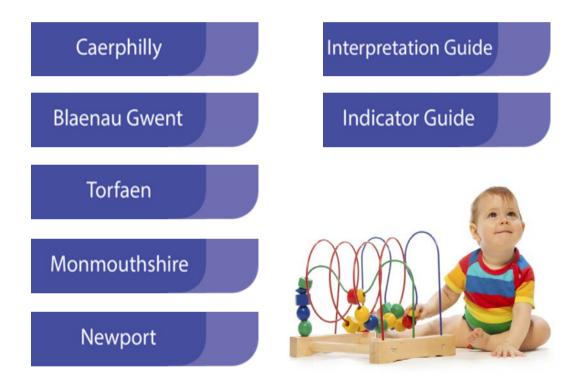




Plentyn Gwent Child Early Years Surveillance Tool

Click on a button below to be directed to the appropriate page:



Indicator Guide

Plentyn Gwent Child Early Years Surveillance Tool

Caerphilly	How does		ocal Auth Comparat	· · ·) area c Higher	Could not be calculated
Indicator	LA count (no. of events)	LA rate	HB count	HB rate	Wales	Trend LA Wales
% children living in poverty ^{1,a,b}	10,370	25.7	30,700	24.1	22.2	2009 2010 22.7 22.2 26.0 25.7
Homelessness* ^{2,c,d}	80	10.0	500	20.2	18.7	34.2 10.0
Children in need ^{3,a,e}	1,360	340	4,190	333	320	320 🚤 340
% 4/5 year olds overweight or obese $^{4,\mathrm{f}}$	580	29.2	1,720	27.7	28.2	not available
Teenage conceptions <18 ^{5,a,g}	110	30.7	340	30.1	34.2	52.0
Live births to females $<20^{6,a,h}$	160	27.4	480	25.6	24.9	48.327.4
% 4 year olds up to date with immunisations ^{7,i}	1,760	81.0	5,700	80.7	82.4	not available
5 year olds dmft ^{8,j}	320	1.7	1,370	2.0	1.6	2007/8 2011/12 2.0 1.6 2.4 1.7
Emergency admissions for injury 9,a,k	210	184	640	182	189	158184
Infant mortality*~ ^{10,I,m,n}	10	4.2	30	4.4	4.4	Wales
Child mortality*~ ^{11,a,i}	10	29.1	30	28.4	38.5	Wales
Health visitor provision ^{12,0}	17.6	8.8	60	9.0	-	not available
Social worker provision ^{13,a,p}	92.9	8.4	330	9.6	9.0	6.18.4
* numbers are too small to produce on annual trand at the LA level						

* numbers are too small to produce an annual trend at the LA level

~ annual average count

Indicator and time period (counts and rates are presented for last year of trend unless stated otherwise): 1. % children living in families in receipt of CTC whose reported income is less than 60 per cent of the median income or in receipt of IS or JSA, 2009-2010; 2. Rate per 10,000 households (including dependent children or a pregnant woman) accepted as homeless (2002-2012); 3. Rate per 10,000 of children aged 0-17 looked after by local authorities and who had a case open for at least 3 months at the census date, 2009/10-2011/12; 4. % with body mass index in the 85th centile (UK1990) or above, 2011/12; 5. Conception rate per 1,000 females aged 15-17 years, 2002-2011; 6. Rate of live births per 1,000 females aged 15-19 years, 2002-2011; 7. % up to date with routine immunisations, 2012; 8. Number examined and average number of decayed, missing or filled teeth, 2007/8 & 2011/12; 9. Age-standardised hospital admission injury rates per 10,000 children, 0-4yr olds, 2002-2011; 10. Rate of deaths in children aged <1 year of age per 1,000 live births, 2002-2011 combined for local authority and health board and 2002-2011 single years for Wales trend; 11. Age-standardised mortality rate per 100,000, 2009-2011 combined for local authority and health board and 2002-2011 single years for Wales trend; 12. Counts and crude rates WTE health visitors per 1,000 children aged 0-3 in Flying Start areas; 13. Counts and crude rates WTE social workers per 1,000 children, 2004-12 (local authorities also provide services using the independent sector, whose staff are not included in these figures).

