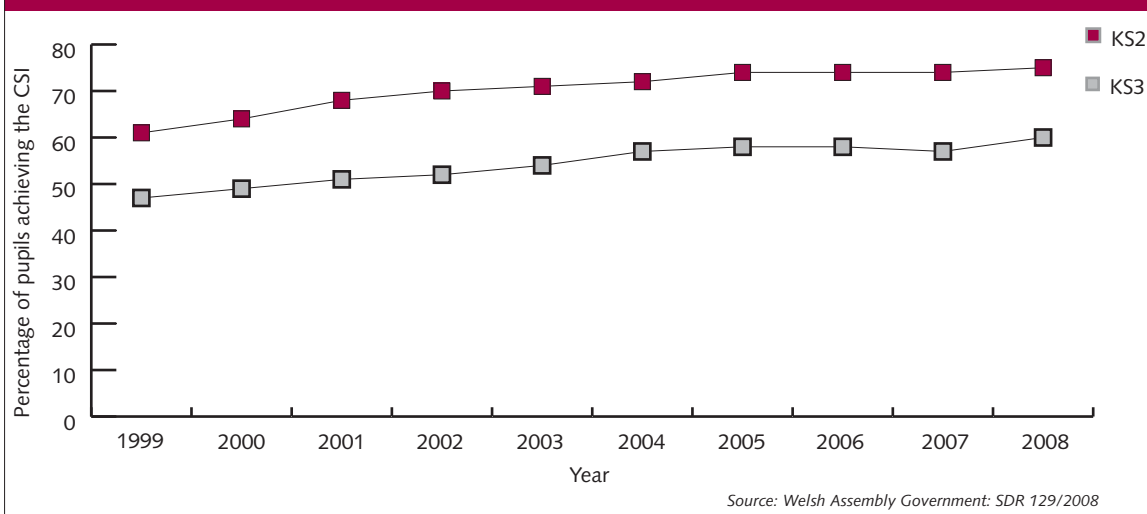
Tables and figures show the results for teacher assessments. Figure 5.1 and Table 5.2 show that between 1999 to 2008 performance at Key Stage 2 has improved.

⁵⁰ Children have special educational needs if they have a learning difficulty which calls for special educational provision to be made for them.

⁵¹ A statement of SEN sets out a pupil's needs and the help they should have. It is based on an assessment conducted by the appropriate local authority.

⁵² When a teacher identifies that a pupil has SEN.

Figure 5.1: Percentage of pupils at Key Stage 2 and 3 in Wales achieving the Core Subject Indicator (CSI) (1999-2008)



Note: The Core Subject Indicator represents the percentage of pupils achieving at least the expected level in English or Welsh (first language), mathematics and science in combination. The expected level for each Key Stage is Key Stage 2: Level 4/Key Stage 3: Level 5.

Table 5.2 Percentage of pupils at Key Stages 2 and 3 in Wales achieving the Core Subject Indicator by gender (1999-2008)

Year	Key Stage 2			Key Stage 3		
	Girls	Boys	All Pupils	Girls	Boys	All Pupils
1999	65	58	61	51	44	47
2000	69	59	64	54	45	49
2001	73	64	68	55	46	51
2002	73	66	70	57	48	52
2003	75	67	71	59	50	54
2004	76	68	72	62	52	57
2005	78	70	74	63	54	58
2006	79	70	74	63	53	58
2007	78	70	74	61	53	57
2008	80	72	75	65	55	60

Source: Welsh Assembly Government

When comparing Wales with England in 2007 at Key Stage 2, pupils in Wales performed better than their counterparts in England in English and mathematics and performed the same in science.^(Ref 14)

Furthermore, pupils in publicly funded schools in Wales achieved results which were higher than or equal to all Government Office Regions in England in English and mathematics. In science only the South West and North West of England had higher results.

Performance at Key Stage 3 has also been improving since 1999 and in 2008 60% of pupils achieved the Core Subject Indicator.

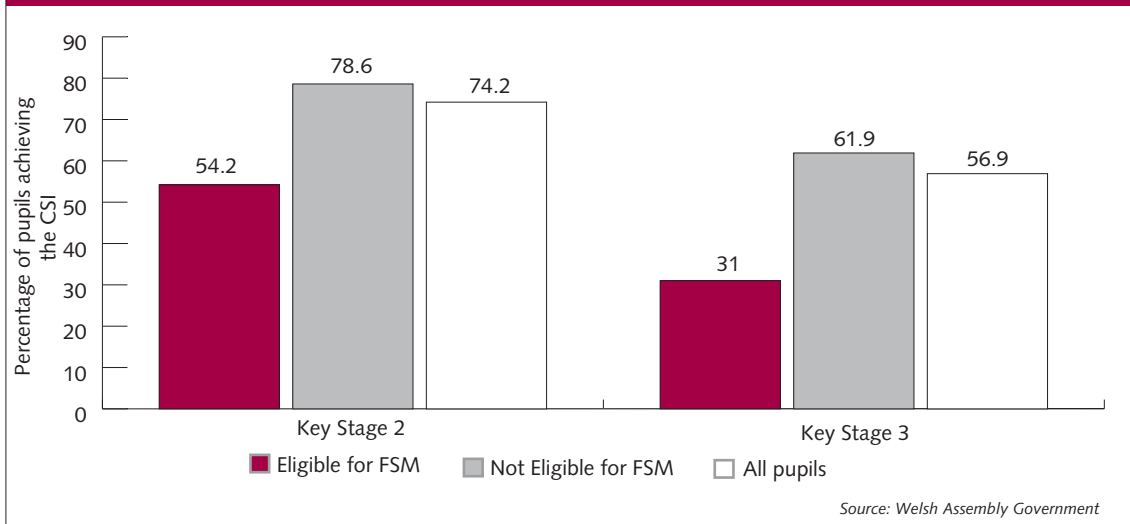
When comparing Wales with England in 2007 at Key Stage 3, the proportion of pupils in Wales achieving the expected level was lower than England for all subjects. The difference in performance was greatest in mathematics, where 79% of pupils in England achieved the expected level compared with 70% in Wales.

Throughout the period from 1999 to 2007 in Wales, the proportion of pupils achieving the Core Subject Indicator at Key Stage 2 has been higher than Key Stage 3. In 2008, there was a 16 percentage point difference.

Table 5.2 shows that a gap exists between the performance of girls and boys at ages 11 and 14. Girls perform better by a margin which is broadly stable over the whole period.

There is strong evidence of a relationship between FSM entitlement and low attainment at Key Stages 2 and 3 (Figure 5.2).

Figure 5.2: Attainment at Key Stages 2 and 3 in Wales, by Free School Meal Entitlement (2007)



Note: The Core Subject Indicator represents the percentage of pupils achieving at least the expected level in English or Welsh (first language), mathematics and science in combination.

The 2020 Child Poverty Target at Key Stage 2 is that 86% of pupils will achieve the expected attainment level for the Core Subject Indicator. At Key Stage 3, the target is 72% of pupils. In 2008, performance at Key Stage 2 was 75% and at Key Stage 3 it was 60% of pupils (see Table 5.2).

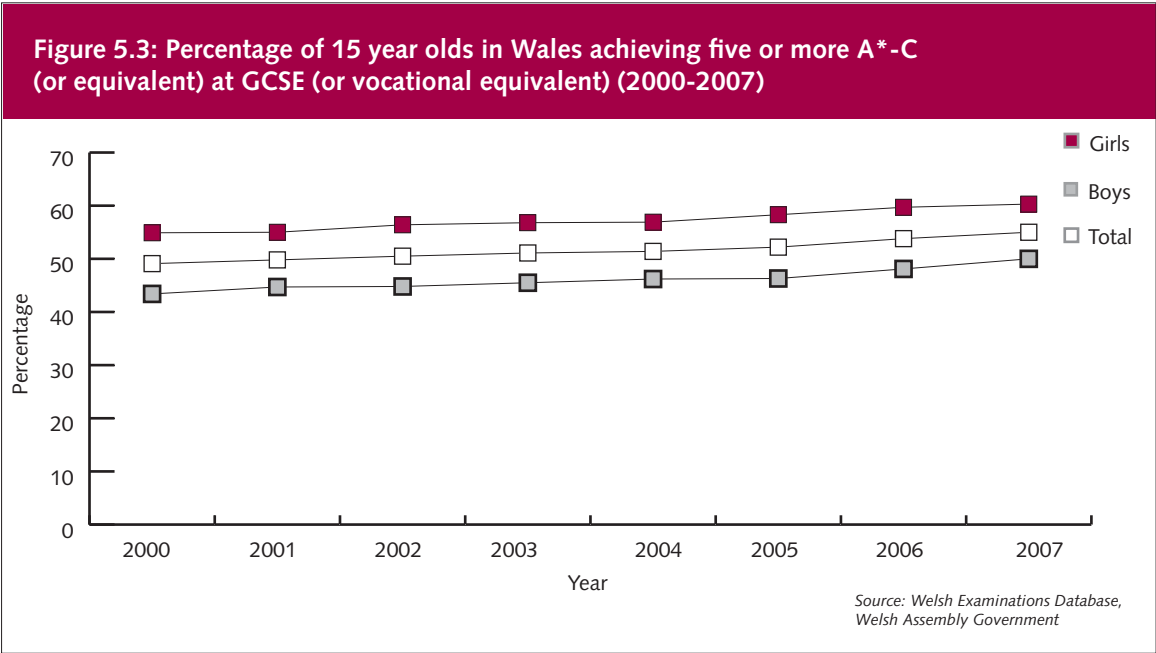
In 2007 at Key Stage 2, 31% of SEN pupils achieved the Core Subject Indicator and at Key Stage 3, 16% did so.

5.4 Achieving full potential

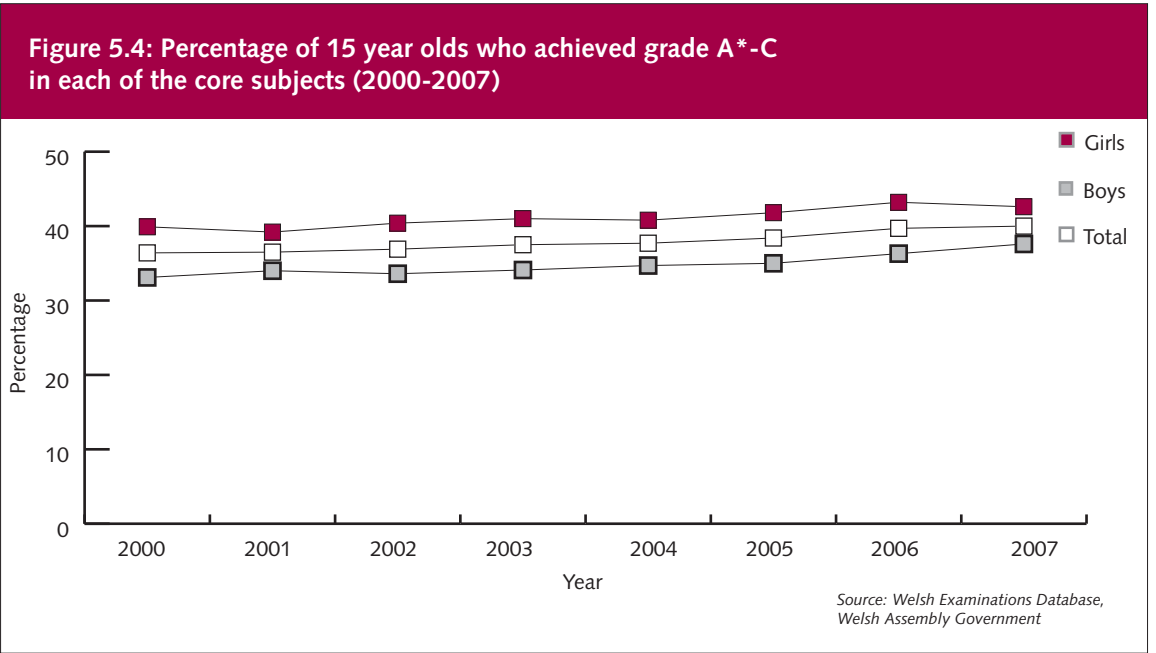
Key Stage 4

A high proportion of pupils who do well in education at age 15/16 continue in full time education and many go on to higher education.

Wales has seen a gradual improvement in the percentage of pupils gaining five or more GCSEs at grades A*-C. However, the gap in performance between girls and boys has not reduced over time (see Figure 5.3 and Figure 5.4) and girls continue to outperform boys. In 2007, 40% of pupils achieved GCSE grade A*-C in the core subjects, while 55% achieved five or more A*-C (or equivalent) at GCSE (or vocational equivalent).



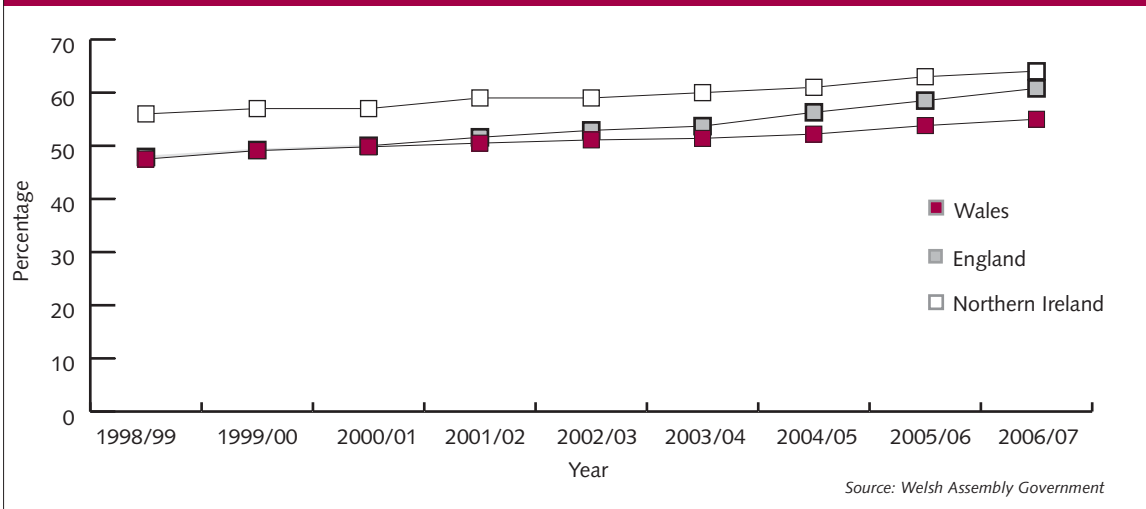
Note: Since 2007, Level 2 has become the standard measure, which includes all approved qualifications.



Note: For 2007, all approved qualifications are included. Prior to 2007, only GCSE, GNVQ and NVQs were included.

Comparisons with England and Northern Ireland (Figure 5.5 and Figure 5.6), however, suggest that a gap has opened up between Wales and these countries over recent years in respect of performance at GCSE.

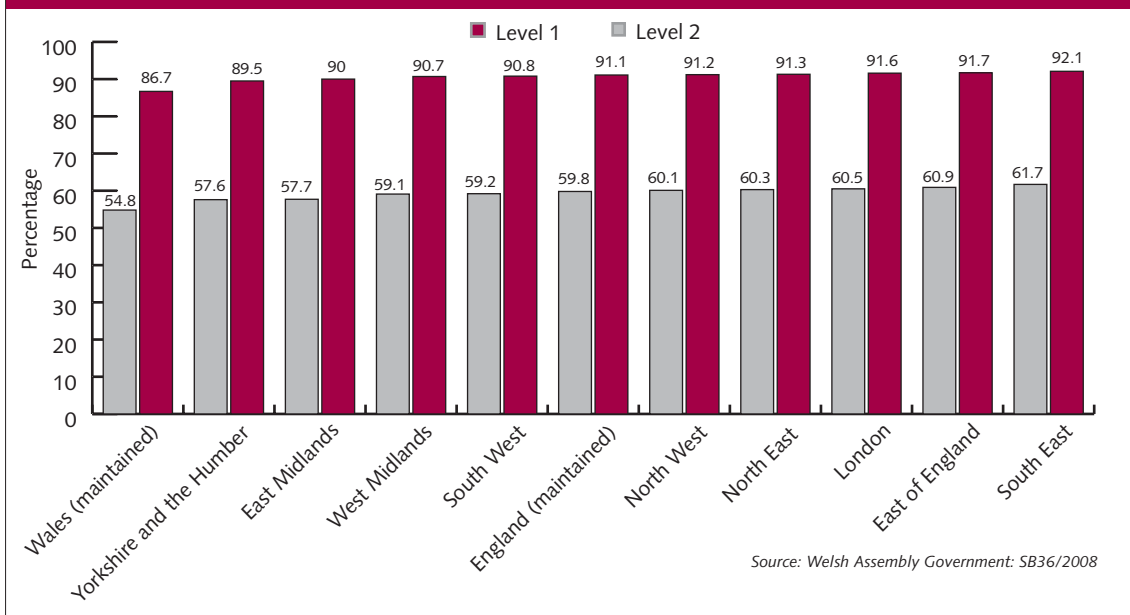
Figure 5.5: UK Comparison of 5 A*-C at GCSE (or vocational equivalent) (1999-2007)



Note:

- (a) England data from 2003/04 includes GCSEs and other equivalent qualifications approved for use pre-16. Northern Ireland figures are provisional for 2006/07 and could vary subject to revision.
- (b) Wales figures for 2006/07 represent pupils who have achieved the level 2 threshold which equates to a volume of qualifications at Level 2 equivalent to the volume of 5 GCSEs at Grade A*-C, similar to England's definitions.

Figure 5.6: Percentage of Welsh and English pupils aged 15 achieving the Level 1 and Level 2 threshold (2007) (a)



Note:

- (a) Level 2 threshold is a volume of qualifications at Level 2 equivalent to the volume of 5 GCSEs at Grade A*-C. Level 1 threshold is a volume of qualifications at Level 2 equivalent to the volume of 5 GCSEs at Grade D-G.

Between 1999 and 2007, the percentage of pupils obtaining the equivalent of 5 GCSEs grade D-G fell from 35.9% to 31.0%. Between 1999 and 2007 the percentage of pupils obtaining less than the equivalent of 5 GCSEs fell from 8.6% to 7.2%. Between 1999 and 2007 the percentage of 15 year olds not achieving a qualification fell from 4.7% to 3.9%.

The differential performance of boys and girls is manifest in much of the data presented in this chapter. In terms of outcomes at aged 15, the percentage of 15 year olds girls achieving five or more A*-C (or equivalent) at GCSE (or vocational equivalent) has been consistently higher than the percentage of boys.

Evidence showing the direct impact of socio-economic disadvantage on educational attainment is limited. However, official statistics do indicate a clear relationship between a school's average performance in tests and examinations and the proportion of pupils eligible for FSMs. ^(Ref 13; Ref 15; Ref 16)

An analysis of data from the Youth Cohort Study and the Labour Force Survey conducted by ONS found that GCSE exam results for children in Year 11 differ by social status. The study found that 77% of children in Year 11 in England and Wales with parents in higher professional occupations gained five or more A*-C grades GCSEs, compared with 32% of children with parents in routine occupations. ^(Ref 17)

A Welsh Assembly Government child poverty target for 2010 is that no pupil in Wales should leave full time education without an approved qualification. In 2006/07, the percentage of all 15 year olds *leaving full time education* in Wales with no recognised qualifications was 1.7% (2.1% of boys and 1.4% of girls).

A further 2020 child poverty target is for 51% of 15 year olds in Wales to achieve GCSE grade A*-C in each of the core subjects; and for 67% of 15 year olds in Wales to achieve 5 or more A*-C (or equivalent) at GCSE (or vocational equivalent). In 2007, the percentage of pupils achieving at these levels was 40% and 55% respectively.

Data collected on the educational qualifications of looked after children suggest that these children do not do as well. In the year to March 31 2007, 370 children aged 16 or over ceased being looked after and 43% of these children had at least

one GCSE grade A*-G (or GNVQ). 57% had no GCSE (or GNVQ) qualifications.⁵³ Of those children leaving care aged 16 and over, more boys than girls left with no GCSE (or GNVQ) qualification.^(Ref 18)

Less than a fifth (17%) of pupils on the SEN register achieved five or more A*-C GCSE whilst the equivalent figure for all pupils was 56%. Similarly, while 86% of pupils with SEN achieved one or more A*-G GCSE, the equivalent figure for all pupils was 97%.^(Ref 16) At Key Stage 4, 10% of pupils on the SEN register achieved at least the expected level in the Core Subject Indicator, compared with 41% of all pupils.

The impact of ethnicity on educational attainment is illustrated in Figure 5.7 for Key Stage 4, although a similar picture emerges at other Key Stages.⁵⁴ The broad picture is similar to that found for the UK as a whole,^(Ref 15) with performance varying widely across ethnic groups and indeed across genders within ethnic groups. There is evidence, for example, that differences in educational attainment between boys and girls are greater for some ethnic groups than for others.

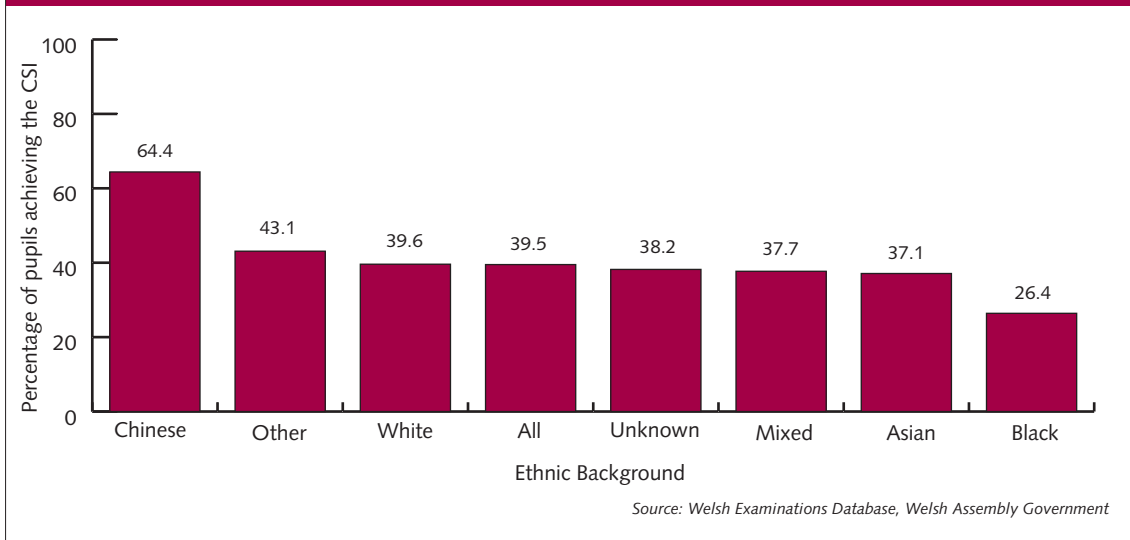
When comparing the main ethnic groups in Wales:

- A higher percentage of pupils from a Chinese or Chinese British ethnic background achieve the Core Subject Indicator (CSI) than any other ethnic group at all the Key Stages.
- The Black ethnic group has the lowest percentage of pupils achieving the CSI at each Key Stage.

⁵³ The data on looked after children are published by the Local Government Data Unit - Wales and are based on the percentage of pupils in local authority care/in any local authority maintained learning setting, who attain the age of 16 during the school year and leave full-time education, training or work based learning without an approved external qualification.

⁵⁴ Figure 5.7 shows attainment by ethnic background and uses pooled data for 2005 to 2007. This is so that there are sufficient numbers of pupils in the smaller ethnic background groups to make comparisons more robust.

Figure 5.7: Percentage of pupils in Wales achieving the Core Subject Indicator at Key Stage 4 by main ethnic group (2005-2007)



In assessing the impact of ethnicity and other factors influencing educational outcomes, it is important to take account of the multi-causal nature of the processes involved and the way that ethnicity interacts with gender, socio-economic backgrounds and education attainment.

For example, research has indicated that for many ethnic groups, differences found in educational outcomes change markedly once allowance is made for the other factors that influence outcomes - particularly poverty and deprivation. ^(Ref 19; Ref 1)

Finally, it is important to note that minority groups are not homogenous, and that the causes of underachievement are unlikely to be the same across and between these different groups. Aspiration levels may vary and a broad range of cultural and traditional considerations may affect children and young people's performance at school. Levels of parental education and language proficiency are also likely to differ among and between groups, as are socio-economic backgrounds.

Key skills

The Programme for International Student Assessment (PISA) 2006 study⁵⁵ shows that the mean score for 15 year olds in science in Wales was not significantly different from the OECD⁵⁶ average. All four countries of the UK had similar levels, however, Wales scored significantly lower than England.

The mean score for mathematics and reading in Wales was significantly lower than the OECD average. England and Scotland both scored significantly higher than Wales for mathematics and reading, and Northern Ireland scored significantly higher for reading.

For the study as a whole, in most countries boys outperformed girls in mathematics and science, whereas the reverse was true in respect of reading where girls performed better in all participating countries.^(Ref 20) This gender pattern was also found to be significant for Wales.

Qualifications gained in Year 13

In terms of qualifications gained in Year 13, 71% of girls and 63% of boys achieved two or more A/AS Levels at grade A-C in 2006/07.⁵⁷ In 2006/07, 95% of girls and 92% of boys achieved two or more A/AS Levels at grade A-E.

5.5 All people aged 16 to 19 purposefully engaged

Failure to be engaged in education, employment or training between the ages 16 to 19 is highly likely both to reflect relatively poor prior educational performance and to be associated with adverse socio-economic outcomes later in life.

Figure 5.8 shows that between 1996 and 2005, the proportion of young people not engaged in education, training or employment (NEET) in Wales has not changed much with the latest figures showing 10% of 16-18 year olds classed as NEET, which is approximately 12,000 young people. There is a higher proportion of boys classed as NEET than girls.

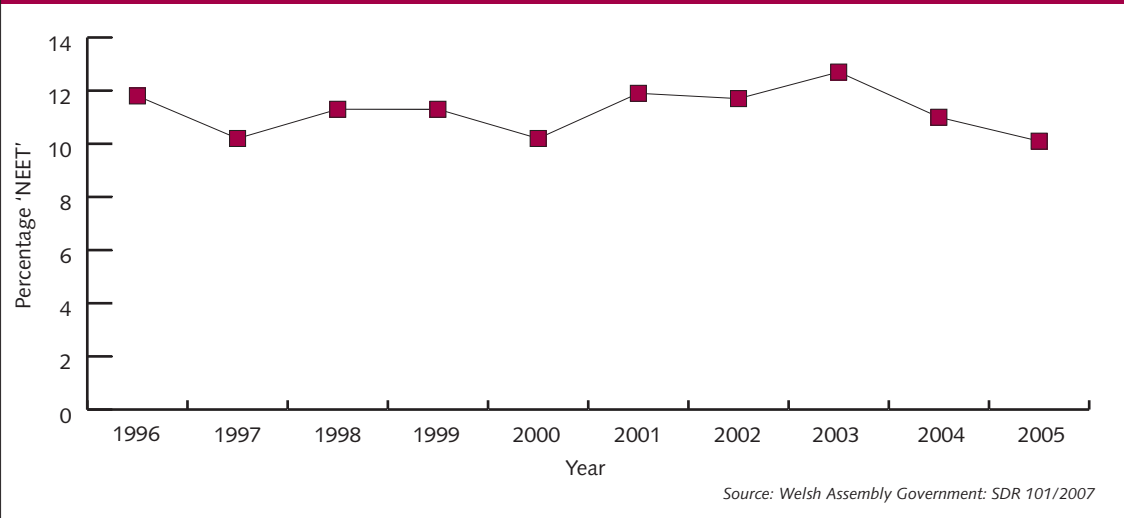
The 2020 Welsh Assembly Government child poverty target is for 95% of 16-18 year olds in Wales to be in employment, education or training.

⁵⁵ See Appendix 2 for further information on this and other surveys.

⁵⁶ Organisation for Economic Cooperation and Development.

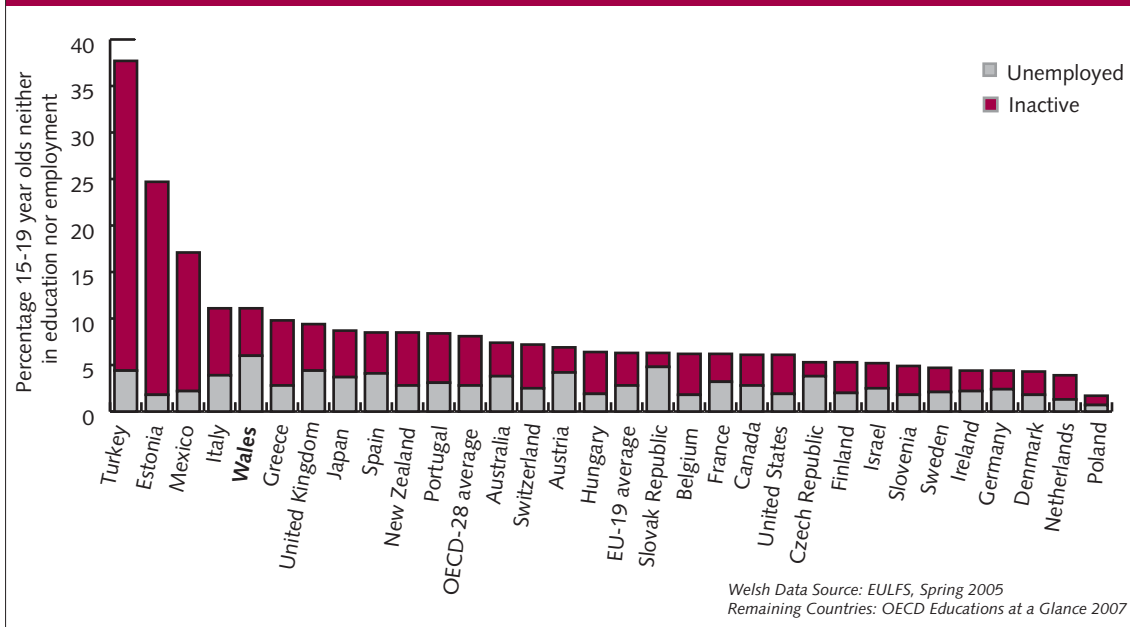
⁵⁷ This refers to the number of boys and girls entering two or more A Level/AS Level or AVCEs in Wales.

Figure 5.8: 16 to 18 year olds in Wales Not in Education, Training or Employment (NEET) (1996-2005)



International comparative data suggest that Wales has a relatively high proportion of 16 to 19 years olds who are classed as NEET ranking fifth highest out of 32 participating countries (Figure 5.9).

Figure 5.9: Percentage of 15-19 year olds neither in education nor employment (2005)



Those young people who are classed as NEET are much more likely to have no or low qualifications than the population as a whole. The three year average for 2004-06 showed that 32% of 16-18 year olds classed as NEET had no qualifications compared with 7% of non-NEET young people.^(Ref 21)

Other evidence indicates that people who have been in care are much more likely to be NEET. In 2006/07, the figure was around 56% compared with around 10% for the 16 to 18 age group as a whole.^(Ref 18)

According to the Annual Population Survey 2006, 10% of 18 to 24 year olds in Wales held no qualification.⁵⁸

Further and Higher Education in Wales

A survey of 39,400 school leavers in 2007 (conducted by Careers Wales) found that 77% of school leavers in Year 11 (at age 16) continued in full time education (either in school or college).⁵⁹ 2% entered work-based training with an employed status and 5% entered work-based training with a non-employed status. The survey estimated that 4% of school leavers in Year 11 entered into employment.

⁵⁸ See Appendix 2 for further information on this and other surveys.

⁵⁹ See Appendix 2 for further information on this and other surveys.

In a separate survey of nearly 12,000 school leavers in Year 13 (at age 18) in 2007, Careers Wales estimated that 80% of young people were continuing in full time education - either in school, college or in higher education.⁶⁰

Participation in further or higher education is also strongly influenced by people's social and economic background.^(Ref 17) In 2002, 87% of 16 year olds with parents in higher professional occupations were in full-time education. This compared with 60% of those with parents in routine occupations and 58% of those with parents in lower supervisory occupations. However, once people's prior attainment is taken into account, the impact of social background decreases significantly.^(Ref 17)

In terms of Work-based Learning, there were 27,845 enrolments on Work-based Learning programmes, such as modern apprenticeships, by young people aged 19 and under.

Key Information Gaps

- Educational outcomes among different ethnic groups and those with disabilities in Wales.
- Impact of poverty on the school lives and academic achievement of children and young people.
- Reasons for attainment dropping between Key Stage 2 and Key Stage 3.
- Research with young people not in education, employment or training (NEET) on the barriers they may face in accessing services and the reasons for their current NEET status.
- Research into the impact that FSM eligibility may have on well-being for school children in Wales.

⁶⁰ The survey estimated that 6% of school leavers aged 18 were taking a "gap year" and planning to enter Higher Education the following year.^(Ref 22)

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Chapter 6 Health, Freedom from Abuse and Exploitation

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Key Findings

- The dental health of 11 and 12 year olds has improved over recent years.
- The number of reported cases of sexually transmitted infections (STIs) amongst young people has increased significantly.
- There are high levels of teenage pregnancy in Wales compared with other European countries.
- Girls tend to rate their health less well than boys do. Furthermore, life satisfaction declines with age for girls and remains constant for boys.
- Approximately a fifth of children aged under 15 in Wales are obese.
- Risk behaviours of smoking and drinking remain a key issue of concern.

This chapter focuses on Core Aim 3 of the Welsh Assembly Government's aims for children and young people in Wales.

It describes the physical, mental and emotional health of children and young people in Wales. It discusses a range of lifestyle indicators, such as obesity and alcohol consumption, which are known to have a potentially significant impact on current and future health. There is a limited amount of information on children experiencing abuse and exploitation, which is recognised as a significant information gap.

⁶¹ National Public Health Service for Wales.

Chapter 4 on *The Early Years* describes the well-being of children up to 7 years of age. This chapter concentrates on children and young people from 8 to 18 years of age (although in some cases data for older young people are included).

