

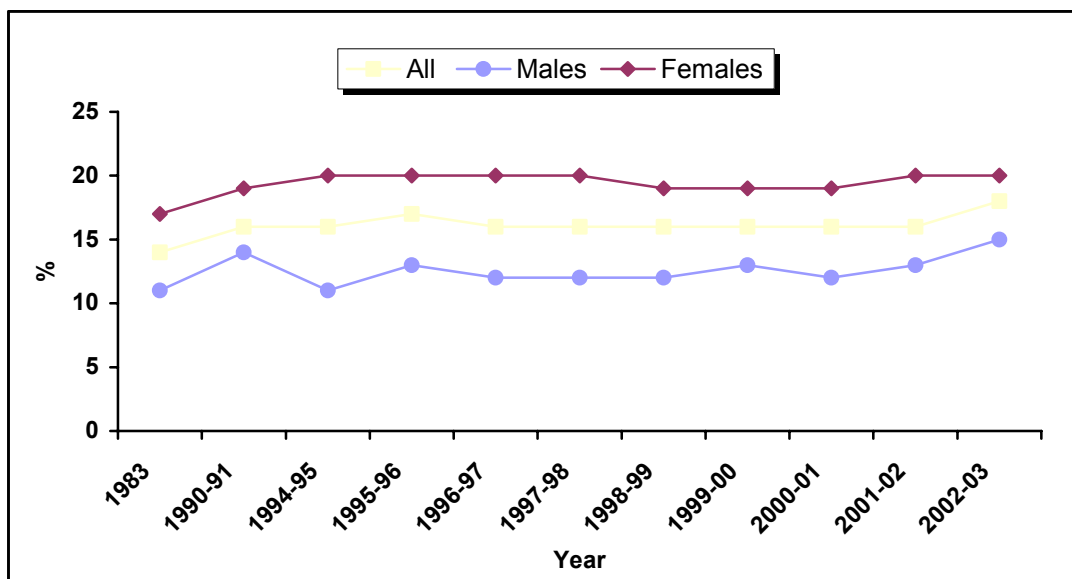
7 HEALTH AND SOCIAL CARE ACTIVITY

SURVEY FINDINGS

7.1 The 1997 Northern Ireland Health and Social Well-being Survey (NIHSWS) (O'Reilly and Browne, 2001) indicated that 66% of men and 82% of women had consulted their GP in the previous year. Consultation rates for women were higher than those for men and were fairly constant throughout the age range. Consultation rates for men increased from the age of 55 approximating those of females at the oldest ages.

7.2 Continuous Household Survey data for consultations with an NHS GP in the 14 days before interview were 15% for men and 20% for women in 2002/03 (18% overall). These Northern Ireland consultation rates have varied little over the period 1983 to 2002/03 (Figure 7.1).

Figure 7.1 Prevalence of GP consultations: 1983 – 2002/03



Source: Continuous Household Survey

7.3 The 1997 NIHSWS showed that 29% of men and 33% of women reported that they had attended a casualty department, been a day patient or visited an outpatient department in the previous year. Attendance rates at younger ages were higher for females especially in the 25-34 age group and probably related to maternity or gynaecological conditions. Between middle and old age attendance rates increased gradually for both men and women.

- 7.4 10% of men and 14% of women had been an inpatient in the year preceding the survey. The relationship between inpatient use and age mirrored that of outpatient attendances with higher use by females at younger ages and increased use by both sexes at older ages.

HOSPITAL WAITING LISTS

- 7.5 Waiting list figures for Northern Ireland are collected at an aggregate level. For the purposes of this report, waiting list data excludes patients who reside outside Northern Ireland and any private patients awaiting treatment in HPSS hospitals.

Total Inpatients Waiting

- 7.6 At 31 December 2003, 51,765 patients were awaiting admission to hospital for day case or inpatient procedures. This equates to 31 patients per 1,000 population (Table 7.1). The equivalent figures for each of the four Health Boards indicate that the Southern Health and Social Services Board area have the longest waiting lists per 1,000 population in Northern Ireland.

Table 7.1 Number awaiting admissions to hospital per 1,000 population

Inpatient Type	Health Board of Residence				Total Waiting ¹
	Eastern	Northern	Southern	Western	
Day Cases	16.3	18.1	19.9	12.0	16.7
Inpatient	14.4	13.6	16.5	10.7	14.0
Total Inpatients	30.7	31.8	36.5	22.7	30.7

¹ Figures exclude patients who reside outside NI and private patients awaiting treatment in HPSS hospitals.

Source: Regional Information Branch

Excess Inpatient Waiters

- 7.7 In the case of excess waiters, who are defined as patients waiting more than 18 months for admission to hospital (12 months for Cardiac Surgery), there were 5,379 or 3 patients per 1,000 population, waiting at 31 December 2003 (Table 7.2). Figures for the four Health Boards follow a similar pattern to total numbers waiting and Southern Health and Social

Services Board have the longest waiting lists per 1,000 population in Northern Ireland.

Table 7.2 Number of excess waiters per 1,000 population

Inpatient Type	Health Board of Residence				Total Excess Waiters ^{1,2}
	Eastern	Northern	Southern	Western	
Day Cases	0.68	0.94	1.38	0.09	0.78
Inpatient	2.67	2.40	3.53	0.59	2.41
Total Inpatients	3.35	3.35	4.91	0.68	3.19

¹ Figures exclude private patients and those resident outside NI awaiting treatment in HPSS hospitals.

² Excess waiters are defined as those waiting over 12 months for admission to Cardiac Surgery and more than 18 months for admission to any other speciality.

Source: Regional Information Branch

Total Outpatients Waiting

7.8 At 31 December 2003, 143,471 patients were waiting for a first outpatient appointment. This equates to 85 people per 1,000 population (Table 7.3). Figures for the four Health Boards show that Northern Health and Social Services Board area has the longest waiting lists per 1,000 population for initial outpatient assessment in Northern Ireland.

Table 7.3 Number of people awaiting first outpatient appointment per 1,000 population

Health Board of Residence				Total NI Residents Waiting ¹
Eastern	Northern	Southern	Western	
86	88	85	79	85

¹ Figures include only those patients whose treatment is purchased by one of the four health boards in NI. Private patients and patients who reside outside NI awaiting treatment in HPSS hospitals are excluded.

Source: Regional Information Branch

Excess Outpatient Waiters

7.9 Outpatient excess waiters are defined as those waiting more than 3 months for a first outpatient appointment, there were 83,616 (50 people per 1,000 population) such patients waiting at 31 December 2003 (Table 7.4). Per capita figures for each of the four health boards indicate that Northern

Health and Social Services Board area has the longest waiting lists per 1,000 population for initial outpatient appointment in Northern Ireland.

Table 7.4 Number of people waiting in excess of 3 months for first outpatient appointment per 1,000 population

Health Board of Residence				NI Residents waiting more than 3 months ^{1, 2}
Eastern	Northern	Southern	Western	
50	53	49	44	50

¹ Figures include only those patients whose treatment is purchased by one of the four health boards in NI. Private patients and patients who reside outside NI awaiting treatment in HPSS hospitals are excluded.

² Excess outpatient waiters are defined as those waiting more than 3 months for a first outpatient appointment

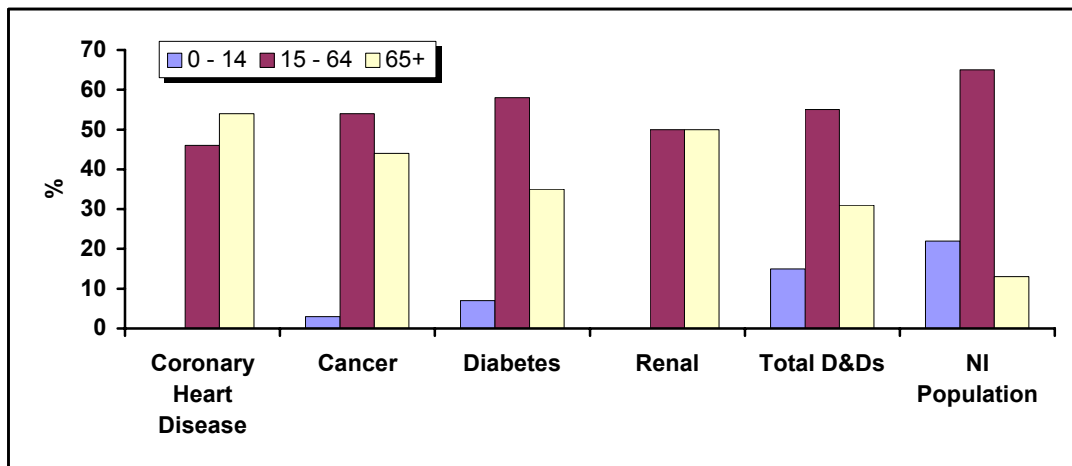
Source: Regional Information Branch

HOSPITAL ACTIVITY

7.10 Ongoing research, funded by the R & D Office for the HPSS under the New TSN Research initiative, by Jamison and his colleagues is exploring equity issues in relation to service use in the different Programmes of Care. The first study (Jamison *et al*, 2004) investigates whether use of acute hospital inpatient services differs by religious denomination, after adjusting for supply and identified demographic, morbidity and socio-economic determinants of need for such services. Hospital utilisation at small area level was modelled against a wide range of potential health and socio-economic factors. (Spatial interactive modelling was used to estimate the effect of supply of hospital beds and other facilities on hospital utilisation and two-stage weighted least-squares regression was used to model utilisation against need and supply.) On the basis of the results, the researchers conclude that, when both need and supply factors are taken into account, there appears to be no significant effect of religion on inpatient hospital use in Northern Ireland.

7.11 Figure 7.2 shows the age distribution of patients admitted to hospital diagnosed with the selected medical conditions of Coronary Heart Disease (CHD), Cancer, Diabetes and Renal Failure. Information for all admissions (total discharges and deaths) and a breakdown of the Northern Ireland population (Mid-Year Estimates 2001) are included for reference.

Figure 7.2 Hospital inpatient activity by type and age-band: 2002/03



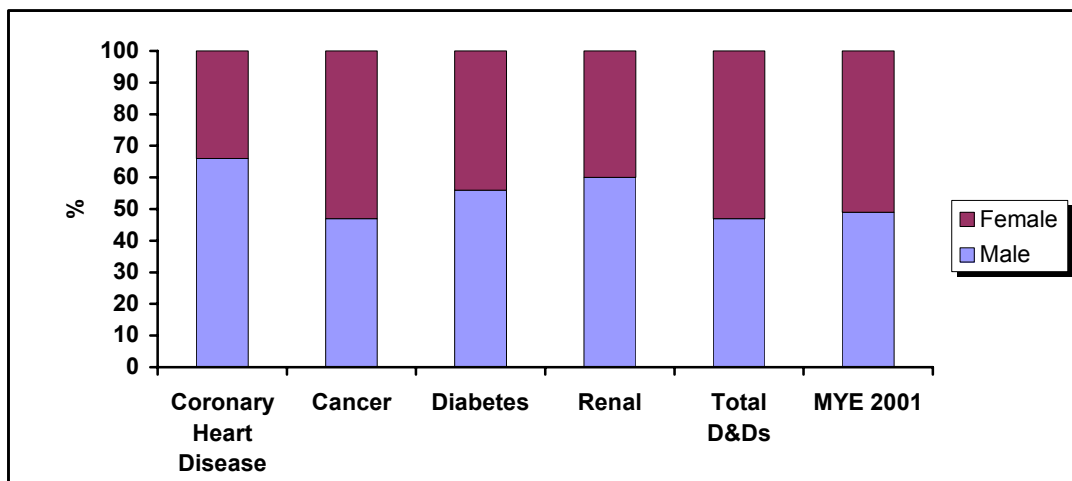
Source: Hospital Inpatient System, Regional Information Branch

7.12 As seen in Figure 7.2 children (0-14 yrs) received 15% of total inpatient activity and the elderly population (aged 65+) received 31%. This compares to 22% and 13% respectively in the NI population.

7.13 In terms of CHD the elderly population received 54% of inpatient activity and 44%, 35% and 50% of Cancer, Diabetes and Renal activity respectively. Similar figures for outpatient data are not available.