Indicator Guide

Plentyn Gwent Child Early Years Surveillance Tool

Blaenau Gwent	How does	this L	ocal Auth	ority (LA) area c	ompare to Wales as a whole?
	Lower	-	Comparat	ole	Higher	Could not be calculated
Indicator	LA count (no. of events)	LA rate	HB count	HB rate	Wales	Trend LA Wales
% children living in poverty ^{1,a,b}	4,530	30.4	30,700	24.1	22.2	2009 2010 22.7 22.2 30.2 30.4
Homelessness* ^{2,c,d}	50	14.5	500	20.2	18.7	10.2 14.5
Children in need ^{3,a,e}	520	365	4,190	333	320	325 🚄 365
% 4/5 year olds overweight or obese $^{4,\mathrm{f}}$	190	26.9	1,720	27.7	28.2	not available
Teenage conceptions <18 ^{5,a,g}	40	25.5	340	30.1	34.2	55.8
Live births to females $<20^{6,a,h}$	70	29.0	480	25.6	24.9	41.0 29.0
% 4 year olds up to date with immunisations ^{7,i}	690	81.8	5,700	80.7	82.4	not available
5 year olds dmft ^{8,j}	180	3.1	1,370	2.0	1.6	2007/8 2011/12 2.0 1.6 3.3 3.1
Emergency admissions for injury 9,a,k	70	170	640	182	189	177170
Infant mortality*~ ^{10,I,m,n}	<5	4.9	30	4.4	4.4	Wales
Child mortality*~ ^{11,a,I}	10	40.4	30	28.4	38.5	Wales
Health visitor provision ^{12,0}	7.6	9.0	60	9.0	-	not available
Social worker provision ^{13,a,p}	50.6	12.5	330	9.6	9.0	5.6
* numbers are too small to produce a	n annual trer	nd at the	e LA level			Interpretation Guide

~ annual average count

Indicator and time period (counts and rates are presented for last year of trend unless stated otherwise): 1. % children living in families in receipt of CTC whose reported income is less than 60 per cent of the median income or in receipt of IS or JSA, 2009-2010; 2. Rate per 10,000 households (including dependent children or a pregnant woman) accepted as homeless (2002-2012); 3. Rate per 10,000 of children aged 0-17 looked after by local authorities and who had a case open for at least 3 months at the census date, 2009/10-2011/12; 4. % with body mass index in the 85th centile (UK1990) or above, 2011/12; 5. Conception rate per 1,000 females aged 15-17 years, 2002-2011; 6. Rate of live births per 1,000 females aged 15-19 years, 2002-2011; 7. % up to date with routine immunisations, 2012; 8. Number examined and average number of decayed, missing or filled teeth, 2007/8 & 2011/12; 9. Age-standardised hospital admission injury rates per 10,000 children, 0-4yr olds, 2002-2011; 10. Rate of deaths in children aged <1 year of age per 1,000 live births, 2002-2011 combined for local authority and health board and 2002-2011 single years for Wales trend; 11. Age-standardised mortality rate per 10,000, 2009-2011 combined for local authority and health board and 2002-2011 single years for Wales trend; 12. Counts and crude rates WTE health visitors per 1,000 children aged 0-3 in Flying Start areas; 13. Counts and crude rates WTE social workers per 1,000 children, 2004-12 (local authorities also provide services using the independent sector, whose staff are not included in these figures).

Indicator Guide

Plentyn Gwent Child Early Years Surveillance Tool

Torfaen	How does		ocal Auth Comparat	_) area c Higher	ompare to Wales as a whole? Could not be calculated
Indicator	LA count (no. of events)	LA rate	HB count	HB rate	Wales	Trend ——LA ——Wales
% children living in poverty ^{1,a,b}	4,830	23.8	30,700	24.1	22.2	2009 2010 22.7 22.2 24.5 23.8
Homelessness* ^{2,c,d}	60	14.0	500	20.2	18.7	59.714.0
Children in need ^{3,a,e}	1,000	500	4,190	333	320	410 500
% 4/5 year olds overweight or obese ^{4,f}	310	30.0	1,720	27.7	28.2	not available
Teenage conceptions <18 ^{5,a,g}	60	31.6	340	30.1	34.2	47.7 31.6
Live births to females <20 ^{6,a,h}	80	26.7	480	25.6	24.9	38.8 26.7
% 4 year olds up to date with immunisations ^{7,i}	860	81.7	5,700	80.7	82.4	not available
5 year olds dmft ^{8,j}	220	2.3	1,370	2.0	1.6	2007/8 2011/12 2.0 1.6 2.2 2.3
Emergency admissions for injury 9,a,k	90	175	640	182	189	127175
Infant mortality*~ ^{10,I,m,n}	10	4.8	30	4.4	4.4	Wales
Child mortality*~ 11,a,I	<5	24.3	30	28.4	38.5	Wales
Health visitor provision 12,0	10.6	8.7	60	9.0	-	not available
Social worker provision ^{13,a,p}	58.9	10.9	330	9.6	9.0	6.910.9
* numbers are too small to produce a	n annual trer	nd at the	Alevel			Interpretation Guide