6.1 Health

This section covers the following aspects of health:

- Illness
- Dental health
- Sexual health
- Immunisation
- Self-reported health
- Mental health and well-being

Illness

According to the 2005/06 Welsh Health Survey (WHS),⁶² almost a third (30%) of children between 8 and 15 years of age in Wales were reported as being treated for an illness at the time of the survey.^(Ref 1) Table 6.1 shows that around 14% were suffering from asthma.

Table 6.1 Percentage of children aged 8 to 15 years reported as being treated for a range of illnesses, by age and sex (2005/06)

	Asthma	Skin complaints	Ear complaints	Eye complaints
Boys	14	9	4	6
Girls	13	12	4	5
All children	14	10	4	6

Source: Unpublished Welsh Health Survey Data 2005/06

As reported in Chapter 4 on *The Early Years*, Britain has one of the highest rates of asthma in the world. A study of the prevalence of asthma (reported by parents) amongst 12 year olds in south Wales found the rate had more than quadrupled

⁶² See Appendix 2 for further information on this and other surveys.

between 1973 and 2003 from 6% to 27%.^(Ref 2) However, the authors point out that the increase is likely to be due in part to heightened parental awareness and improved diagnosis.

A tenth of 8 to 15 year olds were being treated for skin complaints, and this was more common amongst girls (12%) than boys (9%).

Limiting long-term illness (LLTI) is widely used as a measure of health status and has been shown to be an accurate predictor of early mortality, psychological health and use of hospital services. According to the 2005/06 WHS,^(Ref 1) 5% of children between 8 and 15 years of age in Wales were reported as having a LLTI.⁶³

Dental health

The dental health of 11 and 12 year olds has improved over recent years. The DMFT score (decayed, missed or filled teeth) is the standard measurement of tooth decay. Figure 6.1 shows that the DMFT score for 11 and 12 year olds decreased by around 40% between 1988-89 and 2004-05 showing an improvement in dental health. Figure 6.2 shows that although the dental health of 11 and 12 year olds in Wales is better than that of children in Scotland, we are lagging behind England.

The Welsh Assembly Government has set child poverty targets to improve the dental health of 12 year olds in the most deprived fifth of the population.⁶⁴ By 2020, the aim is to reduce the average DMFT score from 1.3 to 1.1 and to reduce the percentage with at least one DMFT from the 2004/05 baseline of 52.6% to 46.2% by 2010.⁶⁵

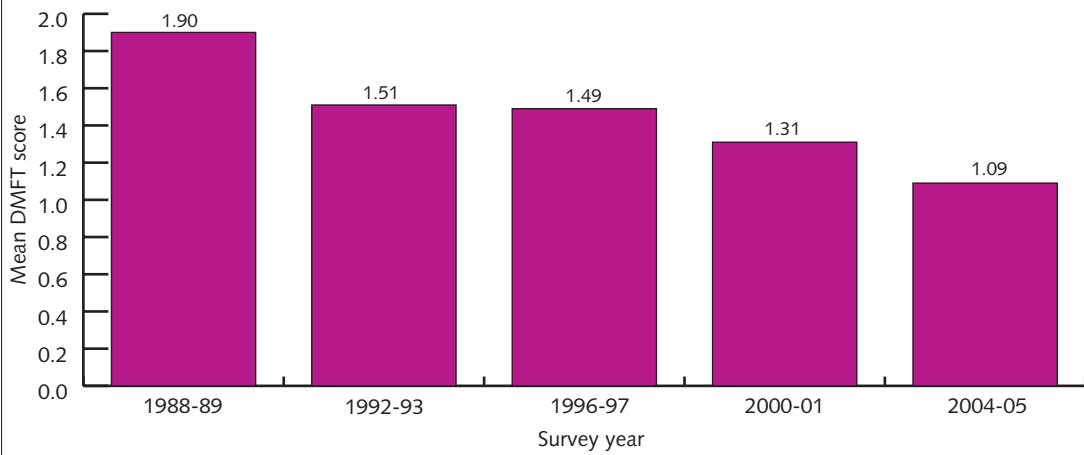
The prevalence of dental decay is associated with socio-economic factors, with children from more deprived backgrounds more likely to have dental decay^(Ref 3)

⁶³ The definition of LLTI used was any long-term illness, health problem or disability which limits daily activities or work that can be done. The same question was used as in the Census 2001.

⁶⁴ Most deprived fifth of the population has been calculated using quintiles of Townsend's scores for material deprivation.

⁶⁵ See Appendix 1 for details of the Welsh Assembly Government's child poverty targets.

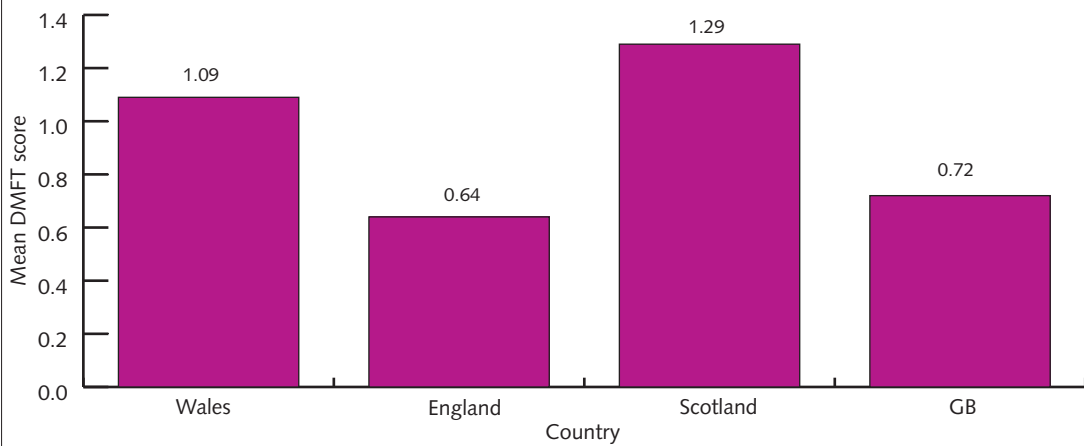
Figure 6.1: DMFT score of 12 year olds in Wales, 1988-89 to 2004-05



Source: BASCD (British Association for the Study of Community Dentistry) Surveys (1988-2005)⁶⁶

Note: 2004-05 Survey, the average DMFT relates to "rising 12 year olds" (includes 11 year olds).

Figure 6.2: DMFT score of 12 year olds 2004-05, GB comparisons



Source: BASCD (British Association for the Study of Community Dentistry) Surveys

Note: 2004-05 Survey, the average DMFT relates to "rising 12 year olds" (includes 11 year olds).

⁶⁶ See Appendix 2 for further information on this and other surveys.

Sexual health

This section looks at sexual activity, Sexually Transmitted Infections, condom use and teenage pregnancy.

Sexual activity

The 2005/06 Health Behaviour in School-aged Children (HBSC) study⁶⁷ found that 41% of Welsh 15 year old girls and 30% of Welsh 15 year old boys reported that they had ever had sexual intercourse.

Sexually Transmitted Infections

In spite of the limitations associated with the data on Sexually Transmitted Infections (STIs), it is clear that there has been a significant increase in reported cases within Wales and that young people are most affected.⁶⁸ The data presented below are based on the numbers of STIs treated at Genito-Urinary Medicine (GUM) clinics in Wales.

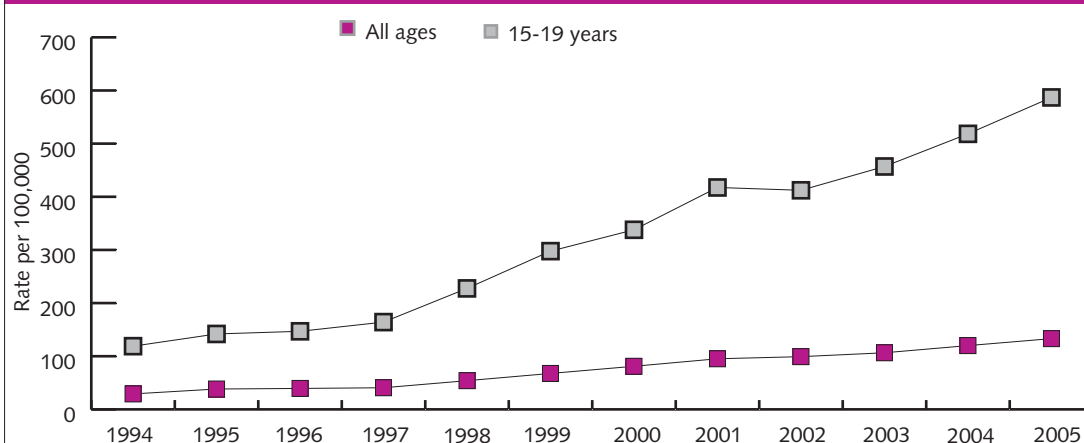
Chlamydia is the most commonly diagnosed bacterial STI in the UK. Between 1994 and 2005, the number of reported cases amongst 15 to 19 year olds in Wales increased from 119 to 587 per 100,000 population (Figure 6.3). This is a significant increase, far exceeding the increase amongst other age groups, although increased awareness and diagnostic techniques will have been contributory factors.^(Ref 5)

Chlamydia has important implications for future reproductive health since between 10% and 30% of untreated infected women go on to develop pelvic inflammatory disease which can cause infertility. Chlamydia can be symptom-free, especially in women.

⁶⁷See Appendix 2 for further information on this and other surveys.

⁶⁸STI data are limited due to their incompleteness, lack of availability at Local Health Board level and the time it takes for information to become available. To address these weaknesses, the Welsh Assembly Government is sponsoring a project to improve STI data, starting with a pilot in the Cardiff and Wrexham areas.^(Ref 4)

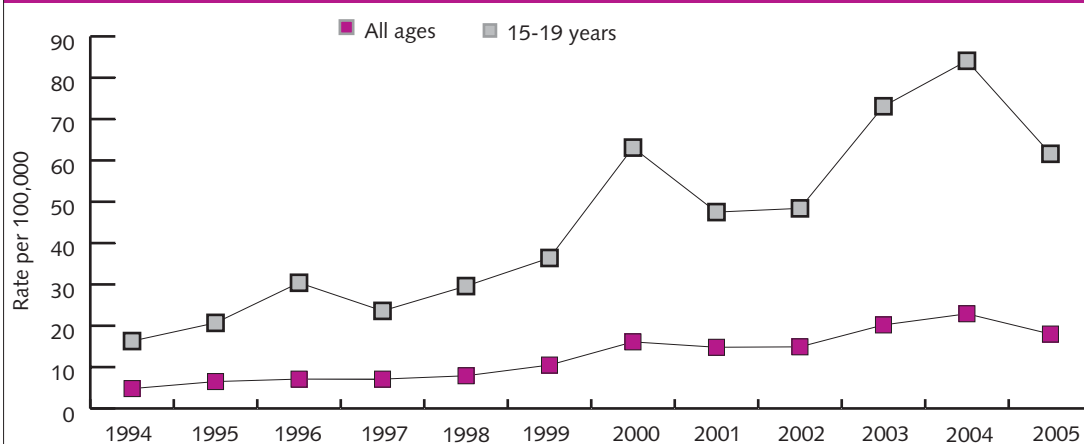
Figure 6.3: Reports of uncomplicated chlamydia from GUM clinics in Wales (1994-2005)



Source: National Public Health Service Communicable Disease Surveillance Centre, HIV and STI trends in Wales: Surveillance Report, November 2007. Cardiff: NPHS.

After chlamydia, gonorrhoea is the second most common bacterial STI in the UK. Again, rates (especially amongst young people) have increased since the early 1990's although the trend has been more erratic (Figure 6.4). In Wales in 2005, almost a quarter (23%) of a total of 533 cases of reported gonorrhoea involved young people aged between 15 and 19 years of age.

Figure 6.4: Reports of uncomplicated gonorrhoea from GUM clinics in Wales (1994-2005)



Source: National Public Health Service Communicable Disease Surveillance Centre, HIV and STI trends in Wales: Surveillance Report, November 2007. Cardiff: NPHS.

Condom use

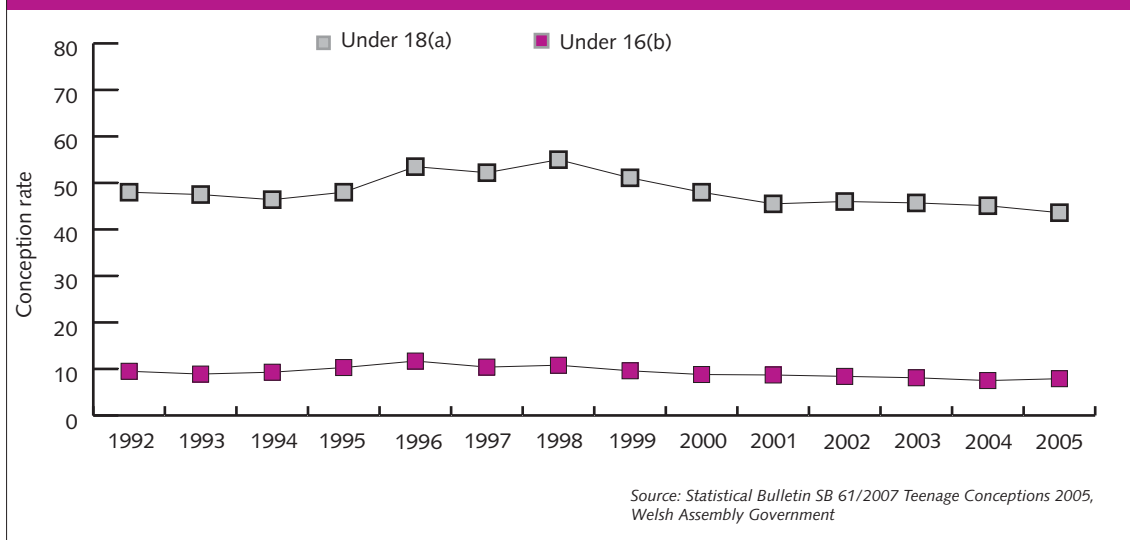
Using a condom reduces the risk of contracting an STI and unintended pregnancy. The 2005/06 HBSC study found that of sexually active 15 year olds in Wales, 71% of girls and 82% of boys said they had used a condom the last time they had had sexual intercourse.^(Ref 6)

Teenage pregnancies

The UK has the highest levels of teenage pregnancy in Europe with implications for the physical, emotional and socio-economic well-being of young mothers and their children. Teenage pregnancy is associated with higher than average rates of infant mortality, babies being born with low birth weight, child hospital admissions, postnatal depression and low rates of breastfeeding.

Teenage mothers are less likely to complete their education, and are more likely to be unemployed or low-paid and to be living in poor housing conditions (see, for example,^{Ref 5}). Children of teenagers are twice as likely to become teenage parents themselves.^(Ref 7) However, it should be noted that there is a strong correlation between teenage pregnancy rates and socio-economic circumstances, and there is only limited evidence on the precise impact of early parenthood over and above other prevailing factors.

Figure 6.5: Teenage conception rates by age group, Wales (1992-2005)



(a) Rate per 1,000 female residents aged 15-17

(b) Rate per 1,000 female residents aged 13-15

Figure 6.5 shows that conception rates for under 16 year olds in Wales decreased every year between 1999 and 2004, but increased slightly to 7.9 per 1,000 in 2005 for girls aged between 13 and 15 years of age. The conception rates for under 16s have been higher in Wales than in England for some time. The gap, however, has narrowed in recent years, with the rate for England increasing to 7.8 in 2005.^(Ref 8)

In Wales there is a child poverty target that by 2020 the conception rate for 13 to 15 year olds should not exceed 9 per 1,000 for any local authority area, and the ratio for all local authority areas should not exceed the all-Wales average by more than 30%.⁶⁹ Although progress has been good against the all-Wales target, there continues to be significant local variations, with one local authority exceeding the all-Wales rate by 55% in 2003/04.

Conception rates for under 18s are also higher in Wales than in England. According to provisional figures for 2006, the rate for Wales was 44.8 per 1,000 girls aged 15-17 and 40.4 for England. This represents a rise in the Welsh rate, the first for many years.

Immunisation

During 2007/08, 56% of Welsh 16 year olds received the 3 in 1 Td/IPV vaccine. This boosts protection into adulthood against tetanus, diphtheria and polio, and is usually administered between 13 and 16 years of age.^(Ref 9)

Self-reported health

Girls are more likely than boys to report their health as “fair” or “poor” rather than “good” or “very good”, and the proportion doing so increases as they grow older. In the 2005/06 HBSC study of pupils in Wales,^(Ref 6) 23% of 11 year old girls reported their health as “fair” or “poor”, increasing to 30% of 13 year olds and 33% of 15 year olds. The proportion of boys who rated their health as “fair” or “poor” remained stable across age groups (17% of 11 year olds, 20% of 13 year olds and 20% of 15 year olds).

⁶⁹ See Appendix 1 for details of the Welsh Assembly Government's child poverty targets.

In the 2005/06 HBSC study, pupils in Wales were also asked how often in the last six months they had experienced various symptoms including headaches and feeling low. The incidence was higher for girls across the age ranges, and increased with age whereas the incidence amongst boys decreased with age. By 15 years of age, 38% of girls reported experiencing two or more symptoms more than once a week compared with 21% of boys.

These gender differences could be due to a number of factors. Girls experience puberty earlier than boys. There are indications that they can feel more pressure in terms of body image and they are also socialised differently to more readily identify and communicate health issues.^(Ref 10)

As well as the gender and age differences, affluence is also an important factor.⁷⁰ There is a significant association with low affluence and rates of “fair” or “poor” health and two or more symptoms. This link is for both boys and girls in Wales and is the same for many of the other countries participating in the study.

Mental health and well-being

There are gender and age differences in mental health problems experienced by children and young people. Boys are more likely to experience conduct disorders and girls are more likely to experience emotional problems. Older children experience more mental health problems than younger children. Mental illness is the most important factor linked to suicide and self-harm.^(Ref 11)

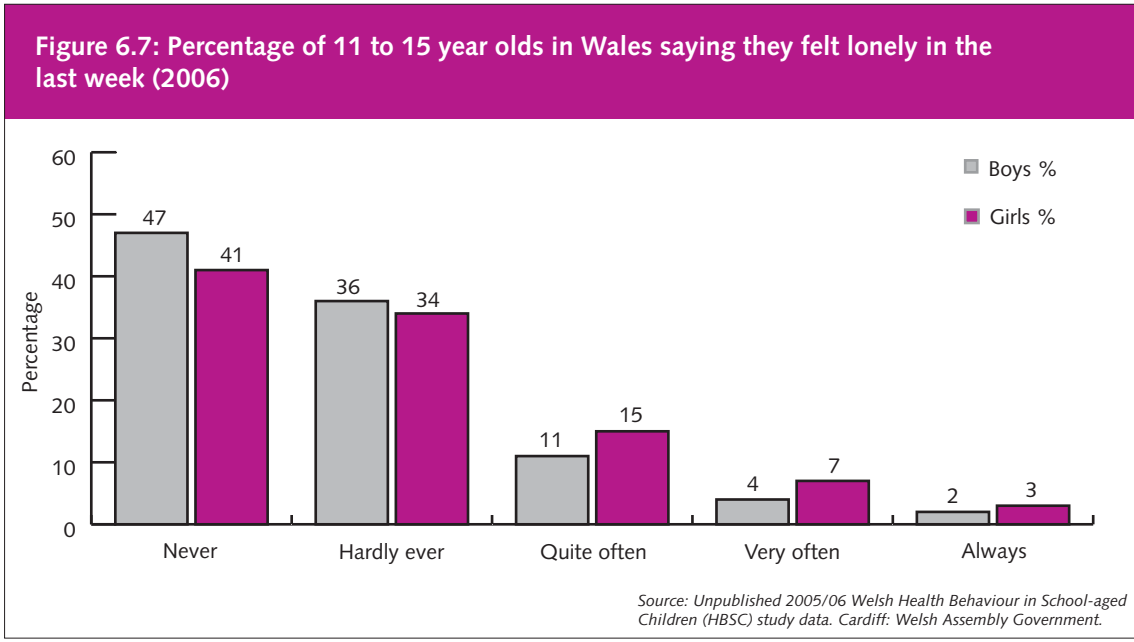
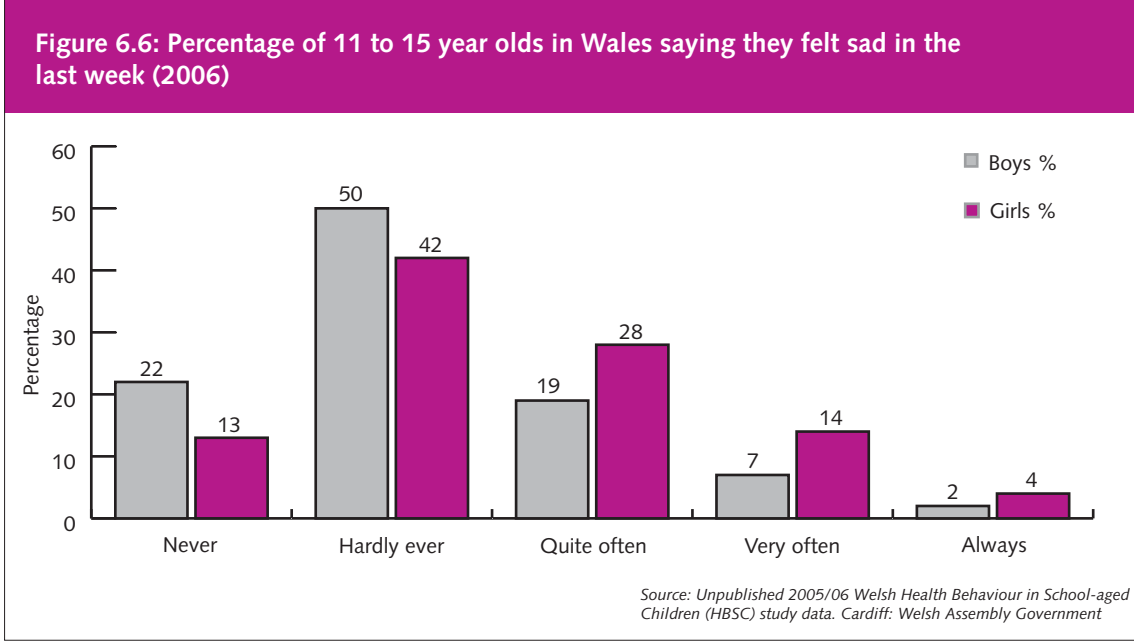
Life satisfaction amongst children and young people in Wales has been measured by the “Cantrill Ladder”, a scale (or ladder) of ten numbered steps, with zero representing the worst possible life and ten the best possible life. This found that life satisfaction is roughly the same as it is for children and young people in other countries and regions included in the 2005/06 HBSC study.^(Ref 6)

Life satisfaction declines with age for Welsh girls, but remains constant for Welsh boys, which is in line with the pattern in other countries. Scores of six or more are used as an indicator of life satisfaction. In Wales, 82% of 11 year old girls scored six or more, but the proportion dropped to 76% for 13 year olds and 72% for

⁷⁰ The HBSC study uses family affluence to classify young people’s socio-economic status. It uses a Family Affluence Scale (FAS) which is based on a set of questions on the material conditions in which young people live. The questions are easy for children and young people to answer and cover car ownership, bedroom occupancy, holidays and home computers.

15 year olds. The comparable figures for Welsh boys were 86% of 11 year olds, 85% of 13 year olds and 86% of 15 year olds.

The 2005/06 HBSC study also used KIDSCREEN, a scale for measuring various aspects of quality of life amongst children and young people.^(Ref 12) Figure 6.6 shows one dimension of the scale, the proportion of 11 to 16 year olds reporting feeling sad during the previous week. Figure 6.7 shows another dimension, the proportion feeling lonely. It can be seen that although the majority of young people did not report negative emotions, a significant minority did so, and these were more likely to be girls than boys.

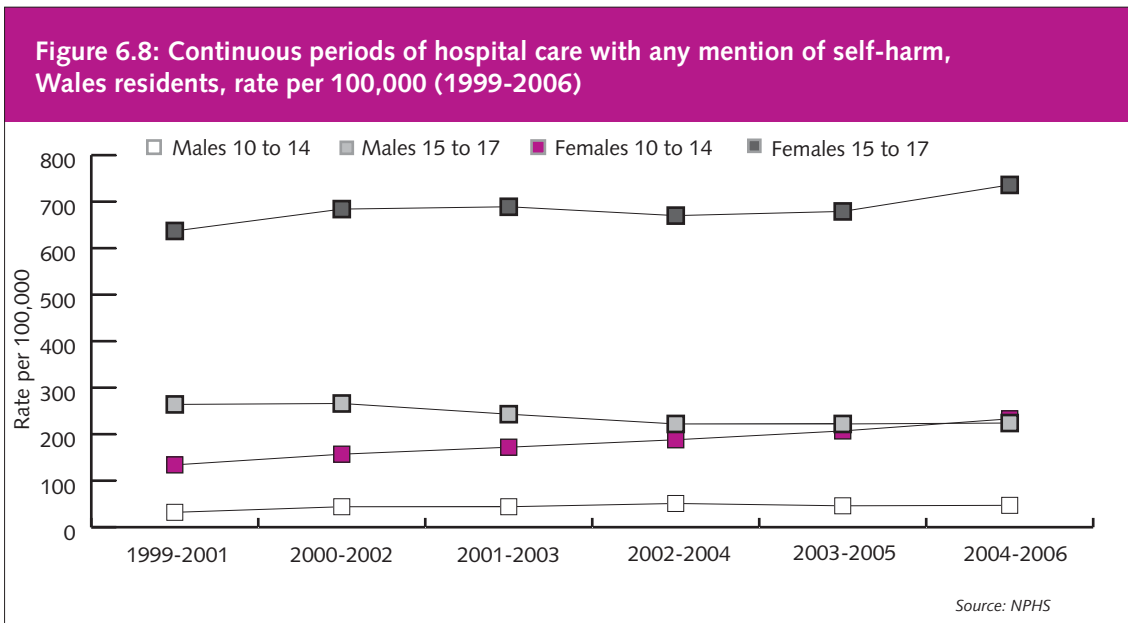


The incidence of mental health problems amongst looked after children in Wales is much higher than for children in the general population. In 2002/03, almost half (49%) of 5 to 10 year olds who were being looked after were recorded as having a mental disorder compared with 6% of the general population. For 11 to 15 year olds, the proportion was 40% compared with 12% of the general population.^(Ref 13)

Self-harm

Self-harm is sometimes used by adolescents as a way of distracting emotions, pain and sadness.^(Ref 14) It has been shown to be predictive of future suicide attempts, although most will not go on to commit suicide.^(Ref 11)

Figure 6.8 shows the rate of hospital admissions for self-harm per 100,000 population in Wales for both boys and girls. For boys, the rates are lower than for girls and are relatively stable over time. For girls, the rates are higher and are increasing amongst 10 to 14 year olds and 15 to 17 year olds.



It is worth noting that these cases of self-harm are recorded at hospital admission and so the rates do not take into account those incidences of self-harm that are not treated in hospital.

Suicide

The number of suicide deaths occurring each year in Wales has held fairly constant over the past 10 years at around 300. These figures are for people aged 15 and over, as deaths of undetermined intent of children and young people under 15 years of age are not defined as suicide. Three quarters of suicides are of men, with crude rates of 21.0 per 100,000 population for men and 5.6 per 100,000 for women.

The suicide rate in Wales is higher than the UK average, but is lower than that for Scotland and Northern Ireland.^(Ref 15) It is also important to bear in mind that accidents are the leading cause of death amongst young people in Wales (Chapter 9 *Safe Home and Community* includes information on accidents).

Suicide rates for men in Wales peak between the ages of 20 and 39, and for women in Wales between the ages of 40 and 54, reflecting UK wide patterns. There are indications that the overall suicide rate amongst young people between 15 and 24 years of age in Wales has reduced over recent years, although given the relatively small numbers involved we need to be cautious about interpreting this as a trend.

Young men are more likely to commit suicide and young women are more likely to attempt suicide. The most common method of attempting suicide amongst young men is hanging and for young women it is self-poisoning which is less likely to be fatal.^(Ref 11)

6.3 Lifestyle indicators

It is well established that lifestyle can have a significant impact on current and future health and well-being, including that of children and young people. This section looks at a range of lifestyle indicators, such as weight, diet, smoking and the use of alcohol/drugs, which can have potentially serious health implications.

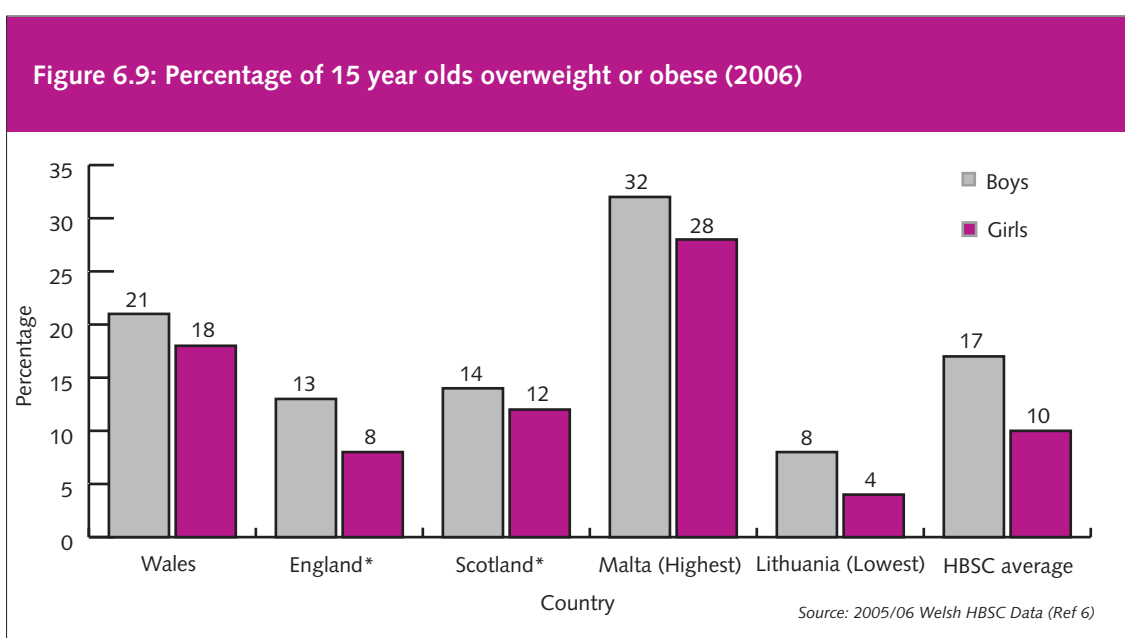
Weight

A significant minority of children and young people in Wales are overweight or obese. Using objective height and weight measurements of children and young people aged between 2 and 15 years of age, the 2007 WHS^(Ref 16) found that over

a third (36%) of children and young people were overweight or obese and a fifth (20%) were obese.⁷¹

International comparisons are available from the 2005/06 HBSC study, demonstrating that Wales is one of a cluster of countries with higher prevalences of overweight and obesity.^(Ref 6) Figure 6.9 shows that Malta had the highest levels and Lithuania the lowest. It should be noted that these figures are based on self-reported height and weight which are used to calculate BMI (according to International Obesity Task Force cut-offs).

Validation exercises have shown that adolescents are likely to overestimate height and underestimate weight.^(Ref 17)



* England and Scotland had more than 30% of their data for overweight and obesity missing: 49% and 50% respectively.

⁷¹ Estimates for the WHS has used the 85th and 95th percentiles of the age and sex-specific 1990 UK BMI reference curves as cut-offs for overweight and obesity respectively. The estimates should not be compared with those produced on a different basis. For instance, estimates derived using international cut-offs are likely to be lower as the cut-off points tend to be higher (method used in HBSC) or with adult estimates.
(Ref 16)

The high number of children and young people in Wales that are overweight or obese is a cause for concern. Raised BMI is a major risk factor for diseases such as cardiovascular disease, diabetes, musculoskeletal disorders and some cancers, and childhood obesity is associated with an increased likelihood of premature death and disability in adulthood.^(Ref 18) There is strong evidence that childhood obesity often persists into adulthood.^(Ref 19)

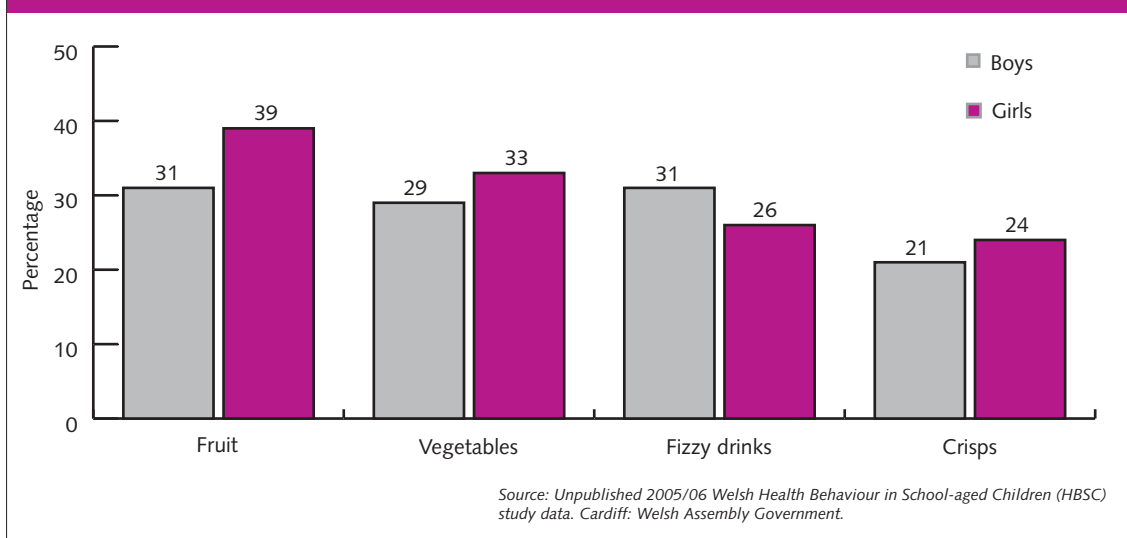
Being overweight or obese can also have social and psychological effects. A Welsh based study tracked a cohort of individuals from Year 7 (11 and 12 year olds) in 1994 to Year 11 (15 and 16 year olds) in 1998.^(Ref 20) Year 7 pupils who were obese (based on objective height and weight measures used to calculate BMIs) were the group most likely to be bullied (and bully others) and to report “being left out of things”. Overweight and obese Year 7 pupils were more likely to want to change something about their body than other children. However, by Year 11 there were no statistically significant differences between groups on being bullied or being left out of things.