7.14 Figure 7.3 shows the gender distribution of patients admitted to hospital diagnosed with the selected medical conditions of Coronary Heart Disease (CHD), Cancer, Diabetes and Renal Failure. Information for all admissions (total discharges and deaths) and a breakdown of the Northern Ireland population (Mid-Year Estimates 2001) are included for reference.

Figure 7.3 Hospital inpatient activity by type and gender: 2002/03



Source: Hospital Inpatient System, Regional Information Branch

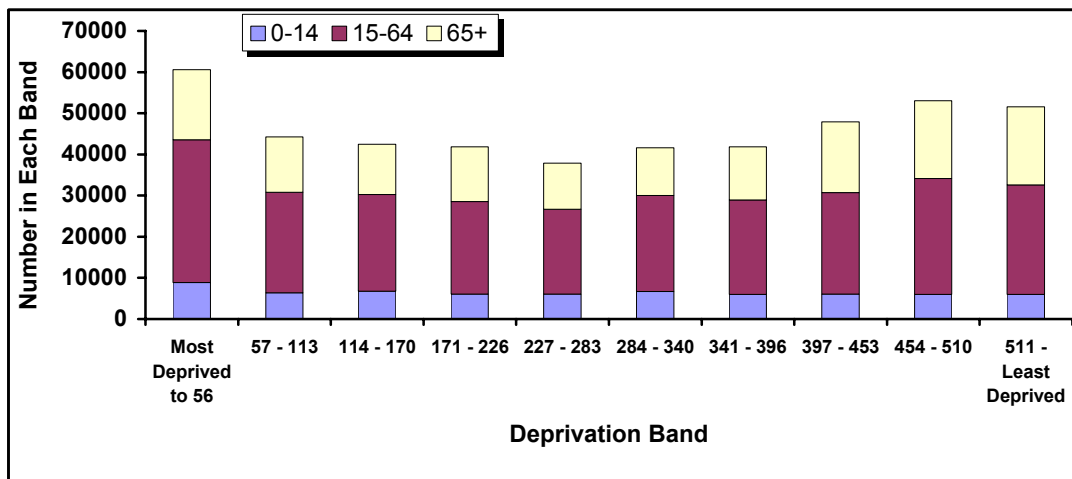
- 7.15 As seen in Figure 7.3 males received 47% of total inpatient activity and females took up 53%. This compares to 49% and 51% respectively in the NI population.
- 7.16 For Coronary Heart Disease males received 66% of inpatient activity and 47%, 56% and 60% of Cancer, Diabetes and Renal activity respectively. Similar figures for outpatient data are not available.

Deprivation Analysis: Hospital Inpatients

- 7.17 Whilst the next chapter provides a wide ranging geographic analysis of a range of morbidity, utilisation and access indicators, this section examines the deprivation profile of the wards in which patients who were admitted to hospital diagnosed with Coronary Heart Disease (CHD), Cancer, Diabetes and Renal Failure lived. The deprivation profile of the wards in which all inpatients lived is also examined. The wards in which patients lived have been ranked according to Noble's Health Deprivation Measure (Noble *et al*, 2001) from 1 - the most deprived to 566 - the least deprived. For the purposes of this work Northern Ireland's 566 wards (based on 1992 ward boundaries) have been split into ten bandings. Each patient using the service has been assigned to a banding using the ward in which they lived.
- 7.18 Figure 7.4 shows the deprivation profile of all inpatients during 2002/03. Each deprivation banding is further broken down into age groups. The highest proportion of service users (13%) was in the most deprived wards. The remaining bandings ranged from 8% to 11%.
- 7.19 It should be noted that the population size varies between bandings with the banding containing the most deprived wards having the highest proportion of the population at 14% (Figure 7.5). This population profile should be considered when comparing activity levels between bands.
- 7.20 Detailed analysis of the age breakdown (Figure 7.4) shows little difference between each deprivation banding for all inpatients. The bandings with the highest proportion of children were the 5th and 6th bandings with 16%. The 9th banding had the lowest proportion of children at 11%. The proportion of children in other bandings ranged from 13% to 16%.

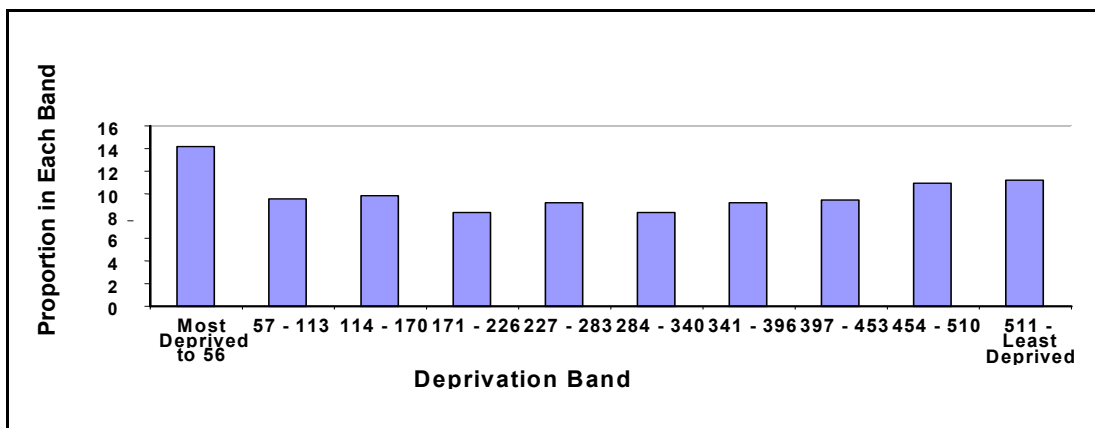
7.21 The most deprived wards had the highest proportion of the 15-64 age group (57%) and the 8th banding had the lowest proportion (51%). The banding with the highest proportion of elderly (aged 65+) was the least deprived banding (37%). The banding with the lowest proportion of elderly was band 6 with 28%.

Figure 7.4 Health deprivation profile of all inpatients by age: 2002/03



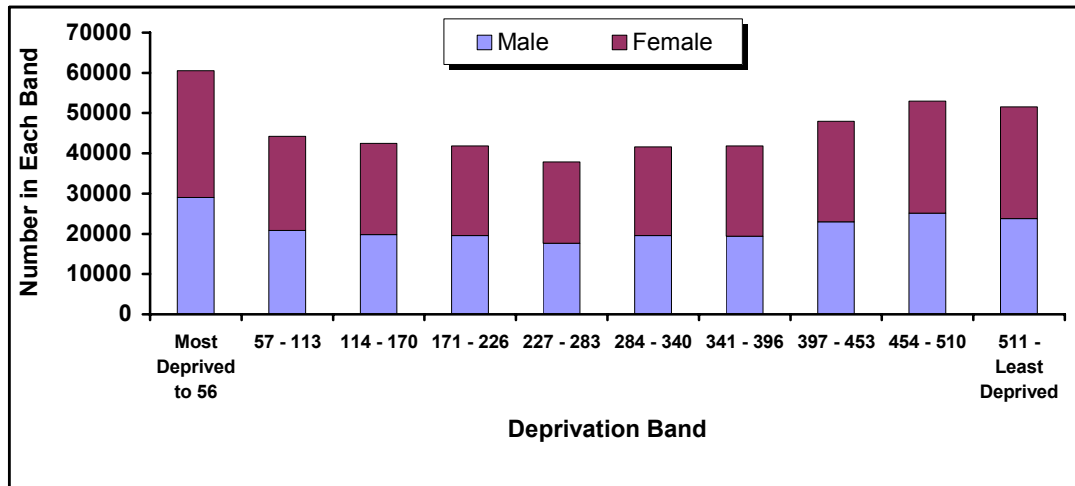
Source: Hospital Inpatient System, Regional Information Branch

Figure 7.5 Population in each health deprivation banding



Source: Northern Ireland Statistics and Research Agency

7.22 Figure 7.6 shows the deprivation profile of all inpatients during 2002/03. This time each deprivation banding is further broken down by gender. There was little variation between bandings in terms of their gender profiles.

Figure 7.6 Health deprivation profile of all inpatients by gender: 2002/03


Source: Hospital Inpatient System, Regional Information Branch

7.23 Figures 7.7 to 7.10 show the deprivation profiles (including age breakdown) for inpatients diagnosed with Coronary Heart Disease (CHD), Cancer, Diabetes and Renal Failure. Figures 7.11 to 7.14 provide similar details broken down by gender. The age and gender profiles of the deprivation bandings are broadly similar for the conditions examined. The main differentials are outlined below.

7.24 For CHD there was no activity recorded for children. The least deprived wards showed the highest proportion of males (69%) as illustrated in Figure 7.10. The lowest proportion of males was in the most deprived band (62%).

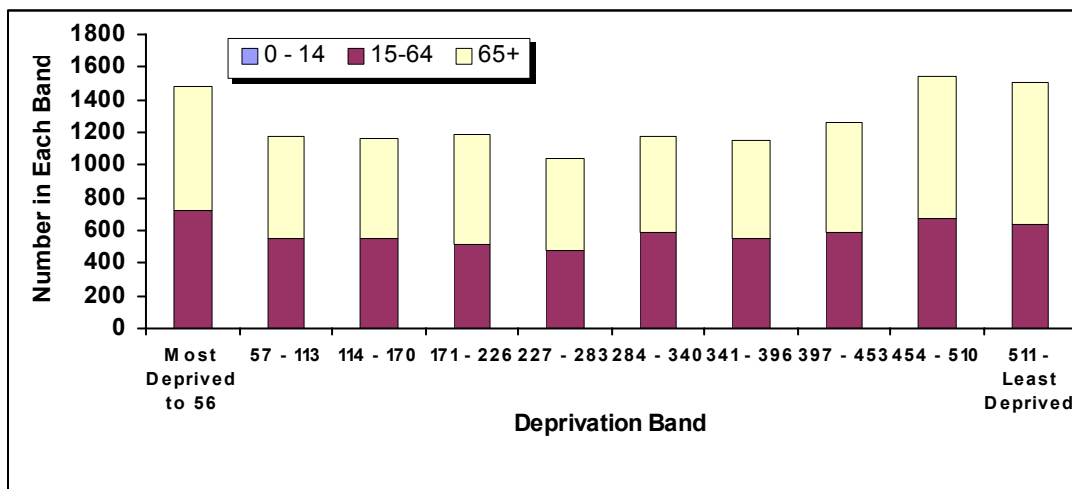
7.25 For Cancer, the most deprived band contained the highest proportion of children (5%). The highest proportion of 15 – 64 year olds and the lowest proportion of elderly were in the 7th banding (Figures 7.8 and 7.12).

7.26 For Diabetes the biggest disparity was between the gender profiles of bandings 3 and 6 (Figure 7.13). Banding 6 had 69% males whereas banding 3 had only 47% males. The majority of children treated for diabetes were in the 5th banding, and the majority of 15-64 year olds and elderly treated for diabetes were in bandings 3 and 4 respectively.

7.27 For Renal Failure activity, (Figures 7.10 and 7.14) there was again a disparity in the proportions of males and females this time between bandings 2 and 8. Banding 2 had 54% males whereas banding 8 had 69% males. There was also a 32-percentage point difference in both the mid-

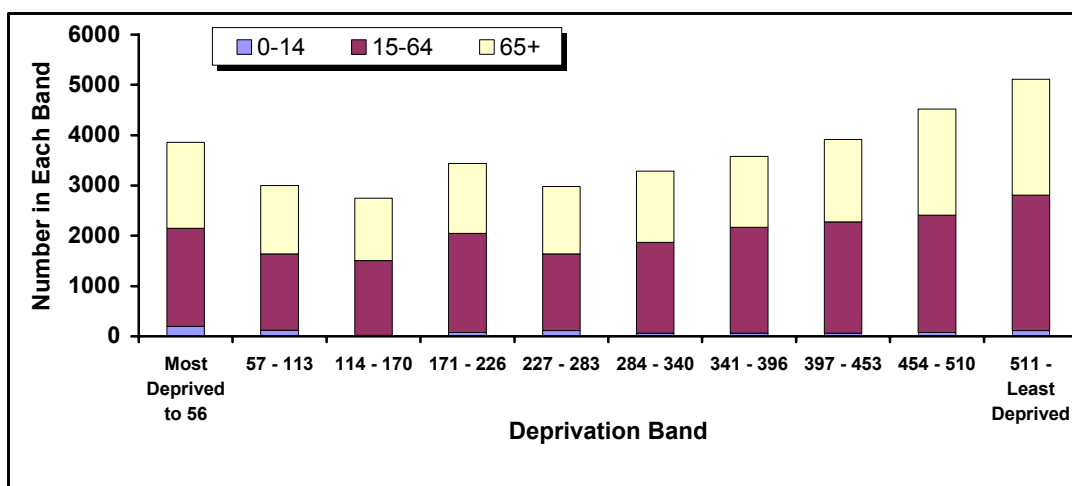
age range and the elderly between banding 8 (68.5% elderly) and banding 5.