* numbers are too small to produce an annual trend at the LA level

~ annual average count

Indicator and time period (counts and rates are presented for last year of trend unless stated otherwise): 1. % children living in families in receipt of CTC whose reported income is less than 60 per cent of the median income or in receipt of IS or JSA, 2009-2010; 2. Rate per 10,000 households (including dependent children or a pregnant woman) accepted as homeless (2002-2012); 3. Rate per 10,000 of children aged 0-17 looked after by local authorities and who had a case open for at least 3 months at the census date, 2009/10-2011/12; 4. % with body mass index in the 85th centile (UK1990) or above, 2011/12; 5. Conception rate per 1,000 females aged 15-17 years, 2002-2011; 6. Rate of live births per 1,000 females aged 15-19 years, 2002-2011; 7. % up to date with routine immunisations, 2012; 8. Number examined and average number of decayed, missing or filled teeth, 2007/8 & 2011/12; 9. Age-standardised hospital admission injury rates per 10,000 children, 0-4yr olds, 2002-2011; 10. Rate of deaths in children aged <1 year of age per 1,000 live births, 2002-2011 combined for local authority and health board and 2002-2011 single years for Wales trend; 11. Age-standardised mortality rate per 10,000, 2009-2011 combined for local authority and health board and 2002-2011 single years for Wales trend; 12. Counts and crude rates WTE health visitors per 1,000 children aged 0-3 in Flying Start areas; 13. Counts and crude rates WTE social workers per 1,000 children, 2004-12 (local authorities also provide services using the independent sector, whose staff are not included in these figures).</p>

Indicator Guide

Plentyn Gwent Child Early Years Surveillance Tool

Monmouthshire	How does		ocal Auth Comparat	_) area c Higher	ompare to Wales as a whole? Could not be calculated
Indicator	LA count (no. of events)	LA rate	HB count	HB rate	Wales	Trend ——LA ——Wales
% children living in poverty ^{1,a,b}	2,430	13.1	30,700	24.1	22.2	2009 2010 22.7 22.2 13.2 13.1
Homelessness* ^{2,c,d}	100	24.5	500	20.2	18.7	15.5 24.5
Children in need ^{3,a,e}	490	260	4,190	333	320	265 260
% 4/5 year olds overweight or obese ^{4,f}	180	22.0	1,720	27.7	28.2	not available
Teenage conceptions <18 ^{5,a,g}	30	18.1	340	30.1	34.2	32.3
Live births to females $<20^{6,a,h}$	40	14.5	480	25.6	24.9	14.014.5
% 4 year olds up to date with immunisations ^{7,i}	800	83.8	5,700	80.7	82.4	not available
5 year olds dmft ^{8,j}	420	1.0	1,370	2.0	1.6	2007/8 2011/12 2.0 1.6 1.3 1.0
Emergency admissions for injury 9,a,k	80	181	640	182	189	89
Infant mortality*~ ^{10,I,m,n}	<5	3.3	30	4.4	4.4	Wales
Child mortality*~ ^{11,a,I}	<5	15.5	30	28.4	38.5	Wales
Health visitor provision 12,0	4.2	10.2	60	9.0	-	not available
Social worker provision ^{13,a,p}	33.3	7.3	330	9.6	9.0	5.3 7.3
* numbers are too small to produce an annual trend at the LA level						

* numbers are too small to produce an annual trend at the LA level

~ annual average count

Indicator and time period (counts and rates are presented for last year of trend unless stated otherwise): 1. % children living in families in receipt of CTC whose reported income is less than 60 per cent of the median income or in receipt of IS or JSA, 2009-2010; 2. Rate per 10,000 households (including dependent children or a pregnant woman) accepted as homeless (2002-2012); 3. Rate per 10,000 of children aged 0-17 looked after by local authorities and who had a case open for at least 3 months at the census date, 2009/10-2011/12; 4. % with body mass index in the 85th centile (UK1990) or above, 2011/12; 5. Conception rate per 1,000 females aged 15-17 years, 2002-2011; 6. Rate of live births per 1,000 females aged 15-19 years, 2002-2011; 7. % up to date with routine immunisations, 2012; 8. Number examined and average number of decayed, missing or filled teeth, 2007/8 & 2011/12; 9. Age-standardised hospital admission injury rates per 10,000 children, 0-4yr olds, 2002-2011; 10. Rate of deaths in children aged <1 year of age per 1,000 live births, 2002-2011 combined for local authority and health board and 2002-2011 single years for Wales trend; 11. Age-standardised mortality rate per 100,000, 2009-2011 combined for local authority and health board and 2002-2011 single years for Wales trend; 12. Counts and crude rates WTE health visitors per 1,000 children aged 0-3 in Flying Start areas; 13. Counts and crude rates WTE social workers per 1,000 children, 2004-12 (local authorities also provide services using the independent sector, whose staff are not included in these figures).</p>