Being underweight can also have negative implications for health. Being dissatisfied with their bodies and weight leads some adolescents, especially girls, to pursue unhealthy dieting behaviours. This can lead to nutritional deficiencies, retarded growth, delayed sexual maturation, menstrual irregularities, disturbed sleep, irritability and problems concentrating. It can also affect psychological well-being with feelings of depression and low self-esteem.^(Ref 19)

Diet

A healthy diet is thought to reduce the risk of cardiovascular disease, diabetes, osteoporosis and some cancers in adulthood, as well as being important for more immediate health concerns such as weight and dental health.^(Ref 21) Children and young people who develop healthy eating habits early on in life are likely to maintain them into adulthood.

Figure 6.10: Percentage of 11 to 15 year olds in Wales reporting they consume the following food items daily (2006)



The 2005/06 HBSC survey found that around a third of 11 to 15 year olds in Wales eat fruit and/or vegetables on a daily basis, and that girls are more likely than boys to eat fruit, vegetables and crisps (Figure 6.10). This consumption pattern is similar for England and Scotland.

Eating breakfast

Eating breakfast is important for children and young people as it helps them concentrate mid morning and reduces the likelihood of them consuming high fat, salt and sugar snacks during the day.^(Ref 21) Another Welsh based study found that obese Year 7 and Year 11 pupils were the most likely to skip breakfast at least twice a week.^(Ref 20)

Older children are more likely to skip breakfast than younger children.

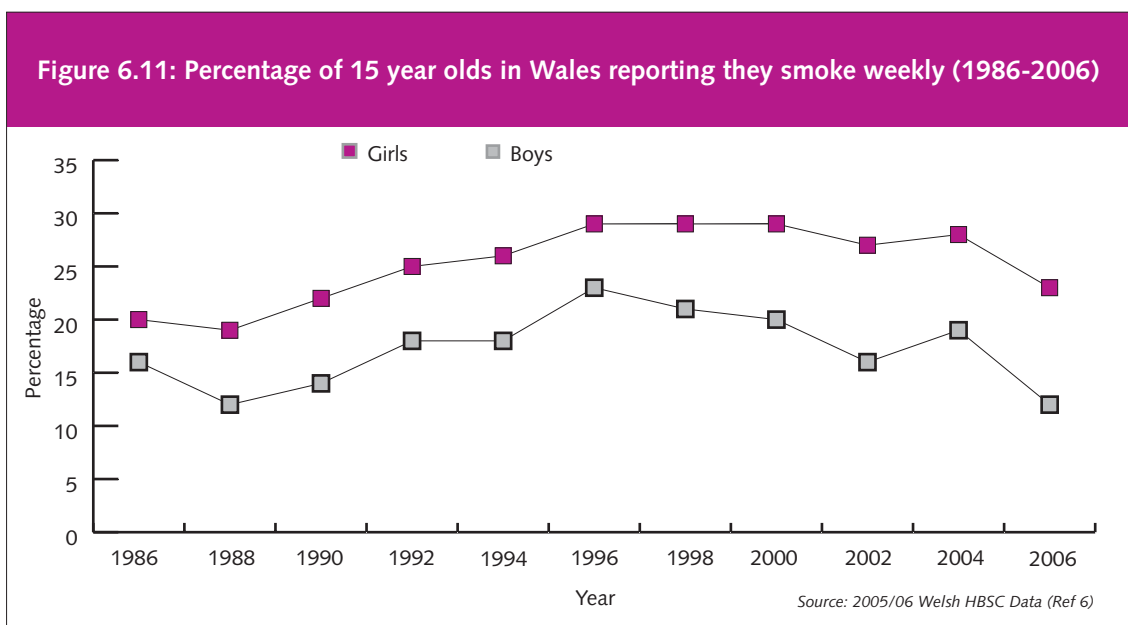
The 2005/06 HBSC study found that 68% of 11 year olds in Wales reported eating breakfast every schoolday compared with 57% of 13 year olds and 52% of 15 year olds. Girls are more likely to skip breakfast than boys. 58% of 15 year old boys in Wales reported eating breakfast every schoolday compared with 45% of 15 year old girls in Wales.

A relationship between deprivation, breakfast skipping and the consumption of “unhealthy” snacks has been found amongst 9 to 11 year old pupils in Wales.^(Ref 22)

Smoking

Smoking is the single greatest cause of preventable death and ill health in Wales. Smoking behaviour is often established in adolescence with a study in the US showing that 80% of adult smokers had established the habit before they were 18 years old.^(Ref 23) As well as storing up future problems, there are also more immediate health problems experienced by young people from smoking tobacco, such as respiratory problems and decreased fitness levels.

Figure 6.11 shows that smoking amongst 15 year olds in Wales has reduced significantly since hitting a high in the mid 1990s. There are pronounced differences by gender. In 2006, 15 year old girls were almost twice as likely as 15 year old boys to be smoking weekly (23% compared with 12%).



The proportion of younger children in Wales who report smoking weekly is much lower - 1% of 11 year olds rising to 9% of 13 year olds in 2006.

Overall Wales is ranked 23rd highest out of 41 countries and regions participating in the 2005/06 HBSC study, in terms of the proportion of 15 year olds reporting that they smoke weekly. Scotland was in 19th place and England, the lowest ranked of the home nations, was in 29th place. Young people in Canada and USA are least likely to report weekly smoking and young people in eastern Europe are most likely to report weekly smoking.^(Ref 6)

The 2005/06 HBSC study also investigated the association between family affluence and smoking. It found that in Wales, girls from families with low affluence reported higher rates of weekly smoking but no such association was found for boys. This pattern was also found for other northern European countries in the study but no link between affluence and smoking was found for participating countries from eastern and southern Europe.^(Ref 6)

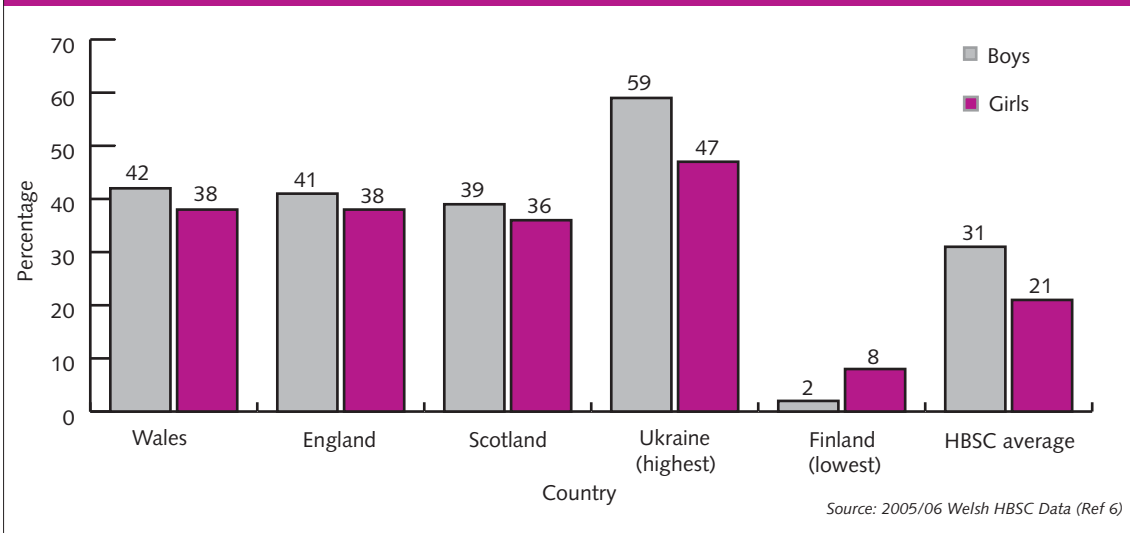
Levels of smoking are higher for looked after children (however these data have a higher cut-off point for age). In 2002/03, 34% of 11 to 17 year olds reported that they were smokers.^(Ref 13)

Alcohol consumption

For young people, excessive drinking is associated with physical and mental health problems, anti-social behaviour, youth offending, teenage pregnancy, poor school performance, accidents, suicide and violence.^(Ref 24) Regular drinking at an early age can also establish a long-term lifestyle pattern.^(Ref 25) Drinking weekly is often used as an indicator of regular alcohol consumption. According to the 2005/06 HBSC study, 6% of 11 year olds, 21% of 13 year olds and 40% of 15 year olds in Wales reported drinking alcohol on a weekly basis.

Out of the 41 countries and regions participating in the 2005/06 HBSC study, Wales ranks fourth highest in terms of the proportion of 13 year olds drinking alcohol on a weekly basis. In terms of 15 year olds drinking alcohol regularly, Wales is ranked third, with England ranked fourth (Figure 6.12).

Figure 6.12: Percentage of 15 year olds in Wales reporting they drink alcohol at least once a week (2006)



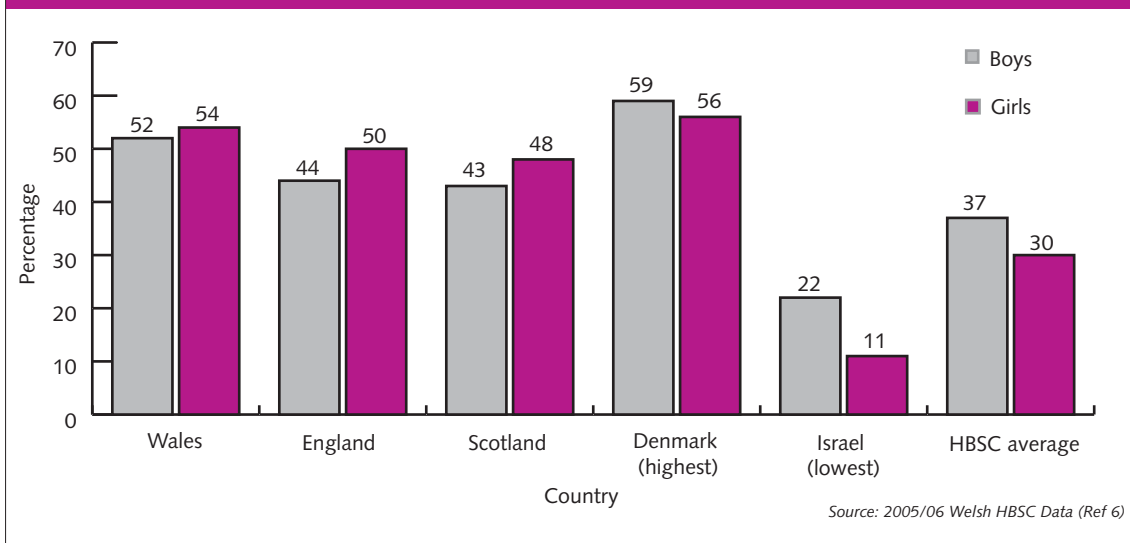
When considering alcohol consumption, it is not just the frequency but also the volume that is important. Drunkenness can be used as a proxy measure for large amounts of alcohol being consumed on one occasion.

According to the 2005/06 HBSC study, 6% of 11 year olds, 27% of 13 year olds and 53% of 15 year olds in Wales reported being drunk at least twice during their life.

Figure 6.13 shows that out of the 41 countries and regions participating in the 2005/06 HBSC study, Wales ranks third highest in terms of the proportion of 15 year olds who have been drunk at least twice, ahead of England and Scotland.

As with smoking, the 2005/06 HBSC study also considered the association between family affluence and drinking alcohol. They found that in Wales there was an association of high family affluence and drinking weekly for boys but no association for having been drunk at least twice.

Figure 6.13: Percentage of 15 year olds in Wales reporting they have been drunk on two or more occasions (2006)



Young people under 20 years of age account for approximately a tenth of all people in Wales referred to receive treatment for alcohol problems.

(Ref 26) In 2006/07, there were 266 young people under 15 years of age, and 1,289 people between 15 and 19 years of age receiving treatment.

Cannabis use

Cannabis use can cause psychological problems and is associated with the use of other drugs. (Ref 6)

Research shows that cannabis is the most widely used drug by adolescents in Wales. According to the 2005/06 HBSC study, 32% of 15 year old girls and 30% of 15 year old boys in Wales reported having tried cannabis, compared with England (23% of girls and 26% of boys) and Scotland (27% of girls and 29% of boys). The proportion of girls having tried cannabis was the same in 2006 as it was in 2002, but amongst boys the proportion decreased over the four years, from 36% to 30%.

The proportion of 15 year olds in Wales reporting that they used cannabis in the last 30 days was 11% of girls and 12% of boys. Similar levels are reported for Scotland (11% of girls, 13% of boys) and England (8% of girls, 10% of boys). For the study overall, cannabis use is more common among boys than girls. However, this picture is not the case in Wales where there were similar levels of use.

Wales (and the UK) are part of a set of countries with relatively high levels of cannabis use. The USA, Canada and several other northern and western European countries have the highest reported levels of ever using cannabis. Canada, USA and Spain have the highest rates of recent cannabis use (in the last 30 days).

Amongst looked after children in 2002/03, 27% of 11 to 17 year olds reported that they had tried cannabis and 16% reported using it in the last month ^(Ref 13).

Young people under 20 years of age account for approximately 14% of all people in Wales referred to receive treatment for drug problems. ^(Ref 26) In 2006/07, there were 205 young people under 15 years of age, and 1,209 people between 15 and 19 years of age. ^(Ref 26)

6.3 Abuse, Victimisation and Exploitation

Childhood stress can have negative effects on adult health. For example, American research has shown that the incidence of Adverse Childhood Experiences (ACE) - such as emotional, physical and sexual abuse, emotional and physical neglect, domestic violence, substance abuse and mental health problems within the home - have a major impact on health. As the number of ACE increased, so did the incidence of negative health behaviours and experiences. This was particularly striking for suicide attempts during adulthood. For zero ACE, 1.1% of participants had a lifetime history of attempted suicide, for 7 or more ACE, this percentage rose to 35.2%. ^(Ref 27)

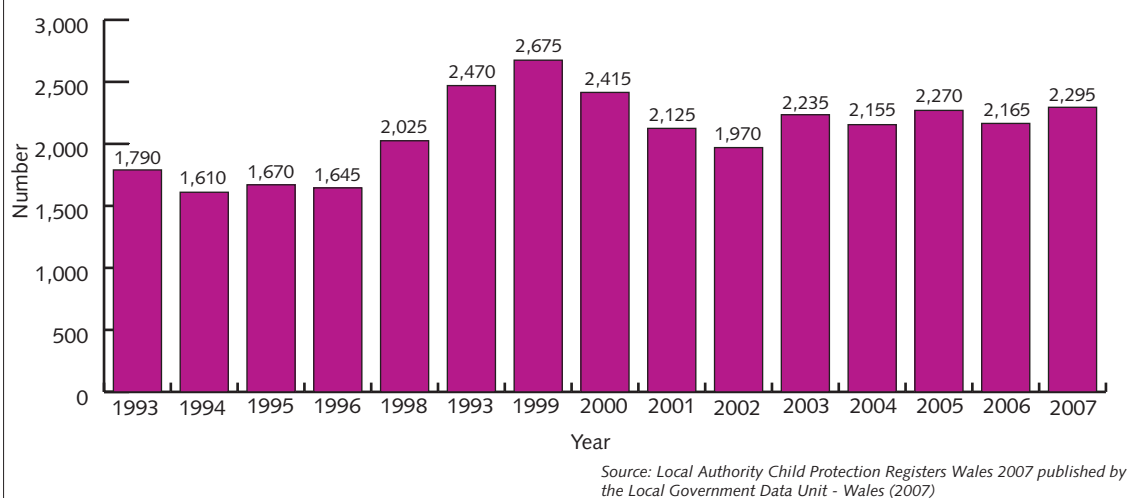
Forms of abuse, victimisation and exploitation can take place in a variety of settings including the home, other care settings, schools, public places and the criminal justice system. The information we have on the number of children in Wales who are affected is very limited. This section draws primarily on data from Welsh Child Protection Registers and on English/UK sources where appropriate.

The Child Protection Register is a register of children who are judged to be at continuing risk of significant harm and in need of active safeguarding through an inter-agency child protection plan. It should be noted that these registers are not a reliable data source on child abuse. Not every case of child abuse is reported and, even when reported, cases may be dealt with via other routes.

Furthermore, not every child on the register has been abused. Some will have been included because they are thought to be at risk of abuse or neglect. It should also be noted that the registers are not primarily for the collation of statistics but for the management of child protection work, and recording and management practices may vary between social service departments.

There were approximately 2,300 children (including unborn children) on child protection registers in Wales at 31 March 2007 (see Figure 6.14). This represents an increase of 6% from the preceding year, and represents a rate of 36 children per 10,000 population. 69% of children were aged nine years or under, and the most common reason for being on the register was "risk of neglect". See Chapter 3, *An Introduction to Particular Groups of Children at Risk of Disadvantage*, for more information.

Figure 6.14: Number of children on child protection registers in Wales, at 31 March 2007



In 2005/06 there were 55 child homicides⁷² aged under 16 in England and Wales.⁷³ Babies under the age of one have the highest rate in England, Scotland and Wales - more than young men aged between 16 and 29, the next largest victim group. The great majority of child homicide victims were killed by their parents, or someone they knew.^(Ref 28)

Research in England has found that 48% of four year olds, 35% of 7 year olds and 11% of 11 year olds were hit by their parents at least once a week.^(Ref 29) According to a study conducted for the NSPCC in 2000, 7% of adults in England had experienced serious physical violence by their parents/carers as children, and 14% suffered intermediate levels of physical abuse.^(Ref 30)

A Welsh study found that boys were significantly more at risk of being severely abused than girls.^(Ref 31)

In 2007/08, around 17 thousand UK children called Childline with concerns about physical abuse and around 13 thousand about sexual abuse. This was 10% and 8% respectively of all calls received.^(Ref 32) NSPCC research in England has found that 16% of young adults report experiencing some form of sexual abuse as a child.^(Ref 30)

Bullying is the most common reason for calling Childline. In 2007/08, around 33 thousand UK children called for this reason, 18% of all calls received.^(Ref 32) See Chapter 9 *Safe Home and Community* for more information on bullying.

⁷² The term 'homicide' covers the offences of murder, manslaughter and infanticide.

⁷³ Data for Wales alone are unavailable.

Key information gaps

- Ethnicity and disability data for Wales on many of the health indicators included in this chapter.
- Children and young people's own perspectives on their health and well-being, and the things that have positive and negative impacts on it.
- Information on neglect, abuse and exploitation in different settings and circumstances in Wales.
- Comprehensive data on the levels of underweight, normal weight, overweight and obesity of children and young people.
- Understanding of the phenomenon of self-harm especially amongst girls.

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Chapter 7 Access to Play, Leisure, Sport and Culture

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Key Findings

- Just under a half of families in Wales spend time every (or almost every) day doing indoor activities with their five year old child, whilst just over a quarter do so several times a week.
- Just over two-fifths of primary school children were classed as meeting current physical activity guidelines in 2006, higher than in 2002.
- Rates of physical activity decline amongst secondary school children. Just over a third of 11 to 16 year olds were physically active in 2006, higher than in 2001.
- Girls are significantly less likely to be physically active than boys. For example, 15 year olds boys are twice as likely to take at least one hour of moderate to vigorous exercise daily than 15 year olds girls.
- Almost half of 11 to 16 year olds take part in extracurricular activities at least once a week.

This chapter focuses on Core Aim 4 of the Welsh Assembly Government's aims for children and young people in Wales. This aim is for all children and young people to have access to a variety of play, leisure, sporting and cultural activities to enhance their health and well-being, regardless of their ability, language, race or gender.

The chapter covers play, sport and physical activity and other leisure activities, such as participation in the arts. Where available, information is included for children and young people up to 16 years of age.

It should be noted that there is limited information on informal or unstructured activities, and on the importance of play, leisure, sport and culture from the perspective of children and young people themselves.

7.1 Play

Play refers to activities which are “freely chosen, personally directed and intrinsically motivated”.^(Ref 1) It is performed for no external goal or reward, and should be a fundamental and integral part of every child’s life. It contributes to children’s well-being, the acquisition of important physical, mental, emotional, social and creative skills, and the development of self-esteem and confidence.^(Ref 2) Through play children also learn about risk, which is an essential competency for personal development, flexibility and survival. Through trial and error, children discover their limitations and realise their potential for undertaking challenges. There is a growing awareness, supported by research evidence, that early enriched play experiences may have a lasting effect on children’s development, whilst impoverished experiences can have the reverse effect.^(Ref 2)

There is a paucity of data relating to children and young people’s play in Wales. One reliable source on younger children is the Millennium Cohort Study (MCS).⁷⁴ This found that just under a half (45%) of Welsh families spend time every (or almost every) day doing indoor activities with their five year old child, whilst a further quarter did so several times a week (see Table 7.1). 5% of families said they did indoor activities with their child once a month or less. There was no significant variation between disadvantaged and non-disadvantaged areas.⁷⁵

⁷⁴ All data reported in this chapter from the Millennium Cohort Study (MCS) has been provided by Shirley Dex at the Centre for Longitudinal Studies (based on analysis of data from the first three sweeps of the MCS). See Appendix 2 for further information on this and other surveys.

⁷⁵ The MCS was designed to over-represent areas in the UK with high and low levels of child poverty (based upon the ward based Child Poverty Index). For all UK countries, those electoral wards with low levels of child poverty were classified as “non-disadvantaged”, while those with high levels of child poverty were classified as “disadvantaged”.

Table 7.1 Extent to which family does indoor activities together at home with five year old child (%)*

	Disadvantaged ward	Non-disadvantaged ward	Wales All*
Every day or almost every day	47	43	45
Several times a week	26	31	29
Once or twice a week	22	22	22
At least once per month	3	2	3
Every few months or less	2	2	2

Source: Millennium Cohort Study

Base: MCS3 Main respondents in Wales.

*Total Wales sample weighted by country weight

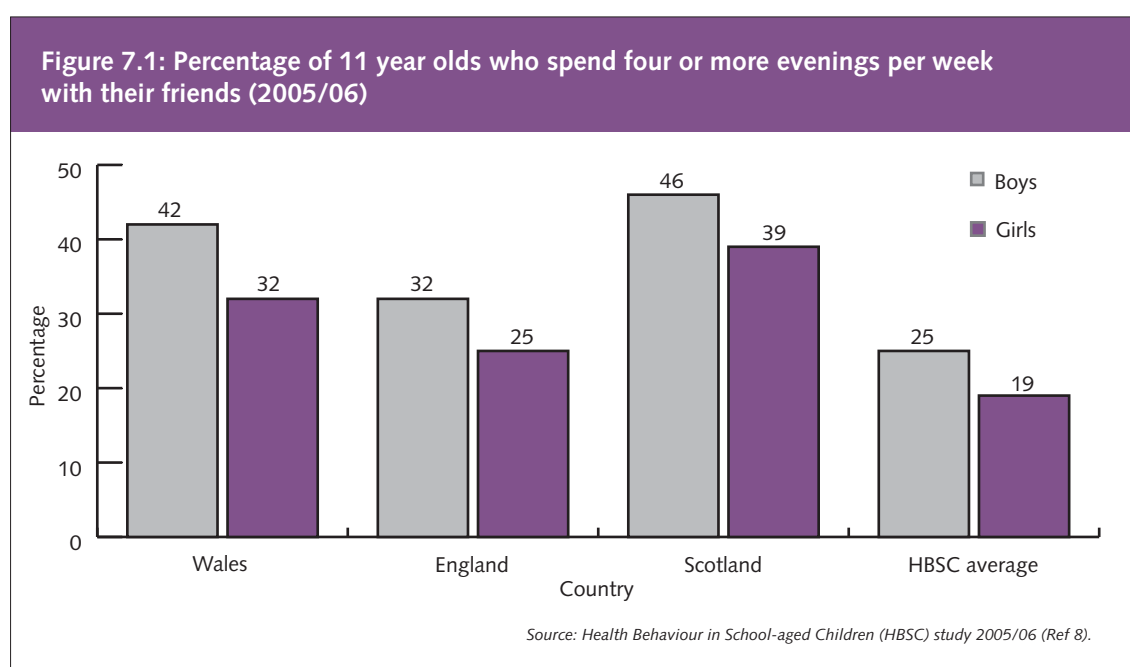
Just under a half (44%) of five year old children in Wales are taken to the park or playground once or twice a week, and a further 16% several times a week. A quarter are taken once or twice a month. This pattern is broadly similar across the UK. Children in disadvantaged areas are taken to the park or playground slightly more frequently than those living in non-disadvantaged areas.

In order to understand patterns of indoor and outdoor play activity, it is important to take into account the opportunities that children have to play safely outside. Households Below Average Income (HBAI) data for the UK for 2006/07 show a quarter of the most disadvantaged families with children (those in the bottom fifth in terms of disposable income) say they lack outdoor space or facilities for their children to play safely compared with 4% of families in the top fifth.^(Ref 3) Disadvantaged children are also more likely to be involved in pedestrian accidents (see Chapter 9 *Safe Home and Community*). Families with few resources are more likely to live near dangerous road environments, have fewer opportunities for safe play and children tend to go out as pedestrians more often than children from wealthier homes.^(Ref 4)

The Welsh Assembly Government's Play Policy recognises the importance of play throughout a child's life, not just during the early years.^(Ref 5) It also emphasises the need for children to have opportunities to play freely but safely outside their home. We have little information on how children and young people in Wales spend their "free" time, although one study estimates that adolescents spend a third of their waking time with their peers or friends.^(Ref 6)

Research by Funky Dragon with 7 to 10 year olds also highlighted the value of play to children in Wales - particularly outdoor play. The availability of outdoor spaces (both in and outside of school) was seen as particularly important.^(Ref 7)

Time spent with friends in the evening has been strongly linked with adolescent risk behaviour (for example, substance misuse), but it can also provide opportunities for positive forms of play and recreation.^(Ref 8) The 2005/06 Health Behaviour in School-aged Children (HBSC) study found that 11 year olds in Wales are more likely to spend four or more evenings with their friends than their counterparts in England, but are less likely to do so than their counterparts in Scotland (see Figure 7.1).



Interestingly, the percentage of young people in Wales spending four or more evenings per week with friends did not increase significantly by age. At 15 years of age, the proportions were 34% for girls and 47% for boys. Across the UK, there was a correlation between higher levels of time spent out with friends in the evenings and lower family affluence.⁷⁶

⁷⁶ The HBSC study uses family affluence to classify young people's socio-economic status. It uses a Family Affluence Scale (FAS) which is based on a set of questions on the material conditions in which young people live. The questions are easy for children and young people to answer and cover car ownership, bedroom occupancy, holidays and home computers.

7.2 Sport and physical activity

Physical activity is important to children and young people's development and health. Defined in its broadest sense (to encompass active hobbies such as walking, cycling and swimming as well as competitive sport and exercise), physical activity has multiple benefits. This includes stimulating growth and fitness, developing physical and social skills and providing a vehicle for play and recreation. There is also growing evidence that physical activity is associated with improved academic and cognitive performance.^(Ref 9)

Establishing healthy patterns of physical activity during childhood and adolescence can also last into adulthood, although there is relatively little direct evidence linking physical inactivity in childhood to longer term health outcomes.^(Ref 10)

Current physical activity guidelines recommend that children and young people should have at least 60 minutes of physical activity of at least moderate intensity at least 5 days a week.⁷⁷

Sport clearly has an important role to play in helping children and young people to achieve the recommended target on physical activity. However, it is unlikely that the target will be met by sport alone. It is essential that complementary forms of physical activity are built into children and young people's everyday lives if the benefits associated with increased levels of physical activity are to be realised.^(Ref 11) Physical activity amongst five year olds, 7 to 11 year olds and 11 and 16 year olds is described below.

Physical activity amongst five year olds

The MCS shows that over half (55%) of Welsh five year olds were involved in a sport or took exercise at least once a week, whilst a tenth were involved three times or more a week (see Table 7.2). These results were similar across UK countries. Five year olds in disadvantaged areas in Wales were less likely to participate in sport or exercise at least once a week than their counterparts in non-disadvantaged areas (49% compared with 63%). However, as noted earlier, five year olds in disadvantaged areas were slightly more likely to be taken to the park or playground.

⁷⁷ "Climbing Higher" (the Assembly Government's strategy for sport and physical activity) states that all children and young people should undertake at least sixty minutes of moderate physical activity at least five days a week. Moderate intensity is defined as being equivalent to brisk walking, which might leave the participant feeling warm and slightly out of breath.^(Ref 12)

Table 7.2 Extent to which five year old child does sport/exercise (%)

	Disadvantaged ward	Non-disadvantaged ward	Wales All*
5 or more days per week	1	1	1
4 days per week	2	3	2
3 days per week	5	9	7
2 days per week	15	20	17
1 day per week	27	31	29
Less often/Not at all	51	37	45

Source: Millennium Cohort Study.

Base: MCS3 Main respondents in Wales

*Total Wales sample weighted by country weight

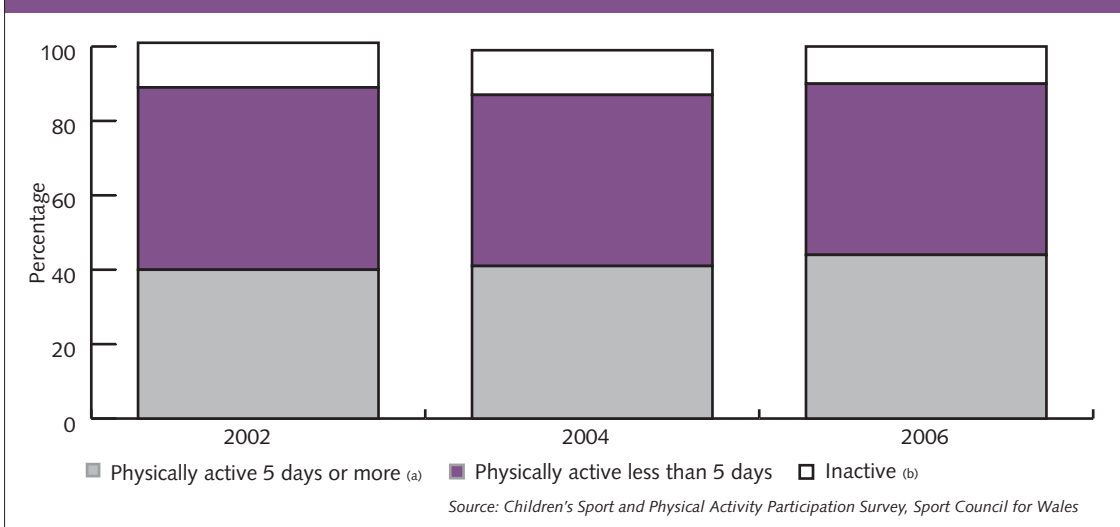
The opportunities available to children in different areas and circumstances is clearly relevant to take-up. For example, HBAI data for the UK for 2006/07 show that 14% of the most disadvantaged families with children (those in the bottom fifth in terms of disposable household income) wanted leisure equipment such as sports equipment or a bicycle for their child but could not afford it, whilst no families in the top fifth were in this position.^(Ref 3)

Physical activity amongst primary school children

According to the Sports Council for Wales^(Ref 14) *Children's Sport and Physical Activity Participation Survey 2006*,⁷⁸ over two-fifths (44%) of children in Wales between 7 and 11 years of age were physically active (that is, physically active for 60 minutes or more on at least 5 days a week) - see Figure 7.2. A tenth were recorded as inactive. There was a 4 percentage point increase between 2002 to 2006 in the proportion of primary school children that were physically active, whilst the proportion that were physically inactive decreased by 2 percentage points.

⁷⁸ See Appendix 2 for further information on this and other surveys.

Figure 7.2: Physical activity of children aged 7 to 11 years in primary school (2002-2006)



- (a) % of children who reported undertaking 60 minutes or more of moderate-intensity physical activity on five or more days in the previous week
 (b) % of children who reported undertaking 60 minutes or more of moderate-intensity physical activity on no days in the previous week

Boys were more likely than girls to be physically active, but inactivity rates were similar (see Table 7.3).