Figure 7.7 Health deprivation profile of CHD inpatients by age: 2002/03



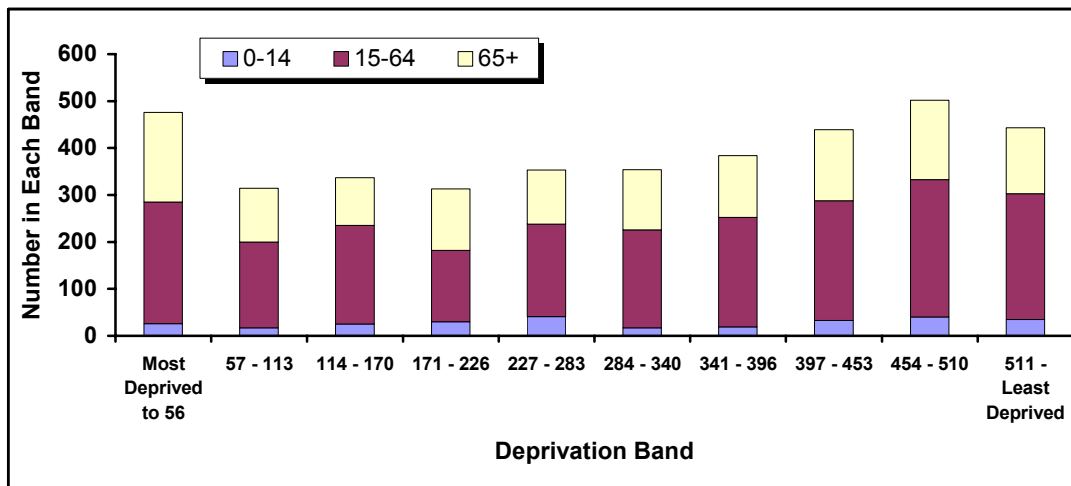
Source: Hospital Inpatient System, Regional Information Branch

Figure 7.8 Health deprivation profile of cancer inpatients by age: 2002/03



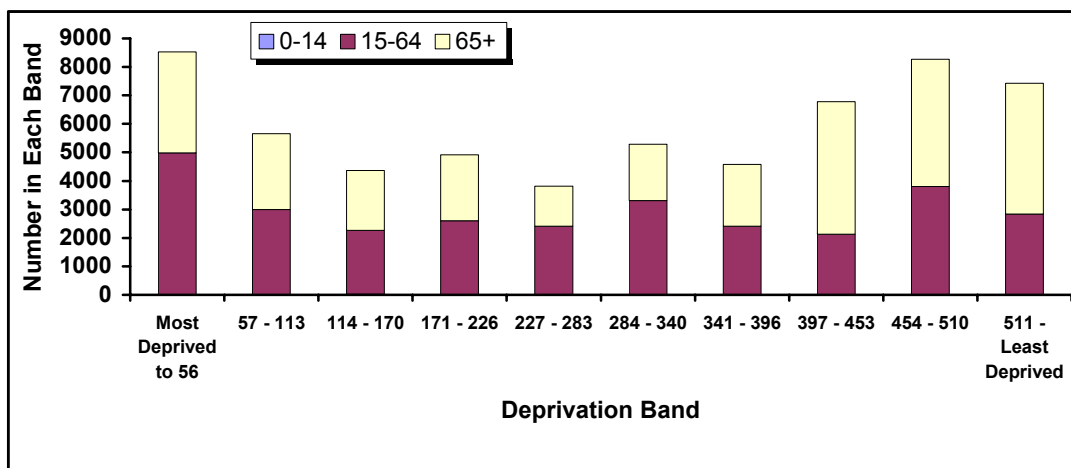
Source: Hospital Inpatient System, Regional Information Branch

Figure 7.9 Health deprivation profile of diabetes inpatients by age: 2002/03



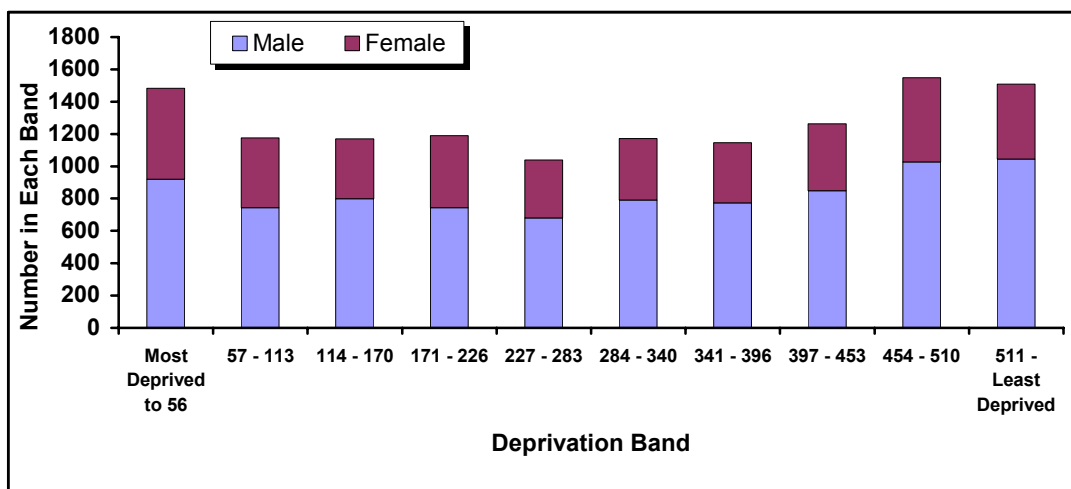
Source: Hospital Inpatient System, Regional Information Branch

Figure 7.10 Health deprivation profile of renal inpatients by age: 2002/03



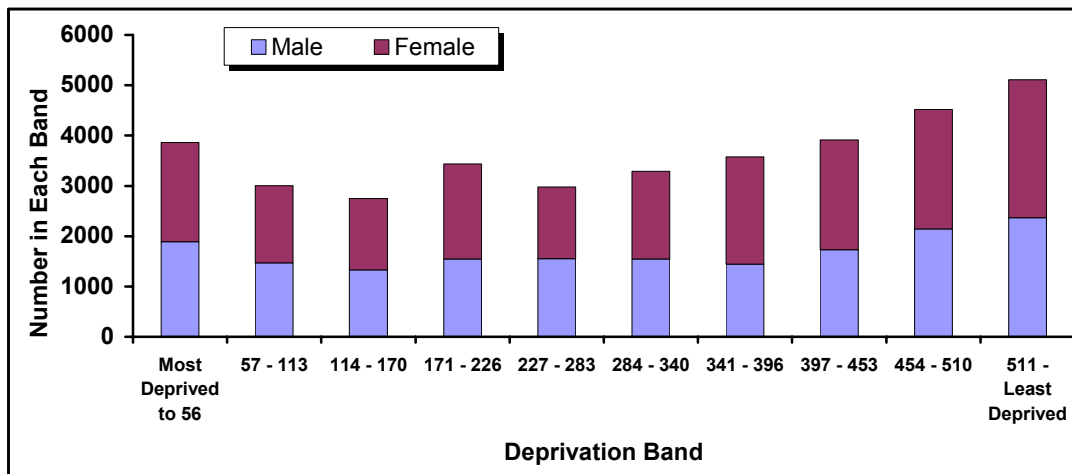
Source: Hospital Inpatient System, Regional Information Branch

Figure 7.11 Health deprivation profile of CHD inpatients by gender: 2002/03



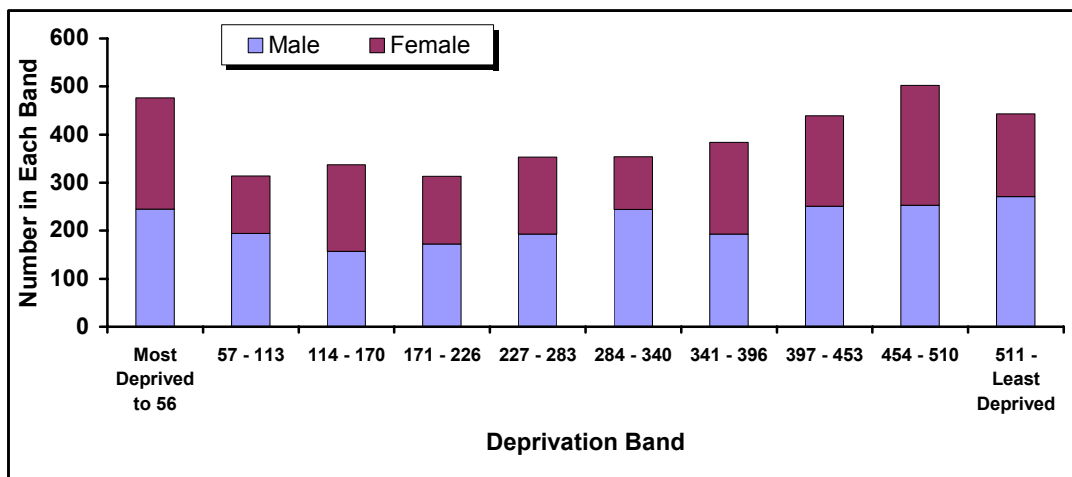
Source: Hospital Inpatient System, Regional Information Branch

Figure 7.12 Health deprivation profile of cancer inpatients by gender: 2002/03



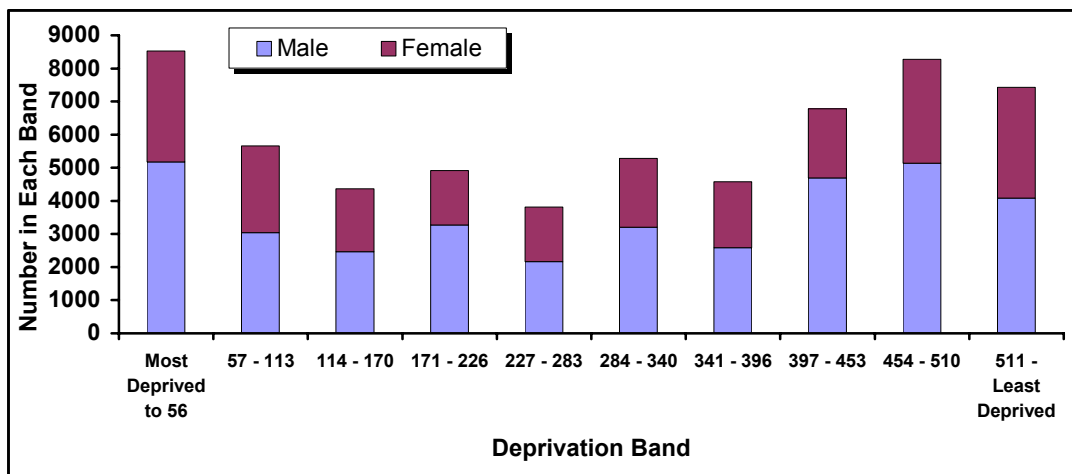
Source: Hospital Inpatient System, Regional Information Branch