Plentyn Gwent Child Early Years Surveillance Tool

Newport	How does		ocal Auth Comparal) area c Higher	ompare to Wales as a whole? Could not be calculated
Indicator	LA count (no. of events)	LA rate	HB count	HB rate	Wales	Trend LA —Wales
% children living in poverty ^{1,a,b}	8,560	25.5	30,700	24.1	22.2	2009 2010 22.7 22.2 26.6 25.5
Homelessness* ^{2,c,d}	230	37.0	500	20.2	18.7	12.2 37.0
Children in need ^{3,a,e}	1,090	330	4,190	333	320	380 🛌 330
% 4/5 year olds overweight or obese ^{4,f}	470	27.7	1,720	27.7	28.2	not available
Teenage conceptions <18 ^{5,a,g}	110	38.1	340	30.1	34.2	57.4
Live births to females $<20^{6,a,h}$	130	27.6	480	25.6	24.9	38.4 27.6
% 4 year olds up to date with immunisations ^{7,i}	1,590	78.1	5,700	80.7	82.4	not available
5 year olds dmft ^{8,j}	230	2.2	1,370	2.0	1.6	2007/8 2011/12 2.0 1.6 2.6 2.2
Emergency admissions for injury 9,a,k	180	190	640	182	189	136190
Infant mortality*~ ^{10,I,m,n}	10	4.9	30	4.4	4.4	Wales
Child mortality*~ ^{11,a,I}	10	31.3	30	28.4	38.5	Wales
Health visitor provision 12,0	21.3	9.1	60	9.0	-	not available
Social worker provision ^{13,a,p}	97.0	10.0	330	9.6	9.0	7.210.0
* numbers are too small to produce a	n annual trer	nd at the	e LA level			Interpretation Guide

* numbers are too small to produce an annual trend at the LA level

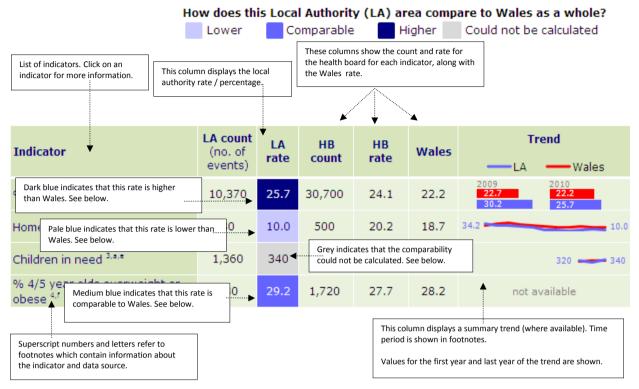
~ annual average count

Indicator and time period (counts and rates are presented for last year of trend unless stated otherwise): 1. % children living in families in receipt of CTC whose reported income is less than 60 per cent of the median income or in receipt of IS or JSA, 2009-2010; 2. Rate per 10,000 households (including dependent children or a pregnant woman) accepted as homeless (2002-2012); 3. Rate per 10,000 of children aged 0-17 looked after by local authorities and who had a case open for at least 3 months at the census date, 2009/10-2011/12; 4. % with body mass index in the 85th centile (UK1990) or above, 2011/12; 5. Conception rate per 1,000 females aged 15-17 years, 2002-2011; 6. Rate of live births per 1,000 females aged 15-19 years, 2002-2011; 7. % up to date with routine immunisations, 2012; 8. Number examined and average number of decayed, missing or filled teeth, 2007/8 & 2011/12; 9. Age-standardised hospital admission injury rates per 10,000 children, 0-4yr olds, 2002-2011; 10. Rate of deaths in children aged <1 year of age per 1,000 live births, 2002-2011 combined for local authority and health board and 2002-2011 single years for Wales trend; 11. Age-standardised mortality rate per 10,000, 2009-2011 combined for local authority and health board and 2002-2011 single years for Wales trend; 12. Counts and crude rates WTE health visitors per 1,000 children aged 0-3 in Flying Start areas; 13. Counts and crude rates WTE social workers per 1,000 children, 2004-12 (local authorities also provide services using the independent sector, whose staff are not included in these figures).</p>

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Plentyn Gwent Child Early Years Surveillance Tool

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The counts and rates for the Plentyn Gwent Child Early Years Surveillance Tool are presented for the last year of trend unless otherwise stated.

In the Plentyn Gwent Child Early Years Surveillance Tool, pale blue and dark blue values represent results that are statistically significantly lower or higher respectively, compared to Wales. Medium blue represents results that are comparable to Wales (i.e. there is no significant difference). Grey indicates that the results could not be compared to Wales as the comparability could not be calculated.