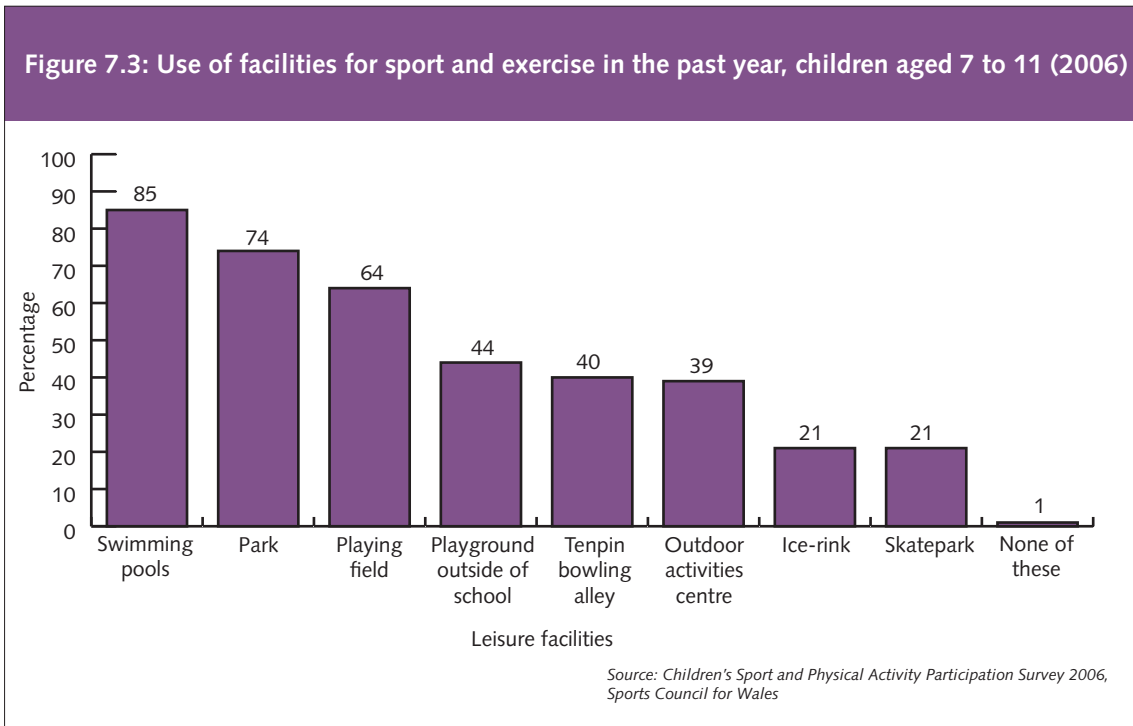
Table 7.3 Gender differences in physical activity levels, aged 7 to 11 (2006)

	Girls (%)	Boys (%)	Wales (%)
Physically active 5 days or more (a)	38	49	44
Physically active less than 5 days	52	41	46
Inactive (b)	10	10	10

Source: Children's Sport and Physical Activity Participation Survey 2006, Sports Council for Wales

- (a) % of children who reported undertaking 60 minutes or more of moderate-intensity physical activity on 5 or more days in the previous week
 (b) % of children who reported undertaking 60 minutes or more of moderate-intensity physical activity on no days in the previous week

The facilities children had used most often in the past year were swimming pools, followed by the park and playing fields (see Figure 7.3). Boys are more likely to use skate-parks and playing fields, while girls are more likely to use swimming pools, parks and ice rinks.^(Ref 14)



In terms of extracurricular sport activity (defined as sport played at lunchtime or after school with the help of a teacher), in 2006 63% of children participated at least once a week, and 84% had participated at least once during the previous year (see Table 7.4). The proportion of children who participated at least once in the previous year increased by 7 percentage points between 2000 and 2006, whilst the proportion who participated at least once a week increased by 5 percentage points between 2002 and 2006.^(Ref 14)

The importance of extended schooling and out of hours activities, particularly for disadvantaged pupils, has been highlighted by a number of sources.^(Ref 15)

Table 7.4 Extracurricular activity for 7 to 11 year olds (%) (2000-2006)

	2000 (%)	2002 (%)	2004 (%)	2006 (%)
Any extracurricular ^(a)	77	80	80	84
Regular extracurricular ^(b)	-	58	58	63

Source: *Children's Sport and Physical Activity Participation Survey, Sports Council of Wales*

(a) % of children who have taken part in at least one session of extracurricular sport (sport played at lunchtime or after school with the help of a teacher) since the previous summer.

(b) % of children who have taken part in extracurricular sport at least once a week.

The proportion of children in Wales taking part in physical activity with a club in the previous year has also increased from 72% in 2000 to 81% in 2006 (see Table 7.5).⁷⁹ The proportion of children taking part at least once a week also experienced an increase - from 61% in 2002 to 65% in 2006. The proportion of children attending a sports/leisure centre at least once a week has remained fairly stable between 2002 and 2006 - 56% in 2002 and 55% in 2006.

Table 7.5 Club participation and leisure centre usage, children aged 7 to 11 (2000-2006)

	2000 (%)	2002 (%)	2004 (%)	2006 (%)
Any club participation ^(a)	72	78	78	81
Regular club participation ^(b)	-	61	62	65
Any sports/leisure centre usage ^(c)	85	86	85	84
Regular sports/leisure centre usage ^(d)	-	56	55	55

Source: *Children's Sport and Physical Activity Participation Survey, Sports Council of Wales*

(a) % of children who have taken part in sport or physical activity with a club (not a school club) in the past year

(b) % of children who have taken part in sport or physical activity with a club (not a school club) at least once a week

(c) % of children who stated that they attend a sports or leisure centre

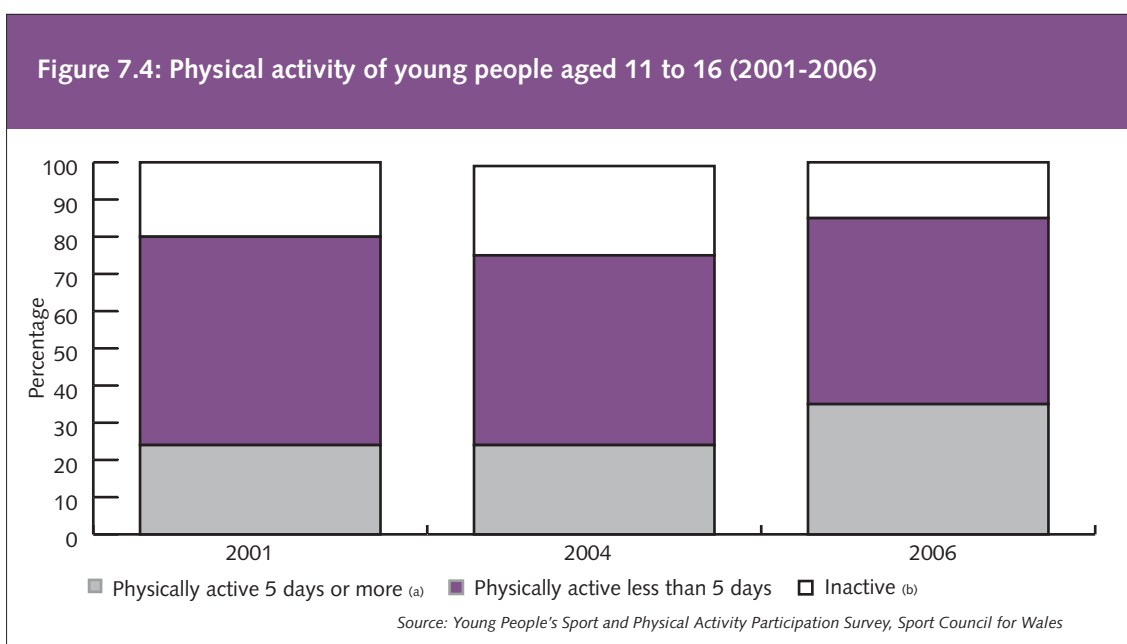
(d) % of children who stated that they attend a sports or leisure centre at least once a week

⁷⁹ Club participation is defined as something that was not organised by the school.

Just under a third of primary school children had taken part in outdoor pursuits or adventure activities over the past year (under curricular, extra-curricular or club based arrangements).^(Ref 13)

Physical activity amongst secondary school pupils

The rate of physical activity declines among young people at secondary school. The SCW 2006 survey found that just over a third (35%) of 11 to 16 year olds in Wales were physically active for 60 minutes or more on at least 5 days a week. This is considerably lower than the Welsh Assembly Government target of 90% by 2010. 15% of 11 to 16 year olds were classed as physically inactive (see Figure 7.4). Although falling below Assembly Government targets, the percentage of 11 to 16 year olds that were physically active increased by 11 percentage points between 2001 and 2006, whilst young people recorded as being inactive fell by just over 5 percentage points.



- (a) % of young people who reported undertaking 60 minutes or more of moderate-intensity physical activity on 5 or more days in the previous week
- (b) % of young people who reported undertaking 60 minutes or more of moderate-intensity physical activity on no days in the previous week

The 2005/06 Health Behaviour in School-aged Children (HBSC) study found that just over a fifth (21%) of 11, 13 and 15 year olds in Wales undertook 60 minutes of moderate to vigorous physical activity each day. This is below the rate found by the Sports Council for Wales' survey. The difference is likely to be due, at least in part, to slightly different definitions and measures. The HBSC study data are measured against health guidelines - at least sixty minutes of at least moderate intensity physical activity each day.^(Ref 10) The SCW survey data are measured against physical activity guidelines - at least five days a week. Also, the HBSC study uses a Moderate to Vigorous Physical Activity (MVPA) measure to assess participation in overall physical activity against health guidelines.⁸⁰

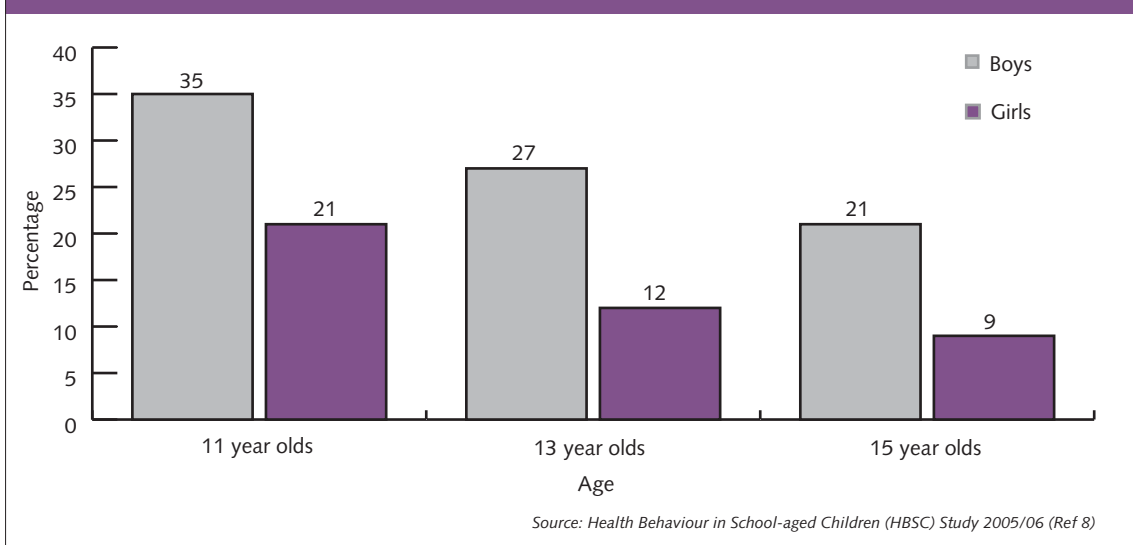
The HBSC study reported that Wales is ranked 20th out of 41 participating countries and regions in terms of the proportion of 15 year olds meeting health guidelines for physical activity. The proportions of boys and girls having at least one hour of MVPA each day were very similar to Scotland and higher than England. Overall, figures for Wales are similar to the HBSC average. The percentages have remained stable in recent years, although there is some evidence of an increase in MVPA among 11 year olds.^(Ref 8)

The 2005/06 HBSC study found that the proportion of young people meeting health guidelines on physical activity declines significantly with age, from 28% of 11 year olds to 15% of 15 year olds.

Both the HBSC study and Sports Council for Wales survey suggest that there is a significant gender difference in the level of physical activity amongst secondary school pupils. For example, Figure 7.5 shows that 15 year old boys were twice as likely as 15 year olds girls (21% compared to 9%) to report having at least one hour of MVPA a day.

⁸⁰ Physical activity is defined as any activity that increases the young person's heart rate and makes them get out of breath some of the time. Examples of activities include running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, netball, basketball, football and rugby. There are recognised difficulties in measuring physical activity levels based on self-assessment, although methodologies are being refined.^(Ref 8)

Figure 7.5: Percentage of 11, 13 and 15 year olds (boys and girls) in Wales who report at least one hour of moderate to vigorous activity daily (2005/06)



In 2006, almost a half (47%) of 11 to 16 year olds took part in extracurricular activities at least once a week, and over three quarters (77%) had participated at least once over the previous year (Table 7.6). The proportion of young people taking part rose by 4 percentage points between 2001 and 2006.

Table 7.6 Percentage of extracurricular activity for 11 to 16 year olds (2001-2006)

	2001 (%)	2004 (%)	2006 (%)
Any extracurricular ^(a)	72	71	77
Regular extracurricular ^(b)	43	42	47

Source: *Young People's Sport and Physical Activity Participation Survey, Sports Council of Wales*

- (a) % of young people who have taken part in at least one session of extracurricular sport (sport played at lunchtime or after school with the help of a teacher) since the previous summer
 (b) % of young people who have taken part in extracurricular sport at least once a week

The proportion of young people taking part in physical activity with a club has also increased since 2001. In terms of regular participation (at least once a week) the proportion increased from 52% to 61%, and for those who attended at least once during the previous year, the proportion increased from 73% to 80%.

The proportion of 11 to 16 year olds attending a sports or leisure centre decreased slightly (see Table 7.7).

Table 7.7 Club participation and leisure centre use amongst 11 to 16 year olds (2001-2006)

	2001 (%)	2004 (%)	2006 (%)
Any club participation ^(a)	73	73	80
Regular club participation ^(b)	52	53	61
Any sports/leisure centre usage ^(c)	92	90	85
Regular sports/leisure centre usage (at least weekly) ^(d)	53	55	50

Source: Young People's Sport and Physical Activity Participation Survey, Sports Council of Wales

- (a) % of young people who have taken part in sport or physical activity with a club (not a school club) in the past year
- (b) % of young people who have taken part in sport or physical activity with a club (not a school club) at least once a week
- (c) % of young people who stated that they attend a sports or leisure centre
- (d) % of young people who stated that they attend a sports or leisure centre at least once a week

In order to increase levels of physical activity, it is important to identify and understand those factors that influence participation. Recent studies have shown that demographic factors such as age and gender are influential, as are psychological factors (for example, perceived competence and enjoyment), social factors (for example, encouragement from parents, siblings and peers), cultural factors (there are some differences between ethnic groups) and the availability of facilities and programmes.^(Ref 16)

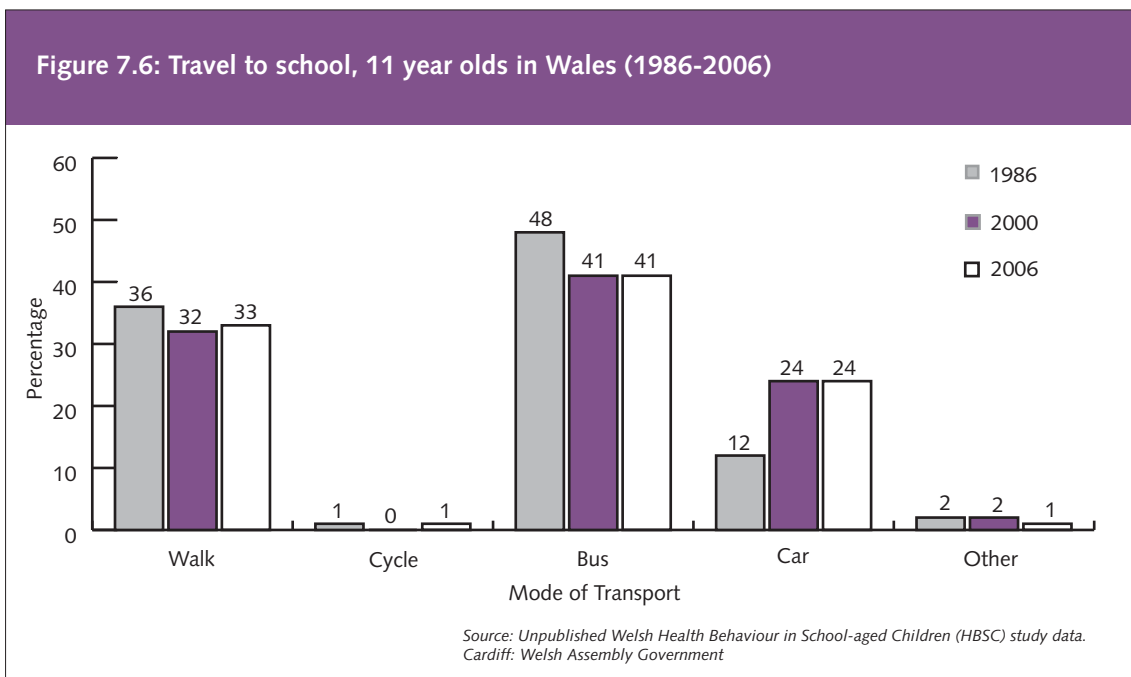
Lack of time was the most commonly cited barrier to extra-curricular activities among both primary and secondary school pupils.^(Ref 13)

Travelling to and from school as a source of daily physical activity

Walking or cycling to school can contribute to activity levels among children and young people.

According to the SCW survey, 42% of primary school-aged children walked or ran to school in 2006, 2% cycled, 47% travelled by car or taxi and 8% by bus or coach. It appears, however, that how children travelled to school made little difference to their wider activity levels.^(Ref 14)

Looking at the travel to school patterns over the last 20 years, Figure 7.6 shows that the proportion of 11 year olds in Wales travelling to school by car has doubled (from 12% to 24%), whilst the proportion walking has declined slightly (from 36% to 33%). The proportion travelling by bus has also fallen - from 48% in 1986 to 41% in 2006. Only 1% of children say they cycle to school, a percentage that has not changed much over 20 years.



7.4 Leisure activities

Activities amongst five year olds

We have limited information on the time children and young people spend on leisure activities, especially informal or unstructured activities.

The MCS provides some evidence on the participation of three and five year olds in Wales in artistic and cultural activities. Almost all (99%) of three year old children in Wales drew and painted at home, with over half (52%) doing so on a daily basis. Children in disadvantaged areas were more likely to do this than children living in more advantaged areas (56% compared to 48%).

Over a third of parents (39%) painted or drew with their five year old child once or twice a week. 10% of parents painted or drew with their five year old child every day.

The great majority (98%) of families in Wales taught their three year old songs, poems or rhymes, and for the majority this was a daily experience. Families in disadvantaged areas were more likely to do so than families in more advantaged areas.

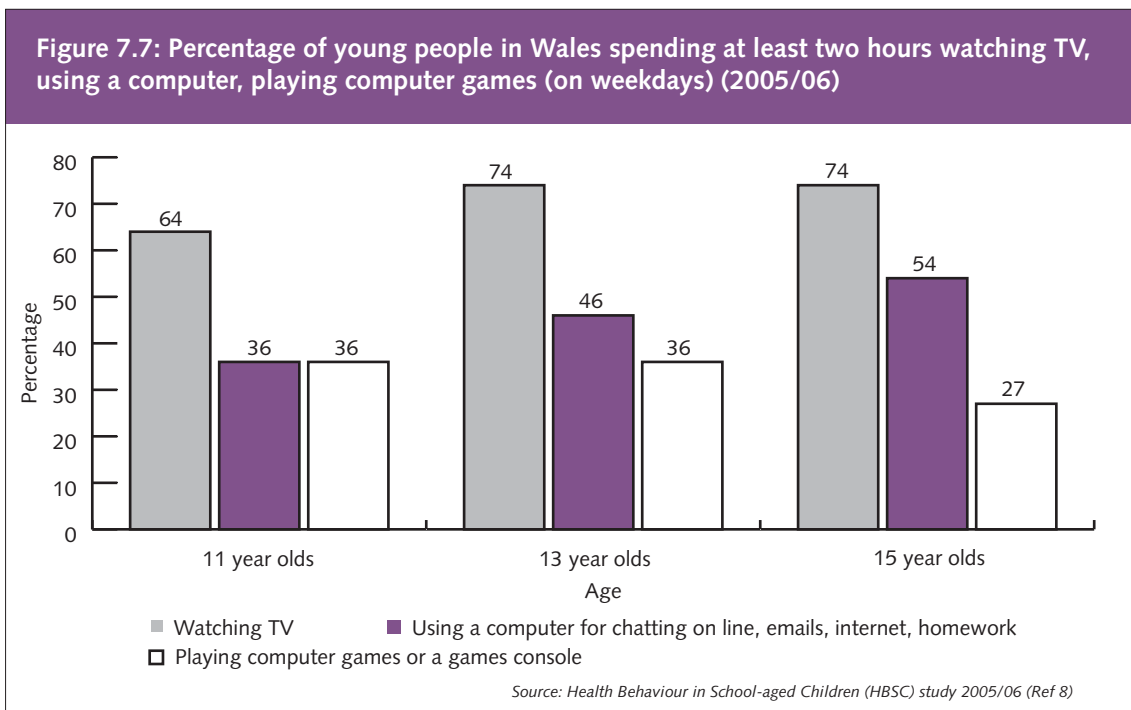
The MCS also found that over the previous year the majority of five year olds had been taken to a play, concert or circus (79%), visited a zoo, aquarium, wildlife park or farm (84%), visited a theme park or funfair (70%) or been to the cinema (74%). With the exception of theme parks/funfairs, children living in disadvantaged areas are significantly less likely to participate in all these activities than children living in non-disadvantaged areas. In the case of theme park/funfairs, children in disadvantaged areas are more likely to visit than those in non-disadvantaged areas.

Having the resources to participate in these activities is clearly an important factor. HBAI data for the UK for 2006/07 show that 14% of the most disadvantaged families with children (those in the bottom fifth in terms of disposable income) said they had wanted their child to take-up a hobby or leisure activity but had been unable to afford it, whilst only 1% of families in the top fifth were in this position.^(Ref 3)

Activities amongst young people

In terms of older children and young people, the 2005/06 HBSC study asked how many hours they usually spent on weekdays and weekends watching TV, playing games on a computer/games console and using a computer for chatting, emailing, using the internet and doing homework.

Figure 7.7 shows that 64% of 11 year olds, rising to 74% of 15 year olds, spend at least two hours watching TV each evening. Around a third (of all age groups) spend two or more hours playing on computer games or games consoles and over a third (36%) of 11 year olds, rising to over a half (54%) of 15 year olds, spend at least two hours a weekday on computers for other reasons. It is not possible to assess from these figures the amount of time each evening children and young people spend on these activities in combination.



The Arts Council for Wales (ACW) undertook surveys of young people aged 11 to 15 in 2002 and 2005.^(Ref 17; Ref 18) The most popular arts activities reported in both years were listening to music, creative writing and painting. On average, the time young people spent on arts activities each week was two hours in 2005.^(Ref 18) In both surveys, girls were more likely than boys to participate in arts activities, particularly outside school where participation is more likely to be voluntary.

The most common reason young people give for not participating in arts activities was lack of time (39%), although a quarter of young people said they did not participate because they did not feel they would be good at them.^(Ref 18)

The Arts Council survey also asked young people what types of activities they would like to do. This revealed a difference between what young people would like to do and what they actually do. In 2005, young people were most interested in DJ rapping or scratching (17%) and making videos (16%).^(Ref 18)

Key information gaps

- Play, leisure, sport and cultural activities amongst children and young people from a minority ethnic group, and those with a disability.
- Children and young people's views of play, leisure, sport and cultural activities.
- Informal and unstructured leisure and recreation activities and how these vary by age, gender, ethnicity and socio-economic group.
- Further research on participation in volunteering and citizenship activities.

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Chapter 8 Children are Listened to, Treated with Respect and have their Race and Cultural Identity Recognised

Authors: Chris Roberts and Richard Thurston

Key Findings

- Just over a fifth of young people aged 18 to 24 voted in the 2007 National Assembly for Wales elections.
- Most young people believe that they should be able to vote at 16.
- In Welsh secondary schools, the most common medium used to teach about the UN Convention on the Rights of the Child (UNCRC) was through “other” curriculum subject areas. For primary schools, the most common method was through assemblies.
- Almost two thirds of young people reported that the UNCRC had not been explained to them in school.
- Half of young people know who represents them on their school council.
- Half of school-aged children say their classmates are kind and helpful.
- Most young people report being involved in decisions that affect them at home and most say it is easy to talk to either of their parents.
- One fifth of young people report taking part in a consultation. Just over a half report having signed a petition.

This chapter focuses on Core Aim 5 of the Welsh Assembly Government’s aims for children and young people in Wales. The aim is that every child and young person in Wales is listened to, treated with respect and has their race and cultural identity recognised.

Specifically, this chapter explores the extent to which children and young people in Wales:

- are participating in decisions at home
- are participating in decisions about their education
- know about their rights and how to obtain them
- are participating in civic activities (for example, consultations and voting)
- and are able to freely express their cultural identity and race.

Little data exist in this relatively new policy area and this has been recognised internationally as a problem. For example, the UNICEF Report on Comparing Child Well-being in OECD Countries reported that it was unable to include this component in the OECD version of the child index.^(Ref 1)

The (limited) data that are available in this area for Wales are outlined below.

8.1 Engaging in meaningful decisions made on issues affecting their lives

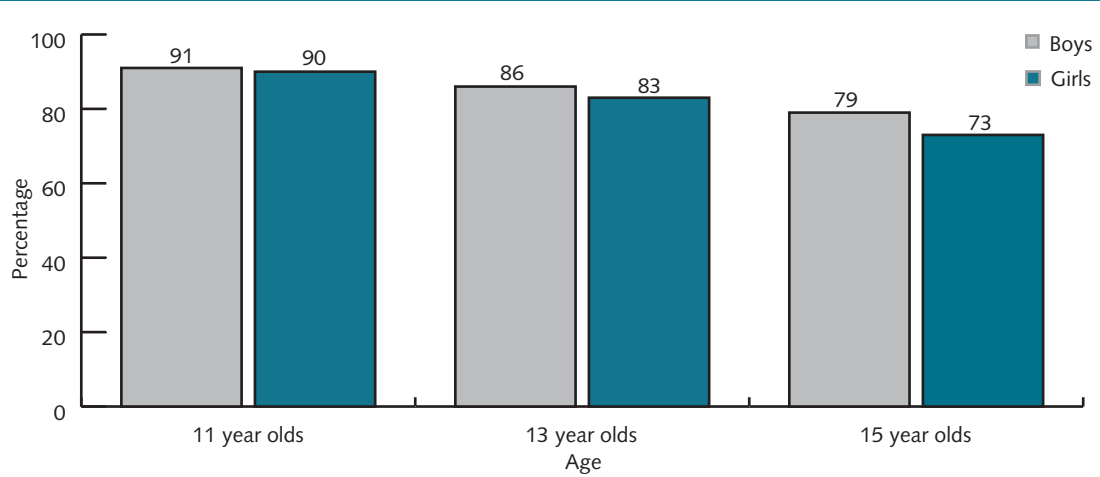
Participating in decisions at home

Children's rating of how easy it is for them to talk to either of their parents can be a helpful indicator of whether or not they are likely to be involved in decision making in the home. Data from the Health Behaviour in School-aged Children (HBSC)⁸¹ study allows a more detailed examination of this for 11 to 15 year olds.^(Ref 2)

Figures 8.1 and 8.2 show that while most young people find it easy to communicate with their mother and father, the proportions decline with age and are somewhat lower for girls, particularly in relation to their father.

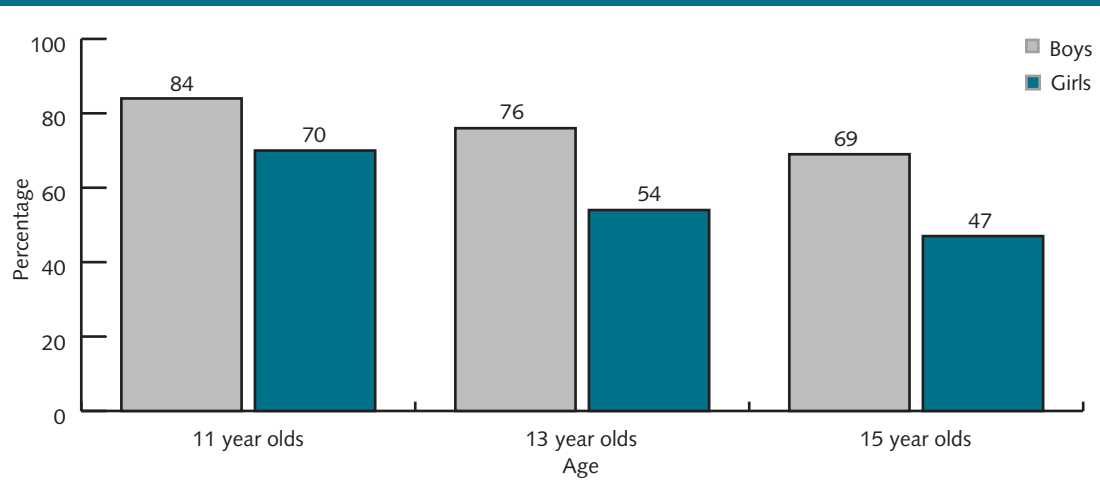
⁸¹ See Appendix 2 for further information on this and other surveys.

Figure 8.1: Percentage of young people in Wales who find it easy to talk to their mother (2006)



Source: Welsh HBSC data (See Currie et al, 2008)

Figure 8.2: Percentage of young people in Wales who find it easy to talk to their father (2006)



Source: Welsh HBSC data (See Currie et al, 2008)

This picture is reinforced by research conducted by Funky Dragon.⁸² A large proportion of young people said they were involved in decisions concerning them at home. Around 50% said they were involved “always or usually”, around 30% “sometimes or occasionally” and 16% said they were “never” involved.

Furthermore, young people reported having marginally more say than their parents in choosing which school they attended. The authors note that the reported incidence of bullying appeared to be significantly lower where young people had played a part in choosing their own school.^(Ref 3)

Participating in decisions about their education

Limited data are available on how children and young people are able to influence decision-making processes. Nevertheless, in relation to 3 to 11 year olds, Estyn inspection report information for 2005/06 suggests that pupils have opportunities to make decisions in their education.^(Ref 4)

Similarly, with 11 to 25 year olds, Estyn information suggests an increase in awareness of the participation agenda in youth support services. Estyn information also suggests that young people are listened to in schools, with some evidence of impact on local and national services and strategies.

However, Estyn also reports that involvement is more limited in some settings, such as statutory youth sector clubs and activities managed by national voluntary youth associations and some schools. It also suggests that there is little participation by 16 to 25 year olds in decision making.

On 1 December 2005 it became law in Wales that by 1 November 2006 all schools should have a school council. According to the 2007 Funky Dragon research, one in four young people thought that they did not have a school council or did not know whether they had one.⁸³ Just over half of children knew who represented them on their school council, while 30% reported that the school council had made changes in their school.

⁸² These data are taken from the survey element of the Our Rights Our Story research conducted by Funky Dragon, which also included workshops and interviews. This survey used an innovative voting approach. However, these results need to be interpreted cautiously as reported methodological and analytical descriptions are very limited. See Appendix 2 for further information about this and other surveys.

⁸³ This research took place between January and June 2007, by which time all the schools where the research took place had a school council.

Civic engagement and voting intentions

Another proxy for assessing whether or not children and young people engage in meaningful decisions is whether they can participate in civic activities such as consultations and elections.

The Funky Dragon survey reports that 20% of respondents had ever taken part in a consultation. In addition, just over half of respondents had signed a petition. One of the reasons for non-participation may be young people's perception of whether they are listened to: 18% of Funky Dragon survey respondents thought the Welsh Assembly Government listened to young people.

The 2007 Funky Dragon survey also found that 80% of young people thought that it should be possible to vote at 16 years of age. This compares with actual voting levels of 37% for 18 to 24 year olds in the 2005 UK General Election, 22% in the 2007 National Assembly for Wales elections and 17% in the 2008 Welsh local elections.^(Ref 5) ⁸⁴

At an international level, the Civic Education Study^(Ref 6) has researched civic participation in activities such as student councils, environmental organisations and youth organisations. Bradshaw *et al.*^(Ref 1) drew on this data in their European comparison of child well-being. This shows the UK falling midway in terms of the level of civic participation, with Cyprus and Greece highest, and Finland and the Czech Republic lowest.

This study has been reported in more depth specifically for England for the DfES, but not for the other UK countries. A general conclusion of the Civic Education Study is that "students with the most civic knowledge are most likely to be open to participate in civic activities".^(Ref 6)

8.2 Knowing about their rights and how to obtain them

Knowledge of rights

The UN Convention on the Rights of the Child (UNCRC) states that all children and young people should be made aware of their rights. The UN has also recommended that the UNCRC and human rights agenda should be included

⁸⁴ These figures are estimates based on the number of people claiming they had voted in a public opinion survey conducted immediately after the election(s).

in the education curriculum. Wales is the only Nation to have a specific strategic commitment to deliver the UNCRC.

A report on “Citizenship learning and teaching in the UK”, based on a survey of schools in the four UK countries, concluded that progress towards implementing citizenship teaching and learning across the UK has been “patchy, slow and of variable quality”.^(Ref 7) The report includes data from a limited sample of Welsh schools (the sample represented around 3% of all Welsh primary and secondary schools).

Of particular note here is the extent to which the UNCRC was taught. The UNICEF UK report asked teachers whether or not the UNCRC was taught through a number of different curricular activities (Table 8.1).

Table 8.1 shows a varied pattern for the teaching of the UNCRC in schools across the UK. In Welsh secondary schools, the most common medium was through “other” curriculum subject areas. For primary schools, the most common method was through assemblies.

Table 8.1 Where the UNCRC is taught in schools across the UK

Country	UNCRC sometimes taught through assemblies (%)		UNCRC sometimes taught through personal and social curricula (%)		UNCRC sometimes taught through certain “other” curriculum subjects/ areas (%)	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
England	73	53	70	57	32	50
Northern Ireland	80	42	73	42	73	75
Scotland	82	44	70	67	46	44
Wales	72	67	52	67	45	78

Source: UNICEF UK (2004)

Against the background of teachers’ reports of the extent and nature of UNCRC teaching in schools, it is worth noting that almost two thirds (65%) of young people surveyed in the Funky Dragon research reported that it had not been explained to them in school.^(Ref 3)

Save the Children found that 78% of 11 to 18 year olds would be “moderately to very interested” in receiving information on rights and responsibilities.^(Ref 8) ⁸⁵

Advocacy Services

Research commissioned by the Welsh Assembly Government has shown that among those who have used advocacy services, experiences are largely positive.^(Ref 9) However, this research also involved focus groups with young people identified as being potentially vulnerable, with the findings suggesting that most of these participants:

- were not familiar with the term “advocate” or “advocacy”
- knew little about how to access information about their rights (for example, how to complain about a service)
- and were not convinced that their views would be taken seriously or their problems tackled effectively.