Figure 7.13 Health deprivation profile of diabetes inpatients by gender: 2002/03



Source: Hospital Inpatient System, Regional Information Branch

Figure 7.14 Health deprivation profile of renal inpatients by gender: 2002/03



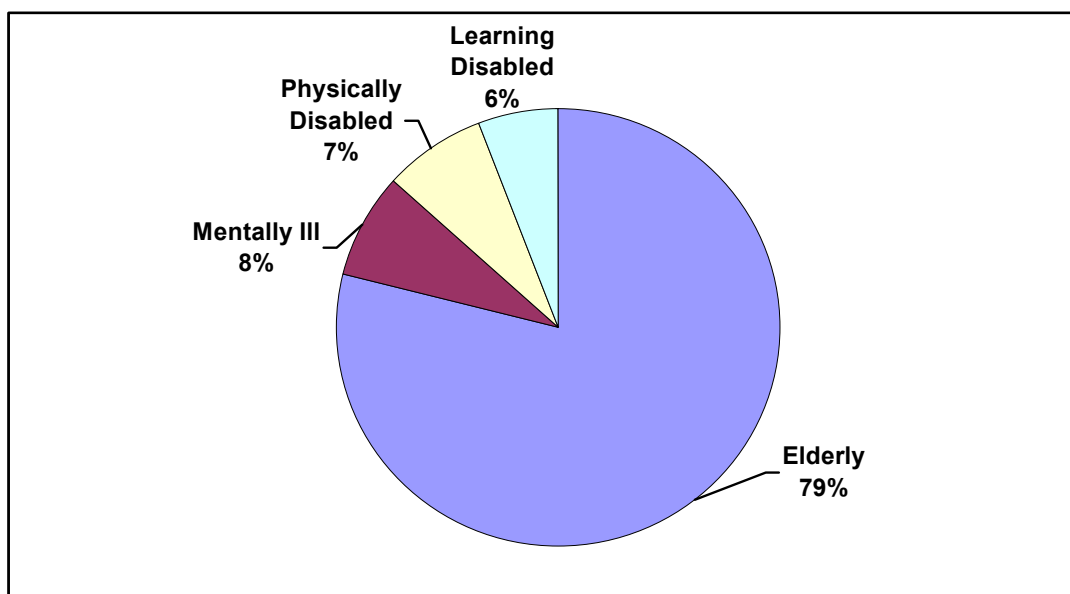
Source: Hospital Inpatient System, Regional Information Branch

SOCIAL CARE: ADULTS

Seeking Social Care

7.28 In the year 2002-2003, there were approximately 168,000 persons in contact with Social Services (excluding children in contact for social welfare reasons). Of these, the vast majority (79%) were elderly (aged 65 or over), 8% were mentally ill, 7% had a physical or sensory disability (aged under 65) and 6% had a learning disability (Figure 7.15). The total number of persons in contact with Social Services increased by 8% between 1997-1998 and 2002-2003, and the number of elderly persons in contact increased by 7% over the same period.

Figure 7.15 Persons in contact with Social Services: 2002/03



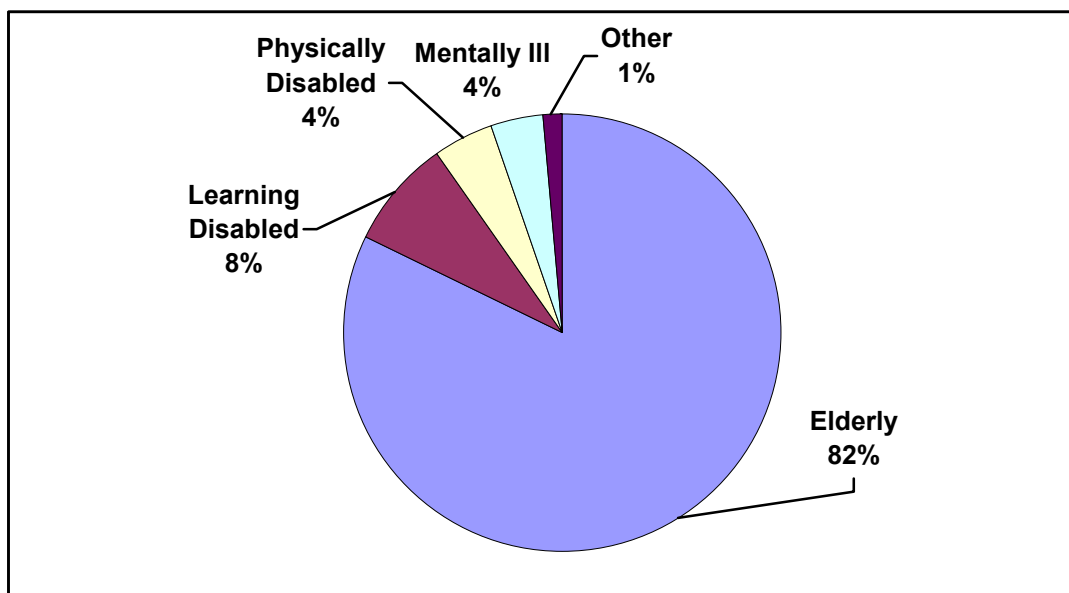
Source: Regional Information Branch

7.29 In 2002-2003, persons in contact with Social Services represented 134 per 1,000 of the adult population (aged 18 or over), and elderly persons in contact represented 581 per 1,000 of those aged 65 or over.

7.30 People with complex needs normally seek care through the care management process, and are assessed for eligibility for a care package – either a domiciliary care package for those remaining at home, or a package providing care in a residential or nursing home. In the year ending March 2003, 8,753 assessments for care management were completed, of which 7,199 (82%) were in respect of elderly people, representing 32 per 1,000 of the population aged 65 or over. Of the remaining assessments,

8% were in respect of learning disabled, 4% physically disabled, 4% mentally ill, and 1% other persons (Figure 7.16). The number of care management assessments increased by 43% from 1997-1998 to 2002-2003. The proportion of assessments completed in respect of the elderly was the same (82%) in 2002-2003 as in 1997-1998.

Figure 7.16 Care management assessments completed: 2002/03



Source: Regional Information Branch

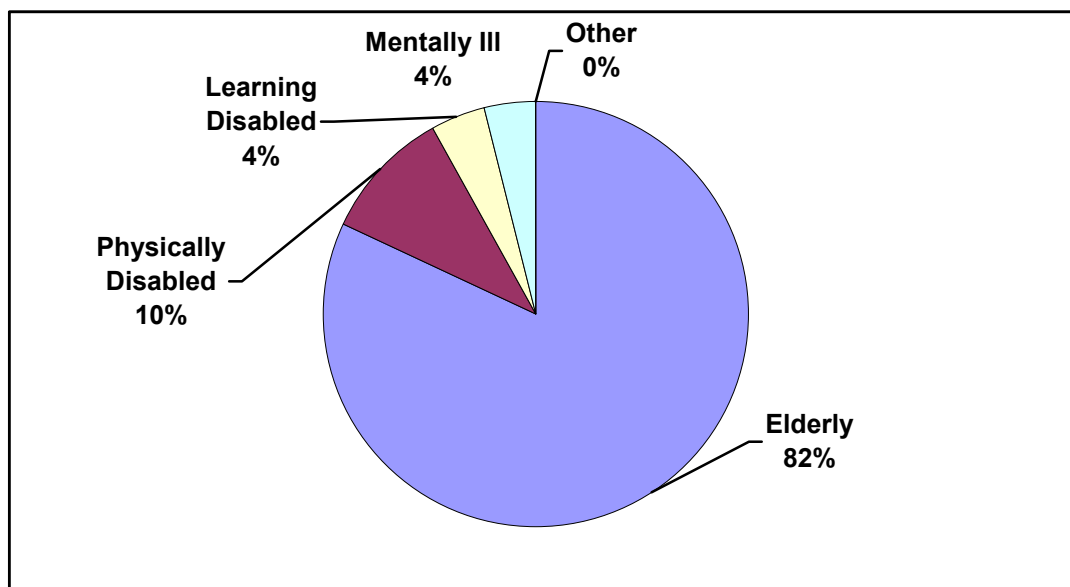
Waiting for Social Care

7.31 On 30 September 2003, 369 patients in acute hospitals were “delayed discharges”, that is, remaining in hospital after they were medically fit for discharge because they were awaiting delivery of a community care package. The vast majority of delayed discharges were elderly – 95% were aged 65 or more and 83% were aged 75 or more. Those aged 75 and over were more likely to be waiting for a place in a nursing home (55% of all those aged 75 or more were awaiting a nursing home package, as opposed to 47% of those aged under 75). Those aged under 75 were more likely to be awaiting a domiciliary care package (45%, compared with 32% of those aged 75 and over). On average, persons aged 75 or more had longer lengths of delay than younger persons.

7.32 At the same date, there were 805 persons in the community (at home or in a residential or nursing home) awaiting a care package. Fifty-seven per cent had been waiting for 12 weeks or more. Elderly persons (aged 65 or over) made up 82% of all those waiting, physically disabled (aged under

65) 10%, learning disabled 4%, those with a mental health problem 4%, and other persons less than 1% (Figure 7.17). There was little difference among age groups in the type of package awaited. However, 53% of elderly persons were waiting for 12 weeks or more, whereas a higher proportion (76%) of all other categories were waiting for that length of time.

Figure 7.17 Persons waiting in the community for a care package at 30 September 2003



Source: Regional Information Branch

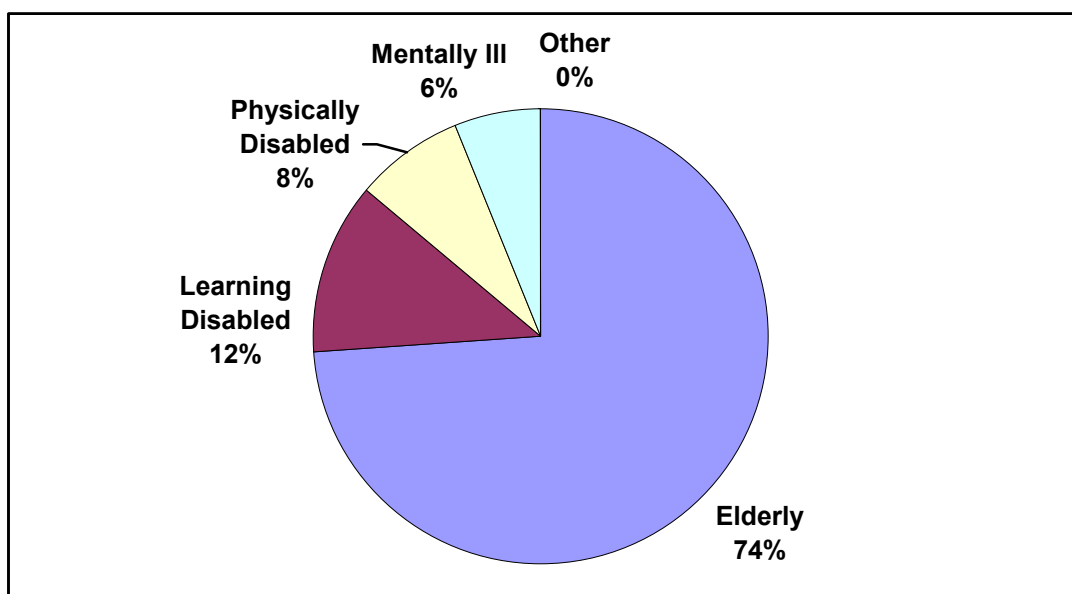
Community Care Packages

7.33 There were 19,073 persons receiving community care packages (that is, care packages in effect) under the care management system at 30 September 2003, an increase of 32% from the position in 1998. In 2003, 74% of persons in receipt of a care package were elderly, 12% had a learning disability, 8% had a physical or sensory disability (aged under 65), 6% had a mental health problem, and the remainder accounted for less than 1% (Figure 7.18). In 2003, 15 per 1,000 of the adult population and 62 per 1,000 of the elderly population were in receipt of a care package.

7.34 At 30 September 2003, there were 7,005 domiciliary, 7,448 nursing home and 4,620 residential home packages in effect. Domiciliary care packages formed 37% of the total, compared with 43% in 1998. Between 1998 and 2003, there was an increase of 47% in the number of packages in nursing and residential homes.