It should be noted that for some indicators, such as '% 4 year olds up to date with immunisations', a higher rate compared to Wales suggests the value is 'better' than the Wales average. In contrast a higher result for other indicators, such as 'Teenage conceptions <18', suggest that the value is 'worse' than the Wales average.

A statistically significant finding suggests that the difference between two values might not be due to chance.

It is important to note that whilst an indicator may show a 'better' result to Wales, this means that the result is significantly different to Wales, not that public health action is unnecessary. Statistical significance is not the same as public health importance.

It is possible for two areas to have the same rate for an indicator whilst displaying a different significance result. This is because statistical significance is based on the confidence interval and the size of the confidence interval is largely dependent on the size of the population from which the events came. Generally speaking, rates based on smaller populations are likely to have wider confidence intervals.

Plentyn Gwent Child Early Years Surveillance Tool

Indicator Guide

% children living in	n poverty
Definition	The percentage of children living in families in receipt of out of work (means- tested) benefits or in receipt of tax credits where their reported income is less than 60% of the median income (£211 per week)
Demography	All persons aged under 20 years
Date	2009-2010
Source	Department for Work and Pensions (DWP) and Child Benefit data, Her Majesty's Revenue and Customs (HMRC)
How is it calculated?	Child Benefit records are matched to Income Support (IS) or Job Seekers Allowance (JSA) claimant records in DWP. The matched records are then transferred to HMRC and matched to the tax credits database in order to identify children in families in receipt of IS or JSA. These DWP paid families are then combined with the tax credits data to ensure that the measure covers all children in families in receipt of IS or JSA and that no family or child is counted twice or ignored.
	The following calculation was then used: Number of children living in families in receipt of CTC whose reported income is less than 60% of the median income or in receipt of IS or (Income-Based) JSA <i>divided by</i> Total number of children in the area
	Health board data were aggregated from local authority level data.
Notes	Data should be complete as the estimates are based on finalised awards tax credit data, and as such are derived from a full set of administrative records rather than a sample. DWP, IS and JSA records relate to August to be consistent with the tax credits and Child Benefit data.
	Duplicate records may occur in the dataset due to administrative errors, data matching issues and family breakdown (where a separate claim begins before the other ends). Where possible, any duplicate records have been removed from the dataset.
	Health board data have been aggregated from local authority data. Estimates have been rounded to the nearest 5 units, therefore aggregating the individual estimates may not sum the given totals for an area.
References	Department for Work and Pensions. Child Poverty Measure, 2010. [Online] Available at: http://webarchive.nationalarchives.gov.uk/20121103084242/http://www.hmrc.g ov.uk/stats/personal-tax-credits/child-poverty-stats09-sept11.pdf
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Homelessness	
Definition	The number of households accepted as homeless that include dependent children or a pregnant woman as a rate per 10,000 households
Demography	Households
Date	2002-2012
Source	Homelessness Data Collection, Welsh Government (WG) and Household estimates, Welsh Government (WG)
How is it calculated?	Number of households accepted as homeless (that include dependent children or a pregnant woman) divided by total households multiplied by 10,000 giving a rate per 10,000 households.
Notes	The latest available household estimates are up until 2010. In order to display the latest data for the number of homeless households the 2010 household estimate has been used as the denominator for the years 2010 to 2012 inclusive. The data on homeless households is based on Welsh local authorities' actions under the homelessness provisions of the Housing Act 1996. This covers the decision as to whether or not there is an obligation under the Act for the local authority to help the household. That is whether the authority accepts that the household is eligible, unintentionally homeless and falls within a priority need group. In this case the household is accepted as statutory homeless. All the figures are rounded independently to the nearest 5 to protect the identity of individuals. As a result, there may be a difference between the sum of the constituent items and the total. Confidence intervals were calculated using a method proposed by Altman D.G. et al; if the number of events were greater than 100, 95% confidence intervals are calculated using a normal approximation to the Poisson distribution; if the number of events were less than 100, 95% confidence intervals are calculated using the Poisson distribution.
References	Altman D.G. et al (2000) Statistics with Confidence (2nd edn) BMJ Books: UK (page 67 & 221).
	Homelessness Data Collection, Cardiff: Welsh Government; 2013. [Online] Available at: http://wales.gov.uk/statistics-and-research/homelessness/?lang=en
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Children in need	
Definition	The number of children in need as a rate per 10,000 population
Demography	Children aged 0-17 years
Date	2009/10-2011/12
Source	Children in Need Census, Welsh Government (WG) and Mid-year population estimates (MYE), Office for National Statistics (ONS)
How is it calculated?	The number of children in need aged 0-17 divided by the total mid-year population estimates multiplied by 10,000 giving a rate per 10,000 population. 95% confidence intervals were calculated using the Wilson method for confidence interval of a single proportion.
Notes	Children in need, as recorded in the Children In Need (CIN) census are defined as those who receive social services from their local authorities, including children looked after by local authorities, and who had an open case with a local authority on the CIN census date of 31 March that had been open for at least three months.
	The CIN census covers all children receiving support which is financed from children's social services budgets, including those supported in their families or independently, and children on the child protection register and looked after children. Children receiving respite care should be included in the count of children in need.
	The number of children in need included in the CIN census is less than the total number of children receiving services. The number of children included in the CIN census, because they had a case open for 3 months, represents about 76% of the total number of children in need on 31st March recorded in other statistical data collections.
References	Wilson, E.B. (1927) Probable inference, the law of succession, and statistical inference. J Am Stat Assoc, 22:209-212 cited in Altman D.G. et al (2000) Statistics with Confidence (2nd edn) BMJ Books: UK (page 46).
	Children in Need Census data, Cardiff: Welsh Government; 2011. [Online] Available at: https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/Social-
	Services/Childrens-Services/Children-in-Need/ChildrenInNeed-by-LocalAuthority- AgeGroup
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% 4/5 year olds overweight or obese