In light of these findings, it is not surprising that most young people involved in this research said they were most likely to go to family members and friends as a first point of contact for advice, as well as teachers at school or college.

8.3 Valued and respected as members of society

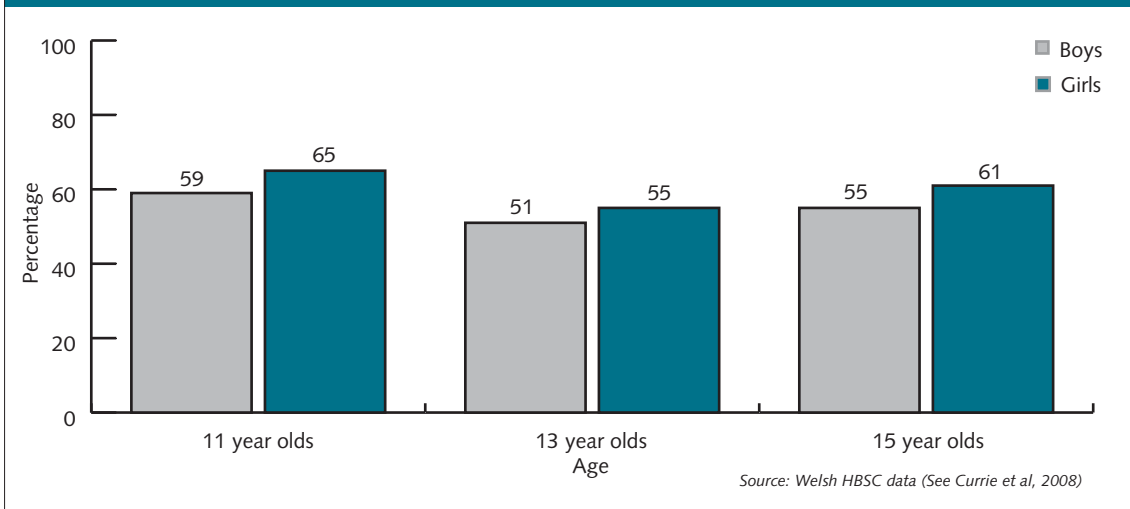
The feeling of being valued is clearly important for children and young people, not least in order to develop self-esteem. However, at present there are no regular sources of data for monitoring this at a national or local level, nor agreed indicators for doing so.

Classmate support

One potential indicator of being valued and respected is classmate support. In other words, how much pupils in Wales feel that they are supported by each other at school. HBSC study data^(Ref 2) show that in 2006, just over half of pupils in Wales said their classmates were kind and helpful (see Figure 8.3).

⁸⁵ This research was conducted by young people and involved 4,162 UK respondents aged 11 to 18 years.

Figure 8.3: Percentage of young people in Wales who agree that their school friends are kind and helpful (2006)



For most of the 41 countries and regions participating in the HBSC study, younger pupils were most likely to agree that their school friends were kind and helpful. At age 15, 55% of boys and 61% of girls in Wales said their friends were kind and helpful (ranked 26th), compared with 68% of boys and 72% of girls in England (ranked 14th) and 56% of boys and 57% of girls in Scotland (ranked 27th).

Voluntary activity

Another potential measure of being connected to and valued by society is involvement in voluntary activity. Data from the 2003 Generic Skills survey show that 8% of 16 to 24 year olds reported being involved in local organisations on a voluntary basis, with the proportions rising gradually throughout later adulthood.^(Ref 10)

8.4 Able to freely express their cultural identity and race

The availability of any information relating to this aim is particularly sparse.

Funky Dragon's survey asked young people about the information given to them in school on different countries, cultures and religions. Almost half (47%) reported that they agreed or agreed strongly that information given to them about different countries, cultures and religions had been useful, but a quarter disagreed (Funky Dragon, 2007).

Young People in the Funky Dragon research were also asked whether it was easy to get information in the Welsh Language: 37% agreed and 27% disagreed.

Funky Dragon's research also reported on whether young people felt that their religious needs were considered in school. Just over a half (56%) said they had no religious needs. Of those who did, 44% felt that their religious needs were either "sometimes" or "always" considered in education, while 45% said they were "never taken into account".^(Ref 3)

Key information gaps

- Data that will allow a systematic monitoring of children and young people's engagement in decision making, and the extent to which they know about their rights and entitlements.
- The views of children and young people about the public services they receive.
- Evidence of children and young people's civic participation. For example, involvement in youth organisations and clubs, and participation in voting and consultation exercises.
- Research into the effectiveness of UNCRC and Human Rights teaching and how these are being taught in schools in Wales.
- Research into the effectiveness of school councils.

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Chapter 9 Safe Home and Community

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Co-authors: Alan Jackson, Vivien Trew and Robert Willis

Key Findings

- The majority of parents in Wales rate their area as “excellent” or “good” for bringing up a five year old child. The majority of parents also feel that their local area is “very safe” or “fairly safe”.
- The number of children killed or injured on the roads in Wales has been falling in recent years. Older children are more likely to be casualties than younger children. Boys are more likely to be killed or injured than girls.
- Levels of household crime and personal crime in Wales have remained stable over the last two years, according to the British Crime Survey.
- The number of homeless households with dependent children has been falling since 2005-06.
- The number of families with children living in temporary “bed and breakfast” accommodation has been falling in recent years.

This chapter reports on Core Aim 6 of the Welsh Assembly Government’s aims for children and young people in Wales. This aims to ensure that all children and young people “have a safe home and community which supports physical and emotional wellbeing”. Specifically, the chapter focuses on whether children and young people in Wales are:

- safe from crime and the effects of crime
- safe from injury and death resulting from preventable accidents
- safe from bullying
- safe from environmental pollution
- and live in a decent home.

9.1 Safe from crime and the effects of crime

Children and young people's experience of crime in Wales

The well-being of children and young people is likely to be affected by the levels of crime they see and experience within their community. Recorded crime in Wales followed a similar pattern to that of England rising from just under 100,000 crimes in 1980 to 290,000 crimes in 2003/04.^(Ref 1) However, more recently the crime rate has declined from just under 260,000 recorded crimes in 2006/07 to just over 240,000 in 2007/08, a decrease of 6% in one year.⁸⁶

The recorded crime rate for Wales in 2007/08 was 82 offences per 1,000 population, which is below the rate for England and Wales (91 offences per 1,000 population). Between 2006/07 and 2007/08, there were reductions across all the main offence groups - with the exception of other theft offences which remained stable. Specifically, the number of offences against vehicles fell by 16%, while there were reductions of 8% for both violence against the person and criminal damage.⁸⁷ According to the annual British Crime Survey (BCS), the rates of household crime and personal crime remained unchanged between the 2006/07 and 2007/08 surveys.^{(Ref 3) 88}

Children and young people as victims of crime in Wales

Data on children and young people as victims of crime in Wales are less readily available than data on offences committed by them. The British Crime Survey (BCS) only collects data from those aged 16 and above and the Offending Crime and Justice Survey (OCJS) only reports on victimisation amongst 10 to 17 year olds in England and Wales.

The 2006 OJCS estimates that just over a quarter (26%) of 10 to 25 year olds in England and Wales had been the victim of personal theft or assault in the past 12 months. Young males were more likely than young females to have been the victim of a personal crime in the past 12 months: 31% compared with 21%.^(Ref 4)

⁸⁶ Total recorded crime offences include: violence against the person; sexual offences; robbery; burglary; offences against vehicles; other theft offences; fraud and forgery; drug offences; criminal damage; and other offences.^(Ref 2)

⁸⁷ Offences against vehicles includes: theft of a motor vehicle; theft from a vehicle; aggravated vehicle taking; and interfering with a motor vehicle.^(Ref 3)

⁸⁸ See Appendix 2 for further information on this and other surveys.

In terms of the age of the victim, 10 to 15 year olds were more likely to have been a victim than 16 to 25 year olds: 30% compared to 24%.^(Ref 4)

Amongst children and young people, there is a correlation between being a victim of crime and committing an offence. Analysis of the 2005 OCJS found that amongst 10 to 25 year olds in England and Wales, there was a much higher likelihood of offending if they had been a victim of personal crime in the past.^(Ref 5)

Juvenile offending in Wales

It is important to examine the levels of juvenile offending in a report on children's well-being. Along with a high chance of being a victim of crime themselves, personal, social, family, educational, community and lifestyle factors can all be influential in children and young people's future risk of offending^(Ref 6). Also, entering the criminal justice system can have detrimental effects on the well-being of children and young people.

So, what sort of picture do we have of children and young people's offending in Wales and how has this been changing?

The number of offences (resulting in a disposal) committed by children and young people aged 10 to 17 in Wales rose from just over 11,000 in 2002/03 to just over 12,000 in 2003/04. This number further increased to around 17,000 by 2005/06 before falling to around 16,700 offences (resulting in a disposal) in 2006/07. Although Wales has the lowest total number of recorded offences (resulting in a disposal) by 10 to 17 year olds (when compared with the English Regions), the rate per 100,000 population is similar to many English Regions (see Table 9.1).

Table 9.1 Offences (resulting in a disposal) by 10 to 17 year olds in Wales and English Regions (2006/07)

Country/Region	Offences per 100,000 10-17 population	Total number of offences (resulting in a disposal)
Wales	5,395	16,700
East Midlands	5,235	23,400
West Midlands	5,699	32,200
Eastern	4,565	25,900
London	4,650	31,400
North East	9,036	23,300
North West	6,213	44,800
South East	4,560	37,800
South West	4,886	24,900
Yorkshire	6,546	34,700

Source: Youth Justice Annual Workload Data 2006/07⁸⁹

In 2006/07, most juvenile offences in Wales were committed by older male children. Of the 16,700 offences committed in 2006/07, 82% were committed by boys and 18% were committed by girls. In terms of age, 29% were committed by those aged 17 and 26% by those aged 16. Just over 2% were committed by children aged 11 or younger.

Evidence from the 2006 OCJS suggests that the peak age of offending is 14 to 17. According to the 2006 OCJS, just over a fifth of young people aged 10 to 25 reported that they had committed one of 20 core offences in the previous 12 months. The most commonly reported offences committed by children and young people were assault (12%) and other thefts (10%). Criminal damage (4%), drug selling offences (3%), and vehicle related thefts (2%) were less common.^(Ref 4)

Anti-social behaviour in Wales

In 2006, 82 Anti-Social Behaviour Orders (ASBOs) were issued to children and young people aged 10 to 17 in Welsh courts - of which 74 (90%) were issued

⁸⁹ These rates were calculated using 2006 ONS population estimates for 10 to 17 year olds resident in Wales and the nine English regions.^(Ref 7)

to males. This figure is down slightly on the previous year. In 2005, 88 ASBOs were issued to children and young people aged 10 to 17.⁹⁰

According to the 2006 OCJS, 26% of males and 18% of females aged 10 to 25 had committed anti-social behaviour in the previous 12 months.⁹¹ The most common anti-social behaviours committed by children and young people in this age group in England and Wales were being noisy or rude in public (13%) and behaving in a way that caused a neighbour to complain (11%). Graffiti and racial/religious abuse was less common (4% and 2% respectively). The peak age for anti-social behaviour amongst children and young people in England and Wales was 14 to 15 years.^(Ref 4)

Recent research on children's "resilience" to anti-social behaviour has found that well-being factors such as lower levels of family adversity and greater enjoyment of school can have a critical role in helping some children in high risk groups avoid anti-social behaviour.^(Ref 8)

Re-offending in Wales

Data on re-offending published by the Ministry of Justice are only available at an England and Wales level. Results exist from a cohort of juveniles (aged 10 to 17) released from custody or given a pre-court disposal (or commencing a non-custodial court disposal) for the number, severity and type of offence of juvenile re-offending. The data show a slight fall between 2000 and 2006. Specifically, the percentage of offenders re-offending decreased from 40% in 2000 to just under 39% in 2006. Over the same period, the number of offences classified as the most severe also fell.

In line with other studies, evidence from the 2005 OCJS suggests that offending is highly concentrated "with a small proportion of people responsible for the majority of offences committed".^(Ref 5) Specifically, data from the 2005 OCJS suggests that 10 to 25 year olds who commit more than six offences (30% of the offender population) were responsible for 83% of all offences for this age group.

⁹⁰ Data on ASBOs issued in Wales are also available by CJS area in Wales - i.e. for Gwent; Dyfed Powys; North Wales and South Wales.

⁹¹ The 2006 OCJS collected information on four types of anti-social behaviour: Being noisy/rude; neighbour complaint; graffiti; and racial/religious abuse.^(Ref 4)

Perceptions of the local community amongst parents and children

How young people and their parents view their local community in terms of safety is likely to have an impact on behaviour in terms of play, socialisation and sense of well-being. The most recent and reliable source on this (in Wales) is from the Millennium Cohort Study (MCS), although this relies on parents' views rather than those of children.⁹²

Most parents in Wales report feeling that their local area is either "excellent" (35%) or "good" (41%) for bringing up children (when their child is aged five). A small minority of parents think their local area is "poor" or "very poor" (6%) when the child is five years old.

The type of area in which people live plays an important role in influencing parents' views, with disadvantaged areas being rated lower than non-disadvantaged areas. When comparing the views of parents in Wales with the views of parents living elsewhere in the UK, parents in Wales were more likely to rate their area as excellent.

Overall, when their child was aged five, over a third (38%) of parents felt "very safe" and a half (50%) felt "fairly safe" in their area. Parents living in disadvantaged areas were significantly more likely to report being less safe than parents in non-disadvantaged areas.

Parents' feelings of safety when bringing up a three year old child also vary significantly by whether they live in an urban or rural area. Villages are thought to be very safe (61%) or fairly safe (34%) whereas urban areas are less likely to be rated very safe (38%) or fairly safe (49%).

9.2 Safe from injury and death resulting from preventable accidents

There is a strong link between socio-economic area and status across a range of preventable injuries. A study of all emergency admissions for Welsh residents in Wales, for instance, found that for all admissions relating to self-harm, assaults,

⁹² The MCS was designed to over-represent areas in the UK with high and low levels of child poverty (based upon the ward based Child Poverty Index). For all UK countries, those electoral wards with low levels of child poverty were classified as "non-disadvantaged", while those with high levels of child poverty were classified as "disadvantaged".^(Ref 10) All data reported in this chapter from the MCS have been provided by Shirley Dex at the Centre for Longitudinal Studies (based on analysis of the first three sweeps of the MCS). See Appendix 2 for further information on this and other surveys.

falls, pedestrian injuries, poisonings and burns - there were higher standardised hospitalisation rates for younger age groups from more deprived communities.

^(Ref 9) ⁹³ This is therefore worthy of further examination.

Road traffic injuries

Road safety is of major importance to children's health and well-being, as accidents can often result in serious injury or death. Reducing child casualties is one of the Welsh Assembly Government's child poverty targets. This target sets out to reduce the total number of children killed or seriously injured by 50% by 2010.

The number of children killed, seriously injured and slightly injured on the roads in Wales has been falling since the mid 1970s.^(Ref 11) This trend is on the whole continuing. In 2006, there were just under 1,300 "child casualties" in Wales for children aged 0 to 15.^(Ref 12) This is 7% fewer than in 2005 and 43% fewer than the 1994-98 average. Of the total number of casualties, 11% were killed or seriously injured in 2006. This is 7% more than in 2005, but 50% below the 1994-98 average and baseline for the Assembly Government target.

In 2006, 33% of child casualties were pedestrians, 12% were pedal cyclists, and 55% were motor vehicle users. 14% of children injured in road accidents in 2006 were school pupils travelling to and from school.^(Ref 12)

In terms of the age and sex of child road casualties, older children are more likely to be casualties than younger children, and boys are more likely to be killed, seriously injured and slightly injured than girls. The same is also true for child pedestrian casualties (see below).

Pedestrian injuries

Pedestrian injuries are important in terms of highlighting the effect of road safety on children's freedom to play and travel safely in their local community.

Boys are more likely to be killed, seriously injured and slightly injured than girls. Evidence also suggests that children from lower socio-economic backgrounds are more likely to be injured as a pedestrian. Children whose families have fewer

⁹³ This study used data from the Patient Episode Database for Wales (PEDW) for 1997/98 and 1998/99.

resources tend to live near more dangerous road environments, have fewer provisions for safe places to play, and tend to go out as pedestrians more often than children from wealthier homes.^(Ref 13)

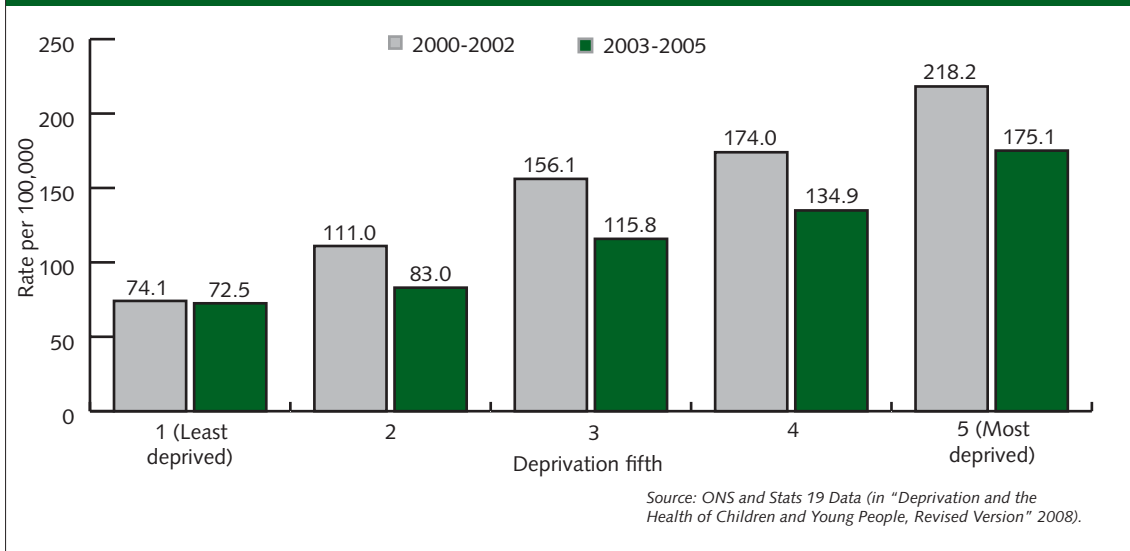
However, a recent analysis of pedestrian injuries by the National Public Health Service (NPHS) for the period 2000-02 and 2003-05 shows that “the small decrease in the rate in the least deprived fifth [of areas] compared with more substantial falls across the other fifths has led to a reduction in inequalities for this indicator” ^(Ref 14) - see Figure 9.1.

There are several child poverty targets that relate specifically to reducing the number pedestrian injuries and narrowing the gap between the most deprived populations in Wales, and the least derived populations. These include:

- Reducing the rate of child pedestrian injuries reported to the police by 29% for the most deprived fifth of the population by 2020.
- Ensuring that the ratio of child pedestrian injuries (reported to the police) between the most deprived and middle fifth of the population is no more than 1.20. For the period 2003-2005, this rate ratio was 1.51. ^(Ref 14)
- Reducing the child pedestrian hospital inpatient episode rate for the most deprived fifth of the population to a rate of 26.3 per 100,000 people per year. For the period 2002-2005, this rate for the most deprived fifth of the population was 61.1 per 100,000 people. ⁹⁴

⁹⁴ See Appendix 1 for details of the Welsh Assembly Government's child poverty targets.

Figure 9.1: Pedestrian injuries reported to police, children aged 5-14 years, by fifth of deprivation, rate per 100,000 in Wales (2000-02 and 2003-05)⁹⁵



Injuries and poisoning amongst children in Wales

During the latter part of the 20th century, injuries replaced infectious disease as the largest cause of death in children and adolescents in some countries, the risk of injury rising dramatically as children enter adolescence.^(Ref 15)

In keeping with earlier sections on road safety, there is evidence that gender and socio-economic status have an impact on risk of injury. Some argue that this may be due to the predominance of injuries from organised sports in young people aged 11 to 15.^(Ref 15; Ref 16) Others argue that the relationship between socio-economic status and injury varies by cause (of injury) and age group.^(see Ref 9) One recent Wales based study found that children living on Gypsy Traveller public sites had a higher accidental injury rate and a higher attendance at Accident and Emergency (A&E) departments (for both injury and non-injury related reasons) than the general population.^(Ref 17)

⁹⁵ This NPHS analysis uses Townsend Scores to categorise deprivation in electoral divisions.

Clear gender differences exist for hospital admissions in Wales (see Table 9.2). The number of boys admitted to hospital for injury or poisoning (since 2001-02) has been consistently higher than the number of girls - for both 0 to 7 years olds and 8 to 18 year olds.

Hospital admissions vary by age too. The number of older children (8 to 18) admitted to hospital has been consistently higher than the number of younger children (0 to 7 year olds). However, for both boys and girls, the number of admissions to hospital for 0 to 18 year olds has remained stable since 2001/02.

Some evidence suggests seasonable variation in the prevalence of certain types of injury. This may be seen as further reinforcing how injury can be related to play. A study of eight A&E departments in Wales found that wrist and forearm fractures in children aged under 15 years were almost twice as high in spring and summer as in autumn and winter. This may be due to an increase in outdoor activity in the spring and summer. ^(Ref 18)

Table 9.2 Number of 0 to 18 year olds admitted to an NHS hospital (Welsh residents treated as an in-patient or day case) for injury, poisoning and other certain consequences of external causes (2001-02 to 2006-07)

	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
0 to 7 year olds						
Male	2,796	2,596	2,599	2,648	2,631	2,832
Female	2,066	1,862	1,843	1,892	1,946	2,119
Total	4,862	4,459	4,442	4,540	4,577	4,951
8 to 18 year olds						
Male	5,244	4,844	5,033	4,762	4,852	5,112
Female	2,687	2,631	2,646	2,480	2,798	2,828
Total	7,934	7,477	7,679	7,242	7,650	7,940

Source: Patient Episode Database Wales (PEDW)

Data from the Health Behaviour in School-aged Children (HBSC) study also show clear gender differences in the injuries experienced by children in Wales. Boys were more likely than girls to have been injured in the last year at aged 11, 13 and 15 (see Table 9.3). HBSC data have been provided for Wales, England and Scotland - plus the highest and lowest ranked countries in relation to each age group.

Table 9.3 Injuries (in the previous year) among 11, 13 and 15 year olds in Wales (2005/06)

	Boys (%)	Girls (%)	Total (%)
11 year olds			
Wales	48	35	41
England	55	44	49
Scotland	52	42	47
Spain (highest)	65	55	59
Poland (lowest)	34	16	25
13 year olds			
Wales	55	36	45
England	57	40	48
Scotland	58	39	48
Spain (highest)	66	51	59
TFYR Macedonia (lowest)	32	20	26
15 year olds			
Wales	53	32	42
England	56	39	47
Scotland	55	39	47
Spain (highest)	65	49	56
Bulgaria (lowest)	28	21	24

Source: Unpublished 2005/06 Welsh Health Behaviour in School-aged Children (HBSC) study data. Cardiff: Welsh Assembly Government.

MCS data show the following in terms of injuries among younger children:

- By the age 9 to 10 months, one in ten babies in Wales had had an accident or injury which required them to be taken to the doctor, health centre or hospital.
- By age three, four in ten children had had this experience.
- By age five, the frequency of accidents/injuries in children had declined to just over one in three having had an accident or injury.

At age five, the MCS asked about admission to hospital separately with 16% of children having been admitted for illness. This was significantly higher (18%) among children living in disadvantaged areas than for those in non-disadvantaged areas (14%). Across the whole UK sample of five year olds, 12% had a hospital admission since the last interview (age three), which is slightly less than the equivalent rate in Wales.

9.3 Safe from bullying

Being safe from bullying is clearly an important aspect of the physical and emotional well-being of children and young people. In 2005, the Assembly Government's Anti Bullying Network recognised that bullying can take many different forms but includes three main types:

1. physical (hitting, kicking, taking belongings, sexual harassment or aggression)
2. verbal (name calling, insulting, making offensive remarks)
3. indirect (exclusion from social groups, being made the subject of malicious rumours, sending malicious emails or text messages).

Bullying among children in Wales

One of the key sources of data on bullying amongst school children in Wales is the HBSC, which also provides information on children and young people's involvement in fighting (both inside and out of school).⁹⁶ The percentages of young people who report bullying, victimisation and physical fighting vary widely between countries in the HBSC study.⁹⁷

The HBSC reports on the proportion of children (aged 11, 13 and 15) who have been bullied at least two or three times a month in the previous two months (to the survey taking place). This might be used as a measure of repeated victimisation, and may be indicative of young people at higher risk.^(Ref 19)

⁹⁶ Within the HBSC survey, the following definition precedes the questions on bullying: "We say a student is being bullied when another student, or group of students, says or does nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she doesn't like, or when (he or she is) deliberately left out of things. But it is not bullying when two students of about the same strengths quarrel or fight. It is also not bullying when the teasing is done in a friendly and playful way".^(Ref 19)

⁹⁷ Country variations in bullying and victimisation should be interpreted with caution as these behaviours "may be more culturally sanctioned in some countries than others".^(Ref 19) In addition, there is evidence to suggest that bullying is hard to define in some languages, and so translation may be difficult.^(Ref 19)

As children get older there is a decline in the proportion of children being bullied. According to the 2006 HBSC survey, 13% of boys and 14% of girls aged 11 in Wales were bullied at least two or three times a month in the previous two months. For 13 year olds in Wales, this figure was lower - with 11% of boys being bullied and 10% of girls. For 15 year olds, the equivalent figures were 9% of boys and 11% of girls (see Table 9.4).

To highlight international differences in levels of bullying, Table 9.4 shows data for Wales, England and Scotland plus the highest and lowest ranked countries in relation to each age group. Turkey has the highest rates of being bullied amongst 11 year olds (30% of girls and 37% of boys), while Sweden has the lowest (4% for both boys and girls). Rates of bullying amongst 11 year olds, 13 year olds and 15 year olds are broadly similar across all four countries of the UK.

Table 9.4 Percentage of 11, 13 and 15 year olds who “were bullied” at least two or three times a month in the previous two months (2005/06)

	Boys (%)	Girls (%)	Total (%)
11 year olds			
Wales	13	14	14
England	11	9	10
Scotland	11	10	10
Turkey (highest)	37	30	33
Sweden (lowest)	4	4	4
13 year olds			
Wales	11	10	11
England	12	9	11
Scotland	10	12	11
Lithuania (highest)	29	29	29
Sweden (lowest)	5	4	4
15 year olds			
Wales	9	11	10
England	9	8	8
Scotland	7	7	7
Bulgaria (highest)	34	14	24
Iceland (lowest)	4	2	3

Source: Unpublished 2005/06 Welsh Health Behaviour in School-aged Children (HBSC) study data. Cardiff: Welsh Assembly Government.

Children's well-being may be linked to bullying in a number of ways. In terms of risk of being bullied, an analysis of data collected as part of the HBSC study undertaken in Wales found that 11 year old pupils who were obese were most likely to have been bullied several times a week, and to have bullied others at least once a week.^(Ref 20) Recent research conducted on perceptions of risk amongst children and young people found that the move to secondary school was often seen as a large risk, and one that prompted high anxiety about being bullied, drugs and "being a teenager".^(Ref 21)

9.4 Safe from environmental pollution

Children can be particularly susceptible to the harmful effects of the environment because their bodies are still developing and they can have relatively higher exposures to environmental hazards compared to adults.^(Ref 22)

Measuring the extent to which children are safe from environmental pollution is challenging, potentially covering a wide range of different environmental indicators. Also, much of this data would need to be available at the local level to provide any meaningful assessment of the extent to which children in Wales are affected by particular environmental problems. Much of this information is currently unavailable and is a major gap in evidence.

However, the "Physical Environment Domain" of the Welsh Index of Multiple Deprivation (WIMD) aims to capture inequalities (in the potential for deprivation) that result from different aspects of the physical environment of a local area. The Physical Environment Domain has also been included in the new Child Index for Wales, which will be able to identify small areas and the ranked proportions of their populations - in this case 0 to 18 year olds - judged to be at risk of a reduced quality of life due to specific environmental factors. However, this domain is only intended to model the factors related to the physical environment which can affect quality of life. It is not necessarily a measure of the impact they may have on other specific areas of well-being such as health.^(Ref 23)

9.5 Living in a decent home

The conditions in which children and young people live in terms of accommodation are likely to have a major impact on their well-being - physically and psychologically.

One of the indicators being used to measure whether children in Wales live in a decent home is the number of families being housed in temporary accommodation. Several Assembly Government child poverty targets relate to housing, including:

- Reducing the number of families with dependent children who are living in temporary accommodation.
- Reducing the number of families with dependent children who are living in bed and breakfast accommodation.
- Reducing the number of families with dependent children who are living in overcrowded conditions (as measured by the 'Bedroom Standard').⁹⁸

We report on all of these indicators below.⁹⁹

Homelessness

In Wales, the number of homeless households which include a dependent child or children had been increasing year-on-year during the first part of this decade - from around 2,000 households in 1999/2000, to just under 4,000 households in 2004/05. Since then, the number of homeless households with dependent children has been falling. At the end of 2007/08, Wales had 2,687 such households (see Table 9.5).

⁹⁸ For the purposes of the 'bedroom standard', a bedroom is allocated to persons in accordance with a formula. A person living with another as husband and wife (including same-sex couples) is allocated a bedroom, as is a person aged 21 years or more. For younger persons the formula recognises that sharing may be required. However, the sex of the person will be relevant in determining whether a bedroom is allocated to him or her, together with another person.^(Ref 24)

⁹⁹ Data on homelessness, the number of households living in temporary accommodation, and the number of families living in B&Bs are collected by local authorities and published on a quarterly basis. Data are also published at the local authority level and these are available on the Local Government Data Unit - Wales website.

Table 9.5 Homeless households in Wales with a child/children (1999-2000 to 2007-08)

Number of households	Household includes dependent child(ren)	Household member pregnant and no other dependent children
1999-00	2,070	344
2000-01	2,381	395
2001-02	2,266	414
2002-03	3,007	479
2003-04	3,709	615
2004-05	3,914	724
2005-06	3,129	618
2006-07	2,772	540
2007-08	2,687	486

Source: WHO12 returns from local authorities.

Youth homelessness

An estimated 75,000 young people aged between 16 and 24 were homeless in the UK in 2006/07. This figure is based on a count of young people in contact with services. It includes some 43,000 aged 16-24 who were accepted as statutorily homeless and at least 31,000 non-statutorily homeless young people who used Supporting People services in 2006/07. The annual rate of young people understood to be homeless is highest in Scotland (15.1 young people per 1,000 young people), followed by Wales (8.2), England (4.9) and Northern Ireland (4.8).^(Ref 25)

Between 2005-06 and 2006-07, the number of young people aged 16 to 17 accepted as statutorily homeless, unintentionally homeless and in priority need remained the same in Wales - unlike in other countries where it went down (see Table 9.6).^(Ref 25) Between 2006-07 and 2007-08, however, the number dropped by 20% to 550.

Table 9.6 Annual number of young people aged 16 to 17 accepted as statutorily homeless, unintentionally homeless and in priority need (United Kingdom) (2005/06 to 2006/07)

	England	Scotland	Wales	Northern Ireland*	UK
2005-06	7,444	2,136	681	163	10,424
2006-07	5,652	1,871	686	128	8,337
Total 2005-07	13,096	4,007	1,367	291	18,761

Source: Data cited in *Youth Homeless in the UK (JRF 2008 - Ref 25)*.

Note: England, Scotland and Wales place 16-17 year olds in priority need or preference groups on the basis of their age, whereas Northern Ireland does not.

Families living in temporary accommodation

There are four main types of accommodation used to provide temporary accommodation in Wales: Private sector; public sector; hostels/refuges; and bed and breakfast.^{100 (Ref 26)}

There were 2,874 households being accommodated temporarily by local authorities in Wales at the end of June 2008. Of these households:

- 46% were living in self-contained properties
- 28% were living in hostels, refuges and Bed and Breakfast accommodation
- and 27% were classified as "other" or were homeless at home.

For the period April to June 2008, there were 673 households with dependent children who were found to be eligible for assistance, unintentionally homeless and in priority need.^(Ref 27)

In terms of the length of time spent in temporary accommodation, at the end of June 2008, 22% of households had been living in temporary accommodation for over a year - more than half of which were families with children.^(Ref 27)

¹⁰⁰ Private sector and B&Bs are differentiated on the basis that the former refers to the private rented sector which provides temporary accommodation in a self-contained dwelling. B&Bs are defined as accommodation which is not in separate or self-contained premises; which is provided on a commercial basis; and in which any of the following amenities are shared by more than one household, or are not available: a toilet, personal washing facilities, cooking facilities.

By the end of June 2008, there were 296 households living in B&B accommodation in Wales. 13% of these households living in B&Bs were families with children.

The use of B&B as temporary accommodation has been falling since end of September 2004 when it reached a peak of 879 households.^(Ref 27)

Families living in overcrowded conditions

Some evidence indicates a relationship between overcrowding in childhood and respiratory conditions in adulthood. The evidence also points to an increase in the likelihood of poor self-rated health in adulthood.^(Ref 28)

However, this report also recognises that it is not possible to suggest that overcrowding is a direct cause of ill-health given that there are a whole range of factors likely to affect this relationship. Evidence also suggests that unsuitable housing can have an adverse impact on parents, and that an overcrowded living space can be a significant source of stress.^(Ref 29)

We can measure overcrowding by using the “bedroom standard” which estimates occupation density. According to the 2004 Living in Wales Survey, 1.8% of households in Wales did not have adequate accommodation in terms of the bedroom standard. Of the households failing to meet this standard, three quarters (75%) had dependent children and 63% comprised five or more people.^(Ref 30)

Recent analysis of the 2003/04 English Housing Conditions Survey (EHCS) suggests that families with disabled children are less likely to be living in a “decent” home than families without disabled children.^(Ref 29)

Similarly, Emerson and Hatton’s ^(Ref 31) analysis of 2002 Families and Children Study (FACS) found that families with disabled children were significantly more likely to report problems with the conditions of their homes. In addition, families were more likely to live in overcrowded accommodation, to rate their homes as “in a poor state of repair”, and to report problems with pests, draught and damp in the child’s bedroom.^(Ref 31) These studies, however, have not looked at the housing experiences of families with disabled children in Wales.