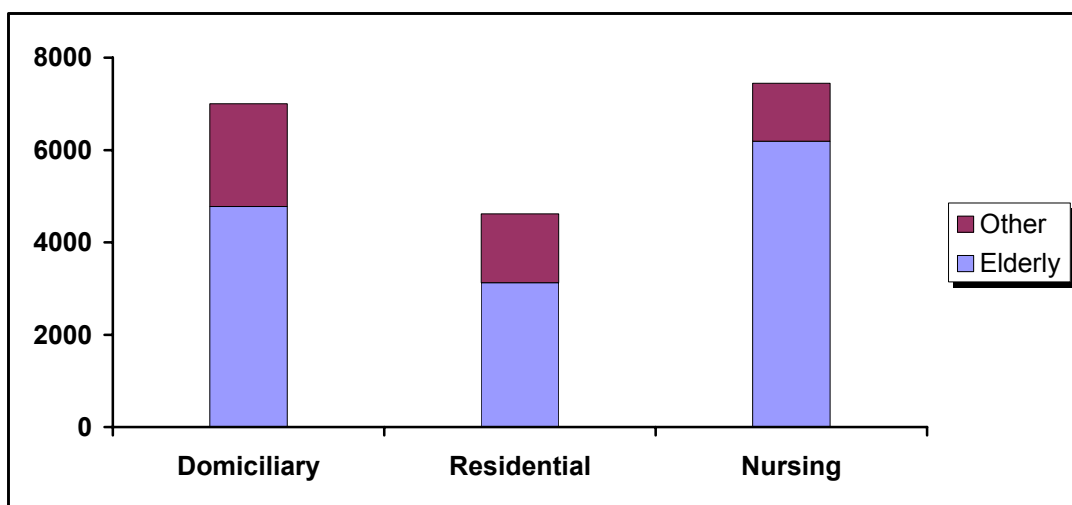
7.35 Residential and nursing care packages were more likely to be taken up by elderly service users (66% of all packages received by the elderly) than other groups, who were more likely to take up domiciliary packages (45% of all packages received by other groups). As noted above, around three-quarters of all persons receiving a care package were elderly. At 30 September 2003, 68% of all domiciliary packages, 68% of all residential packages and 83% of all nursing packages were received by the elderly (Figure 7.19).

Figure 7.18 Care packages in effect by client group at 30 September 2003



Source: Regional Information Branch

Figure 7.19 Care packages in effect by type and client group at 30 September 2003



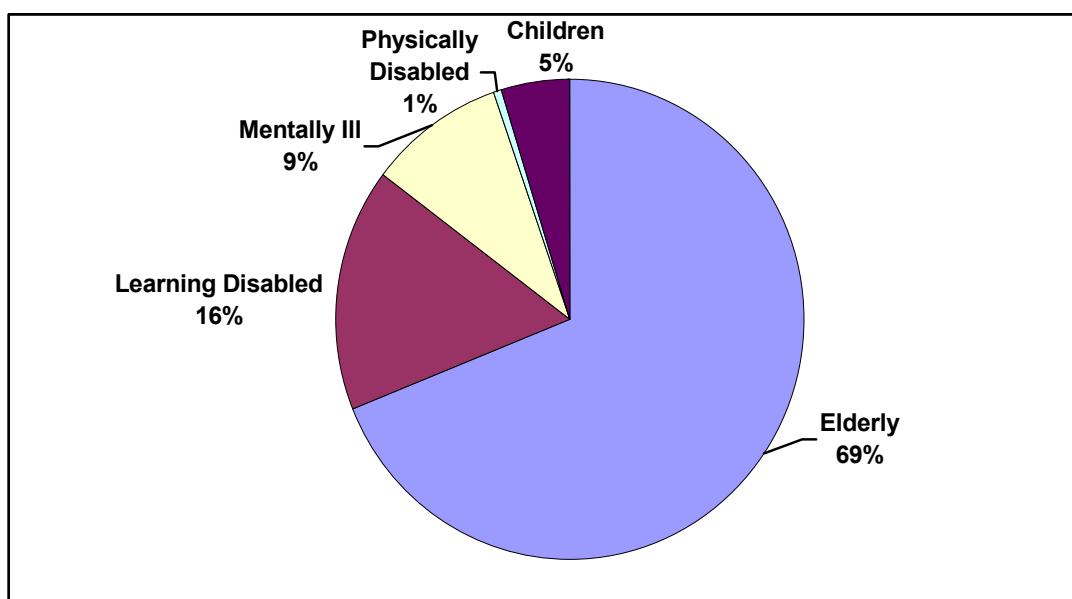
Source: Regional Information Branch

Residential and Nursing Home Places

7.36 At 31 March 2003, there were around 16,000 total available places in residential and nursing homes. Of these, 43% were in residential homes and 57% were in nursing homes. The majority of these places were occupied by elderly persons.

7.37 Available places in residential homes for elderly persons formed 69% of the total residential places (6,830) in 2003, with 16% in homes for learning disabled persons, 9% in homes for those with a mental health problem, 1% in homes exclusively for the physically and sensorily disabled aged under 65, and 5% in children’s homes (Figure 7.20). The number of average available residential places fallen in recent years, with a decrease of 4% in the number of places between 1998 and 2003. In 2003, places in residential homes for adults were available for 5 per 1,000 of the adult population (aged 18 or over), and residential places in homes for the elderly were available for 21 per 1,000 of the population aged 65+.

Figure 7.20 Available places in residential homes by client group at 31 March 2003



Source: Regional Information Branch

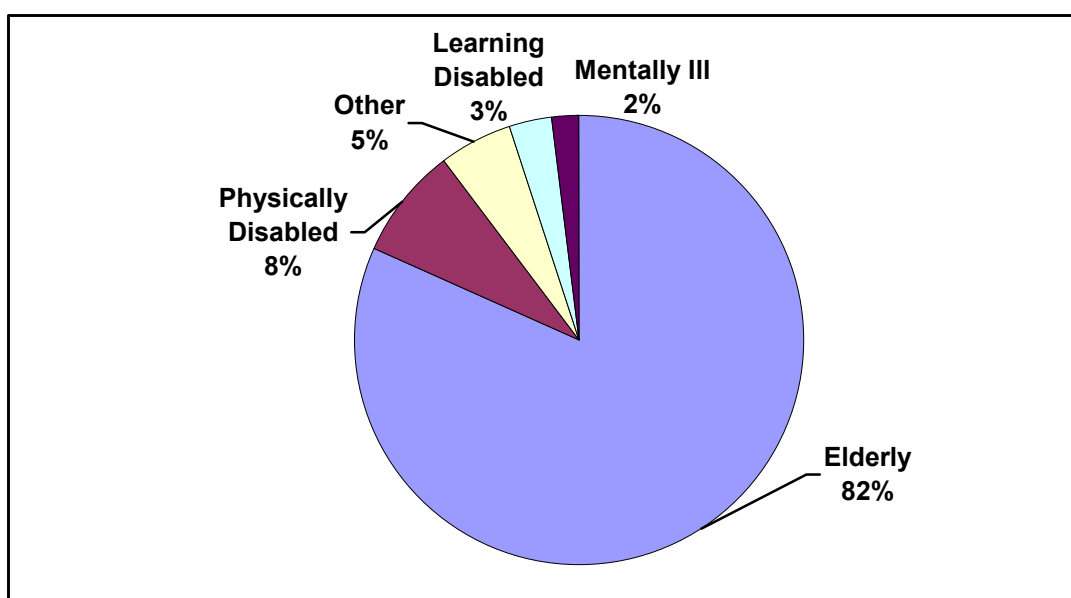
7.38 At 31 March 2003, there were 9,189 available places in nursing homes, almost exclusively in the independent sector. The number of places has fallen by 8% since 1998. In 2003, places in nursing homes were available for 7 per 1,000 of the adult population. Nursing home places are not readily disaggregated by client group; however, if it is assumed that 83% of places

were for those aged 65 and over, places were available for 34 per 1,000 of the elderly population.

Domiciliary and Day Care

7.39 As well as care managed domiciliary packages, various other forms of social care are provided for persons living in their own homes. Of these, the most prevalent is home help. At the end of March 2003, there were 26,339 persons in receipt of home help. Most persons (82%) receiving home help were elderly, with 8% being physically disabled aged under 65. The percentage breakdown is shown in Figure 7.21.

Figure 7.21 Persons in receipt of home help by client group at 31 March 2003



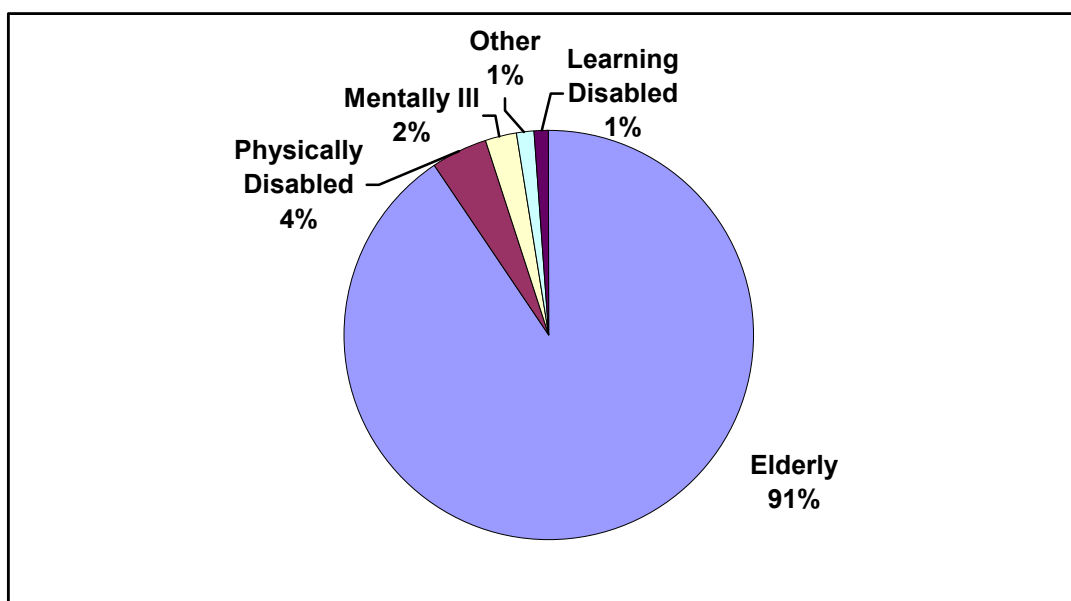
Source: Regional Information Branch

7.40 The total number of persons in receipt of home help decreased by 6%, and the number of elderly persons in receipt of home help decreased by 11%, from 1998, when 87% of the total were aged 65 or over. In 2003, persons in receipt of home help formed 21 per 1,000 of the adult population, and elderly persons in receipt of home help formed 96 per 1,000 of the population aged 65 or over.

7.41 A smaller number of persons (4,657) received meals on wheels in 2003 (4 per 1,000 of the adult population). The vast majority of them (91%) were elderly (19 per 1,000 of the population aged 65 and over). The number receiving meals on wheels has fluctuated in recent years. Figure 7.22 shows the breakdown by client group at 31 March 2003.

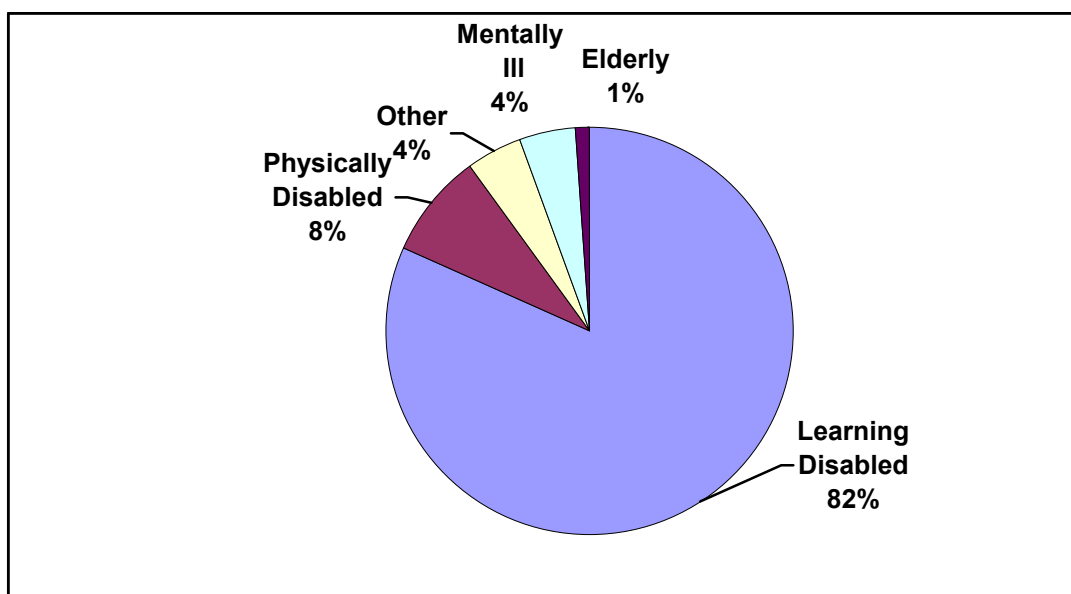
7.42 Day care is also provided in the form of attendances at various types of centres, for example day centres, social centres, adult training/social training/resource centres and workshops. In 2003, there were 10,403 persons registered at such centres in the statutory sector (8 per 1,000 of the population aged 18+) – 43% at training centres and workshops and 57% at other day centres. Learning disabled persons formed 82% of those registered at training centres and workshops (Figure 7.23). Registrations at training centres and workshops increased by 25% since 1998.