Demography Children aged 4-5 years Date 2011/12 Source Child Measurement Programme, Public Health Wales (PHW) and NHS Wales Information Service (NWIS) How is it calculated? Prevalence rates were calculated using the age and sex-specific body mass (BMI) centiles calculated using the British 1990 growth reference (UK90) (f method proposed by Cole et al (1995)). The body mass index (BMI) was calculated using a method proposed by Keys et al (1972). The following weight categories have been assigned: overweight: 85th centile up to and not including 95th centile; obese: 95th centile and above. Notes Records are included in the 2011/12 Child Measurement Programme for Wa they meet all of the following criteria: • location of residence can be determined; • residence in Wales; • school located in Wales; • sex is recorded. Eligible records are determined to be valid, and will be counted in the numb measured, if they meet all of the following criteria: • height measurement recorded and is not an implausible measurement; • weight measurement recorded and is not an implausible measurement; • weight measurement recorded and is not an implausible measurement; • measurement collected during the academic year 2011/12, with the exceptor Powys schools (see below). The Child Measurement Programme was implemented in reception year acritication year. • The Child Measurement Programme was implemented in reception year acritication year. • Due to staff recruitment issues, it was agreed that some children in the P Teaching Health Board area would be measured and their data reco	index rom a
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 Not all data from Flintshire are included. Due to a local issue, some data with not entered into systems in time. This has had an impact on the reported participation for Flintshire. 	me owys the were
 References Keys, A. et al (1972) Indices of relative weight and obesity. Journal of Chro Diseases, 25: 329-343. Cole, T.J. et al (1995) Body mass index reference curves for the UK. Archiv Disease in Childhood, 73: 25-9. Cited in Dinsdale H, Ridler C, Ells L J. A sim guide to classifying body mass index in children. Oxford: National Obesity Observatory, 2011. Wilson, E.B. (1927) Probable inference, the law of succession, and statistica 	es of ple
inference. J Am Stat Assoc, 22:209-212. Cited in Altman D.G. Et al (2000 Statistics with Confidence (2nd edn) BMJ Books: UK (page 46).)

Teenage conceptions <18

Definition	Teenage conception in Wales as a rate per 1,000 women
Demography	Females aged under 18
Date	2002-2011
Source	Conceptions data and Mid-year population estimates (MYE), Office for National Statistics (ONS)
How is it calculated?	Number of conceptions to teenage girls under 18 years divided by female population aged 15-17 years multiplied by 1,000 giving a rate per 1,000 women.
Notes	Conception statistics do not include miscarriages or illegal abortions. Recording data relating to births and legal abortions is mandatory; therefore data are expected to be of a high level of quality and completeness. Confidence intervals were calculated using a method proposed by Altman D.G. et al; if the number of conceptions were greater than 100, 95% confidence intervals are calculated using a normal approximation to the Poisson distribution; if the number of conceptions were less than 100, 95% confidence intervals are calculated using the Poisson distribution.
References	Altman D.G. et al (2000) Statistics with Confidence (2nd edn) BMJ Books: UK (page 67 & 221).
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Live births to females <20