Housing conditions

While homelessness and overcrowding are very important, these problems affect relatively small numbers of children and young people in Wales. Far greater numbers live in unfit or inadequate housing conditions which are not “decent homes”.

The Assembly Government has introduced a standard called the Welsh Housing Quality Standard (WHQS). The aim is that all social housing should meet this standard by 2012. It is hoped that data from the 2008 Living in Wales Household and Property Surveys should be able to provide an update on WHQS in time for the next version of this monitor.

Fuel poverty¹⁰¹

A household is fuel poor if it cannot afford to keep adequately warm at a reasonable cost. The Assembly Government set a target in 2003 to eradicate fuel poverty in vulnerable households by 2010 and in all households by 2018. Based on the 1998 Welsh Condition Survey, it is estimated that 360,000 or 31% of Welsh Households at that time were in fuel poverty (earlier estimates had put the figure at 220,000).¹⁰²

The latest figures available, reveal that 134,000 households were estimated to be fuel poor in Wales in 2004 under the “full income” definition. This is 11% of all households. Vulnerable households (i.e. those with a member aged 60 or over, with any dependant children aged under 16 or with any long-term sick or disabled member) account for 86% of the fuel poor. Looking at the UK as a whole, in 2004 Wales had the second smallest proportion of fuel poor households in the four nations, after England.¹⁰³ It is hoped that data from the Living in Wales Household and Property Surveys taking place in 2008 will be able to provide an update on fuel poverty in time for the next version of this monitor.

¹⁰¹ Two definitions are used to calculate fuel poverty: A household is in fuel poverty if, in order to maintain a satisfactory heating regime it would be required to spend more than 10% of its income (including Housing Benefit or Income Support for Mortgage Interest) on all household fuel use. The is known as the ‘full Income’ definition and is the definition against which fuel poverty targets in the UK are set against. The ‘Basic Income’ definition excludes Housing Benefit or Income Support from the calculations.^(Ref 32)

¹⁰² See Ref 32.

¹⁰³ See Ref 33.

Key information gaps

- The extent to which children and young people in Wales (in particular those aged less than 16 years) are the victim of crimes.
- Re-offending rates for children and young people in Wales.
- Risk factors and resilience associated with offending and avoiding offending.
- The views of young people on their community and local environment, in terms of safety. The use of this to help understand what children and young people themselves define as a “safe community”.
- The extent to which children’s experiences of a safe home and community differ according to whether they live in an “urban” or “rural” area.
- Housing experiences of different groups of children in Wales - for example, disabled children.
- The extent to which children in Wales are free from environmental harm.

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Chapter 10 Child Poverty

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Key Findings

- Some 29% of children in Wales live in poor households (around 180,000 children), after housing costs.
- The rates of income poverty for children in Wales are now much closer to the average for the UK as whole, whereas they used to be markedly higher.
- The number of children living in absolute poverty fell by around 100,000 between the period 1998/99 to 2000/02 and 2004/05 to 2006/07.
- At a UK level, 45% of poor children live in workless families, while 40% live in lone parent families.
- At a UK level, just over a fifth (21%) of poor children live in households where all adults work, while just over a third (34%) live in households where at least one adult works (but not all).

This chapter focuses on Core Aim 7 of the Welsh Assembly Government's aims for children and young people in Wales. This aims to ensure that no child or young person is disadvantaged by poverty. The Assembly Government's strategy for tackling child poverty *A Fair Future for Our Children (2005)* identifies three distinct aspects of poverty: income poverty, participation poverty and service poverty. This chapter focuses on income poverty and aims to provide:

- a picture of the degree to which children live in households which have low incomes and how this has changed over recent years
- an overview of the household, employment, demographic and health factors correlated with low income.¹⁰⁴

¹⁰⁴ The position of children living in care (or otherwise not in households) is not considered here due to lack of suitable data.

Socio-economic impacts on children are also considered in other chapters. See, for example, Chapter 5 on *Access to Education, Training and Learning Opportunities* and Chapter 6 on *Health, Freedom from Abuse and Exploitation*.

Children who grow up in poverty are more vulnerable: they are more likely to be in poor health, to have learning and behavioural difficulties, to underachieve at school, to become pregnant at an early age, to have lower skills and aspirations, to be low paid, unemployed and welfare dependent, and to feel lonely.^(Ref 1)

Of course, many children from low-income families do not experience these outcomes but that does not alter the fact that, on average, children who grow-up in poverty are likely to be at a disadvantage.^(Ref 2)

How households use their income to the benefit of adults and children is important to understanding the extent to which children are disadvantaged by living in a low income household. The importance of this is recognised in the rationale for providing Child Benefit directly to mothers and for making the benefit universal. The variation in the experiences of children living in households with the same level of income needs to be borne in mind when interpreting the information presented below. There is, for example, some evidence that parents act to shield their children as much as possible from the lack of money in the family and children's needs get priority.^(Ref 3)

10.1 Definitions of child poverty

"Poverty" is a complex and difficult notion to define and no universally agreed definition exists. The European Union's working definition is: "Persons, families and groups of persons whose resources (material, cultural and social) are so limited as to exclude them from the minimum acceptable way of life in the Member State to which they live".¹⁰⁵

Children interviewed for a Save the Children report into children's perceptions of poverty talked about the essential requirements of food, shelter, warmth and health, and the additional importance of love, guidance, encouragement and support from family.^(Ref 4)

¹⁰⁵ European Commission (1975) Anti Poverty Programme.

The UK Government has set out three approaches to looking at and measuring child poverty in the UK over the long-term (see Box 10.1). These are:

- absolute low income
- relative low income
- and material deprivation and low income combined.

The UK and Welsh Assembly Government monitor child poverty against all three measures with a target attached to the relative low income measure. This approach recognises that when family income falls below that of others in society, it has additional negative outcomes including inequality of opportunity and social exclusion.¹⁰⁶

The Assembly Government commonly uses an after housing cost (AHC) measure to define child poverty in Wales. There are arguments for and against each measure. The AHC measure is arguably better because, in effect, it “controls” for some of the geographical variation in costs associated with paying for near-identical housing services. It also highlights the residual or net income which the household has to spend on everything else it needs.

The before housing costs (BHC) measure treats rent subsidies from the state as income. However, many low income households in social housing have no control over these subsidies, so their use is in no way discretionary. Nonetheless, use of the BHC measure does allow direct comparison with EU countries (Eurostat employs this measure) and it is the basis for the UK Government’s Public Service Agreement target on child poverty (see Box 10.1).

In 2006/07 on the BHC measure, a couple household with two dependent children aged 5 and 14 was in poverty if their income was less than £341 a week. A lone parent household with two dependent children aged 5 and 14 was in poverty if their income was less than £268 a week. On the AHC measure, the same households were in poverty if their net incomes were below £310 and £230 respectively.

¹⁰⁶ The Welsh Assembly Government 2020 target on reducing the percentage of children living in relative low income households is for Wales to match the lowest poverty rate in Europe. The 2010/11 WAG milestone is to reduce the percentage of children living in relative low income households to 17% (AHC).

Box 10.1: Measures of Child Poverty

Absolute low income: This indicator measures whether the poorest families are seeing their income rise in real terms. The level is *fixed* as equal to the relative low-income threshold for the baseline year of 1998-99 expressed in today's prices.

Relative low income: This measures whether the poorest families are keeping pace with the growth of incomes in the economy as a whole. This indicator measures the number of children living in households below 60% of contemporary median equivalised household income (excluding income tax and council tax). This is to account for the different expenditure needs of different sorts and sizes of household, including children's ages. It compares the incomes of the less well off in a society with those of the "typical household". Relative low income can be calculated *Before Housing Costs* (BHC) or *After Housing Costs* (AHC), where housing costs include rent or mortgage interest; buildings insurance payments; and water charges. The AHC measure can account for variations in the unavoidable costs of paying for adequate shelter. Income is usually measured as weekly income.

Material deprivation and low income combined: This indicator provides a broader measure of people's living standards and their resources more generally. It measures the number of children living in households that are experiencing material deprivation (who go without a range of necessities due to their cost) and have an income below 70% of contemporary median equivalised household income. The material deprivation measure is based on 21 items (10 household items and 11 child specific items) and looks at living standards such as:

- A holiday away from home at least one week a year with family.
- Swimming at least once a month.
- Friends around for tea/snack once a fortnight.
- Celebrations on special occasions (for example, birthdays).
- Going on a school trip at least once a term.

Source: Save the Children (2007)

10.2 Poverty and low income

This section provides information on households with children in Wales living in absolute low income poverty, relative income poverty, and material deprivation and low income poverty combined. It also examines persistent child poverty and severe child poverty at a UK and, where possible, Wales level.

Absolute poverty

The proportion of children living in absolute poverty in Wales (as defined in Box 10.1) has been falling in recent years, from over a third (34%) in 1998/99-2000/01 to a fifth (19%) in 2004/05-2006/07 (see Figure 10.1).

Figure 10.1: Percentage of children in Wales living in households with less than 60% of 1998/99 median income held constant in real terms (After Housing Costs) (1998/99-2006/07)



The number of children living in absolute poverty in Wales declined from around 220,000 in 1998/99-2000/01 to around 120,000 in 2004/05-2006/07. Therefore, the number of children in households with incomes below 60% of the 1998/99 median income (AHC) fell by 100,000 over this period.

¹⁰⁷ HBAI estimates are based on data from the Family Resources Survey (sponsored by the DWP). The FRS collects information on the incomes and circumstances of private households in the United Kingdom (Great Britain before 2002-03).

Relative poverty

The AHC measure of relative poverty for Wales (Figure 10.2) also shows a decrease in the proportion of households in poverty in Wales, from 35% in 1998/99-2000/01 to 29% (around 180,000 children) in 2004/05-2006/07.

Figure 10.2: Children in Wales living in households with income below 60% of the contemporary median After Housing Costs (three year rolling averages) (1994/95-2006/07)

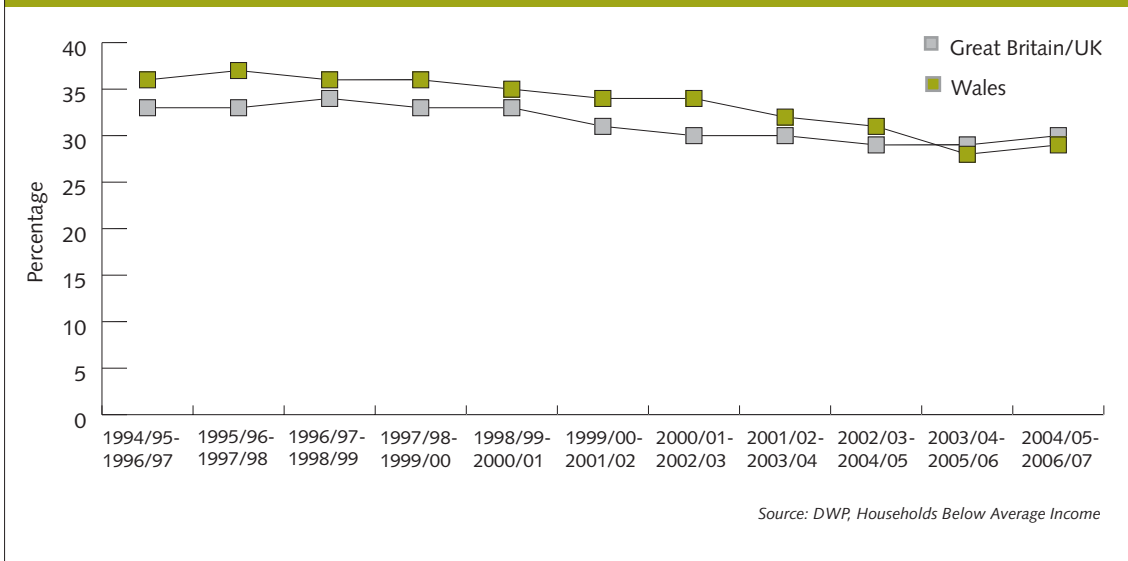
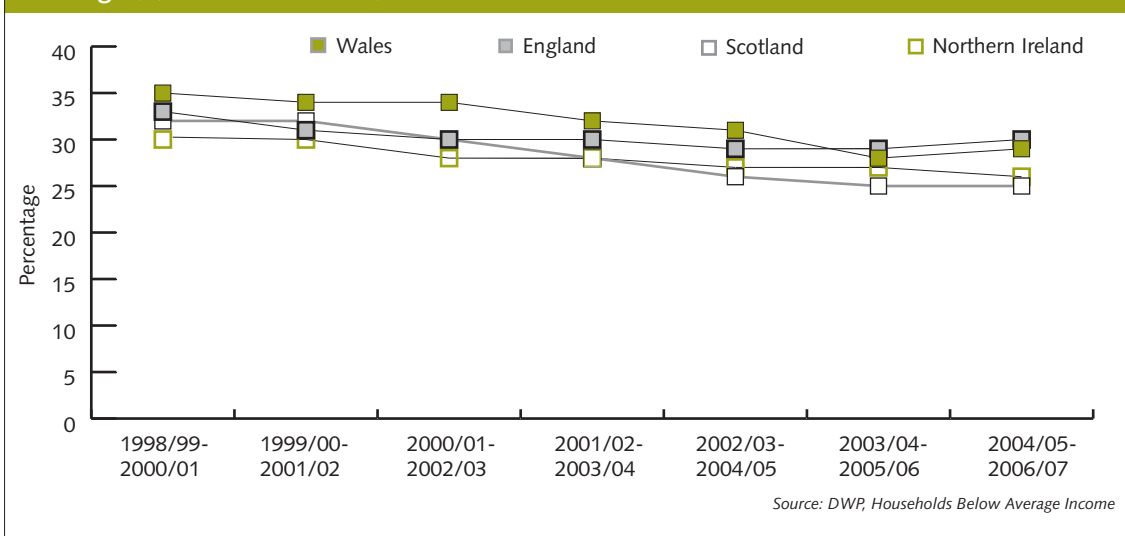


Figure 10.3 shows that on the AHC measure, Wales' figures have converged with those for other parts of the UK. In 2003/04-2005/06, they were lower than for England for the first time, although still marginally higher than for Scotland and Northern Ireland. The consistently smaller difference between Wales and England, after housing costs have been taken into account, reflects the generally lower housing costs faced by poorer people in Wales. The latest figures for Wales and the UK, however, suggest a small increase in the proportion of children now living in low income households.

Figure 10.3: Percentage of children in Wales and other UK countries living in households with income below 60% of the contemporary median After Housing Costs (three year rolling averages) (1998/99-2006/07)



Absolute low income and material deprivation

For the UK in 2006/07, 16% of children were in low income and material deprivation (combined) households. In Wales, over the three year period 2004/05 to 2006/07, 18% of children were in such households.

Severe child poverty in Wales

We have gained some insight into deep or “severe” income poverty in Wales through analysis of the Family Resources Survey (FRS).^(Ref 5) This study defines severe poverty as:

- having an income below 50% of the median (equivalised)
- and where the children have gone without two or more specified necessities because the family could not afford them, and an adult lacks at least one.

The specified necessities were generally not physical things such as sports equipment, but rather occasions such as school trips, holidays or inviting friends round for tea. The results are surrounded by wide margins of error because the Welsh sample for the FRS is small. However, they suggest that around 90,000 children (13% of all children in Wales) lived in severe poverty at some point in time during the period 2003/04 to 2005/06. The equivalent UK figure was 1.3 million (around 10%).^(Ref 6)

10.3 Work and child poverty

Among children in poverty in the UK in 2005/06, half were living in working families and half in workless ones.

Whilst work by itself does not guarantee the avoidance of poverty, a child's risk of low income varies greatly depending on how much paid work the family does. These risks have fallen in recent years for both workless and part-working families. However, unless all adults in the family are working (and at least half of them full time), the risks of being in low income are still substantial: 85% for unemployed families, 75% for other workless families and (notably) 30% for those where the adults are part-working.^(Ref 7)

Children living in workless households

The risk of poverty is very high for children in unemployed households. To date, the UK Government strategy has focused on increasing employment rates among parents, with an increased policy focus on lone parents. There has been heavy emphasis on increasing financial support through the tax credit system.

In addition to estimating the incomes and material circumstances of households with children, it is therefore useful to look at the labour market and demographic characteristics of such households to examine the extent to which these correlate to income. This can give an insight into the success with which particular types of household with children are accessing the labour market and thus getting a good (though far from certain) chance to escape low income. Table 10.1 below looks at the working status of working-age households in Wales with children.

Table 10.1 Children under 16 living in Welsh working-age households by combined economic activity status of household (see notes 1-3) (1998-00 to 2006-08)

3 year rolling average	Working households (%)	Households containing both working and workless members (%)	Workless households (%)	Total (%)
1998-00	51.3	27.8	21.0	100
1999-01	51.5	27.2	21.3	100
2000-02	52.4	27.0	20.6	100
2001-03	54.2	26.3	19.5	100
2002-04	54.6	26.7	18.7	100
2003-05	54.7	27.4	17.9	100
2004-06	54.0	28.9	17.1	100
2005-07	55.7	27.9	16.4	100
2006-08	55.5	28.5	16.1	100

Source: ONS Labour Force Survey, updated June 2008

Notes:

1. Figures have not been adjusted to include estimates for households with unknown economic status.
2. Excludes children in working-age households with unknown economic activity status.
3. Figures are derived from ONS Work and Worklessness among households, table 3iii - based on quarter 2 data each year.

The past decade saw a fairly steady reduction in the proportion of children living in workless households in Wales (from 21% to 16%).¹⁰⁸ Over the same period, the percentage of children living in households where all adults were working rose by 4 percentage points.

It is acknowledged that whilst the three year rolling average figures present a smoothly decreasing trend for children in workless households, data for individual years, whilst still overall showing a trend, does indicate a more complicated pattern in recent years which would be worthy of further examination.

¹⁰⁸ The Welsh Assembly Government child poverty target for 2010 is to reduce the percentage of children living in workless households to 13.5%. See Appendix 1 for further information on the Welsh Assembly Government's child poverty targets.

Figure 10.4: Percentage of children in Wales living in workless working age households (1992-2008)



In Wales, there is also a high prevalence of working age ill-health (i.e. people who describe themselves as suffering from a limiting long-term illness). Five of the six local authority areas with the highest rates of limiting long-term illness anywhere in England and Wales, are in the south Wales valleys.^(Ref 8)

Some people believe that children who live in workless households are not only likely to be disadvantaged through poverty, but that it may also impact on their aspirations to work when they grow up. In an analysis of the British Household Panel Survey (BHPS), Ermisch *et al.*^(Ref 9) showed that a child's experience of poverty, especially during the first five years, is strongly associated with leaving the parental home at an early age, later economic inactivity, and early childbearing. There is also evidence that being in work, or doing training or educational courses, even if the parents are still in poverty, is advantageous for children. This is partly because it is psychologically beneficial for adults and may improve their parenting.

Adult learning

With a view to reducing the number of workless households and improving the life chances of low income households, the Assembly Government has set targets to improve the literacy and numeracy skills of working age adults. Specifically, 2020 child poverty targets include:

- ensuring that 85% of working age adults have Level 1 (or above) in functional basic skills in literacy.
- ensuring that 63% have Level 1 (or above) in functional basis skills in numeracy.

In 2004, the equivalent figures were 75% of adults achieving Level 1 or above in literacy skills, and 47% of adults achieving Level 1 or above in numeracy skills.¹⁰⁹

The Assembly Government also has child poverty targets to increase the percentage of working age adults with a qualification equivalent to an NVQ Level 2, Level 3 or Level 4.^(Ref 10) In 2007:

- 69% of working age adults in Wales held a qualification at National Qualification Framework (NQF) Level 2 or above (2004 baseline = 66%; 2020 target = 74%)
- 47% held a qualification at Level 3 or above (2004 baseline = 45%; 2020 target = 55%)
- 27% held a qualification at Level 4 and above (2004 baseline = 26%; 2020 target = 34%)¹¹⁰

Credit Union membership in Wales

The Assembly Government is looking to support the development of credit unions. It therefore has a child poverty target to ensure that all low income families have access to a credit union. Credit union membership in Wales has grown fourfold since 2000. According to the Financial Services Authority, there were approximately 36,000 adult members and 5,700 juvenile depositors (under the age of 16) in 2006.

¹⁰⁹ See Qualifications & Curriculum Authority ^(Ref 12) for information about NVQs and equivalent qualifications. Also to note that qualification levels are now defined as National Qualification Framework equivalents. This does not affect comparison with NVQ equivalents.

¹¹⁰ See Appendix 1 for further information about the Welsh Assembly Government child poverty targets.

Child Trust Fund Vouchers

The Assembly Government has a separate child poverty target to increase the investment rate of Child Trust Fund (CTF) vouchers - particularly among low income families. Data for Wales from HM Revenue and Customs (HMRC) show that for children born in or before 2005/06, 58% of parents opened stakeholder accounts, while 18% opened non-stakeholder accounts. The HMRC opened CTF accounts for the remaining 24% as a result of parents not taking any action.

In-work poverty

Work is an important and obvious way of avoiding poverty, but is no guarantee of doing so. Much depends on the number of hours worked, the rate of pay, and receipt of state benefits such as tax credits. Around half of Welsh children in poverty live in households where adults undertake some work.^(Ref 11) Table 10.2 relates to the UK, but is likely to broadly reflect the position in Wales on the composition of households with children in poverty.

Table 10.2 Poor children by family type, based on the relative poverty measure (households with less than 60% of the contemporary median) Before Housing Costs 2005/06

Family type	Percentage of poor children
Lone parent	40
Of whom:	
In full-time work	2
In part-time work	5
Not working	33
Couple with children	60
Of whom:	
Self-employed	15
Both in full-time work	1
One in full-time work, one in part-time work	5
One in full-time work, one not working	13
One or more in part-time work	9
Both not in work	17
Economic status of household:	
All adults in work	21
At least one adult in work, but not all	34
Workless households	45

Source: HBAI 2006 Figure 12 quoted in House of Commons Work and Pensions Committee (2008)

As previously noted, work by itself does not guarantee the avoidance of poverty (in some poor households all the adults work full-time). It does, however, appear to help families to avoid “severe poverty”. The study by Crowley and Winckler ^(Ref 5) confirms a very strong relationship between worklessness and severe poverty. It shows that around 90% of Welsh children living in households, where the head of household was unemployed, have incomes below 50% of the median.

Lone parents and employment

Around two-thirds of households with no working adult are lone parent households and it is useful to look at their labour market position and how it has been changing (see Table 10.3). The estimate for April-June 2007, from the ONS

Labour Force Survey (LFS), suggests that a quarter of children in Wales live in lone parent families (slightly more than the UK figure of 23.5%). Analysis of the HBAI by the New Policy Institute shows that on average over the period 2003/04 to 2005/06, nearly half of the children in low income households in the UK were in lone parent families and more than a third of all children in poverty lived in lone parent families without work.¹¹¹ The significant recent rise in employment of lone parents and the rising value of tax credits could suggest that the association between lone parenthood and low household income has become weaker in recent years.

Table 10.3 Working age lone parents labour market summary, for Wales

3 year rolling average	In employment (000s)	Unemployed (000s)	Economically inactive (000s)	Total (thousands) (000s)	Employment rate (%)
2000/02	47.5	6.5	45.6	99.6	47.7
2001/03	48.0	5.0	41.6	94.6	50.7
2002/04	50.7	6.2	39.6	96.5	52.6
2003/05	52.2	5.5	37.6	95.3	54.8
2004/06	56.7	6.8	37.8	101.3	56.0
2005/07	56.5	6.0	37.0	99.4	56.8

Source: ONS Labour Force Survey April-June 2007 estimate.

Table 10.3 shows that, against the background of fairly static numbers of lone parents, the number of those in work has increased steadily. This mirrors an equivalent decline in the number of those who are economically inactive. The number of lone parents who are unemployed has changed little. The employment rate has risen by nine percentage points over the period 2000-02 to 2005-07, but at 56.8% is still well below that for the general working age population (71.7%) for the same period.¹¹²

With a view to increasing the number of households in employment, the Assembly Government has a child poverty target to increase the number of child care places. All children in Wales are entitled to access a free part-time education nursery place

¹¹¹ This can be found at: <http://www.poverty.org.uk/W08/index.shtml#g2>

¹¹² The Welsh Assembly Government child poverty target is to help and support 18,000 lone parents into work in Wales.

from the term following their third birthday. As at 31 March 2007, there were 70,681 places in day care services (in 4,392) settings for children under the age of eight in Wales.^(Ref 13)

10.5 Disability and child poverty

One of the main reasons why some parents may find it hard to join or stay in the labour force is because they or their children suffer disabilities. The definition of disability within the HBAI series, on which most analyses are based, means “having any self-reported long-standing illness, disability or infirmity that leads to a significant difficulty with one or more areas of the individual's life”. The individual may or may not receive disability benefits.

Parental disability

Some evidence suggests that the presence of a disabled adult increases the risk of poverty. Analysis of the FRS at UK level ^(Ref 14) shows that 31% of households with children with one or more disabled adults were in poverty. This compares with 17% of such households with no disabled adult.

Kenway and Palmer ^(Ref 7) found that more than 20% of all children in Wales live with at least one disabled parent and that 30% of those in poverty (AHC) live with at least one disabled parent. Crowley and Winckler ^(Ref 5) found that more than a third of children in Wales with a disabled parent are in poverty (AHC). This study also found that around half of children in households where the head was claiming Incapacity Benefit had incomes of less than 50% of the median.

Children's disability

Parents' disability clearly restricts the chances of paid employment, but children's disability may put similar restraints on many parents' activities. The Welsh Health Survey 2006 and Census 2001 both suggest that between 4% and 5% of children have a self-reported limiting long-term illness. (See Chapter 3 on *An Introduction to Particular Groups of Children at Risk of Disadvantage*; Chapter 4 on *The Early Years*; and Chapter 6 on *Health, Freedom from Abuse and Exploitation* for further discussion.)

Families of disabled children are significantly more likely to be living in poverty. For the UK as a whole, over half (55%) of families with disabled children live in

or at the margins of poverty.^(Ref 15) Just over a fifth (22%) of families with disabled children have an income below 50% of the UK mean income.^(Ref 16)

The level of income for families with disabled children will be mitigated to some extent by the availability of benefits and tax credits.^(Ref 14) However, even here such households typically face higher living costs as a result of the disability (for example, in housing, childcare and travel) and hence the standard of living they experience will be lower than their income would suggest.^(Ref 17) The resulting effect is that over half of households with disabled children lack some of life's basic necessities because they can't afford them.^(Ref 18)

10.6 Ethnicity and poverty

Whilst there is little evidence to draw-upon in relation to poverty and ethnicity in Wales, we know that at a UK level children from some ethnic minorities face a particularly high risk of growing up in poverty.

For example, there is evidence to suggest that "there is a strong association between ethnic background and experience of severe child poverty".^(Ref 19) In particular, "children of Asian ethnic origin, and to some extent, those of Black, Chinese and other ethnic minorities comprise a disproportionately high proportion of children in severe poverty".^(Ref 19) Specifically, this study notes that 14.5% of children in severe poverty are from Asian and Asian British ethnic origins, while 8% are in non-severe poverty and 4% are not in poverty. Similarly, there was a higher proportion of children in severe poverty who were from Black or Black British ethnic origin (6%), than in non-severe poverty (3.5%) or not in poverty (2%). The study also notes that while the majority of children in severe poverty are of White ethnic origin (74%), the proportions among those in non-severe poverty (85%) or those not in poverty (91%) are significantly higher.^(Ref 19)

Key information gaps

- Levels and experiences of poverty for different groups of children in Wales, including those from ethnic minorities and those with disabilities.
- Representative data on children and young people's views of their experiences of poverty in Wales
- Links between income poverty, deprivation and the kind of social exclusion that inhibits the development of potential and increases the risk of perpetuating poverty from one generation to the next.
- The number of workless households and differences in rates of child poverty by local authority in Wales.
- The level of child poverty in Wales over time (in terms of transient, persistent or recurrent poverty).
- Poverty levels among 16 to 18 year olds (in particular for those not living with their families).

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Appendix 1

Summary table of the Welsh Assembly Government's child poverty targets and progress made to date: 29 September 2008

The following table provides an update on progress made towards the Welsh Assembly Government's child poverty targets. The Assembly Government's child poverty targets (relating to the most deprived fifth and the middle fifth of the population) will be updated in the future using the Welsh Index of Multiple Deprivation (WIMD), rather than Townsend scores. Provisional data (for example for 2008) have been included in this summary table to provide the most up to date position in relation to the child poverty targets. These provisional data have not been included in the main chapters of the Monitor as they may be subject to change. Please refer to the Welsh Assembly Government's StatsWales web site (on the child poverty targets) for the most recent data, at an all Wales and local authority level.

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Early Years					
Low birth weight.	1998 - 2002: Low Birth Weight Rate (less than 2500g) for the most deprived fifth of the population is 9.2% and the middle fifth is 7.3%. ¹ Ratio 5:3 = 1.23 (23%).	2000-2004: Low Birth Weight Rate (less than 2500g) for the most deprived fifth of the population was 9.2% and the middle fifth was 7.4%. Ratio 5:3 = 1.23 (23%).	Low Birth Weight Rate for the most deprived fifth of the population - no more than 8.7 per 1,000 live births. At least a 3.8% reduction in the Low Birth Weight Rate for the most deprived fifth of the population. Ratio of Low Birth Weight Rates between the most deprived and the middle fifth of the population will be no more than 1.19 (19%).	Low Birth Weight Rate for the most deprived fifth of the population - no more than 7.3 per 1,000 live births. The ratio of Low Birth Weight Rates between the most deprived and the middle fifth of the population will be no more than 1.12 (12%).	ONS Births (live and still) that are under 2500g. NPHS Deprivation and the Health of Children and Young People Revised Version (2008)

¹ In "Eradicating Child Poverty in Wales - Measuring Success" (Welsh Assembly Government, 2006), the original baseline incorrectly referred to a rate per 1,000 live births. This has been replaced with a percentage.

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
<p>Early Years</p> <p>Infant mortality rate: Number of infants dying before age 1 per 1,000 births.</p>	<p>1998-2001: Infant Mortality Rate (IMR) for the most deprived fifth of the population - 6.67 per 1,000 live births.</p> <p>IMR for the least deprived fifth is 4.12 per 1,000 live births.</p> <p>Ratio 5:1 = 1.61 (61 %).</p>	<p>2000-2004: Infant Mortality Rate (IMR) for the most deprived fifth of the population - 6.2 per 1,000 live births.</p> <p>IMR for the least deprived fifth - 4.3 per 1,000 live births.</p> <p>Ratio 5:1 = 1.46 (46%).</p>	<p>Milestones - By 2010, the Infant Mortality Rate for the most deprived fifth of the population will be no more than 6.16 per 1,000 live births, being one fifth of the target reduction.</p> <p>At least a 7.6% reduction in the Infant Mortality Rate for the most deprived fifth of the population, being one fifth of the target reduction.</p> <p>Ratio of Infant Mortality Rates between the most deprived and most affluent fifths of the population will be no more than 1.49 (49%) being one fifth of the target reduction.</p>	<p>Infant Mortality Rate for the most deprived fifth of the population will be no more than 4.12 per 1,000 live births.</p> <p>By 2020, there will be at least a 38.2% reduction in the Infant Mortality Rate for the most deprived fifth of the population.</p> <p>By 2020, the ratio of Infant Mortality Rates between the most deprived and most affluent fifths of the population will be no more than 1.3 (30%).</p>	<p>ONS Deaths of infants under 1 year.</p> <p>NPHS Deprivation and the Health of Children and Young People Revised Version (2008)</p>

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Early Years					
Percentage of five year olds with dental caries.	<p>The mean dmft for the most deprived fifth of the population is 3.1 and for the middle fifth it is 2.4 (2003-04). Ratio 5:3 = 1.29.</p> <p>The % dmft > 0 for the most deprived fifth of the population is 61.8 and for the middle fifth it is 55.3 (2003-2004). Ratio 5:3 = 1.12.</p>	<p>The mean dmft (for five year olds) for the most deprived fifth of the population (based on the area of material deprivation calculated by quintiles of Townsend scores) was 3.0 in 2005/6.</p> <p>The mean dmft for five year olds for the middle fifth of the population (by deprivation) was 2.23 in 2005/6.</p> <p>A BASCD survey of five year olds in Wales was conducted in 2007/08. Data are currently being analysed and results are due to be available in the autumn of 2008.</p>	<p>A mean dmft of 2.9, being one third the required reduction by 2020.</p> <p>By 2010 proportionate progress towards the 2020 target would require no more than 59% of 5 year old children to have experience of dental decay.</p>	<p>By 2020 the mean number of decayed, missing and filled teeth of the 5 year old children of the most deprived fifth of the population will be 2.4.</p> <p>By 2020 the percentage of caries among the 5 year old children of the most deprived fifth of the population will be 55.3%.</p>	<p>British Association for the Study of Community Dentistry (BASCD) Surveys 1997-2006</p> <p>National Public Health Service</p> <p>BASCD Co-ordinated Oral Epidemiology Programme: Survey of Five Year Olds 2005-06</p>

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Early Years					
Child care places. ²		As at March 31st 2007, there were 70,681 places in day care services (in 4,392 settings) for children under the age of eight in Wales.	High quality part-time care to be provided for 16,000 2 year old children living in the areas of greatest disadvantage in Wales. All children to have access to a free part-time education nursery place from the term following their third birthday. Increase child care places in Wales by 7,000 in West Wales and Valleys Objective 1 Convergence Area, and by 1,500 in East Wales Objective 3 Areas.		Care Services in Wales Annual Report (2006-2007): Care and Social Services Inspectorate Wales (CCSIW).