Figure 7.22 Persons in receipt of meals on wheels by client group at 31 March 2003



Source: Regional Information Branch

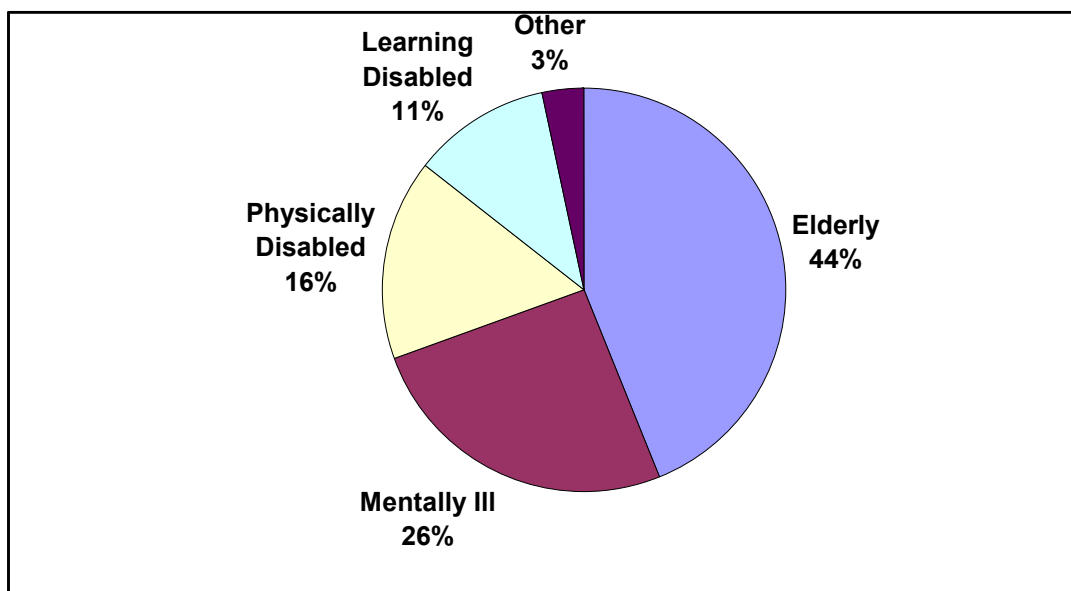
Figure 7.23 Persons registered at adult training centres and workshops at 31 March 2003



Source: Regional Information Branch

7.43 Registrations at day centres were more evenly spread across groups, with elderly persons making up 44% and mentally ill persons 26% of the registrations (Figure 7.24). By contrast with training centres and workshops, registrations at day centres decreased by 4% since 1998.

Figure 7.24 Persons registered at day centres at 31 March 2003



Source: Regional Information Branch

Table 7.5 Persons in receipt of various services, rates per 1,000 population¹: 2003

	All Adults	Elderly
Available places in residential homes ²	5.21	20.70
Available places in nursing homes ³	7.36	33.55
Available places in all homes	12.57	54.25
Persons receiving care packages in residential homes	3.70	13.75
Persons receiving care packages in nursing homes	5.96	27.24
Persons receiving domiciliary care packages	5.61	21.00
Persons receiving home help	21.09	95.90

¹ Based on mid-year estimated population, 2002. Figures for Care Packages are for position at 30 September 2003 and all other figures are for position at 31 March 2003

² Excluding children's homes

³ Estimated figures for elderly

Source: Regional Information Branch

Overview

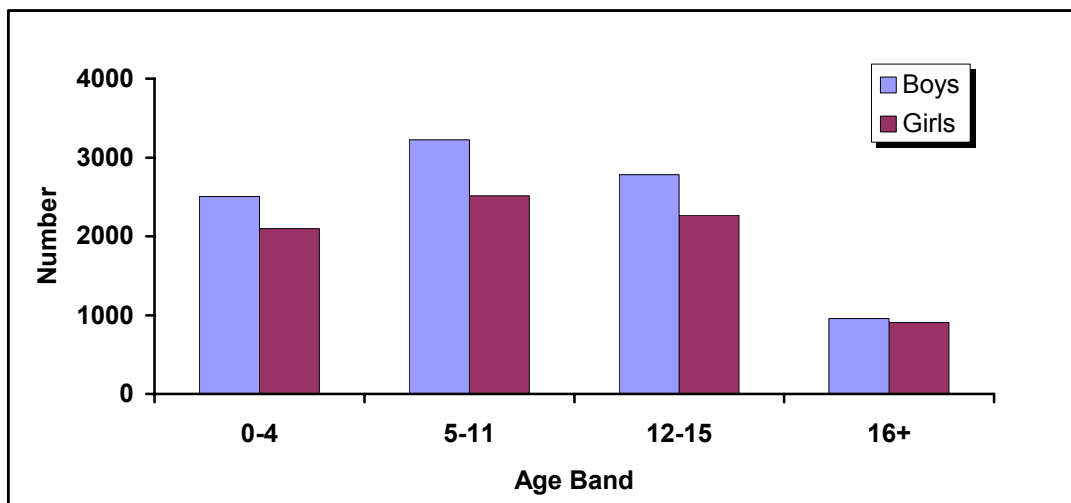
7.44 Considered overall, the majority of adult services are delivered to the elderly (persons aged 65 and over). Table 7.5 summarises the rates per 1,000 population for various types of services, for all adults and for the elderly. It can be seen that there is a much higher rate of delivery to the elderly, as a response to demand, compared with all adults considered together.

SOCIAL SERVICES: CHILDREN

Seeking Social Care

7.45 In the year 2002-2003 there were over 26,000 referrals of children, and over 17,000 children referred to Social Services, 39 per 1,000 of all children aged under 18 years. Fifty-five per cent of these children were boys and 45% were girls; 60% were aged under 12 and 27% were under five. The breakdown by age group and gender is shown in Figure 7.25.

Figure 7.25 Children referred to Social Services by gender and age: 2002/03

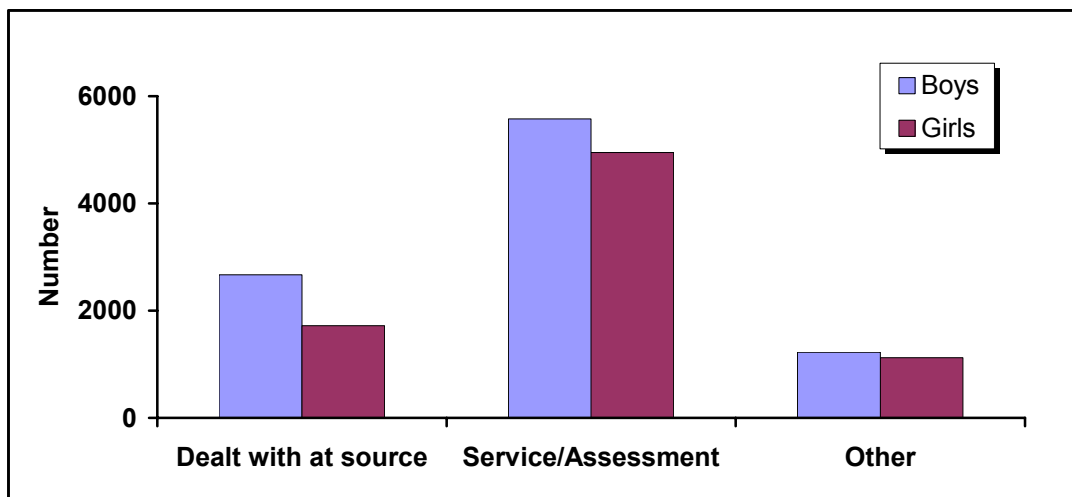


Source: Regional Information Branch

7.46 Approximately 950 children referred had a disability or mental health problem. The total number of referrals increased by 25% between 1997-1998 and 2002-2003, although the number of children referred increased by only 9% over these years.

7.47 Of the children referred, 25% of the cases required no further action, as the work was dealt with at source. Over three-fifths of such cases (61%) involved boys and 39% involved girls. Of those children aged 12 or over, 64% of cases dealt with at source involved boys. By contrast, where the case was allocated for further action (i.e. a service or assessment), 53% involved boys and 47% girls irrespective of age (Figure 7.26).

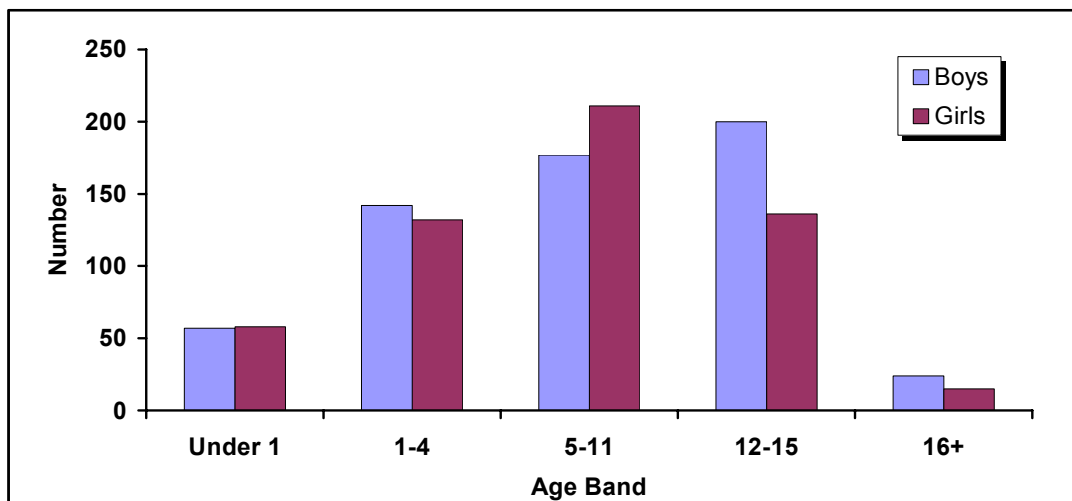
Figure 7.26 Children referred to Social Services by status of referral and gender: 2002/03



Source: Regional Information Branch

7.48 In 2002-2003, there were 1,152 admissions of children to being looked after by Social Services. (A child is looked after by the Health and Social Services Trust if he or she is in their care or provided with accommodation for a continuous period of more than 24 hours in exercise of its Social Services function.) There were a higher proportion of boys admitted (52%) than girls (48%). Sixty-seven per cent of children admitted were aged under 12. Figure 7.27 shows the gender pattern across age groups. Of those aged under 12 when admitted, 48% were boys and 52% were girls, whereas boys comprised 60% and girls 40% of those admitted aged 12 and over.

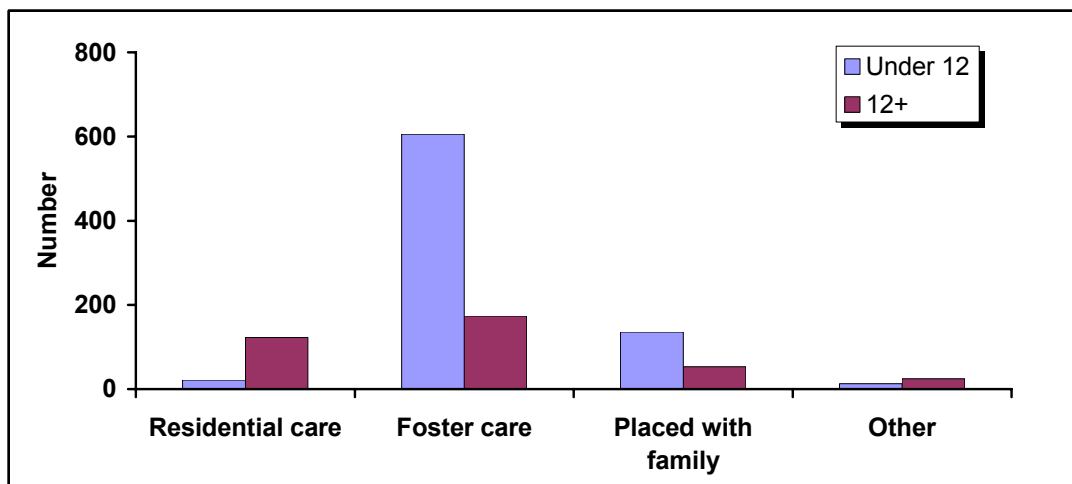
Figure 7.27 Admissions to being looked after by age and gender: 2002/03



Source: Regional Information Branch

7.49 Over two thirds of children (68%) were admitted to foster care, with smaller proportions placed with family (16%) and admitted to residential care (13%). Over three-quarters (78%) of those admitted to foster care were aged under 12. By contrast, the vast majority (85%) of those admitted to residential care were aged 12 or more (Figure 7.28).