Definition	Live births in Wales as a rate per 1,000 women
Demography	Females aged under 20 years
Date	2002-11
Source	Live Births, Welsh Government (WG) and Mid-year population estimates (MYE), Office for National Statistics (ONS)
How is it calculated?	Number of live births to teenage girls under 20 years divided by female population aged 15-19 years multiplied by 1,000 giving a rate per 1,000 women.
Notes	Data are collected through the mandatory recording of births. The registration of life events is carried out by the Local Registration Service in partnership with the General Register Office and information is passed on to the Office for National Statistics (ONS). Most information on live births is supplied by one or both parents.
	The mother's or father's/second parent's date of birth is recorded and translated into the age at the birthday preceding the date of the child's birth. This age is often termed age last birthday. Detailed checks are carried out on those dates of birth which imply that the age of the mother is over 50 years or under 16 years.
	Confidence intervals were calculated using a method proposed by Altman D.G. et al; if the number of events were greater than 100, 95% confidence intervals are calculated using a normal approximation to the Poisson distribution; if the number of events were less than 100, 95% confidence intervals are calculated using the Poisson distribution.
References	Altman D.G. et al (2000) Statistics with Confidence (2nd edn) BMJ Books: UK (page 67 & 221).
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Immunisations	
Definition	The percentage of 4 year old children residing in Welsh health boards as at 31/12/2012, who reached their fourth birthday between 01/01/2012 and 31/12/2012 and who were up to date with their routine immunisations by that birthday i.e. children recorded as having received: - four in one pre-school booster (against diphtheria, tetanus, pertussis and polio) - final dose of pneumococcal conjugate vaccine - HibMenC booster (against Haemophilus influenzae type B and Meningococcal group C disease) - second dose of MMR vaccine (against measles, mumps and rubella)
Demography	Welsh resident children reaching their 4 th birthday in 2012
Date	2012
Source	Public Health Wales Communicable Disease Surveillance Centre (CDSC) and Vaccine Preventable Disease Programme (VPDP), who calculate vaccine coverage using data from National Community Child Health Database (NCCHD) which is maintained by NHS Wales Information Service (NWIS).
How is it calculated?	Coverage figures were calculated as the number of children who were living and health board residents as at 31/12/2012, reaching 4 years of age during 2012 who had received all their routine immunisations, divided by the total number of children who were living and health board residents as at 31/12/2012, reaching 4 years of age during 2012, expressed as a percentage.
Notes	The National Community Child Health Database contains data from all health board regional child health databases. It is maintained and refreshed by NHS Wales Informatics Service (NWIS) on a quarterly basis. NWIS forward individual level data relating to childhood immunisation to Public Health Wales Communicable Disease Surveillance Centre (CDSC) and VPDP who calculate immunisation coverage statistics in a systematic way to enable monitoring of long term trends. Coverage data is calculated on the basis of area of residence. Some children may
	reside within one health board area, but may receive immunisations from GPs or school nursing services in neighbouring areas. This should be kept in mind when interpreting coverage statistics.
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5 year olds dmft

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Definition	Average number of teeth per child which were either decayed missing or filled (dmft)
Demography	Persons aged 5 years in state primary schools
Date	2011/12
Source	Welsh Oral Health Information Unit (WOHIU)
How is it calculated?	The average number of dmft in children in this survey was calculated using British Association for the Study of Community Dentistry (BASCD) guidelines.
Notes	WOHIU: Dental examiners and recorders attend training to ensure standardisation of procedures. Data cleansing and analysis is undertaken by the Welsh Oral Health Information Unit to ensure a common method is used. Data undergo a three way data handling process to ensure continued data quality. The 2011/12 survey examined 7,734 pupils out of a sample of 10,961 pupils giving an examination rate of 70.6%. In figure 6.16, the USOA data presented are aggregations of raw data - they are not weighted to take account of varying participation rates and differences in USOA 5 year old population size. They are therefore only to be used as a guide for planning.
References	Welsh Dental Survey, Cardiff: Cardiff University; 2012. [Online] Available at:
	http://www.cardiff.ac.uk/dentl/research/themes/appliedclinicalresearch/epidemiol ogy/oralhealth/index.html
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Emergency admissions for injury

Definition	Emergency hospital admissions for injuries for children in Wales as a rate per 10,000 population
Demography	Welsh residents aged 0-4 years
Date	2002-11
Source	Patient Episode Database Wales (PEDW) and Mid-year population estimates (MYE), Office for National Statistics (ONS)
How is it calculated?	Emergency hospital admissions for injuries divided by mid-year population estimates multiplied by 10,000 All admitting episodes were counted where there was any mention of injury in the diagnostic record. This includes emergency transfers. Patients will be counted more than once if they had multiple admissions during the same year.
Notes	The following ICD-10 codes were used to identify injuries: V01 – X59, Y85 – Y869 (Unintentional injury) X60 – X84, Y870 (Self-harm) X85 – Y09, Y871 (Assault) European age-standardised rate per 10,000 with 95% confidence intervals (intervals calculated using a method proposed by Dobson et al (1991)).
References	Dobson A.J. et al (1991) Confidence intervals for weighted sums of Poisson parameters. Stat Med 10(3):457-462.
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Infant mortality