² No 2010 milestone included for this in "Eradicating Child Poverty in Wales - Measuring Success".

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Education					
Percentage of pupils achieving Key Stage 2 CSI (National Performance Indicator).	2006 ³ : Percentage of pupils achieving the core subject indicator (Welsh or English, maths and science in combination) through teacher assessment by the age of 11 - 74%.	2008: Percentage of pupils at Key Stage 2 achieving the core subject indicator through teacher assessment was 75.5%.	2010 Milestone Percentage of pupils achieving the core subject indicator (Welsh or English, maths and science in combination) through teacher assessment by the age of 11 to be 80%.	2020 Target - Percentage of pupils achieving the core subject indicator (Welsh or English, maths and science in combination) through teacher assessment by the age of 11 to be 86%.	Welsh Assembly Government: Schools Statistics (National Curriculum Assessments)
Percentage of pupils achieving Key Stage 3 CSI (National Performance Indicator).	2005: Percentage of pupils achieving the core subject indicator through teacher assessment by the age of 14 - 58%.	2008: Percentage of pupils at Key Stage 3 achieving the core subject indicator through teacher assessment - 59.6%.	2010 Milestone: Percentage of pupils achieving the core subject indicator through teacher assessment by the age of 14 to reach 65%.	2020 Target - Key Stage 3 teacher assessment: percentage of pupils achieving the core subject indicator to reach 72%.	Welsh Assembly Government: Schools Statistics (National Curriculum Assessments)

³ In "Eradicating Child Poverty in Wales - Measuring Success" the baseline year was incorrectly noted as 2004.

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Education					
Percentage of pupils leaving full time education without an approved qualification.	2005: 2.2% of pupils left full time education with no recognised qualification.	2007: 1.7% of pupils left full time education with no recognised qualification.	2010 target: No pupil to leave full time education without an approved qualification.		Welsh Assembly Government: Pupils leaving Education With No Qualifications (2007)
Percentage of 15 year olds achieving the core subject indicator (Key Stage 4).	2006: 40% of 15 year olds achieved the core subject indicator (Key Stage 4). ⁴	2008: 41% of 15 year olds achieved the core subject indicator at Key Stage 4.	2010 milestone: Percentage of 15 year olds achieving the core subject indicator (Key Stage 4) to reach 45%.	2020 target: Percentage of 15 year olds achieving the core subject indicator (Key Stage 4) to reach 51%.	Welsh Assembly Government Schools Statistics: GCSE/ GNVQ and GCE A, AS and AVCE Results in Wales (2008)
Percentage of pupils aged 15 achieving 5 or more GCSE A*-C or equivalent.	2006: 54% of 15 year olds achieved 5 GCSEs or vocational equivalent at grades A*-C. ⁵	2008 (provisional): 57% of 15 year olds achieved the level 2 threshold). ⁶	2010 Milestone - Percentage of 15 year olds achieving 5 GCSE A*-C or equivalent to reach 60%.	2020 Target - Percentage of 15 year olds achieving 5 GCSE A*-C or equivalent to approach 67%.	Welsh Assembly Government: Schools Statistics: GCSE/ GNVQ and GCE A, AS and AVCE Results in Wales (2007 - Revised)

⁴ The original 2006 baseline figure (39% of 15 year olds achieving the core subject indicator) has been amended (to 40%). This is because the 2006 figure was provisional when the baseline was set.

⁵ The original 2006 baseline figure (53% of 15 year olds achieving 5 GCSEs or vocational equivalent at grades A*-C) has been amended (to 54%). This is because the 2006 figure was provisional when the baseline was set.

⁶ The level 2 threshold includes all qualifications that are approved for use by pupils aged 15. It is defined as a volume of qualifications at Level 2 equivalent to the volume of 5 GCSEs at Grade A*-C. Previously, this indicator included a narrower set of qualifications.

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Education	2002/03: An estimated 13,500 (11.7%) of 16-18 year olds were not in education, employment or training (NEET).	Year end 2006: Estimated 12,000 (9.8%) of 16-18 year olds were not in education employment or training.	2010 Milestone - Percentage of 16-18 year olds in employment, education, or training to reach 93%.	2020 Target - Percentage of 16-18 year olds in employment, education, or training to reach 95%.	Welsh Assembly Government Statistical Directorate (Using data from Office for National Statistics, HESA, WAG, Annual Population Survey)

⁷ The original 2002-03 baseline figure in "Measuring Success" estimated that 13,100 (11%) of 16-18 year olds were not in education, employment or training. This baseline figure has been revised in light of updated population estimates, and will be revised again in the near future in light of further updated population estimates.

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Health					
Percentage of young people with dental caries experience (preventable disease) (DPHCD LHB).	The mean DMFT for the most deprived fifth of the population is 1.3 and for the middle fifth it is 1.1 (2004-05). Ratio 5:3 = 1.18. The %DMFT>0 for the most deprived fifth of the population is 52.6 and for the middle fifth it is 46.2 (2004-2005). Ratio 5:3 = 1.14.	There has been no update of data from the 2004/05 baseline. A BASCD survey of rising 12 year olds in Wales is planned for the winter of 2008/09. Data will be available from this survey during the autumn of 2009.	Proportionate progress towards the 2020 target would require a mean DMFT of 1.2 being approximately one third the required reduction by 2020. By 2010 proportionate progress towards the 2020 target would require no more than 50% of 12 year old children to have experience of dental decay.	The mean number of decayed, missing and filled teeth of the most deprived 12 year old children of the most deprived fifth of the population will be 1.1. The percentage of caries among the 12 year old children of the most deprived fifth of the population will be 46.2%.	British Association for the Study of Community Dentistry Surveys 1997-2006

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Health					
Teenage conceptions for under 16s.	<p>1999-2001: Under 16 conception rate in Wales is 9.0 per 1,000 girls aged 13-15. The highest under 16 conception rate for a Unitary Authority in 1999-2001 is 14.1 per 1,000 girls aged 13-15. Ratio of the highest to the average for Wales is also 1.55 (i.e. the Unitary Authority with the highest rate is 55% higher than the average rate for Wales).⁸</p>	<p>2003-2005: Under 16 conception rate for Wales was 7.8 per 1,000 girls aged 13-15. The highest under 16 conception rate for a Unitary Authority in Wales in 2003-2005 is 12.1 per 1,000 girls aged 13-15. 2003 - 2005: Ratio of the highest to the average for Wales is 1.55 (i.e. the Unitary Authority with the highest rate was 55% higher than the average rate for Wales).</p>	<p>Rate of teenage conceptions under 16 years old for all local authority areas in Wales - no more than 13.4 per 1,000 girls aged 13-15 years, being one fifth of the target reduction. The ratio of teenage conceptions under 16 years old for all local authority areas to the average for Wales will be no more than 1.49 (49%).</p>	<p>Rate of teenage conceptions under 16 years old for all local authority areas in Wales - no more than 9.0 per 1,000 girls aged 13-15 years. The ratio of teenage conceptions under 16 years old for all local authority areas to the average for Wales - no more than 1.3 (30%).</p>	ONS

⁸ The baseline for the Child Poverty Target on teenage conceptions has been recalculated using the latest population figures. The baseline set out in this table is therefore slightly different to that set out in "Eradicating Child Poverty in Wales - Measuring Success". The original baseline rate of teenage conceptions under 16 years old for the local government population area with the highest rate was 14.5 per 1,000 girls aged 13-15 years (and 9.0 per 1,000 girls aged 13 -15 for Wales) ratio highest to mean 1.61 (61%) for 1999-2001.

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Health					
Child obesity	<p>Childhood obesity is becoming more common, not only in Wales but throughout the developed world. As new data become available, WAG will set milestones and targets to reduce the prevalence here in Wales.</p>	<p>Collection of child obesity data through the Welsh Health Survey started in 2007. First estimates have just been published: 36% of children aged 2-15 were estimated to be overweight or obese (including 20% obese).⁹</p>			<p>Welsh Health Survey 2007 (Statistical Release 70/2008)</p>

⁹ These estimates are based on height and weight measurements taken by interviewers (and use a protocol and definition consistent with that used in the English and Scottish Health Surveys).

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Health					
Child obesity		<p>NPHS are taking forward a project to pilot collecting weights and heights data for all children in Reception and Year 6. They are currently looking at possible sources of data and mechanisms for collecting, storing and analysing the resulting data and intend to pilot during the academic year 2009-10. This would mean that all Wales data would not be available until after the end 2010-11 (at the earliest).</p>			

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Safe Home and Community					
Number of pedestrian injuries 5-14 year olds.	2000-2002: Baseline rate of child pedestrian injuries reported to the police for the most deprived fifth of the population is 218.2 per 100,000 persons per year, and for the middle fifth is 156.1 per 100,000 persons per year. Ratio 5:3 = 1.40 (40%). ¹⁰	2003-2005: Pedestrian injuries reported to the police for the most deprived fifth of the population is 175.1 per 100,000 persons per year, and for the middle fifth is 115.8 per 100,000 persons per year. Ratio 5:3 = 1.51 (51%).	By 2010 - at least a 5.8% reduction in the rate of child pedestrian injuries reported to the police for the most deprived fifth of the population, being one fifth of the target reduction.	Targets - By 2020, the rate of child pedestrian injuries reported to the police for the most deprived fifth of the population will be no more than 49.6 per 100,000 persons per year.	Welsh Assembly Government: 2006 Road Casualties NPHS Deprivation and Health (2004)

¹⁰ The baseline cited in "Eradicating Child Poverty in Wales - Measuring Success" was for the period 1995-2000. It should have been for the period 2000-2002.

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Safe Home and Community					
Number of pedestrian injuries 5-14 year olds.			By 2010 - ratio of child pedestrian injuries reported to the police between the most deprived and the middle fifth of the population to be no more than 1.33 (33%).	At least a 29.0% reduction in the rate of child pedestrian injuries reported to the police for the most deprived fifth of the population. The ratio of child pedestrian injuries reported to the police between the most deprived and the middle fifth of the population - 1.20 (20%).	

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Safe Home and Community					
Child pedestrian injury rates (5-14 year olds).	1999-2002: The baseline child pedestrian hospital inpatient episode rate for the most deprived fifth of the population is 72.4 per 100,000 persons per year. For the middle fifth - it is 42.4 per 100,000 persons per year, ratio 5.3 = 1.71 (71%) (1999-2002). ¹¹	2002-2005: Pedestrian hospital inpatient episode rate for the most deprived fifth of the population was 61.1 per 100,000 person per year. For the middle fifth - it was 33.6 per 100,000 persons. Ratio 5.3 = 1.81 (81%) (2002-2005).	2010: The child pedestrian hospital inpatient episode rate for the most deprived fifth of the population will be no more than 36.7 per 100,000 persons per year, being one fifth of the target reduction. 2010: There will be at least a 6.6% reduction in the child pedestrian hospital inpatient episode rate for the most deprived fifth of the population, being one fifth of the target reduction.	The child pedestrian hospital inpatient episode rate for the most deprived fifth of the population will be no more than 26.3 per 100,000 person per year. There will be at least a 33.1% reduction in the child pedestrian hospital inpatient episode rate for the most deprived fifth of the population.	NPHS Deprivation and Health (2004)

¹¹ The baseline cited in "Eradicating Child Poverty in Wales - Measuring Success" was for the period 1997-2002. It should have been for the period 1999-2002.

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Safe Home and Community					
Child pedestrian injury rates (5-14 year olds).			2010: Then ratio of child pedestrian hospital inpatient episode rates between the most deprived and middle fifth of the population will be no more than 1.40 (40%).	The ratio of child pedestrian hospital inpatient episode rates between the most deprived and the middle fifth of the population will be no more than 1.25 (25%).	
Number of children killed or seriously injured casualties.	In 2000, new WAG (and UK Government) road casualty targets for 2010 were introduced. They are based on the average for 1994-1998. This target aims to reduce the total number of children killed or seriously injured casualties by 50 per cent.	Latest figures are for the four quarters to Q1 2008: There were 142 killed or seriously injured child casualties in Wales during this period (child defined as aged 0 to 15 inclusive). These figures are 51 per cent below the baseline for 1994-1998.	50% reduction in the total number of children killed or seriously injured casualties.		Welsh Assembly Government: 2006 Road Casualties

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Safe Home and Community					
Number of families with dependent children who are living in B&B accommodation.	End of period January to March 2005: 242 families with children living in B&B accommodation.	By the end of June 2008, there were 296 households living in B&B accommodation in Wales. 13 % of the 296 households living in B&Bs were families with children.	2010 Milestone - Less than 50 families.	2020 Target - B&B eliminated for families with children.	Welsh Assembly Government Statistics Release SDR 148/2008: Homelessness (April to June 2008)
Number of families with dependent children who are living in temporary accommodation.	End of period January to March 2005: 1,688 families with children living in temporary accommodation.	There were 2,874 households being accommodated temporarily by local authorities in Wales at the end of June 2008. For the period April to June 2008, there were 673 households with dependent children who were found to be eligible for assistance, unintentionally homeless and in priority need.	2010 Milestone - 1,000.	2020 Target - Families in Temporary Accommodation below 500.	Welsh Assembly Government Statistics Release SDR 148/2008: Homelessness (April to June 2008)

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Safe Home and Community					
Number of families with dependent children who are living in overcrowded conditions (measured by the Bedroom Standard).	2004: Baseline - 24,000.	According to the 2004 Living in Wales Survey, 1.8% of households in Wales did not have adequate accommodation in terms of the bedroom standard. Of the households failing to meet this standard, three quarters (75%) had dependent children and 63% comprised five or more people.	2010 Milestone - 20,000.	2020 Target - 13,000.	2004 Living in Wales Survey

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Safe Home and Community					
Children's environmental health.	New indicators are currently being developed as part of the Children's Environment and Health Action Plan for Europe (CEHAPE). WAG will take account of these indicators in the future.				

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Income Poverty					
Percentage of children living in relative low-income households.	35% (1998-99 - 2000/01) HBAI After Housing Costs (i.e. three years centred on 1999).	2004/05-2006/07: HBAI After Housing Costs: 29% of children living in relative low-income households.	2010-11 Milestone - 17%.	2020 Target - To have matched lowest poverty rate in Europe.	Dept. for Work and Pensions in Households Below Average Income (HBAI), using a rolling three year average from the Family Resources Survey .
Percentage of children living in workless households.	April-June 2006: ¹² 15.4% of children in Wales living in workless households. ¹³	April-June 2008: 15.6% of children in Wales living workless households.	13.5%.	2020 Target - To be re-assessed in 2010.	Labour Force Survey

¹² The baseline figure in "Eradicating Child Poverty in Wales - Measuring Success" is 15.5% - based on LFS data for March to May 2006. However, the ONS has now moved to calendar quarters so the nearest equivalent is April to June 2006 - for which the figure is 15.4 per cent.

¹³ Estimates from the Labour Force Survey are volatile year to year because of sampling variation. Data on the percentage of children living in workless households and the percentage of lone parents in employment (in Wales) will be replaced with estimates from the much larger household Annual Population Survey. These estimates will be available for 2004, 2005, 2006 and 2007.

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Income Poverty					
Percentage of lone parents in employment.	2004-6: 56% of lone parents in Wales in employment.	2005-07: 56.8% of lone parents in Wales in employment.		Target: "A new deal for welfare: empowering people to work" states the aim for the ten year period for 2006-2016 is to reduce by 75,000 people the number of people reliant on incapacity benefit in Wales; and help and support 18,000 lone parents into work in Wales.	Labour Force Survey
Credit Union Membership.	Officials are currently exploring the baseline figure.	2006: 36,000 adult members and 5,700 juvenile depositors.	Continue to support the development of credit unions across Wales - so that every low income family has access to a credit union.		Financial Services Authority (2007) Credit Union Annual Statistics

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Income Poverty					
Child Trust Fund Vouchers.	Officials are currently exploring the baseline figure.	For children born in or before 2005-06 the following accounts were opened by parents: Stakeholder: 58% Non-stakeholder: 18% Total: 76% CTF accounts opened by HMRC as a result of parents not taking action: 24%.	Increase the investment rate of Child Trust Fund vouchers, particularly amongst low income families.		HMRC Data on Child Trust Funds (October 2007)
Adult Learning	It has not been defined how this indicator will be measured.	It has not been defined how this indicator will be measured.	2015 - 95% of young people, by the age of 25 to be ready for high skilled employment and/or further education.	2020 - 97% of young people, by the age of 25, to be ready for high skilled employment and/or further or higher education.	To be confirmed.

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Income Poverty					
Adult Learning	2004: Percentage of working age adults with level 1 or above functional basic skills in literacy - 75%.	Most recent data available are from the 2004 National Survey of Adult Basic Skills in Wales - used for baseline.	2010 Milestone - Percentage of working age adults with level 1 or above functional basic skills in literacy to be 80%.	2020 Target - Percentage of working age adults with level 1 or above functional basic skills in literacy to be 85%.	Welsh Assembly Government: 2004 National Survey of Adult Basic Skills in Wales
	2004: Percentage of working age adults with level 1 or above functional basic skills in numeracy - 47%.	Most recent data available are from the 2004 National Survey of Adult Basic Skills in Wales - used for baseline.	2010 Milestone - Percentage of working age adults with level 1 or above functional basic skills in numeracy to be at least 55%.	2020 Target - Percentage of working age adults with level 1 or above functional basic skills in numeracy to be at least 63%.	Welsh Assembly Government: 2004 National Survey of Adult Basic Skills in Wales
	2004: Percentage of adults of working age with a qualification equivalent to an NVQ level 2 or above - 66%. ¹⁴	2007: 69% of adults of working age in Wales with a qualification at National Qualification Framework (NQF) level 2 or above. ¹⁵	2010 Milestone - Percentage of adults of working age with a qualification equivalent to an NVQ level 2 or above to be at least 70%.	2020 Target - Percentage of adults of working age with a qualification equivalent to an NVQ level 2 or above to be at least 74%.	Welsh Assembly Government: Headline Statistics "Annual Population Survey, 2007: Qualification Levels"

¹⁴ Qualification levels for 2004 will be revised in the near future, as the Labour Force Survey has recently been re-weighted in line with latest population estimates.

¹⁵ Qualification levels are now defined as National Qualification Framework equivalents. This does affect comparison with the baseline.

Child Wellbeing Indicator	Baseline	2008 Monitor	2010 Milestone	2020 Target	Source of Data
Income Poverty					
Adult Learning	2004: Percentage of adults of working age with a qualification equivalent to an NVQ level 3 or above - 45%.	2007: 47% of adults of working age with a qualification at National Qualification Framework (NQF) level 3 or above.	2010 Milestone - Percentage of adults of working age with a qualification equivalent to an NVQ level 3 or above to be at least 50%.	2020 Target - Percentage of adults of working age with a qualification equivalent to an NVQ level 3 or above to be at least 55%.	Welsh Assembly Government: "Annual Population Survey, 2007: Qualification Levels"
	2004: Percentage of adults of working age with a qualification equivalent to an NVQ level 4 or above - 26%.	2007: 27% of adults of working age with a qualification at National Qualification Framework (NQF) level 4 or above.	2010 Milestone - Percentage of adults of working age with a qualification equivalent to an NVQ level 4 or above to be at least 30%.	2020 Target - Percentage of adults of working age with a qualification equivalent to an NVQ level 4 or above to be at least 34%.	Welsh Assembly Government: "Annual Population Survey, 2007: Qualification Levels"

Key surveys used in the 2008 Monitor

Key Surveys			
Title	Description	Frequency	Link
All Wales Perinatal Survey	<p>A surveillance of perinatal and infant mortality. The survey is based on the usual residential address of the mother. All deaths of babies whose mother is usually resident in Wales are included regardless of the place of birth or death. Notification of relevant deaths to the perinatal survey office is dependent on a network of Unit Coordinators. The Office of National Statistics (ONS) is used to ascertain deaths which have not been reported through the perinatal survey system. The All Wales Perinatal Survey works alongside the Confidential Enquiry into Maternal and Child Health (CEMACH). The Survey provides CEMACH with a subset of the collected data.</p>	Annual	<p>http://www.cardiff.ac.uk/medic/aboutus/departments/childhealth/ourresearch/neonatalmedicine/allwalesperinatalsurvey/index.html</p>
Annual Population Survey (APS)	<p>APS is a combined survey of households in Great Britain. Its purpose is to provide information on key social and socio-economic variables between the 10 yearly censuses, with particular emphasis on providing information relating to small geographical areas. The APS combines results from the Labour Force Survey (LFS) and the English, Welsh and Scottish Labour Force Survey boosts.</p>	Annual	<p>http://www.statistics.gov.uk/STATBASE/Product.asp?vlnk=10855</p>

Key Surveys

Title	Description	Frequency	Link
Arts Council of Wales Young People's Arts Participation Survey	The survey monitors trends in art participation amongst young people in Wales as part of the Arts and Young People Strategy. 2,794 questionnaires were completed by pupils in 24 schools across Wales. One class from each of Years 7 to 11 completed the questionnaires in each school. The data were weighted to population data at the analysis stage by area, age and gender to ensure that the total Wales data were representative of secondary school pupils as a whole. Unitary authorities were grouped into one of four categories to allow regional comparisons: Metropolitan Wales, The Valleys, Rural North and Rural Heartland.	One-off	www.artswales.org.uk
Avon Longitudinal Study of Parents and Children (ALSPAC)	ALSPAC, formerly the Avon Longitudinal Study of Pregnancy and Childhood, is a two generational resource available to study the genetic and environmental determinants of development and health. The total sample size for analyses using child based questionnaire data collected after age seven is 15,224. ALSPAC has collected data using: postal questionnaires; hands-on clinic assessments; biological samples; linkage to routine information; abstraction from medical records; and environmental monitoring.	Longitudinal, continuous sweeps	www.bristol.ac.uk/alspac/

Key Surveys

Title	Description	Frequency	Link
British Association for the Study of Community Dentistry (BASCD) Dental Epidemiology Programme	<p>The Programme contributes to the national monitoring of service provision and targets in a devolved United Kingdom, while also providing data locally to aid in service planning and evaluation of oral health strategies and plans. The first national survey was conducted in 1985/1986 for 5 year old children. Since then, the surveys have provided a longitudinal perspective on the changing oral health of children. Representative samples are drawn from participating health authorities and boards according to the agreed BASCD guidelines. A total of 239,389 five and six year old children from across England, Wales, Scotland, and the Isle of Man were examined in 2005/2006. On average, this represents 42% of the total population of this age group in England, 38% in Wales, and 21% in Scotland.</p>	Annual	www.bascd.org
British Crime Survey (BCS)	<p>The BCS measures the amount of crime in England and Wales (the first survey covered Scotland as well). It is a victimisation survey in which adults living in private households are asked about their experiences of crime in face to face interviews. The BCS currently interviews over 51,000 people aged 16 or over every year. This includes around 47,000 interviews in the main survey, with an additional boost to the number of interviews with 16 to 24 year olds.</p>	The survey was first conducted in 1982 and ran at two year intervals until 2001, when it became a continuous survey.	www.homeoffice.gov.uk/rds/bcs1.html

Key Surveys

Title	Description	Frequency	Link
British Household Panel Survey (BHPS)	<p>The BHPS is a panel survey of individuals living in private households in the UK which began in 1991. An annual face to face interview is carried out with all household members aged 16 and over. 11 to 15 year old children are also interviewed. The survey follows the same representative sample of individuals (the panel) over a period of years. It contains sufficient cases for meaningful analysis of certain groups, such as the elderly or lone parent families. The wave 1 panel consists of approximately 5,500 households and 10,300 individuals drawn from 250 areas of Great Britain. Additional samples of 1,500 households in each of Scotland and Wales were added to the main sample in 1999, and in 2001 a sample of 2,000 households was added in Northern Ireland (making the panel suitable for UK-wide research).</p>	Annual	www.iser.essex.ac.uk/ulsc/bhps/
Census	<p>A census is a survey of all people and households in the country. It provides essential information from national to neighbourhood level for government, business, and the community. The last census was carried out in 2001. The census forms were designed for self-completion and to provide information which related to census day - 29 April 2001. The results represent 100 per cent of the population as it was on Census day 2001. However, they are estimates, as some people were missed by the Census and not everyone answered every question. The missing information had to be imputed on the basis of evidence from people and households of similar types. In England and Wales, the census is planned and carried out by the Office for National Statistics.</p>	Every 10 years	www.ons.gov.uk/census

Key Surveys			
Title	Description	Frequency	Link
Children's Sport and Physical Activity Participation Study	The survey conducted by the Sports Council for Wales to examine children's (aged 7-11) levels of participation in sport and physical recreation, both inside and outside school. The results of the Children's survey, presented in the 2003 report, are based on self-completion questionnaires received from 11,102 school pupils.	Biennial	www.sports-council-wales.org.uk/researchandinformation/services/research/large-sample-surveys
Civic Education Study	The IEA Civic Education Study is the largest study of civic education ever conducted internationally. This research tested and surveyed nationally representative samples consisting of 90,000 14 year old students in 28 countries, and 50,000 17 to 19 year old students in 16 countries throughout 1999 and 2000. The main assessment included a cognitive test, background questions and likert-type items. In addition, questionnaire data were collected from approximately 9,000 teachers and 4,000 school principals.	One-off	www.terpconnect.umd/~jtpurta/
Gypsy and Traveller Caravan Count	Local authorities undertake this count in January and July every year to assess the number of Gypsy and Traveller caravans in Wales on both authorised and unauthorised sites. The survey also shows the number of pitches available on Gypsy sites provided by local authorities. The figures are returned to the Department for Social Justice and Local Government, WAG.	Biannual	http://new.wales.gov.uk/topics/statistics/theme/housing/gypsy/?lang=en

Key Surveys

Title	Description	Frequency	Link
English Housing Condition Survey (EHCS)	<p>The EHCS is a national survey of housing in England. It covers all tenures. An interview is conducted with the householder, followed by a visual inspection of the property, both internally and externally, by a qualified surveyor. When the Interview Survey identifies that a property is privately rented, the interviewee is asked for permission to approach the landlord. The survey then collects information on landlord experiences and attitudes, what type of landlord they are, how many properties they have, why and how they became landlords, and whether they intend to continue renting out property. Additionally, a Market Value Survey takes place. This is a desk-based exercise providing two market valuations for each of the core cases. The first gives the market value of the property in its current condition. The second gives the valuation if necessary repairs (identified from the Physical survey) were undertaken.</p>	<p>Continuous, every 5 years</p>	<p>http://www.communities.gov.uk/housing/housingresearch/housingsurveys/englishhousecondition/</p>
Families and Children Study (FACS)	<p>FACS is a representative study of all families in Britain. It is designed to collect information about health, education, work, income, childcare and the wellbeing of children. The study (formerly known as the Survey of Low Income Families) is a longitudinal refreshed panel survey which began in 1999. Eight waves have been carried out to 2006. Substantial changes were made to the survey in the third wave, when the name was changed. From 2001 (wave three) onwards the focus has been on all families irrespective of income. The study involves a face to face interview with approximately 8,000 families each year. Children aged 11-15 are also now included in the study and asked to complete a questionnaire.</p>	<p>Longitudinal, continuous sweeps</p>	<p>http://www.natcen.ac.uk/facs/index.htm</p>

Key Surveys

Title	Description	Frequency	Link
Family Resources Survey (FRS)	<p>The Family Resources Survey collects information on the incomes and circumstances of private households in the United Kingdom. The FRS 2007 sample uses a stratified clustered probability sample drawn from the Royal Mail's small user's Postcode Address File (PAF). The small user's PAF is a list of all addresses where fewer than 50 items of mail are received a day, and is updated twice a year. The survey samples 1,848 postcode sectors with a probability of selection that is proportional to size. Interviews are carried out jointly by the Office of National Statistics and the National Centre for Social Research on behalf of the Department of Work and Pensions.</p>	Annual	www.dwp.gov.uk/asd/frs/
Future Skills Wales Generic Skills Survey	<p>The Future Skills Wales research project was undertaken in order to establish the current and future skills needs throughout Wales. The programme of research included the Generic Skills Survey. It focused on non job specific skills needed across most, or in some cases all, occupations. The 2003 survey gathered data from 6,000 employers and 6,000 households. The Employer Survey sample included companies of all sizes, as well as different industry sectors and locations across Wales. The Household Survey included a random sample of individuals of working age only (i.e. 16-59 years for women and 16-64 years for men); everyone in Wales of working age had an equal chance of selection.</p>	Carried out in 1998 and 2003	www.learningobservatory.com

Key Surveys

Title	Description	Frequency	Link
Health Behaviour in School-aged Children (HBSC) study	<p>The study, established in 1983, is cross-national research conducted by an international network of research teams in collaboration with the WHO regional office for Europe. Its aim is to gain new insight into (and increase understanding of) young people's health, well-being, health behaviour and social context. The data are collected in all participating countries and regions through school-based surveys, using an international research protocol. The survey instrument is a standard questionnaire developed by the international research network. The target population of the study comprises young people attending school, aged 11, 13 and 15 years. Around 1,500 respondents in each of the three age categories are targeted in every country.</p>	Four year intervals	www.hbsc.org
Infant Feeding Survey (IFS)	<p>The survey has been conducted every five years since 1975. The 2005 IFS was the seventh national survey of infant feeding practices to be conducted. The main aim of the survey was to provide estimates on the incidence, prevalence and duration of breastfeeding and other feeding practices adopted by mothers in the first eight to ten months after their baby was born. The 2005 survey is the first to provide separate estimates for all four countries in the United Kingdom, as well as for the UK as a whole. The survey is based on an initial representative sample of mothers who were selected from all births registered during August and September 2005 in the United Kingdom. Three stages of data collection were conducted with Stage 1 being carried out when babies were around four to ten weeks old, Stage 2 when they were around four to six months old, and Stage 3 when they were around eight to ten months old. A total of 9,416 mothers completed and returned all three questionnaires.</p>	Intervals of five years	www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey

Key Surveys

Title	Description	Frequency	Link
Labour Force Survey (LFS)	<p>The Labour Force Survey (LFS) is a survey of households living at private addresses in Great Britain. Private households account for 99% of the sample. The list of households is based on the PAF. ONS estimates this sample to cover 97% of all private households. Its purpose is to provide information on the UK labour market that can be used to develop, manage, evaluate and report on labour market policies.</p>	Quarterly	www.statistics.gov.uk/StatBase/Sources.asp?vlnk=358&More=Y
Living in Wales Survey	<p>The Living in Wales Survey is the main source of statistical information about households in Wales. The survey is carried out as a face to face interview with the household reference person or another appropriate adult. The addresses were randomly sampled from the PAF. The random sample was structured to deliver at least 300 interviews within each local authority per year, and as near to 1,000 over 3 years as possible.</p>	Annual	http://new.wales.gov.uk/about/aboutresearch/social/ocsropage/living-wales/?lang=en

Key Surveys

Title	Description	Frequency	Link
Millennium Cohort Study (MCS)	<p>This is a major longitudinal survey, managed by the Centre for Longitudinal Studies (CLS) at the Institute of Education, on behalf of the ESRC and a range of Government Departments and devolved administrations. The study follows the lives of a sample of nearly 19,000 babies born in England and Wales in 2000/01, and in 2000/02 in Scotland and Northern Ireland and charts their early social, economic and health circumstances. In Wales, there have been four sweeps of data collected across 73 Welsh wards. Interviews have been conducted with the families and assessments taken of the children at around the ages of nine months (2,760 babies, sweep 1); three years (2,232 children, sweep 2); and five years (2,200 children, sweep 3). The fourth data collection sweep took place in summer 2008 when the children were approximately seven years old.</p>	<p>Longitudinal study, four sweeps to date</p>	<p>www.cls.ioe.ac.uk</p>
Offending Crime and Justice Survey (OCJS)	<p>The Offending, Crime and Justice Survey (OCJS) is a nationally representative, longitudinal, self-report survey which focuses on levels and trends in youth offending, anti-social behaviour and victimisation amongst young people aged between 10 and 25 living in the general household population in England and Wales. The survey has completed four annual sweeps (2003, 2004, 2005 and 2006). The first sweep of the OCJS in 2003 covered around 12,000 people aged from ten to 65 living in private households in England and Wales. Subsequent annual sweeps between 2004 and 2006 focused on young people aged from 10 to 25. In each of these subsequent sweeps, young people who have previously been interviewed and have agreed to further contact are followed up for re-interview. In addition to these 'panel' respondents, 'fresh sample' respondents aged from 10 to 25 are also introduced to ensure the total sample is around 5,000 young people each year.</p>	<p>Annual (2003 - 2006)</p>	<p>www.homeoffice.gov.uk/rds/offending_survey.html</p>

Key Surveys

Title	Description	Frequency	Link
Our Rights Our Story Survey	Funky Dragon conducted research examining the experience of young people living in Wales, in order to determine their ability to access their rights under the United Nations Convention of the Rights of the Child. A national survey was undertaken. 10,035 people from Welsh schools completed the survey, of which 94 percent were aged 11 to 15.	One-off	www.funkydragon.org
Pupil Destinations from Schools in Wales	Statistics on pupil destinations from schools in Wales. The full report includes data by Unitary Authority. In 2007, 39,396 year 11 pupils, 16,114 year 12 pupils and 11,950 year 13 pupils took part in the survey. The survey is conducted by Careers Wales on behalf of the Welsh Assembly Government.	Annual	www.careerswales.com/professionals/documentlibrary.asp?language=English
Programme for International Student Assessment (PISA)	PISA is an internationally standardised assessment that was jointly developed by participating OECD countries and administered to 15 year olds in schools. The survey was implemented in 43 countries in the first assessment in 2000; in 41 countries in the second assessment in 2003; and in 57 OECD and non-OECD countries in 2006. Wales participated fully in the survey for the first time in 2006, with results submitted by 124 schools and over 3,000 students.	Three year cycles	www.pisa.oecd.org

Key Surveys

Title	Description	Frequency	Link
Welsh Health Survey (WHS)	<p>This is a source of information about the health of people living in Wales, the way they use health services and the things that can affect their health. Information is collected from a sample of adults and children in Wales living in private households through a short interview and a self-completed questionnaire. As of 2007, there are four questionnaires: adults aged 16 and above; 13-15 year olds; 4-12 year olds; and 0-3 year olds. For latter two groups, the questionnaire is completed by a parent or guardian. Prior to 2007, there were two individual questionnaires, one for adults aged 16 and over and one for those under 16. An achieved sample of around 15,000 adults and 3,500 children is aimed for per year, to include a minimum 600 adults from each local authority area. The effective sample sizes will be somewhat smaller because of design effects (the survey involves a clustered design). For the 2005/06 survey 3,100 children aged under 16 took part.</p>	Annual	http://new.wales.gov.uk/topics/statistics/theme/health/health-survey/?lang=en
Young People's Sports and Physical Activity Participation Survey	<p>The survey, conducted by the Sports Council for Wales (SCW), examines young people's (aged 11-16) levels of participation in sport and physical recreation in Wales, both inside and outside of school.</p>	Biennial	www.sports-council-wales.org.uk/researchandinformation/services/research/large-sample-surveys

Indicators of children and young people's well-being used in the 2008 Monitor

The following Appendix lists the indicators included in the Monitor. It highlights the source of these indicators and whether data are available at a Wales and/or Local Authority Level. Indicators without a source are those that have been identified as relevant to children and young people's well-being by the Technical Working Group and Project Board (which oversaw the development of the 2008 Monitor).