Figure 7.28 Admissions to being looked after by placement and age: 2002/03

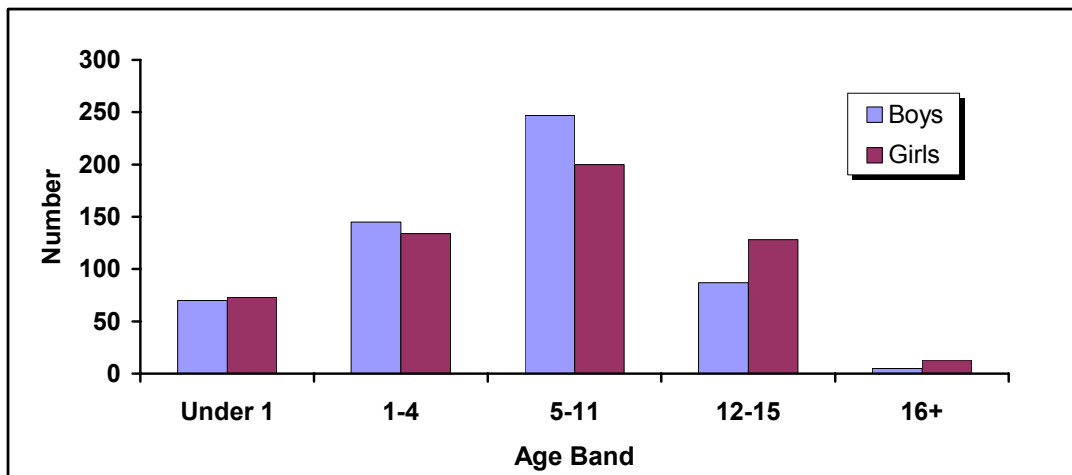


Source: Regional Information Branch

7.50 There were also 2,149 child protection investigations completed during 2002-2003, and 1,102 registrations on to the Child Protection Register – a register maintained by the Trust that lists every child in its area who has been registered as abused, or who is considered to be at risk of abuse, and for whom there is a child protection plan. There were similar proportions of boys and girls registered during the year. However, there were more boys

(53%) than girls (47%) in the 0-11 age group, and more girls than boys in the 12+ age group (61% compared with 39%). The pattern of registrations is shown in Figure 7.29.

Figure 7.29 Child protection registrations by gender and age: 2002/03



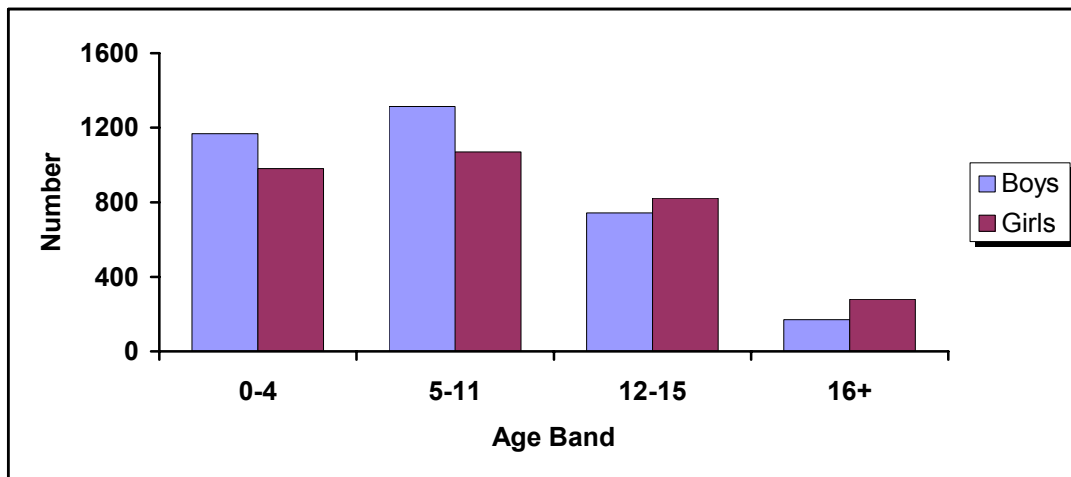
Source: Regional Information Branch

Children in Need

7.51 Social care for children includes provision of children’s homes and other forms of being looked after by Social Services, inclusion on the Child Protection Register and various types of day care.

7.52 During the year 2002-2003, there were 6,546 episodes where children were involved with Social Services, after initial assessment of need. Fifty-two per cent of these episodes involved boys and 48% girls. There was a higher proportion of girls among older children - 55% of all episodes in respect of children aged 12 or more involved girls, whereas 55% of all episodes in respect of children aged under 12 involved boys (Figure 7.30).

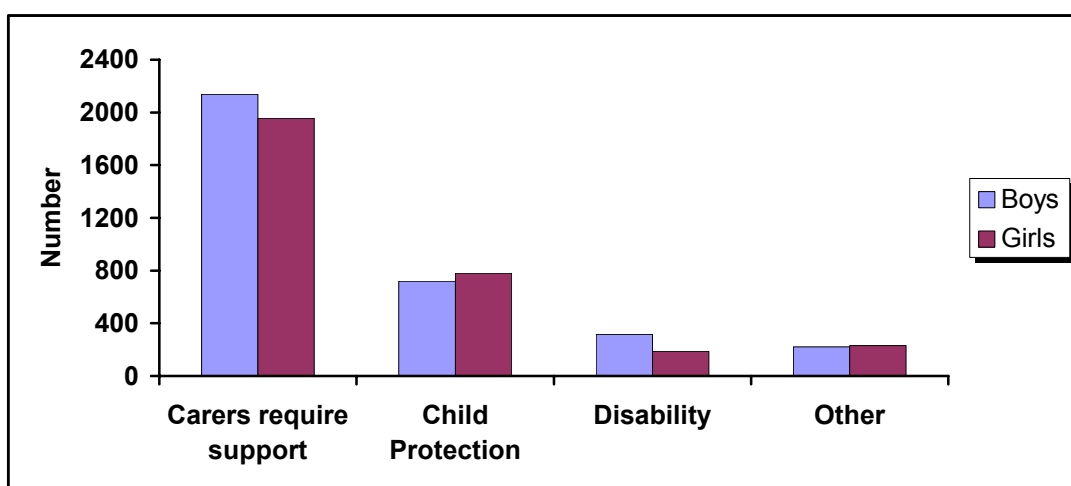
Figure 7.30 Episodes of involvement with Social Services by age and gender: 2002/03



Source: Regional Information Branch

7.53 Over two-fifths (63%) of the cases were in respect of children whose carers require support and assistance in order that they might provide a reasonable standard of care. Of these cases, 52% involved boys and 48% girls (Figure 7.31). There were around 500 cases where children with a disability required Social Services, of which 63% related to boys. However, a higher proportion of episodes where children were subject to Child Protection investigations involved more girls (52%) than boys (48%), and 62% of these episodes in respect of children aged 12 and over involved girls.

Figure 7.31 Episodes of involvement with Social Services, category after initial assessment by gender: 2002/03



Source: Regional Information Branch

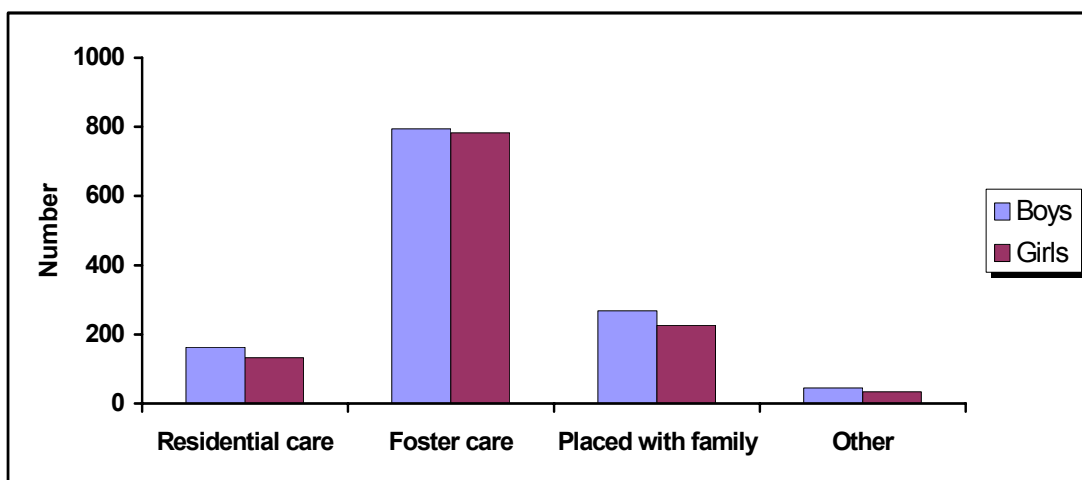
7.54 Information on religion and ethnic group was poorly recorded – in 83% of cases religion was not recorded, and in 77% of cases ethnic group was not recorded.

Children Looked After

7.55 As noted above, available places in residential homes for children (320 in 2003) comprise 5% of the total places in all residential homes. Placement in a children's home is one of the ways in which a child may be looked after by Social Services. At the end of March 2003, there were 2,446 children looked after, of whom almost two-thirds were in foster care. The majority of the remainder were either placed with family (with their own parents or with relatives or guardians) or in residential care. Of all children looked after, 52% were boys and 48% girls. Seventeen per cent were under five years of age and 53% were under 12. More than three-quarters (78%) had been looked after continuously for one year or more, 51% for three years or more, and 15% for 10 years or more. At 31 March 2003 there were 5 per 1,000 children aged under 18 being looked after by Social Services.

7.56 At 31 March 2003, there were a greater proportion of boys looked after in residential care (55%) and placed with family (54%) than girls (45% and 46% respectively). However, boys and girls were looked after in foster care in almost equal proportions (Figure 7.32).

Figure 7.32 Children looked after by placement and gender at 31 March 2003

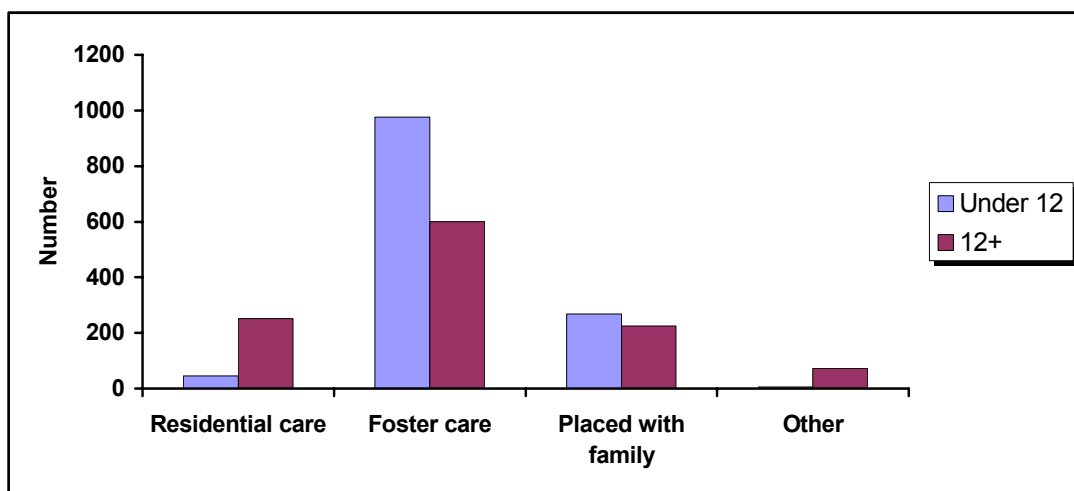


Source: Regional Information Branch

7.57 Children aged under 12 displayed a different pattern of being looked after than those aged 12 or over. Eighty-five per cent of those in residential care

were aged 12 or more, whereas only 38% of those in foster care were in that age group (Figure 7.33).