Definition	Annual average infant mortality rate per 1,000 live births
Demography	All births to mothers resident in Wales
Date	2002-11
Source	Annual District Deaths Extract (ADDE), Public Health Mortality File (PHMF) and Annual District Births Extract (ADBE), Office for National Statistics (ONS)
How is it calculated?	Deaths occurring at less than one year of age divided by live births multiplied by 1,000 giving an infant mortality rate per 1,000 live births.
Notes	Annual average, rate per 1,000 live births (see notes), with 95% confidence intervals calculated using methods outlined by Altman et al (2000), specifically i) a normal approximation to the Poisson distribution, where there were more than 100 deaths, or ii) the Poisson distribution, where there were 100 deaths or less. Deaths and live births were extracted based on date of occurrence, in line with ONS practice (see link below).
	Child Mortality Statistics: Childhood, Infant and Perinatal, 2011 (ONS)
	Since the ADDE is based on date of registration, and only includes deaths registered up to the end of December 2011, it could not identify deaths occurring within the period of interest but registered in January 2012 onwards. Therefore, the PHMF (monthly deaths file) was also used to supply deaths registered from January 2012 onwards, yielding a further 19 infant deaths. However, there are likely to be very small numbers of deaths missing from this analysis which, due to long delays in registration, occurred during 2002-11 and have still not been registered.
References	Altman D.G. et al (2000) Statistics with Confidence (2nd edn) BMJ Books: UK (page 67 & 221).
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Childhood mortality		
Definition	Childhood mortality trend per 100,000 population	
Demography	Persons aged 0 to 17 years	
Date	2002-2011	
Source	Annual District Death Extract (ADDE) and Mid-year population estimates (MYE), Office for National Statistics (ONS)	
How is it calculated?	Deaths occurring between 0-17 years divided by mid-year population estimates multiplied by 100,000 giving rate per 100,000 persons aged between 0-17 years.	
Notes	As numbers were small combined 3 years data (2009-11) for this indicator is displayed for the most recent year and the annual trend is only given for Wales.	
	Rates of mortality were calculated using mid-year population estimates. These rates were directly age-standardised using the European standardised population for 0 to 17 year olds. This is to adjust for the effect of age in comparison between areas. Results are presented as European age-standardised rates (EASR) per 100,000 population.	
	95% confidence intervals were calculated using a method proposed by Dobson et al (1991).	
	The registration of death is mandatory in the UK, so the dataset should be a near complete record of mortality. Mortality counts from the ADDE were based on the underlying cause of death for which there is nearly 100% coverage on the mortality register.	
References	Dobson A.J. et al (1991) Confidence intervals for weighted sums of Poisson parameters. Stat Med 10(3):457-462.	
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Health visitor provision

Definition	Whole time equivalent (WTE) health visitors per 1,000 children aged 0-3 in Flying Start areas
Demography	Children aged 0-3 years in Flying Start areas
Date	As at December 2013
Source	Aneurin Bevan University Health Board
How is it calculated?	WTE health visitors divided by Flying Start caseload numbers multiplied by 1,000 giving a rate per 1,000 children.
Notes	Data on the number of whole-time equivalent health visitors and the number of children in Flying Start areas has been supplied by Health Visitors and School Nurses Manager, Aneurin Bevan UHB. The caseload number of children has been used as the denominator due to the different ways Flying Start areas are identified which may not be consistent across local authorities.
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Social worker provision

Definition	Whole time equivalent (WTE) social workers per 1,000 children aged 0-4
Demography	Children aged 0-4 years
Date	2004-2012
Source	Welsh Government (WG)
How is it calculated?	WTE social workers divided by 0-4 year old population multiplied by 1,000 giving a rate per 1,000 children between 0-4 years.
Notes Back to contents	Data is collected by Welsh Government via a statistical return on staff of local authority Social Services Departments. Only information on the directly employed staff of social services departments in Wales are included in the return. This indicator is the number of whole time equivalent (WTE) social workers who are employed in the local authority's department of services for children and young people only. This indicator does not include social workers working in the department of services for adults, or any other setting. Local authorities also provide services using the independent sector, whose staff are not included in these figures. WTE staff numbers are based on contractual hours, rather than those actually worked on the census day. WTE should be calculated on the basis of 39 (contractual) hours per week for care assistants, manual and domestic staff, and 37 hours for other staff. For part-time staff their WTE is calculated by dividing contractual hours by 39 or 37 as appropriate.
Contact details	

Contact dotails	
Email	publichealthwalesobservatory@wales.nhs.uk
Website	Public Health Wales Observatory
Address	Public Health Wales Observatory Building 1, PO Box 108, St David's Park Job's Well Road, Carmarthen, SA31 3WY