Chapter 4: The Early Years

Indicator	Source of Indicator			Data Source	
	UNICEF	CYPP	Welsh Assembly Government Child Poverty Targets	Local Authority	Wales
Low birth weight	✓	✓	✓	Office for National Statistics Birth Statistics	Office for National Statistics Birth Statistics
Perinatal mortality rate				All Wales Perinatal Survey	All Wales Perinatal Survey
Infant mortality rate	✓	✓	✓	Office for National Statistics Birth Statistics	Office for National Statistics Birth Statistics
Immunisation rate	✓			National Public Health Statistics	National Public Health Statistics
Dental caries amongst 5 year olds			✓	British Association for the Study of Community Dentistry (BASCD) also provides local data from participating health authorities	British Association for the Study of Community Dentistry (BASCD) Surveys
General health	✓			Welsh Health Survey	Welsh Health Survey Millenium Cohort Study

Chapter 4: The Early Years

Indicator	Source of Indicator			Data Source	
	UNICEF	CYPP	Welsh Assembly Government Child Poverty Targets	Local Authority	Wales
Maternal smoking and drinking					Infant Feeding Survey Millennium Cohort Study
Breastfeeding		✓			Infant Feeding Survey Millennium Cohort Study
Weight					Infant Feeding Survey Millennium Cohort Study
Performance at Key Stage 1		✓	✓	Welsh Assembly Government National Pupil Database	Welsh Assembly Government National Pupil Database
Newborn Hearing Screening		✓		Newborn Hearing Screening Wales	Newborn Hearing Screening Wales
Family activities					Millennium Cohort Study
Child behaviour					Millennium Cohort Study

Chapter 5: Access to Education, Training and Learning Opportunities

Indicator	Source of Indicator			Data Source	
	UNICEF	CYPP	Welsh Assembly Government Child Poverty Targets	Local Authority	Wales
Children and young people's experiences of school in Wales	✓				Health Behaviour in School-aged Children (HBSC) study
Attendance in school: Absenteeism		✓		Welsh Assembly Government Pupil Attendance Record	Welsh Assembly Government Pupil Attendance Record
Performance at Key Stage 2		✓		National Curriculum Assessments	National Curriculum Assessments
Performance at Key Stage 3		✓		National Curriculum Assessments	National Curriculum Assessments
Performance at Key Stage 4	✓	✓	✓	GCSE/GNVQ and GCE A, AS and AVCE results in Wales Welsh Assembly Government: Welsh Examinations Database (Results available at LEA level)	GCSE/GNVQ and GCE A, AS and AVCE results in Wales Welsh Assembly Government Welsh Examinations Database

Chapter 5: Access to Education, Training and Learning Opportunities

Indicator	Source of Indicator			Data Source	
	UNICEF	CYPP	Welsh Assembly Government Child Poverty Targets	Local Authority	Wales
Attainment by pupil's socio-economic background				Welsh Assembly Government: Welsh Examinations Database	Welsh Assembly Government: Welsh Examinations Database
Attainment by looked after children				Local Government Data Unit - Wales	Local Government Data Unit - Wales
Attainment by children with Special Educational Needs (SEN)				Welsh Assembly Government: Welsh Examinations Database	Welsh Assembly Government: Welsh Examinations Database
Key skills					Programme for International Student Assessment (PISA)
Qualifications gained in Year 13				Welsh Assembly Government: Welsh Examinations Database	Welsh Assembly Government: Welsh Examinations Database
Young people Not in Education, Training or Employment (NEET)	✓		✓	Welsh Assembly Government	Welsh Assembly Government Education at a Glance, OECD
Further and Higher Education in Wales					Careers Wales

Chapter 6: Health, Freedom from Abuse and Exploitation

Indicator	Source of Indicator			Data Source	
	UNICEF	CYPP	Welsh Assembly Government Child Poverty Targets	Local Authority	Wales
Health complaints					
Dental caries amongst 12 year olds			✓	British Association for the Study of Community Dentistry (BASCD) Survey	Welsh Health Survey
Sexual health	✓				Health Behaviour in School-aged Children (HBSC) study
Contraception	✓				Health Behaviour in School-aged Children (HBSC) study data
Sexually Transmitted Infections: (STIs)				National Public Health Service	National Public Health Service
Under 16 conceptions	✓	✓	✓	Welsh Assembly Government conception rates in Wales	Welsh Assembly Government conception rates in Wales

Chapter 6: Health, Freedom from Abuse and Exploitation

Indicator	Source of Indicator			Data Source	
	UNICEF	CYPP	Welsh Assembly Government Child Poverty Targets	Local Authority	Wales
Under 18 conceptions	✓			Welsh Assembly Government conception rates in Wales	Welsh Assembly Government conception rates in Wales
Immunisation					COVER, National Public Health Survey
Self-rated health	✓				Health Behaviour in School-aged Children (HBSC) study
Mental health and well-being					Health Behaviour in School-aged Children (HBSC) study
Self harm					Patient Episode Database Wales National Public Health Service

Chapter 6: Health, Freedom from Abuse and Exploitation

Indicator	Source of Indicator			Data Source	
	UNICEF	CYPP	Welsh Assembly Government Child Poverty Targets	Local Authority	Wales
Suicide					National Public Health Service
Weight			✓		Millennium Cohort Study Welsh Health Survey
Diet	✓	✓			Health Behaviour in School-aged Children (HBSC) study
Eating breakfast	✓				Health Behaviour in School-aged Children (HBSC) study
Smoking	✓				Health Behaviour in School-aged Children (HBSC) study
Drinking alcohol					Health Behaviour in School-aged Children (HBSC) study

Chapter 6: Health, Freedom from Abuse and Exploitation

Indicator	Source of Indicator			Data Source	
	UNICEF	CYPP	Welsh Assembly Government Child Poverty Targets	Local Authority	Wales
Being drunk on more than two occasions	✓				Health Behaviour in School-aged Children (HBSC) study
Young people receiving treatment for alcohol misuse				Welsh National Database for Substance Misuse	Welsh National Database for Substance Misuse
Number of 15 year olds using cannabis	✓				Health Behaviour in School-aged Children (HBSC) study
Young people receiving treatment for drugs				Welsh National Database for Substance Misuse	Welsh National Database for Substance Misuse
Children on the Child Protection Register		✓		Welsh Child Protection Registers	Welsh Child Protection Registers

Chapter 7: Access to Play, Leisure, Sport and Culture

Indicator	Source of Indicator			Data Source	
	UNICEF	CYPP	Welsh Assembly Government Child Poverty Targets	Local Authority	Wales
Play					Millennium Cohort Study Health Behaviour in School-aged Children (HBSC) study
Physical activity in the home					Millennium Cohort Study
Physical activity: primary school children	✓	✓		Sports Council for Wales Children's Sport and Physical Activity Participation Survey	Sports Council for Wales Children's Sport and Physical Activity Participation Survey
Physical activity: secondary school children	✓	✓		Sports Council for Wales Young People's Sport and Physical Activity Participation Survey	Health Behaviour in School-aged Children (HBSC) study Sports Council for Wales Children's Sport and Physical Activity Participation Survey

Chapter 7: Access to Play, Leisure, Sport and Culture

Indicator	Source of Indicator			Data Source	
	UNICEF	CYPP	Welsh Assembly Government Child Poverty Targets	Local Authority	Wales
Daily exercise					Welsh Health Behaviour in School-aged Children (HBSC) study
Travelling to and from schools as a source of daily physical activity					Health Behaviour in School-aged Children (HBSC) study
Arts activities amongst 5 year olds					Millennium Cohort Study
Spare time activities					Health Behaviour in School-aged Children (HBSC) study

Chapter 8: Children are listened to, treated with respect and have their race and cultural identity recognised

Indicator	Source of Indicator			Data Source	
	UNICEF	CYPP	Welsh Assembly Government Child Poverty Targets	Local Authority	Wales
Participating in decisions at home	✓	✓			Welsh Health Behaviour in School-aged Children (HBSC) study Funky Dragon report "Our Rights Our Story" (2007)
Participating decisions about their education		✓		Estyn Inspection Data	Estyn Inspection Data Health Behaviour in School-aged Children (HBSC) study
Civic engagement and voting intentions				Electoral Commission	Electoral Commission Funky Dragon report "Our Rights Our Story" (2007)
Knowledge of rights				Civic Education Study	Civic Education Study Citizenship learning and teaching in the UK UNICEF UK 2004

Chapter 8: Children are listened to, treated with respect and have their race and cultural identity recognised

Indicator	Source of Indicator			Data Source	
	UNICEF	CYPP	Welsh Assembly Government Child Poverty Targets	Local Authority	Wales
Advocacy services		✓			National Service Framework for Children, Young People and Maternity Services
Classmate support		✓			Health Behaviour in School-aged Children (HBSC) study

Chapter 9: Safe Home and Community

Indicator	Source of Indicator			Data Source	
	UNICEF	CYPP	Welsh Assembly Government Child Poverty Targets	Local Authority	Wales
Juvenile offending in Wales		✓			Youth Justice Annual Workload Data
Anti social behaviour in Wales					Home Office
Re-offending in Wales		✓			Ministry of Justice
Perceptions of the local community amongst parents and children					Millennium Cohort Study
Road traffic injuries			✓		Welsh Assembly Government Road Casualties Data
Pedestrian injuries		✓	✓	Welsh Assembly Government; Road Casualties Data	Welsh Assembly Government Road Casualties Data National Public Health Service for Wales

Chapter 9: Safe Home and Community

Indicator	Source of Indicator			Data Source	
	UNICEF	CYPP	Welsh Assembly Government Child Poverty Targets	Local Authority	Wales
Injuries and poisoning amongst children in Wales					Patient Episode Database Wales Health Behaviour in School-aged Children (HBSC) study
Bullying amongst children in Wales	✓				Health Behaviour in School-aged Children (HBSC) study
Safety from environmental pollution			✓		
Homelessness in Wales				Welsh Assembly Government homelessness data Local Government Data Unit Wales	Welsh Assembly Government homelessness data Local Government Data Unit - Wales

Chapter 9: Safe Home and Community

Indicator	Source of Indicator			Data Source	
	UNICEF	CYPP	Welsh Assembly Government Child Poverty Targets	Local Authority	Wales
Families living in temporary accommodation in Wales		✓	✓	Welsh Assembly Government temporary accommodation data Local Government Data Unit - Wales	Welsh Assembly Government temporary accommodation data Local Government Data Unit - Wales
Families living in Bed and Breakfast accommodation in Wales			✓	Welsh Assembly Government	Welsh Assembly Government
Youth homelessness				Welsh Assembly Government	Welsh Assembly Government
Families living in overcrowded conditions			✓	Living in Wales Survey 2004 * Data available at regional level if three years of data are analysed together	Living in Wales Survey 2004

Chapter 10: Child Poverty

Indicator	Source of Indicator			Data Source	
	UNICEF	CYPP	Welsh Assembly Government Child Poverty Targets	Local Authority	Wales
Absolute poverty	✓				DWP Households Below Average Income (HBAI) Data
Relative poverty	✓		✓		DWP Households Below Average Income (HBAI) Data
Absolute low income and material deprivation					Households Below Average Income (HBAI) Data
Severe child poverty	✓				Family Resources Survey
Children living in workless households	✓	✓	✓		Office of National Statistics Labour Force Survey

Chapter 10: Child Poverty

Indicator	Source of Indicator (Publication)			Data Source	
	UNICEF	CYPP	Welsh Assembly Government Child Poverty Targets	Local Authority	Wales
Adult learning			✓	Welsh Assembly Government	Welsh Assembly Government
Credit Union membership in Wales			✓		Welsh Assembly Government
Child Trust Fund Vouchers			✓		Her Majesty's Revenue and Customs Data
In-work poverty					Households Below Average Income (HBAI) Data
Lone parents	✓	✓	✓		Office for National Statistics Labour Force Survey

Welsh Assembly Government: Key Policies, Programmes and Initiatives relating to Children and Young People

Core Aim 1: The Early Years

Providing support to children, young people and families in Wales

Flying Start: Programme aimed at increasing life chances for those children and families in deprived areas in Wales. This will combine different areas of well-being, such as physical and mental health, in order to help those most in need.

Cymorth: Provides support to those families and children in disadvantaged areas with the aim of increasing opportunities for children. There are six main areas of focus: family support; health improvement; play, leisure and enrichment; empowerment, participation and active citizenship; training, mentoring and information; childcare provisions.

Children with disabilities

Rights into Action for Disabled Children and Young People Task Group:

The Minister for Children, Education, Lifelong Learning and Skills has also established a Task Group (consisting of representatives from the Disabled Children Matter Campaign in Wales and senior officials) to advise on matters affecting disabled children and their families, and future priorities. In addition, the Assembly Government is in the process of introducing “Early Support” materials across Wales to improve the delivery of services to disabled children under the age of five and their families. Early Support is designed to give young disabled children a “flying start in life” through the provision of coordinated, family focused, child centered, multi-agency and integrated services - with a single point of contact through a key worker, where this is appropriate.

Providing support to vulnerable families

Integrated Family Support Service (IFSS) Teams: The Assembly Government is consulting on proposals to require local authorities and their health partners to provide support to vulnerable families who have intractable problems

(including poverty). This will involve the development and pilot of Integrated Family Support Service (IFSS) Teams across Wales. These will be operated by multi-agency specialist teams who will provide intensive services for the most vulnerable families. They will also provide training and supervision in delivering interventions that research has shown to work. The primary focus of the IFSS is to increase the skills of the workforce by providing them with the training, supervision and support that they need to deliver high quality services to some of the most vulnerable families in Wales.

Childcare and early education

Childcare Action Plan: Improve childcare places in Wales to provide more support to parents and children. Focus will be on increasing both the number of childcare spaces available and improving the quality of the care itself. Proposals also include reduced costs and flexibility of places to allow parents to fit childcare around their work/training.

Early years provision and integrated learning centres: Free part-time early years education places in Wales once a child reaches three years old. Integrated learning centres that are family focussed provide facilities for education, play and childcare in one place in all local authority areas.

Nutrition

Breastfeeding Strategy: Strategy to increase the number of mothers in Wales who breastfeed from birth and continue to breastfeed for as long as possible.

'Appetite for Life': Welsh Assembly Government plan to improve food and drink in schools in Wales in order to increase children's nutrition.

Basic skills

National Basic Skills Strategy: Part of early years programme to improve children's life chances through better basic skills such as literacy and numeracy which will give them a good basis upon which to base the rest of their education.

Young (Teenage) Parents Services: Provide guidance for schools and LEA's on how to help young teenage parents look after themselves and their children through different initiatives, including parenting classes.

Parenting Action Plan: Range of activities to provide advice, support and information to all parents and carers in Wales, which links to support provided through Cymorth.

Pregnancy Advice: A free pregnancy book for all parents in Wales focussing on pregnancy, antenatal care, labour, birth, everything needed to care for the new baby, mother and baby's health and rights and benefits.

Nursing

Health Visiting and School Nursing Review: This will look at increasing the role of health visitors and school nurses with a view to improving the health of school aged children through monitoring of children's vital statistics, such as weight and fitness. These schemes will be administered through programmes such as Flying Start.

Midwifery, Nursing Services: Increasing contact from midwifery and nursing services with mothers. Proposals for an All Wales hand held personal maternity record. These proposals aim to improve the early health and life chances of babies in Wales through improved contact with mothers.

Core Aim 2: Access to education, training and learning opportunities

Primary school children

Foundation Phase: Part of the early years provision which aims to give children age 3-7 a high quality foundation for the rest of their education and increase the opportunities open to them as they get older. The provision will include an increase in funding to enable the reduction in adult child ratios set out as part of the implementation of the programme. Introduced on phased basis across Wales from September 2008.

Transition Plans: Strategies to improve the move from primary school to secondary school through improving continuity of learning for children.

Welsh Language Education for Primary School Children: Pilot run in conjunction with the Welsh Language Board to ensure children over 5 can enter Welsh-medium education.

Secondary school aged children

The Learning and Skills Measure: This will assist in the development of forming Learning Pathways for 14-19 years olds. It includes extending young peoples choice to allow more options and opportunities for young people and entitlement to wider learning, plus learning coach, and personal support and careers advice and guidance.

Careers Education and Guidance (CEG) and Work Related Education: Initiatives designed to give all young people the equipment to deal with the demands of the real world in terms of skills, education, knowledge and learning and to open up the career choices available to them in life.

14-19 Welsh-medium Sixth Forms: Pilot schemes looking at extending Welsh language teaching in sixth forms across Wales.

Welsh Bacalaureate: New qualification for 14 to 19 year olds which sits along side GCSEs, A Levels and other vocational qualifications. It is designed to expand pupil's knowledge and skills base to better prepare young people for employment and is closely aligned with 14-19 Learning Pathways.

Raising Attainment and Individual Standards in Education in Wales (RAISE): Funding will be made available to schools where 20% or more of the pupils attending are entitled to free school meals. The funding will be targetted at the most disadvantaged pupils who are under achieving to help ensure they get everything they can from their education.

Continuity in Welsh-medium School Provision: Schemes to increase the range of vocational qualifications available through the medium of Welsh and maintain continuity of teaching in Welsh.

Further and Higher education

“Reaching Higher” Strategy to sustain Higher Education in Wales: Proposals for changes to higher education institutions in Wales to ensure the sustainability of further education institutions in Wales over the next 10 years. This will ensure students in Wales the best possible chance for a good education.

Further Education: Pilots running in three Further Education colleges to look at increasing Welsh language teaching/lecturing.

Higher Education: Proposals to increase teaching in Welsh at Higher Education institutions

Supply of Welsh and Welsh-medium teachers: A number of incentives to encourage teachers to train to teach in Welsh or bilingually.

Schools policy

The Learning Country: Vision into Action: This is the Welsh Assembly's overarching strategy for education, lifelong learning and skills in Wales.

School Effectiveness Framework: Focussed on learners' learning improvement and well-being, this framework aims to secure the highest quality education for learners in all schools in Wales. Phased implementation from September 2008.

School Organisation Policy: Changes in school policies must take into account cost, affects on children and parents, accessibility, plus any duties arising under legislation such as the Disability Discrimination Act and equalities issues. The aim is for the child to get the most possible benefit out of their education.

School Admissions Policy: Must be clear, concise and give every child the fair and equal chance of a satisfactory school place. An appeals process must also be allowed to challenge any decisions seen as inappropriate. They must also follow any legal duties such as those arising from the Disability Discrimination Act.

Educational environment

Community Focussed Schools: Guidance developed for schools on how to meet the needs of their pupils, their families and the wider community with a view to improving the outlook of children and young people and increase their participation in the local community.

School Building Improvement Programme: Schools in Wales should be appropriate for children's learning. The learning environment should be safe and secure for children and provide the facilities necessary for learning as well as being well maintained and fit for purpose.

Health and Safety in Schools Policy: Guidance for improved health and safety in schools, both for children and for teachers that will lead to an improved learning environment.

Inclusion Policy and Performance Framework: The aim is for all pupils to have equal access to educational opportunities through removal of barriers to achievement, and pupils are to be given the support they need to reach their full potential

Attendance

National Behaviour and Attendance Review: Aim is to improve attendance and behaviour of pupils in Wales through a variety of strategies including increased funding to support improvement schemes, increased parental support and intervention strategies to tackle bad behaviour.

Bullying

Anti-Bullying Guidance: Policies aimed at ensuring that all schools have anti-bullying strategies in place in order to promote the issue with a view to tackling problems and allowing children a good education free from intimidation.

School-based Counselling: Linking in with the anti-bullying strategy is a counselling strategy aimed at trying to ensure children have a voice and also to increase their confidence and emotional wellbeing.

Sustainable development

Education for Sustainable Development and Global Citizenship (ESDGC): The aim is for schools in Wales to promote sustainable development through the school curriculum to teach children about the affects their actions may have upon their environment and how to take responsibility for those actions.

Skills

Common Core of Skills, Understanding and Knowledge: Initiatives, based around the seven core aims, designed to encompass a set of common values for practitioners that promote equality, respect diversity and challenge stereotypes in order to improve the lives of children and young people. This has been developed through the CYP Workforce Development Strategy.

Children and Young Person's Workforce Strategy: Alongside this Common Core of Skills, the workforce strategy aims to build up the workforce of professional's who work with children through appropriate qualifications, improved recruitment and retention of staff and joint working across sectors.

Delivering Skills that Work for Wales: Aims to secure better skills and education predominantly for post 16, but building on 14 -19 Learning Pathways to develop a highly skilled workforce in Wales.

School Curriculum: The school curriculum will be reviewed to look at putting greater emphasis on skills. This will focus on six main areas of change; Foundation, National Curriculum Subjects, Personal and Social Education, Careers and the World of Work, Religious Education and Skills Framework.

Personal and Social Education: Aims to increase self-confidence, social and personal skills inside and outside of the classroom with a view to empowering children and young people and guiding them in making decisions about their futures.

Reducing numbers of young people who are NEET: Draft proposals as part of Delivering Skills that Work for Wales to tackle the issue of young people not in education, employment or training. Aligned closely with 14-19 Learning Pathways.

Looked After Children

Strategy for Vulnerable Children: Powers are being sought through the Children and Young Persons Bill and an Assembly Measure to improve the life opportunities and welfare of vulnerable children. The prime focus will be on children on the brink of care and their families, children in care and care leavers. Included within the Measures are powers to tackle child poverty and support the Flying Start and Cymorth programmes which target deprived communities.

Education of looked after children: Strategies and policies that aim to ensure looked after children in Wales receive a good, fair and equal education and are not disadvantaged due to circumstance. The Children and Young Person's Bill introduces new powers to support the education of looked after children.

Young offenders

Education and Training of Young Offenders: Improve education and training provision for young offenders in Wales with a view to increasing life chances once they leave prison.

Minority groups

Ethnic Minority Achievement Grant: Funding to improve education for all minority ethnic groups with the focus being those children for whom English/Welsh is not their first language. The aim will be to increase the educational attainment of minority ethnic pupils.

Gypsy Traveller children

Gypsy Traveller Children: To ensure that all gypsy traveller pupils receive a fair and appropriate education and are not put at an educational disadvantage behind other pupils.

Asylum seekers and refugees

Refugee Inclusion Strategy: An overarching strategy designed to increase participation and inclusion. There are specific aims relating to improving access to education for asylum seeker and refugee children in Wales. This includes the Ethnic Minority Achievement Grant.

Special Educational Needs

Special Educational Needs (SEN): Provide SEN services and facilities for education of this group in Wales to ensure a fair and appropriate education. Guidance will be published to advise on the most effective education tools.

Transport to school

Home to School Transport: Improve transport to schools with a focus on safety of all pupils. Guidance sent to LEA's and schools will be revised in line with this.

Core Aim 3: Health, freedom from abuse and exploitation

National Service Framework

National Service Framework (NSF) for Children, Young People and Maternity Services in Wales: Framework that sets out the standard of services that children and families in Wales should receive. This includes health, education, social care, housing and other services. The focus is on children from birth up to the age of 18 and is designed to ensure optimum health and well-being for all children regardless of individual circumstance.

Health promotion

The Food and Fitness Promoting Healthy Eating and Physical Activity for Children and Young People in Wales Five Year Implementation Plan: The aim is to promote physical fitness and healthy eating to children in Wales.

'Our Healthy Future': The Public Health Strategic Framework to 2020 is currently being developed. Children and Young People is one of seven themes being scoped as part of the work.

Welsh Network of Healthy School Schemes: A national strategy with the aim of setting up local healthy school schemes, which promote policies and systems to promote healthy living. Aim is to tackle issues such as healthy eating and smoking.

Young People's Smoking Prevention Programme: In line with Wales wide policies on stopping smoking, the Welsh Assembly Government has a number of programmes aimed at stopping young people from smoking. These include; Smoke Bugs; Smoke Free Class competition; ASSIST.

Sexual Health Strategy: To ensure that young people have access to good sex education that fully informs them and ensures they know where to get help and advice if needed. Strategies include a helpline, an all Wales national campaign and evaluation of public intervention campaigns.

Cervical Cancer Immunisation Programme: The HPV vaccine will be rolled out to Year 8 girls across Wales in order to prevent cervical cancer in later life.

Substance misuse

Tackling Substance Misuse in Wales: A Partnership Approach: The aim is to increase awareness of the damage that drugs can do and to educate young people about the effects that alcohol can have. This will be delivered to young people as part of an educational programme designed to empower children to make good decisions regarding lifestyle choices.

Mental health

Mental Health Promotion Action Plan: The aim is to improve services available to young people in Wales. Current policies will be mapped out to highlight any gaps in services and actions will be taken according to need.

Children and Adolescents Mental Health Services (CAMHS) Strategy, “Everybody’s Business”: Commitment in Wales to providing services to tackle mental health problems and illness in children and young people with view to ensuring equal treatment and access to services for all those in need in Wales.

National Action Plan to Reduce Suicide and Self Harm in Wales 2008-2013: The Welsh Assembly Government has recently launched a national action plan to reduce suicide and self harm.

Core Aim 4: Access to Play, Leisure, Sport and Culture

Access to sport and play

Health Challenge Wales: Initiative to encourage people to make small changes to their daily activities, such as stopping smoking and eating more fruit and vegetables and start to add in exercise to this lifestyle to increase life expectancy and improve health generally.

‘Climbing Higher’ Strategy for Sport and Physical Activity: A Health Challenge Wales Initiative to increase children and young people’s participation in sport with a view to improving health and future chances.

PE and School Sport Plan for Wales/School of the Future: This is being delivered by the Sports Council for Wales to improve standards of physical education in

schools to better educate children about healthy living and improving health and fitness levels.

Dragon Sport: A lottery funded initiative which aims to offer 7 to 11 year olds fun and enjoyable sporting opportunities. It aims to broaden the sporting interests of children who already take part in sport and involve children who currently lack such opportunities outside of their school PE lessons.

5x60: Focused on increasing levels of physical activity amongst secondary school aged young people. Through this programme, pupils will have the opportunity to sample a range of activities that are not currently available to them in school.

Free Swimming Initiative: This is the first initiative of its kind in Europe. It aims to increase participation in physical activity and improve the health and well-being of the nation. It does this by providing free access to participating local authority swimming pools. All children aged 16 and under are able to take advantage of unstructured and structured activities during school holidays.

Play Implementation Plan: Strategy to develop play provision across South Wales taking into account duties arising under the Children's Act 2004. Main aim is to increase inclusion and participation of children and young people through play.

Access to leisure and culture

Culture Strategy (Access to Services and Social/Leisure Activities): A number of different proposals designed to increase children and young peoples participation in cultural activities.

Access to Transport

Transport Strategy Wales: Aims to give young people more independence and greater access to their communities through a number of different strategies including a Walking and Cycling Strategy and Personalised Travel Planning for young people.

Core Aim 5: Children are listened to, treated with respect and have their race and cultural identity recognised

Children and young people

Funky Dragon: Established the Children and Young Persons' Assembly. The aim is to increase the participation of children and young persons in decisions about their lives and futures.

Welsh language schemes

Iaith Pawb: National Action Plan for a Bilingual Wales. Promoting the importance of the Welsh language in terms of culture and national identity. The emphasis is on promoting this to children and younger persons in a effort to make sure that the language is not lost to future generations.

Language Strategy: Welsh Language Board funded initiatives aimed at supporting children and young people in learning to speak Welsh.

Participation

The Participation Consortium for Children and Young People: This is made up of multi agency partnership designed to share best practice in Wales about decisions affecting the lives of children.

Schools Councils: All maintained schools to enact school councils to give children a say in the running of their schools and to become 'active citizens'.

Access to advocacy services

New Service Framework for Children and Young People's Advocacy Services: Proposals for advocacy services to empower children and give them a safe environment in which to air their views, ensuring advice and support is available to all children. There will be a specific emphasis on the most vulnerable children receiving access to services.

New Service Framework for Children and Young People's Advocacy: The Framework sets out the Assembly's intentions to create a national Independent Advocacy Board, establish an Advocacy Development & Performance

as well as a national advocacy/advice telephone service (to be available to all children and young people in Wales) and ensure the integration of advocacy services for vulnerable children and young people through increased joint commissioning at a local and regional level, whilst placing responsibility for the commissioning of all advocacy services with local Children & Young People Partnerships (CYPP).

Extending entitlement

Youth Support Services for 11 to 25 year olds in Wales: Aims to give all young people in Wales universal entitlement to services, support and opportunities which will equip them with the information and life skills necessary to make informed life choices.

Autistic Spectrum Disorder: To ensure children and young people with autistic spectrum disorder have access to specialist services suitable to their individual needs and to ensure both sufferers and their families are supported as and when they need to be.

Core Aim 6: Safe home and community

Domestic abuse

Tackling Domestic Abuse Strategy: This will look at joint working with local authorities, who all have a Welsh Assembly Government funded Domestic Violence Coordinator, to tackle the issue of children living in fear of domestic abuse; whether emotional, physical or sexual.

Child Protection Policy: There is clear policy and strategy guidance to protect children and young people of all ages. Local Children and Young People's Partnerships and Local Safeguarding Children's Boards in Wales are statutorily responsible for ensuring the safety of children in all areas of their lives.

Youth offending

Youth Justice Board: Along with Youth Offending Teams, the Youth Justice Board is responsible for working with young people deemed to be at risk of offending and their families. as well as with the victims of crime.

All Wales Youth Offending Strategy: A number of policies and strategies designed to tackle the issues of youth offending in Wales, concentrating upon preventative initiatives rather than custodial punishments.

Housing

National Homelessness Strategy: The aim is to raise awareness of homelessness experienced by many children and young people through education in schools and housing advice for young people as well as a number of classroom based initiatives.

Minority Ethnic Housing: A Minority Ethnic Housing Plan has been developed to look at providing culture-based accommodation through duties arising from the Race Relation (Amendment) Act 2000.

Road safety

Road Safety Strategy: Increase awareness of road safety at a local and national level. This will include measuring performance against specific targets. The main target for this will be to decrease the number of children killed or seriously injured by 50% by 2010.

Safe Routes in Communities: Part of the Road Safety Strategy will be dedicated to safer routes in communities. Safe routes to school programme will aim for safer walking and cycling routes to schools with an increase in the number of 20mph zones across Wales.

Fostering and adoption

Fostering and Adoption Policy: Implementation of the Adoption and Children Act 2002 to improve arrangements for adoption of children and adoption support, including regulations for adopting of children outside of the UK.

Children involved in court cases

Children and Family Court Advisory and Support Service: CAFCASS support children involved in court proceedings under private and public family law, to ensure their physical and emotional well-being and advises the court on the best way forward for the child.

Core Aim 7: Ensuring no child or young person is disadvantaged by poverty

Child poverty

A Fair Future for our Children: Assembly Government's strategy for tackling child poverty in Wales. Assembly Government's formal response to the recommendations made by the 2004 independent Child Poverty Task Force.

Child Poverty Implementation Plan: The plan contained a number of general and specific policy recommendations to take the Assembly Government's child poverty plan forward. The plan also contained specific targets and aims in tackling child poverty in Wales. The milestones and targets towards eradicating child poverty in Wales are laid out in 'Eradicating Child Poverty in Wales - Measuring Success'.

Children First Programme: To increase life outcomes for children in need, looked after children and care leavers through improved social services provision. This includes objectives to keep children safe and ensure access to education that allows children an equal opportunity to learn.

Communities First: A communities based approach to tackling issues in deprived areas identified through the Welsh Index of Multiple Deprivation. Aim is to set up Communities First partnerships for all areas of deprivation to reduce deprivation and increase life chances for all in the community including children and young people.

School Uniform Grant: To provide children of low-income families with a grant towards the cost of school uniform purchase for when they enter Year 7 (secondary school).

Financial inclusion

Financial Inclusion Strategy: This is going to be the National Strategy laying out proposals to tackle financial exclusion and over-indebtedness in Wales through access to mainstream financial services; financial capability and literacy; accessible financial and debt advice; income maximisation; and affordable credit and loans. At present, this is a work in progress.

Child Trust Funds: Scheme that will allow parents to start saving for their children's future as soon as they are born. Money saved cannot be touched until the child turns 18 to give the child the best possible start to their adult life. In Wales, schemes for looked after children are also being enacted in partnership with local authorities to ensure an equal start in life for children under the care of the authority. 'One Wales' commitment to provide a Welsh top up to Child Trust Funds in Wales.

Credit Unions: Credit Unions are operated as not for profit organisations. They can help those struggling financially through numerous schemes including budget advice and debt managing, savings advice and helping those unable to open a bank account with a bank. They also provide advice to parents on junior saver accounts for under 16's.