Figure 7.33 Children looked after by placement and age at 31 March 2003



Source: Regional Information Branch

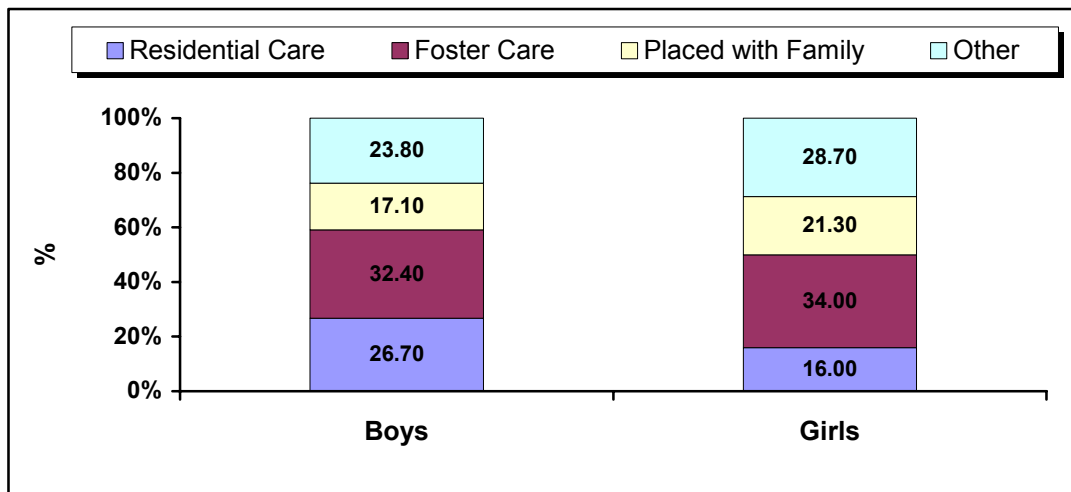
7.58 There was little difference between boys and girls in the length of time they had been looked after (52% of children looked after for under three years were boys, and 52% of children looked after for three years or more were also boys).

Care Leavers

7.59 Over two-thirds (69%) of young people aged 16 and over who ceased to be ‘looked after’ during 2001/02, were aged 18. A further 9.5% were aged 17 and 22% were aged 16 at the time of leaving care. More boys (53%) than girls (47%) aged 16 and over left care in 2001/02.

7.60 A higher proportion of boys (27%) than girls (16%) aged 16 and over who left care in 2001/02 had been in residential care. More girls than boys aged 16 and over had been placed with their families and in other accommodation prior to leaving care (Figure 7.34).

Figure 7.34 Most recent placement in care by gender

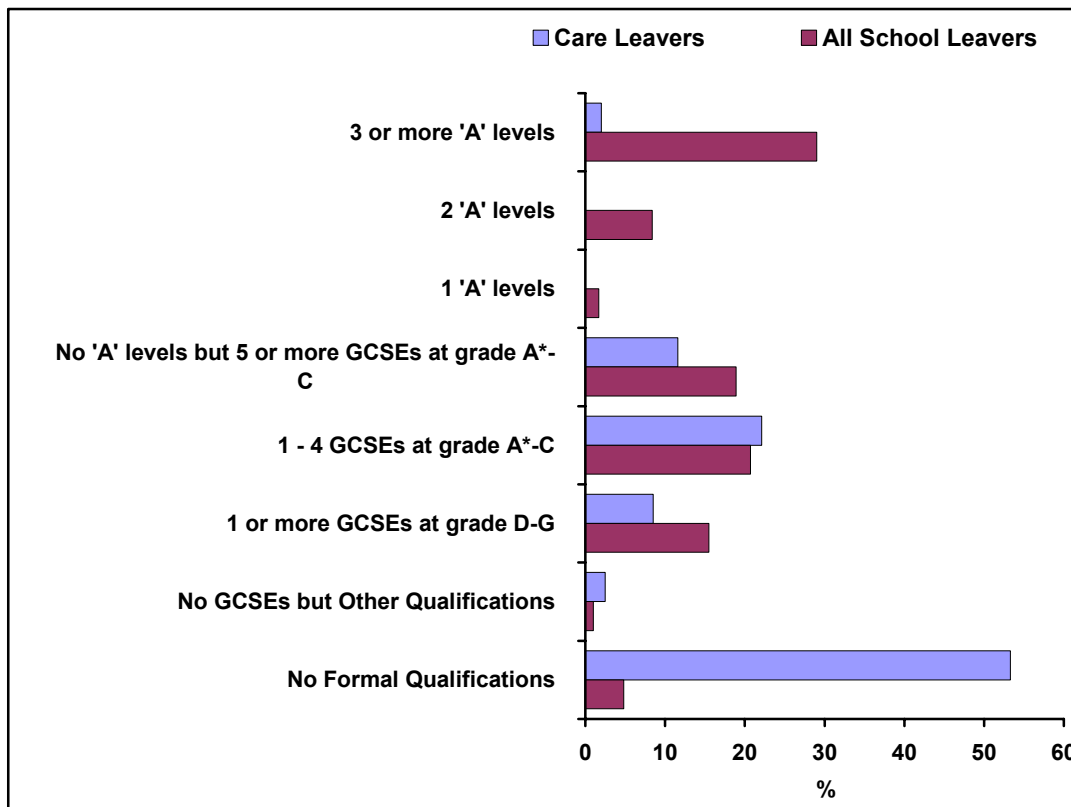


Source: Social Services Analysis Branch

7.61 Over 1 in 10 (12%) of young people leaving care during 2001/02 were disabled. More than half (52%) of young people aged 16 and over who left care in 2001/02 were Catholic, 42% were Protestant, 1.5% of No Denomination and 5% Not Known. 196 of the 199 young people aged 16 and over who left care in 2001/02 were 'White', of the remaining young people 2 were 'Travellers', and 1 was of 'Mixed' ethnic background.

7.62 In 2001/02, 2% of young people who left care had 3 or more A levels, compared with 29% of all school leavers in Northern Ireland (Figure 7.35). Over 1 in 10 (14%) young people left care with at least 5 GCSEs at grade A*-C, almost three times the corresponding figure for England (5%). This compares with 58% of all NI school leavers achieving at least 5 GCSEs at this grade. Over 2 in 5 (44%) young people aged 16 and over who left care in 2001/02 had at least 1 GCSE or GNVQ, slightly higher than the corresponding figure for care leavers in England (41%), but less than half the proportion of all NI school leavers (94%) obtaining these qualifications. More than half (53%) of young people who left care in 2001/02 had no formal qualifications, more than 10 times the proportion of all school leavers who had no formal qualifications (5%).

Figure 7.35 Highest qualification achieved by young care leavers and all school leavers



Source: Social Services Analysis Branch

7.63 Girls were more likely than boys to have obtained 5 GCSEs at grades A*-C or higher as were: children and young people whose latest placement had been in foster care; those from the Western HSSB area; those who were Catholic; and those whose latest period in care lasted 10 years or more. At least 37% of care leavers were unemployed at the time of this survey. This compares with 4% of all school leavers in Northern Ireland.

7.64 Young people whose latest placement was in foster care were much more likely than others to leave care with 5 GCSEs at grades A*-C or higher (Table 7.6). More than a quarter (26%) of those in foster care reached this level of achievement, compared with 16% of those placed with family, 5% of those placed in residential accommodation, and 4% of those in other accommodation.

Table 7.6 Highest qualification achieved by last placement type

Level of Qualification	Placement Type			
	Residential Accom.	Foster Care	Placement with Family	Other ¹
3 or more 'A' Levels	0.0	4.5	0.0	1.9
2 'A' Levels	0.0	0.0	0.0	0.0
1 'A' Levels	0.0	0.0	0.0	0.0
No 'A' Levels but 5 or more GCSEs at grade (A*-C)	4.7	21.2	15.8	1.9
1 - 4 GCSEs at grade (A*-C)	14.0	33.3	5.3	26.9
1 or more GCSEs at grade (D-G)	9.3	3.0	10.5	13.5
No GCSEs (A*-G) but Other Qualifications	0.0	3.0	0.0	5.8
No Formal Qualifications	72.1	34.8	68.4	50.0

¹ 'Other' includes young people who have been accommodated in hospital, special school etc.
Source: Social Services Analysis Branch

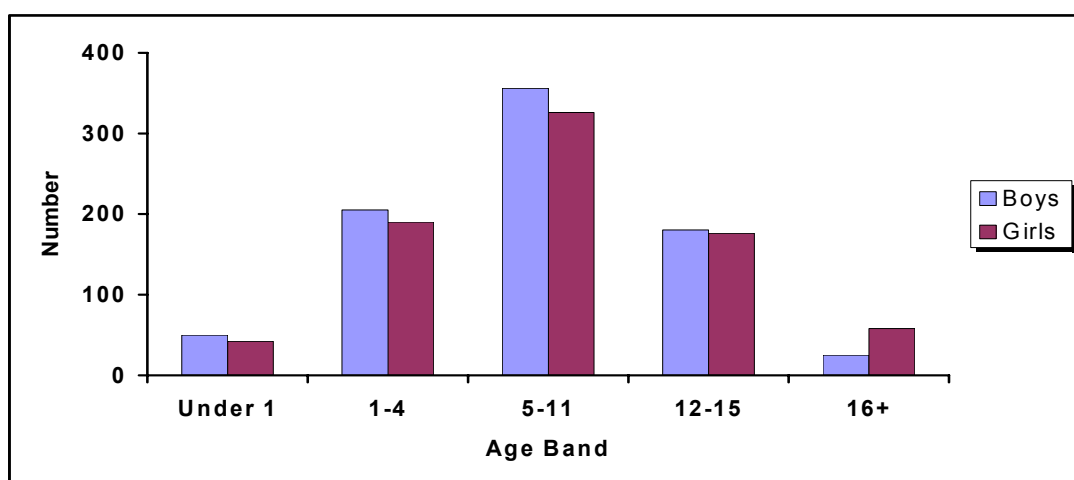
7.65 One third of young people who left care in 2001/02 whose last placement was foster care had 1-4 GCSEs at grade (A*-C), compared with 27% of young people who were in other accommodation, 14% who were in residential care and 5% who were placed with family. Young people whose latest placement had been foster care were also less likely to have left care with no formal qualifications (35%), compared with 72% of those placed in residential accommodation, 68% of those placed with family, and 50% of those who had been looked after in other accommodation.

7.66 A higher proportion of Catholic (17%) than Protestant (11%) young people aged 16 and over left care with A-levels or at least 5 GCSEs at grade A*-C. Over half of both Catholic (52%) and Protestant (54%) care leavers aged 16 and over, left care with no formal qualifications.

Child Protection

7.67 At 31 March 2003, 1,608 children were on the Child Protection Register (4 per 1,000 of those under 18). The most common reason for being placed on the register was neglect only (40%). In 2003, 51% of children on the register were boys and 49% were girls; 30% were under five years old and 73% under 12. Forty-two per cent had been on the register for at least one year. Of those children aged under five, 52% were boys and 48% girls. Of those aged 12 or more, 53% were girls and 47% boys. Figure 7.36 shows the pattern according to age and gender.

Figure 7.36 Children on the Child Protection Register by age and gender at 31 March 2003



Source: Regional Information Branch

Day Care

7.68 Day care facilities for children include day nurseries, playgroups and childminders. There were almost 44,000 registered places in such facilities in 2003. Of these, almost 8,000 were in day nurseries, almost 15,000 were in playgroups and over 21,000 were with registered childminders. These facilities are intended mainly for children aged under five. In 2003, places were available for 306 per 1,000 of children under five. In addition to these, there were around 4,800 places in out of school clubs, around 1,400 places in holiday schemes and over 3,000 children attending family centres.